

# Southwest Iowa MHDS Region FY 2015 Annual Report



*Geographic Area: Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie and Shelby counties.*

This report approved by the Southwest Iowa MHDS Regional Governing Board on December 7, 2015.

## Table of contents

<b>Content</b>	<b>Page</b>
Introduction	3
Services Provided in Fiscal Year 2015	4
Core Services/Access Standards	4
Additional core Services Available in Region	7
Provider Competencies	8
Evidence Based Practices	8
Individuals Served in Fiscal year 2015	11
Moneys Expended	12
Revenue	15
County Levies	16
Outcomes	17
Waiting List, Appeals, Exceptions to Policy	17
Stakeholder involvement and input	17
Intake and Referral	18
Service Coordination	19
Vocational Grant for Supported Employment development	19
Community Education	20
Crisis Stabilization System	21
Justice Involved Services	23
Quality Service Development and Assessment	24

# ***Introduction***

Southwest Iowa MHDS Region (SWIA MHDS) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the Southwest Iowa MHDS Region Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

This annual report provides an analysis of data concerning services managed for the fiscal year including July 1, 2014 through June 30, 2015.

When it comes time to look at the successes and accomplishments of a year of VERY hard work and to celebrate the achievements, it is important to revisit the initial vision of the region. As stated, it is the vision of SWIA MHDS to mindfully, creatively and responsibly serve the residents of our region. With respect and dignity for all people being the center of our approach to providing and funding services, we will strive to offer choice based on individual need. As funding is available, we will develop services for unmet needs working closely with stakeholders to enhance people's options within the region.

The initial year of the Southwest Iowa MHDS Region is one to celebrate. As many of the staff may proclaim their exhaustion from an incredibly busy year, the energy behind their efforts and the passion for which they set about their tasks, did not go unnoticed. Gathering personnel from several counties, meshing work processes, crafting workflows that seemed to be good ideas and then changing them to fit reality, spreading the work amongst staff, reassessing and reassigning to get it right, and processing payments in a way that made sense were just a few of the adjustments made in the first months of operation. Through all the tweaks and changes, staff kept a positive attitude which made this transition noticeably smooth. It became evident quickly that the SWIA MHDS can accomplish anything it sets out to accomplish. The credit goes to all of the county personnel who have regional duties, stakeholders including family members, individuals served, a very dedicated group of providers, and finally the Governing Board, who made working toward the region's vision and keeping this collection of 9 counties focused in a positive non-territorial direction, a success.

Sometimes we need reminded that this was just the first year of operation as a region. Our vision is great and there are so many great ideas and excitement behind development of new services to enhance our mental health and disability services. There is also a need to recognize that while the region system is still in its infancy, there are already changes within the larger system that were not planned when mental health redesign was being developed. The Medicaid system has a great impact on how we function as regions, and most of those changes are out of our control. Funding of the region system has continued to change so there is a need to plan without knowing the final outcomes of decisions that impact it.

As SWIA MHDS looks back at its first year of operation, we do so knowing there is always room for improvement, growth and change. While we can always do better, it is more important to realize what has been accomplished in a very short time, in a landscape of uncertainty, and celebrate the successes of hard work.

## Services provided in Fiscal Year 2015:

Included in this section of the report:

Access Standards for Core Services and what the region is doing to meet access standards

Additional Core Services, availability and plans for expansion

Provider Practices and Competencies

- Multi-occurring Capable
- Trauma Informed Care
- Evidence Based Practices

### Core Service/Access Standards: Iowa Administrative Code 441-25.3

Information in the table below was gathered by email surveys.

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u>	<u>Comments:</u>
		<ul style="list-style-type: none"> <li>● Met Yes/No</li> <li>● By which providers</li> </ul>	<ul style="list-style-type: none"> <li>● How measured</li> <li>● If not what is plan to meet access standard and how will it be measured</li> </ul>
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	Yes, the region has a total of 5 Community Mental Health Centers (CMHC), 2 which provide services out of more than one location. The region also contracts with an additional provider.	<b>CHI Alegent Psychiatric Associates CMHC</b> <b>Council Bluffs</b> <b>Missouri Valley</b> <b>Burgess CMHC – Onawa</b> <b>Southwest Iowa CMHC – Atlantic</b> <b>Myrtue Medical Center CMHC – Harlan</b> <b>Waubonsie CMHC</b> <b>Clarinda</b> <b>Red Oak</b> <b>Shenandoah</b> <b>Sidney</b> <b>Heartland Family Service – Council Bluffs</b>
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.	-Cass County Memorial Hospital - -CHI Mercy Hospital ----- -Jennie Edmundson ----- -Clarinda MHI -----	-4 beds ages 14+ -14 Adult beds; 16Child/Adolescent beds; 8 Special Care -24 Adult beds -State run Mental Health Institute that closed at the end of FY15
<b>Outpatient: (Mental Health Outpatient Therapy, Medication Prescribing &amp; Management, and Assessment &amp; Evaluation)</b>			
25.3(3)a(1)	<b>Timeliness:</b> The region shall provide outpatient treatment services. <b>Emergency:</b> During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.	All outpatient providers listed above (this chart 2 <sup>nd</sup> line, 4 <sup>th</sup> column) meet this requirement.	-Burgess CMHC-If an emergency situation occurs and the individual calls the Burgess Hospital they are directed to come to local ER where they will be treated within minutes of their arrival. If they call, they will be referred to the Hope4Iowa Crisis Line.
25.3(3)a(2)	<b>Urgent:</b> Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.	All outpatient providers listed above (this chart 2 <sup>nd</sup> line, 4 <sup>th</sup> column) meet this requirement.	-Burgess MHC-Clients directed to call the Hope4Iowa crisis line. Hope4Iowa crisis line calls CMHC after hours and leaves a message that there is an individual with an urgent need. CMHC calls client next business day scheduling an appointment time. -Myrtue Beh Health-in order for staff to provide face to face services within 1 hour of phone contact additional staff would be required. Clients have also been directed to call the Hope4Iowa crisis line in the event that the client needs urgent care. -Heartland FS – If a walk-in client or phone call, therapist or clinical supervisor talks with person to stabilize and schedules follow up appointment.
25.3(3)a(3)	<b>Routine:</b> Outpatient services shall be provided to an individual within four weeks of request for appointment.	All outpatient providers listed above (this chart 2 <sup>nd</sup> line, 4 <sup>th</sup> column) meet this requirement.	-Heartland FS – some walk-in appointments available.
25.3(3)a(4)	<b>Proximity:</b> 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	All outpatient providers listed above (this chart 2 <sup>nd</sup> line, 4 <sup>th</sup> column) meet this requirement.	The region is well-covered for outpatient mental health service offices.

	community.		
<b>Inpatient:</b> (Mental Health Inpatient Therapy)			
25.3(3)b(1)	<b>Timeliness:</b> The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	-Cass County Memorial Hospital -CHI Mercy Hospital -Jennie Edmundson -Clarinda MHI	The three hospitals listed have emergency departments that will transfer patients to their inpatient beds within 24 hours. Clarinda MHI was also able to take patients from other emergency departments on an emergency basis as beds were available.
25.3(3)b(2)	<b>Proximity:</b> Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	-Cass County Memorial Hospital - -CHI Mercy Hospital----- -Jennie Edmundson----- -Clarinda MHI -----	Atlantic Council Bluffs Council Bluffs Clarinda
25.3(3)c	<b>Timeliness:</b> Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.	-Cass County Memorial Hospital - -CHI Mercy Hospital -Jennie Edmundson -Clarinda MHI	Follow up appointments are prioritized for patients exiting psychiatric acute care with the outpatient providers in the area. They are able to meet the four week timeliness requirements.
<b>Basic Crisis Response:</b> (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)			
25.3(2) & 25.3(4)a	<b>Timeliness:</b> Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	All providers meet standards: CHI Psychiatric Associates CMHC Burgess CMHC Southwest Iowa CMHC Myrtue Medical Center CMHC Waubonsie CMHC Heartland Family Service	Basic crisis response services are provided by the outpatient community mental health centers and contracted outpatient provider in the region.
25.3(4)b	<b>Timeliness:</b> Crisis evaluation within 24 hours.	All providers meet standards: CHI Psychiatric Associates CMHC Burgess CMHC Southwest Iowa CMHC Myrtue Medical Center CMHC Waubonsie CMHC Heartland Family Service	This standard is usually met if during the work week. If initial phone assessment indicates an emergency or if it is a weekend, then providers will refer to local emergency departments.
<b>Support for Community Living:</b> (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)			
25.3(5)	<b>Timeliness:</b> The first appointment shall occur within four weeks of the individual's request of support for community living.	The following providers indicate meeting these standards for each service indicated (detail notes are to the side for those providing multiple of these services). <u>Home Health Aide-</u> Recover Health Universal Pediatrics  <u>Home and Vehicle Modification-</u> Mobilis Sieberts Iowa Focus Ameriserve  <u>Respite-</u> American Baptist Homes Crossroads of Western Iowa Cass Incorporated Concerned, Inc. Embrace Iowa Focus Lutheran Services in Iowa Nishna Productions  <u>Supported Community Living-</u> American Baptist Homes Ameriserve ASIC Crossroads of Western Iowa Cass Incorporated Concerned, Inc.	Nishna Productions met this requirement 80% of the time. They measure this internally according to date of application vs. date of initial meeting. Nishna will explore additional tracking measures to ensure the 4-week timeline is met.  Cass Incorporated met this requirement. Their policy states within 5 days of receiving a full application they must either accept or deny services for an individual. Once the decision is made, they are able to start services and do not have a waiting list at this time.  Crossroads of Western Iowa met this timeline. The agency measures this on a yearly basis. Their goal was 30 days and they met this goal at 23 days.  Concerned, Incorporated met this requirement. Their Admission and Acceptance Process Policy states they will process all applications within 2 weeks once all required information is submitted. In addition, 25.3(8) regulates service coordination, stating an individual shall receive coordination within 10 days, and it states so on the agency's Decision of Acceptance Form.  Vodec met this requirement.  Waubonsie Mental Health Center – Supported Community Living Services – timeliness impacted by turn-around time from initial referral to Center and assessment/authorization from Region for services; generally meet the four weeks guideline;

		Developmental Services of Iowa Embrace Iowa Focus Lutheran Services in Iowa Mosaic Nishna Productions Partnership for Progress REM Iowa Community Services Pursuit of Independence/Terrace View Vodec	
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**Support for Employment:** (Day Habilitation, Job Development, Supported Employment, Prevocational Services)

25.3(6)	<p><b>Timeliness:</b> The initial referral shall take place within 60 days of the individual's request of support for employment.</p>	<p><u>Day Habilitation-</u>          Nishna Productions          Cass Incorporated          Vodec          Crossroads of Western Iowa Concerned, Inc.          REM Developmental Services</p> <p><u>Job Development-</u>          Nishna Productions          Cass Incorporated          Vodec          Crossroads of Western Iowa Concerned, Inc.</p> <p><u>Supported Employment-</u>          Nishna Productions          Cass Incorporated          Vodec          Crossroads of Western Iowa Concerned, Inc.</p> <p><u>Prevocational Services-</u>          Nishna Productions          Cass Incorporated          Vodec          Crossroads of Western Iowa Concerned, Inc.          REM Developmental Services</p>	<p>Nishna Productions met this goal 47% of the time. Nishna will explore filling out the application for service immediately upon referral or to add this to a weekly calendar to ensure the process is moving forward.</p> <p>Cass Incorporated met this requirement and follow their agency policy on referrals. Timeliness could be an issue though if waiting on VR eligibility.</p> <p>Crossroads of Western Iowa met this goal. It is measured on a yearly basis and they met this goal at 7 days after the request.</p> <p>Concerned met this requirement. Concerned, Inc.'s Admission and Acceptance Process Policy states Concerned, Inc. processes all applications within 2 weeks once all required information is submitted. In addition, 25.3(8) regulates service coordination, stating an individual shall receive coordination within 10 days, and it states so on the agency's Decision of Acceptance Form.</p> <p>Vodec met this requirement.</p> <p>REM met this requirement.</p>
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**Recovery Services:** (Family Support, Peer Support)

25.3(7)	<p><b>Proximity:</b> An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.</p>	<p>The region meets the proximity requirements.</p> <p><u>Family Support-</u>          Waubonsie CMHC          CHI IHH          Children's Square IHH          Southwest Iowa CMHC          Plains Area CMHC – IHH only</p> <p><u>Peer Support-</u>          Waubonsie CMHC          CHI Peer Drop-In Center          CHI IHH          Heartland Family Service IHH          Southwest Iowa CMHC          Plains Area CMHC – IHH only</p>	<p>Waubonsie Mental Health Center in Clarinda– Peer Support Services – transportation can be provided through TMS for the rural area. Family Support – this service is provided on an individualized basis to family members of individuals with serious mental illness and mental illness, based on the desire of the client and the request by family members; do not have a 'formalized' family support program</p> <p>Southwest Iowa Mental Health Center has two Peer Specialists and one Family Support Specialist employed through their IHH program.</p> <p>CHI and Children's Square both provided Family Support Services through their IHH.          CHI and Heartland Family Service both provided Peer Support through their IHH.          Plains Area CMHC offer Family and Peer support for IHH clients.</p> <p>CHI Drop-In Center is staffed by Peers.</p>
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**Service Coordination:** (Case Management, Health Homes)

25.3(8)a	<b>Proximity:</b> 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.	Case Management and Health Homes as well as the Service Coordination provided by the region all meet these standards. Providers are listed in next column. Providers of these services travel to the individual to receive services so access or proximity should not be an issue. The Region has 4 Service Coordinators who travel throughout the region and are assigned based on their geographic location to client when possible.	<b>IHH providers:</b> CHI – Mills, Harrison, Pottawattamie Heartland Family Service – Mills, Harrison, Pottawattamie Children’s Square – Mills, Harrison, Pottawattamie Southwest Iowa CMHC – Cass, Shelby Waubonsie CMHC – Page, Fremont, Montgomery Plains Area CMHC -Monona  <b>Targeted Case Management:</b> Pottawattamie County Case Management Rolling Prairie Case Management Shelby County Case Management Fremont County Community Services Southwest Iowa Case Management (closed June 2014) Southwest Iowa CMHC Case Management
25.3(8)b	<b>Timeliness:</b> An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	All IHH, TCM and Service Coordination providers indicate meeting this timeliness measurement in the region.	

**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> • Yes/No • By which providers	<u>Comments:</u> • Is it in a planning stage? If so describe.
<b>Comprehensive Facility and Community-Based Crisis Services:</b> 331.397~ 6.a.		
24-Hour Crisis Hotline	Yes Hope 4 Iowa	Hope 4 Iowa began on June 1, 2015. It is available toll free to residents of all 9 counties.
Mobile Crisis Response	Yes Heartland Family Services	Heartland Family Services provides this service within Pottawattamie County in FY 2015. In FY 2016 the Region plans to create access to Mobile Response in all 9 Counties.
Crisis Stabilization Residential Services	In progress	Waubonsie Mental Health Center will open a CSRS no later than 12/31/15, to be located in Clarinda, Iowa. Additional CSRS may be developed depending on need and funding status.
Crisis Screening and Assessment	In Progress	Development of a Crisis Screening and Assessment Tool was begun in FY15 and expected to be completed in FY16.
Civil Commitment Prescreening	Yes Heartland Family Service	The Region plans to have pre-screening available in all 9 counties in FY 2016. Was available in Pottawattamie County in FY15.
<b>Crisis Residential Services:</b> 331.397~ 6.b.		
	In progress	Planning meetings were held during FY15 for a CSRS
<b>Justice System-Involved Services:</b> 331.397~ 6.c.		
Mental Health Court	Yes Southwest Iowa Mental Health Court	Provided in 8 of the 9 Counties (all except Monona) due to Judicial District is different than Regional counties. Service Coordination in the jail available through the region working with offenders prior to exit in order to coordinate services to prevent further involvement with the justice system. Available in all 9 counties.
Crisis Intervention Training	Yes CHI coordinated	Available to law enforcement in all 9 counties. Program provided jointly with law enforcement from eastern Nebraska, but Iowa law enforcement has program specific to Iowa residents.
<b>Other:</b>		
Assertive Community Treatment	Yes Heartland Family Service	In operation and available to residents of Pottawattamie and those within approximately 30 miles such as Harrison and Mills. The region will be working with the rural mental health centers over the next couple years to work on the development of a Rural Act Model.

## **Provider Competencies**

The region is to have service providers that are trained to provide effective services to individuals with two or more of the following co-occurring conditions: a) Mental Illness, b) Intellectual Disability, c) Developmental Disability, d) Brain injury and e) Substance use disorder. The providers in SWIA MHDS Region have experience working with all of the conditions listed and have provided services to persons with co-occurring conditions for years. During the first fiscal year of operation, the region did not make it a priority to provide additional training or see that programs were seeking such training on their own. The Mental Health and Substance Abuse Network in the region provides monthly training opportunities so the region can request specific training needs to them to incorporate in their schedule of trainings. Additional information will need to be requested from providers in order to assess specific needs in these areas and to assure the training is that which is identified for best practice with persons with co-occurring conditions. Trauma Informed Care training was available two times during this fiscal year and the region will continue to promote this training and practice to all providers in the region.

In an initial poll, all community based service providers indicated they serve persons with co-occurring needs and provide in-house training or other community training opportunities for continuous education for staff. The Mental Health Centers and contracted outpatient providers in the region have specific training in the area of mental illness and substance use disorders. Particular individual therapists within these organizations have expertise with different conditions as well as the utilization of Evidence Based Practices for treatment. The SWIA MHDS Region has a State Mental Health Institute in Clarinda with highly trained staff as well as inpatient psychiatric units in two hospitals which are both located in Council Bluffs and staffed by approximately 5 highly trained and specialized psychiatrists. This includes one psychiatrist who is one of only two in the state who is Addiction psychiatry fellowship trained and certified. Both local hospitals have been trained to provide effective trauma- informed care as a basis for their treatment and practice.

## **Evidence Based Practices**

The Southwest Iowa MHDS did not make assuring fidelity of each Evidence Based Practice (EBP) provided throughout the region a priority during its first year of operations. The region felt secure in the amount of training and effort being put forth by providers for continuous education in these areas in order to be competently practicing agencies utilizing the most up to date and evidenced based approaches to treatment. It remains unclear to SWIA MHDS the level of independent verification needed to assure fidelity of the services being provided and the region's role in doing so. The region will work to clarify its role in verifying fidelity of EBPs during the next fiscal year in order to measure the potential costs to the region which may include administrative staff time or hiring expert consultants to provide independent verification.

The region assisted in posting trainings within the region on EBPs to its website and will continue to provide support and suggestions to agencies who would like additional information in specific EBPs. The providers in

the region work closely together and the region has brought providers together on several occasions for workgroups and planning purposes during the first year. These are opportunities to share information and to further network and build relationships as fostering collaboration amongst stakeholders is paramount to being a successful region. The SWIA MHDS Region is happy to assist in arranging, promoting and financially assisting with trainings which continue to advance Evidence Based Practices within its communities.

#### Core EBPs provided and efforts to utilize practices in the SWIA MHDS Region

##### *Assertive Community Treatment (ACT) or Strengths Based Case Management -*

- Heartland Family Service provides an ACT program which is available in the counties of Pottawattamie, Mills and Harrison counties. This service has provided measurements and statistics to Magellan as the primary funder of this service. It began in 2006.
- There is interest in other areas of the region to create a rural ACT model. The region will help to support these efforts through providing training, facilitation and coordination as well as possible financial support in future years depending on the availability of funding.

##### *Integrated Treatment of Co-Occurring Substance Abuse and Mental Health*

- Additional research, education and information needs to be sought in this area. The region will utilize the SAMHSA Toolkit for this practice during the next fiscal year to gain more insight into how to support and develop provider competencies in this area. Providers have indicated a desire for more information in this area.

##### *Supported Employment*

- Several providers received grants from the region in FY15 which supported educational opportunities for staff in order to enhance each agency's ability to provide supported employment. The following providers received training grant dollars: Cass Inc., Concerned Inc., Crossroads of Western Iowa, Nishna Productions and VODEC. These agencies are accredited by CARF and receive reviews from HCBS.

##### *Family Psychoeducation*

- Additional research, education and information needs to be sought in this area. The region will utilize the SAMHSA Toolkit for this practice during the next fiscal year to gain more insight into how to support and develop provider competencies in this area. Providers have indicated a desire for more information in this area.

##### *Illness Management and Recovery*

- Additional research, education and information needs to be sought in this area. The region will utilize the SAMHSA Toolkit for this practice during the next fiscal year to gain more insight into how to support and develop provider competencies in this area. Providers have indicated a desire for more information in this area.

##### *Permanent Supported Housing*

- Additional research, education and information needs to be sought in this area. The region will utilize the SAMHSA Toolkit for this practice during the next fiscal year to gain more insight into how to support and develop provider competencies in this area. Providers have indicated a desire for more information in this area.

#### Additional EBPs utilized within the SWIA MHDS Region

*Peer Self Help Drop-In Center*

- CHI - PEER Connections utilizes the Georgia Model in its established Peer run center.
- Waubonsie Mental Health Center has an established Peer run center utilizing the Georgia Model for peer support training.
- Partnership for Progress hosts a drop-in center that is not evidence based and run by peers. The region has asked this program to look at an EBP model for this program which will take place during the next fiscal year.

*Intensive Psychiatric Rehabilitation (IPR)*

- Myrtue Behavioral Health began an IPR program at the beginning of FY15 and the region supports its efforts as a new program.

The following is a list of additional Evidenced Based Practices utilized throughout the region by Outpatient Community Mental Health Centers and contracted providers:

Parent Child Interaction Therapy (PCIT)

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Brainspotting

Comprehensive Resource Model (CRM).

Systems Theory

Interpersonal therapy

Cognitive behavioral therapy

Trauma-Informed Care

Recovery principles

Motivational interviewing

Solution focused therapy

Strengths based therapy

Narrative therapy

Systems Theory

Interpersonal therapy

HeartMath

Cognitive behavioral therapy

STEPPS

Parent Child Interaction Therapy (PCIT)

EMDR

Trauma-Informed Care

Recovery principles

Use of ASAM criteria for substance use

Motivational interviewing

DBT

Solution focused therapy

Strengths based therapy

Child Parent Psychotherapy (CPP)

Cognitive Processing Therapy (CPT)

Circle of Security (COS)

Dialectical Behavior Therapy (DBT)

Eye Movement Desensitization and Reprocessing (EMDR)

Men's Emotional Regulation Group

Parent Child Interaction Therapy (PCIT)

Trauma-Focused Cognitive Behavior Therapy (TF CBT)

## ***Individuals Served in Fiscal Year 2015***

*This chart lists the number of individuals funded for each service by diagnosis.*

<b>Age</b>	<b>COA</b>	<b>Service Funded</b>	<b>MI</b>	<b>ID</b>	<b>DD</b>	<b>Total</b>
Adult	5373	Public Education Services	18			18
Adult	11422	Direct Admin - Educational & Training Services	7			7
Adult	31354	Transportation - General	137	25	7	169
Adult	32320	Support Services - Home Health Aides	1			1
Adult	32325	Support Services - Respite Services			1	1
Adult	32326	Support Services - Guardian/Conservator		1		1
Adult	32329	Support Services - Supported Community Living	104	23	2	129
Adult	33345	Basic Needs - Ongoing Rent Subsidy	10	2		12
Adult	41305	Physiological Treatment - Outpatient	2			2
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	6			6
Adult	42305	Psychotherapeutic Treatment - Outpatient	203			203
Adult	42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	10			10
Adult	46319	Iowa Medical & Classification Center (Oakdale)	1	1		2
Adult	50360	Voc/Day - Sheltered Workshop Services	19	128	1	148
Adult	50362	Voc/Day - Prevocational Services	24	178	3	205
Adult	50367	Day Habilitation		2	2	4
Adult	50368	Voc/Day - Individual Supported Employment	1	5	2	8
Adult	50369	Voc/Day - Group Supported Employment	1			1
Adult	50399	Voc/Day - Day Habilitation	2	4	2	8
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living	8			8
Adult	64314	Comm Based Settings (6+ Beds) - RCF	107	17	1	125
Adult	64316	Comm Based Settings (6+ Beds) - RCF/PMI	3			3
Adult	64317	Comm Based Settings (6+ Beds) - Nursing Facility	2			2
Adult	71319	State MHI Inpatient - Per diem charges	42			42
Adult	71399	State MHI Inpatient - Other (Oakdale)		1		1
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	33			33
Adult	74300	Commitment - Diagnostic Evaluations	37			37
Adult	74353	Commitment - Sheriff Transportation	309			309
Adult	74393	Commitment - Legal Representation	233			233
Adult	75100	Mental Health Advocate - Salaries of Regular Employees	37			37
Adult	75101	Mental Health Advocate - Wages of Temp & Part T Employees	10			10
Adult	75413	Mental Health Advocate - Mileage & Other Travel Expenses	103			103
Child	31354	Transportation - General	3			3
Child	42305	Psychotherapeutic Treatment - Outpatient	7			7
Child	64314	Comm Based Settings (6+ Beds) - RCF	2			2
Child	73319	Other Priv./Public Hospitals - Inpatient per diem charges	1			1
Child	74300	Commitment - Diagnostic Evaluations	3			3
Child	74353	Commitment - Sheriff Transportation	47			47
Child	74393	Commitment - Legal Representation	11			11
Child	75413	Mental Health Advocate - Mileage & Other Travel Expenses	3			3

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness (MI)	61	912	973	40
Mental Illness, Intellectual Disabilities	0	23	23	40,42
Mental Illness, Other Developmental Disabilities	0	1	1	40,43
Intellectual Disabilities (ID)	0	318	318	42
Other Developmental Disabilities (DD)	0	10	10	43
Total	61	1264	1325	99

## Moneys Expended

This section includes:

- Funds expended for each service
- Revenues
- County Levies

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

FY 2015 Accrual	SWIA MHDS Region	MI (40)	ID(42)	DD(43)	Admin (44)	Total
<b>Core Domains</b>						
<b>COA</b>	<b>Treatment</b>					
43301	Assessment & evaluation					\$ 0
42305	Mental health outpatient therapy	92,973.18				\$ 92,973.18
42306	Medication prescribing & mgt					\$ 0
71319	Mental health inpatient therapy-MHI	144,906.04				\$ 144,906.04
73319	Mental health inpatient therapy					\$ 0
<b>Basic Crisis Response</b>						
32322	Personal emergency response system					\$ 0
44301	Crisis evaluation					\$ 0
44305	24 hour access to crisis response	60,000.00				\$ 60,000.00
<b>Support for Community Living</b>						
32320	Home health aide	3,587.00				\$ 3,587.00
32325	Respite			927.08		\$ 927.08
32328	Home & vehicle modifications					\$ 0
32329	Supported community living	89,709.56	30,639.45	12,844.88		\$ 133,193.89
<b>Support for Employment</b>						
50362	Prevocational services	91,202.65	836,790.84	13,890.00		\$ 941,833.49
50367	Day habilitation *see note below (2)	4,177.88	13,537.75	18,121.84		\$ 35,837.47

50364	Job development					\$ 0
50368	Supported employment	61,731.80	66,918.98	5,462.50		\$ 134,113.28
50369	Group Supported employment-enclave	42.38				\$ 42.38
	<b>Recovery Services</b>					
45323	Family support					\$ 0
45366	Peer support					\$ 0
	<b>Service Coordination</b>					
21375	Case management					\$ 0
24376	Health homes					\$ 0
	<b>Core Evidenced Based Treatment</b>					
45373	Family psychoeducation					\$ 0
42397	Psych rehab (ACT & IPR)	46,607.76				\$ 46,607.76
	<b>Core Domains Total</b>	594,938.25	947,887.02	51,246.30		\$ 1,594,071.57
	<b>Mandated Services</b>					
46319	Oakdale *see note (4)	17,852.64	44,960.81			\$ 62,813.45
72319	State resource centers					\$ 0
74XXX	Commitment relate (except 301)*see note (5)	196,728.36				\$ 196,728.36
75XXX	Mental health advocate	34,173.27				\$ 34,173.27
	<b>Mandated Services Total</b>	248,754.27	44,960.81	0		\$ 293,715.08
	<b>Additional Core Domains</b>					
	<b>Comprehensive Facility &amp; Community Based Crisis Services</b>					
44346	24 hour crisis line	42,342.80				\$ 42,342.80
44366	Warm line					\$ 0
44307	Mobile response					\$ -
44302	23 hour crisis observation & holding					\$ 0
44312	Community based crisis stabilization					\$ 0
44313	Residential crisis stabilization					\$ 0
	<b>Sub-Acute Services</b>					
63309	Subacute services-1-5 beds					\$ 0
64309	Subacute services-6 and over beds					\$ 0
	<b>Justice system-involved services</b>					
46305	Mental health services in jails*see note(3)					\$ 0
46422	Crisis prevention training					\$ 0
74301	Civil commitment prescreening					\$ 0
46399	Justice system-involved services-other					\$ 0
	<b>Additional Core Evidenced Based Treatment</b>					
42366	Peer self-help drop-in centers	39,000.00				\$ 39,000.00
	<b>Additional Core Domains Total</b>	81,342.80	0	0		\$ 81,342.80
	<b>Other Informational Services</b>					

03XXX	Information & referral					\$ 0
04XXX	Consultation					\$ 0
05XXX	Public education	4,525.00				\$ 4,525.00
	<b>Other Informational Services Total</b>	4,525.00	0	0		\$ 4,525.00
<b>Other Community Living Support Services</b>						
06399	Academic services					\$ 0
22XXX	Services management	225,510.04	56,459.58			\$ 281,969.62
23376	Crisis care coordination					\$ 0
23399	Crisis care coordination other					\$ 0
24399	Health homes other					\$ 0
31XXX	Transportation	86,286.85	41,177.58	9,582.85		\$ 137,047.28
32321	Chore services					\$ 0
32326	Guardian/conservator		137.38			\$ 137.38
32327	Representative payee					\$ 0
32335	CDAC					\$ 0
33330	Mobile meals					\$ 0
33340	Rent payments (time limited)					\$ 0
33345	Ongoing rent subsidy	3,176.00	712.00			\$ 3,888.00
33399	Other basic needs	90.00				\$ 90.00
41305	Physiological outpatient treatment	1805.41				\$ 1805.41
41306	Prescription meds	1,875.15				\$ 1875.15
41307	In-home nursing					\$ 0
41308	Health supplies					\$ 0
41399	Other physiological treatment					\$ 0
42309	Partial hospitalization					\$ 0
42363	Day treatment					\$ 0
42396	Community support programs					\$ 0
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
50361	Vocational skills training					\$ 0
50365	Supported education					\$ 0
50399	Other vocational & day services					\$ 0
63XXX	RCF 1-5 beds					\$ 0
63XXX	ICF 1-5 beds					\$ 0
63329	SCL--1-5 beds	43,810.00				\$ 43,810.00
63399	Other 1-5 beds					\$ 0
	<b>Other Comm Living Support Services Total</b>	362,553.45	98,486.54	9,582.85		\$ 470,622.84

Other Congregate Services						
50360	Work services (work activity/sheltered)	65,185.30	687,266.50	5,550.00		\$ 758,001.80
64XXX	RCF--6 and over beds	1,227,749.30	220,102.44	18,615.00		\$ 1,466,466.81
64317	ICF--6 and over beds	123,097.74				\$ 123,097.74
64329	SCL--6 and over beds					\$ 0
64399	Other 6 and over beds					\$ 0
<b>Other Congregate Services Total</b>		1,416,032.34	907,368.94	24,165.00		\$ 2,347,566.20
Administration						
11XXX	Direct Administration * see note below (1)				696,921.14	\$ 696,921.14
12XXX	Purchased Administration				186,557.89	\$ 186,557.89
<b>Administration Total</b>					883,479.03	\$ 883,479.03
<b>Regional Totals</b>		\$2,708,146.18	\$1,998,703.31	\$84,994.15	\$ 883,479.03	\$5,675,322.67

<b>(45)County Provided Case Mgt. *see note (6)</b>					32,261.75	\$ 32,261.75
<b>(46)County Provided Services</b>						\$ 0
<b>REGION GRAND TOTAL</b>						<b>\$ 5,707,584.42</b>

Notes from above chart highlighted in red as "see note ( ) .

\*(1)Direct Administration includes \$206,332 Equalization dollars that were required to be returned to the state out of this line item. Subtracting this amount, actual Direct Administration would be \$490,589.14.

\*(2)Day Habilitation also recorded as 50399 total \$33,059.83

\*(3)Mental Health Court not recorded here this FY – total included in other line items with total spent \$26,975.25.

\*(4)State MHI Inpatient – Other 71399 included in this line item.

\*(5)Other Priv./Public Hospital – Inpatient 73319 included in this line item.

\*(6)pass through money in Cass County to SWIA MHC Case Management recording error in CSN that cannot correct.

## Revenue

FY 2015 Accrual	SWIA MHDS Region		Totals
Revenues			
	<b>Fund Balance as of 6/30/14 (see note *1 below)</b>		<b>\$12,978,854.00</b>
	<b>Local/Regional Funds (see note *2 below)</b>		<b>\$ 8,674,688.04</b>
10XX	Property Tax Levied	\$8,645,615.00	
5310	Client Fees	\$ 0	
8110	Reimbursements	\$ 29,073.04	
	<b>State Funds</b>		<b>\$ 377,904.85</b>

2250	MHDS Equalization	\$ 367,806.00	
2645	State Payment Program (Only for SPP cases)	\$ 10,098.85	
2646	MHDS Transition	\$ 0	
	<b>Federal Funds</b>		<b>\$ 897,454.00</b>
2344	Social Services Block Grant	\$ 897,454.00	
2345	Medicaid	\$ 0	
	<b>Total Revenues</b>		<b>\$ 22,928,900.89</b>

<b>Total Funds Available for FY15</b>	\$22,928,900.89
<b>FY15 Regional Expenditures</b>	\$ 5,707,584.42
<b>Accrual Fund Balance as of 6/30/15</b>	\$17,221,316.47

Note \*1 – Utilized the Department of Management reports submitted by county. Referred to GAAP FY15 REV report for Page County and the GAAP FY14 SA0 report for all other counties.

Note \*2 – Utilized the amount levied per county for FY15.

### County Levies

County	2012 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY15 Max Levy	FY15 Actual Levy	Actual Levy Per Capita
Cass	13,723	648,823	789,047	47.28	47.28	648,823
Fremont	7,147	337,910	462,193	47.28	47.28	337,910
Harrison	14,548	687,829	920,559	47.28	47.28	687,829
Mills	14,837	701,493	609,781	41.10	41.10	609,801
Monona	9,124	431,383	375,993	41.20	41.20	375,909
Montgomery	10,566	499,560	369,740	34.99	34.99	369,704
Page	15,713	742,911	652,027	41.50	41.50	652,090
Pottawattamie	92,913	4,392,927	4,745,180	47.28	47.28	4,392,927
Shelby	12,069	570,622	885,694	47.28	47.28	570,622
<b>Region Total</b>	<b>190,640</b>	<b>\$9,013,458</b>	<b>\$9,810,214</b>	varies	varies	<b>\$8,645,615</b>

The Region decided to utilize the maximum levy allowed in each county for its first fiscal year of operation due to the Equalization funds from the state which added funding for those counties whose maximum levy was below 47.28. Thus, it supported the premise that each county was contributing equally. Also, because it was the first year of region operation and there remained much unknown about future funding availability, the counties all agreed to levy the maximum amount. After the region was in operation during its first fiscal year,

the Medicaid Offset was applied which required the region return \$206,332 of its original \$367,806 equalization money to the state. The following chart shows the counties receiving equalization dollars as well as the amounts returned.

County	Received	Returned	Remaining
Mills	\$ 91,712	\$ 19,964	\$ 71,748
Monona	\$ 55,390	\$ 9,726	\$ 45,664
Montgomery	\$129,820	\$ 85,758	\$ 44,062
Page	\$ 90,884	\$ 90,884	\$ 0
<b>Total</b>	<b>\$367,806</b>	<b>\$206,332</b>	<b>\$161,474</b>

## Outcomes

### Waiting List, Appeals, Exceptions to Policy

The SWIA MHDS Region did not have a waiting list during FY15. There were adequate funds to meet the core services to the populations indicated in the Annual Service and Budget Plan as well as developing additional services.

The region received three appeals during its first fiscal year in operation. They were all resolved through the appeals reconsideration process, therefore, not requiring a final review from an Administrative Law Judge. The first was in relation to a client’s co-pay amount for outpatient mental health services. The second was from a vocational provider in relation to a client’s transportation services for supported employment and helped to clarify some transportation funding needs. The final appeal came from a parent regarding vocational services for a high school transition student and involved some miscommunication from region staff. In all cases, it helped the region clarify expectations and communication needs as well as provided a good review of policies.

The SWIA MHDS Region strives to be responsive to client needs and has made exception to policies on occasion when it has been in the client’s best interest. Some examples include approving outpatient funding and waiving copays for individuals who could not afford them but had significant therapy or SCL needs at the time. In addition, SCL funding was approved for an individual who was over resources at the time but agreed to work toward establishing a client trust and needed SCL services to stabilize their community living situation.

### Stakeholder involvement and input

The SWIA MHDS encourages stakeholder involvement by having a Regional Advisory Committee (RAC) that assists in developing and monitoring the plan, goals and objectives identified for the service system, and to serve as a public forum for other related MH/DS issues. The SWIA MHDS Regional Advisory Committee represents stakeholders which include individuals, family members, and providers. The Region held two RAC meetings in FY 2015. The meetings were held in December 2014 and June 2015. There were 12 members appointed to the RAC and approximately 8 members attended each meeting. Two of the RAC members are appointed to the Governing Board.

The SWIA MHDS also utilized local advisory groups known as the Local Advisory Councils (LAC) as the foundation to the Regional Advisory Committee. Individuals who utilize mental health and disability services or an actively involved relative of such an individual and individuals representing providers of the county were appointed to the Regional Advisory Committee by the Local Advisory Councils.

The LACs give consumers and providers the opportunity to voice ideas and play a role in shaping the region's future mental health and disability services. The SWIA MHDS is divided into three LACs: North, Central and South. The LACs hold quarterly meetings in each area of the region; therefore, there are three meetings per quarter. The community including consumers and providers are encouraged to attend the LAC public meeting nearest to them to provide input, receive updates and build relationships and interest. In August 2014, the focus of the meeting was around "What are the critical parts/elements to crisis stabilization services for your community?" Approximately 20-24 people attended the LAC this quarter. In Nov 2014, the main agenda topic for these meetings was "Crisis Evaluations". Approximately 30 people attended the 2nd quarter's LACs. In March 2015, the agenda focus for these LAC meetings were "Transportation". Approximately 34 people attended the March LACs.

#### Intake and Referral

In FY15 there were a total of 439 resource/referral and service coordination initial contacts via the central intake of the SWIA MHDS. Of those contacts, 155 required a Service Coordinator be assigned to assist an individual with their needs. There was a range of 3-20 individuals referred to Service Coordination per month or an average of 13 per month assigned in the fiscal year. These calls came from a variety of sources including mental health services, crisis response, state agencies, the legal system, community services agencies and schools with the majority of referrals being from individuals themselves, their families, and 12 different hospitals throughout the Region. Their primary needs included service coordination to determine eligibility for funding for group care, Supported Community Living (SCL), rent subsidy and the service of referral to group care/SCL, SOAR, payee services, guardianship services, Medicaid issues, and other basic needs as assessed by the Service Coordinator.

The remainder, 284 contacts were for resource and referral and did not require assignment to Service Coordination. There was a range of 7-33 calls per month with an average of 24 calls per month. Resource/referral calls were from a wide variety of sources including individuals calling with needs, family members, mental health providers, schools, state agencies, the legal system, physician offices, Integrated Health Home Agencies/case management, shelters and more than 30 community providers/agencies throughout the Region. In no particular order, calls included need for food, home repair, mental health services, substance use treatment, education, vocational supports/employment, questions about waivers and group care, Medicaid issues, payee services, committals, transportation, nursing and in-home services, financial assistance, barrier removal, elderly services, abuse/neglect, guardianships, housing, dental/medical care for uninsured, dementia, Social Security questions, Medicaid Modernization concerns, Integrated Health

Homes, identifying contacts in other Regions, medications, brain injury service inquiries, and general community resource questions surrounding programs like holiday programs, weatherization, and heat assistance.

### Service Coordination

Southwest Iowa MHDS Region had four Regional Service Coordinators (2.75 FTE) that served the 9 county region in FY 2015. Referrals for service coordination come directly from the region's intake/referral personnel. Once the Initial Contact Report is given to the Region's Service Coordinator Supervisor, the supervisor assigns the new referral to the appropriate service coordinator for the case. The Service Coordinator then contacts the new referral within 24 hours to set up an initial meeting. In FY 2015, the Region received 158 referrals for service coordination which is an average of 13 referrals each month.

In FY 2015, Southwest Iowa MHDS Region had one part-time service coordinator trained in SOAR. This service coordinator served 6 individuals during this time period, 3 of which were approved for SSI or SSDI, 1 was denied and 2 are still open and pending decision. As of 6/30/2015, the Region has a waiting list for SOAR services. The CEO plans to approach the Regional Governing Board regarding training more of the Service Coordinators in SOAR so that more people can be served, reducing or eliminating the waiting list for this service.

The region has worked closely with Targeted Case Management (TCM) agencies and Integrated Health Homes (IHH) for clients with Medicaid. While TCM has been around for years and they are familiar with funding and services, IHH was still in the development phase. The region supported the IHHs with regular communication and reminders about things such as funding requests and reauthorization needs. The region's intake personnel directed people who were eligible for these two services to the appropriate agencies as needed.

The region also worked with the Aging and Disability Centers as they began their development through the Connections Area Agency on Aging. SWIA MHDS Region personnel already had an established relationship with Connections, so this was a natural transition. The region became part of their advisory board and will continue to participate and plan with this AAA for seamless transitions and referrals.

### Vocational Grant for Supported Employment development

The SWIA MHDS Region offered a grant to vocational providers during FY15 in order to enhance and encourage supported employment throughout the region. The region's counties have historically provided a large amount of sheltered work and work activity services in sheltered workshop settings. The region recognizes the federal move toward community based employment and the phasing out of congregate type work settings. An open-ended grant was offered and well-received by vocational providers.

Cass Inc., Concerned Inc., Crossroads of Western Iowa, Nishna Productions, and Vodec took advantage of the offered grants. The total amount disbursed to these five (5) providers equaled \$116,570.

Eighty-seven (87) employees, from the five (5) provider agencies took advantage of this training opportunity. Seventy-three (73) of the employees trained remain employed with their current provider agency. Providers feel that this training opportunity has benefited them by training staff to communicate more effectively with not only consumers but employers. Communicating more effectively with consumers as well as employers has placed and retained consumers in more appropriate work settings. Of the two hundred and sixty nine (269) consumers reported to be impacted by provider training, twenty-one (21) new job placements were acquired and ten (10) more consumers were able to enhance their knowledge at their current place of employment, allowing them to continue to work in the community. Providers indicate that this training has allowed them to move forward and work more closely with employer and consumers providing a better experience for all. Progress can be seen by the twenty-one (21) new job placements in 2015 versus four (4) new job placements during the same period in 2014, indicated by one of the providers. Due to these positive outcomes, the region will look toward continuing this effort of enhancing supported employment during the next fiscal year through another grant opportunity by building on the training focus of this initial grant.

Community Education

The region launched its website [www.swiamhds.com](http://www.swiamhds.com) at the beginning of the fiscal year. The website is managed by the region as it was designed in a format that is easily edited. One of the main features of the website is “Resource Connection” where information about region service providers can be searched and located. The resources listed on this page have grown during the year as providers have been updated and added.

The website is used for meeting announcements, governing board agendas and minutes, announcements of trainings in the region, region resources such as the management plans and signing up for region updates. The front page has been used for announcing Request for Proposals offered by the region as well as the winning proposals of new crisis services. There is also a page for HOPE 4 IOWA as well as the Southwest Iowa Mental Health Court.

The region has two trained staff in Adult **Mental Health First Aid**, Youth Mental Health First Aid and Public Safety Mental Health First Aid. The following trainings were held during FY15:

Date	Version	Participants
March 19, 2015	Youth	15
April 16, 2015	Adult	15
April 23, 2015	Public Safety	20
April 30, 2015	Public Safety	23
May 7, 2015	Public Safety	20
May 17, 2015	Public Safety	18

**Crisis Intervention Training** for law enforcement personnel was offered on two occasions this fiscal year. CIT is a week-long training, so demands time away from regular duties and is a commitment from law enforcement agencies. There was also an additional one-day youth training offered this year. In total, 9 Council Bluffs Police Officers and 6 employees of the Pottawattamie County jail participated in these trainings. The region will continue to promote CIT for all of its area's law enforcement officers.

### Crisis Stabilization System

The SWIA MHDS Region concentrated on the development of a crisis stabilization system to be implemented within the region over the first several years of regional operation. As the region developed this system, input was gathered from the Local Advisory Councils and a framework developed by the region's administrative team through a facilitated strategic process. In order to create a fully functioning, integrated crisis system, it is recognized that collaboration amongst all key stakeholders is imperative. Much of the focus in this first year centered on careful planning and implementation. Care was taken to begin to roll this system out to the region in a methodical, yet urgent manner in order to create energy and excitement around the impact a crisis stabilization system can have on the regional community and the individual lives that depend on a well operated service system.

The region hired a non-profit organization, The Mental Health and Substance Abuse Network, as its project manager. Due to the amount of focused work that is required to develop this system, the region felt it would benefit from having a dedicated team working on this project. The region has also experienced through its use of The Network, that stakeholders are more open to expressing their opinions and giving input to the system when meetings are facilitated by a neutral entity. The Network project management provides information packets which include research and factual information about new services before they are launched, writing of the request for proposals (RFP) as needed, RFP scoring tools and training, facilitation of crisis stabilization system meetings, and management of outcomes data for these services.

The region began its year with a focus on development of a **24-hour crisis line**. In order to gain an understanding of where there is a need for services within the region, the type of need, who can be impacted most and where services should be located, the region felt a crisis line would be the most impactful in providing a mental health service while also gathering region-wide data on which to continue to build services. An RFP was developed and Boys Town National Hotline was chosen to provide this service which became operational in June, 2015. The service is called the HOPE 4 IOWA Crisis Line. It can be accessed 24 hours a day by calling 844-673-4469 (84-HOPE4IOWA). The website is [www.hope4iowa.org](http://www.hope4iowa.org) and email at [hope4iowa@boystown.org](mailto:hope4iowa@boystown.org). The branding and marketing of HOPE 4 IOWA was a very intentional process due to the importance of rolling it out to all areas of the region. With a large rural geographical area, reaching people through the most appropriate media outlets was important. The printed marketing materials such as posters and wallet cards are attractive and professionally created which led to a successful launch.

HOPE 4 IOWA does not end with the phone call. There is staff dedicated to outreach for any caller that requests or where it is indicated a need for follow up. This staff person has also been instrumental in sharing the resource with all areas of the region in order to continue to increase utilization of the line connecting individuals in crisis to a helping hand and the resources to address and improve mental wellness. The HOPE 4 IOWA Crisis Call Line will work with the rest of the Crisis Stabilization System components as they develop to assure warm hand-offs and provider collaboration.

The SWIA MHDS Region has a **mobile crisis response team** that was operational in Pottawattamie County during FY15. It will expand to the rest of the region during the next fiscal year. The Mental Health Crisis Response Team (MHCRT) assessed a total of 122 individuals. Of those 122 individuals, 115 individuals (94%) were able to develop a safety plan and remain in the community. This is an increase in calls from the previous fiscal year whereas MHCRT assessed 111 individuals with 95 individuals (86%) were able to remain in the community. The Mental Health Crisis Response Team (MHCRT) Pre Committal Program assessed a total of 33 individuals. Of those 33 individuals, 26 individuals (79%) were able to develop a safety plan and remain in the community. This is also an increase in the number of calls seen by MHCRT, with only 18 calls seen during the previous fiscal year, and 15 individuals (83%) were able to remain in the community.

MHCRT has maintained positive relationships with law enforcement and community agencies in order to ensure that each individual is receiving the best treatment. Law Enforcement are trained by the MCHRT on mental health issues, including what to look for when working with someone in crisis, as well as effective communication techniques when working with someone in crisis or who is mentally ill. Community agencies have also been relied upon in coordination or care in regards to referrals, appointment times, as well as treatment planning.

A **Crisis Evaluation Screening and Assessment** tool was begun to be developed during FY15. A group of inpatient and outpatient mental health providers was convened to take an initial look at draft tools based on what was already being utilized by the mobile crisis team. The project manager gathered data on various tools as well and pulled together feedback from the initial provider meeting. The tool will be rolled out to mental health providers in the region during the next fiscal year. It is intended to be utilized by the providers within the region's Crisis Stabilization System to assist with warm hand-offs and enhance communication amongst all providers that an individual may touch. The Crisis Evaluation Screening and Assessment tool will also help the rural emergency departments who do not have psychiatric staff available as they have expressed an interest in training and mental health crisis education. This tool should aid in their ability to feel confident about their initial screenings and know when it is appropriate to send a person for inpatient psychiatric treatment.

When the SWIA MHDS Region discovered that the Mental Health Institute located in its community of Clarinda would be closing, focus around crisis services shifted to the southern tier of the region in order to provide support in the loss of this inpatient psychiatric service. The region decided to move the timeline forward for the implementation of a **Crisis Stabilization Residential Service**. Workgroups began through the leadership of the project manager for those interested in development of this new program focusing on a short-term

residential crisis service aimed at preventing hospitalization, providing necessary support services, and returning the person to their pre-crisis level of functioning while gaining education and support to help in their mental health recovery. Workgroups met several times a month in person and by phone. A plan was developed for the workgroup to choose a provider for this service, but due to the urgency of getting the service started, a formal RFP process was developed. This service will be operational in FY16 and is slated to begin by December 2015.

### Justice Involved Services

Prior to regionalization, Pottawattamie County had applied for a grant from the Office of Justice Programs, Department of Justice for a planning and implementation grant to begin a **Mental Health Court**. Although Pottawattamie County did not receive the initial 2013 grant, the high scoring during the initial grant year made them eligible for a October 2014 grant award of \$250,000. The Pottawattamie County Community Services Director, also region CEO, is the grant manager for this project. A region Disability Services Director supervises the Mental Health Court Case Managers and took a key role in developing the policies and procedures for this program. Once the grant funds have been expended at the end of September 2016, the SWIA MHDS Region will assume the cost of the Case Managers, mental health service contract, and management of this program.

The Southwest Iowa Mental Health Court is designed to provide an alternative to jail for persons with chronic mental health needs who commit crimes meeting established criteria set by the mental health court policies and procedures. Mental Health Court, through intensive individualized services, help these offenders with chronic mental health needs treat their illness, take their medication as prescribed, meet their basic food and shelter needs, and avoid expensive incarceration or hospitalization. The goal of Mental Health Court is to impose a sentence that provides maximum opportunity for the rehabilitation of the defendant, the protection of the community from further offenses by the defendant and consideration of the victim's rights and safety.

Since January 2015 the mental health court team approved 10 participants into the program and 4 additional were pending acceptance in June of 2015. Since the program is new the program has not graduated any of the participants in FY 2015.

The Mental Health Court is fortunate to have high level involvement from multiple community stakeholders. The Mental Health Court team is currently comprised of a 4th District Judge, Assistant County Attorney, Defense Attorney, Mental Health/Substance Abuse Therapist, Mental Health Court Case Manager, Integrated Health Home, local Jail personnel, local police officer, and probation officer. The Mental Health Court team meets once a week in staffing to discuss potential new referrals as well as progress of current mental health court participants. Mental Health Court is usually held twice a month at the Pottawattamie County Courthouse. The majority of the participants have been from Pottawattamie County, however, the team will work with other counties in the region as needs arise in those counties and as there is opportunity to train and work with additional county attorney offices.

## Quality Service Development and Assessment

The MH/DS Regions in Iowa are charged with Quality Service Development and Assessment (QSDA). This includes 1) identifying and collecting Social Determinant Outcome data, 2) looking at service delivery models such as multi-occurring, culturally capable, evidence based practices and trauma informed care, and 3) entering into performance based contract/pay for performance.

During the first year of operations, regions generally addressed the QSDA process as region specific. Most regions were beginning to identify the QSDA scope and conclude that to fulfill the QSDA requirements would require building capacity, developing priorities and implementing in phases. The initial effort to look at a statewide standardized approach targeted outcomes. The rationale for selecting outcomes was that there was a successful model which had been developed by Polk County and a service delivery model, regardless of the type, that could be evaluated by looking at outcomes.

The Statewide Outcomes Project began when the Iowa Association of Community Providers (IACP) scheduled a conference on the 5 star quality model in December 2014. Participants were providers and regional staff. The following month, a core group of providers, regional staff and Iowa State Association of Counties (ISAC) CSN staff organized to discuss and design a statewide outcomes project. At the ISAC Spring School in March 2015, there was a presentation on an introduction to value-based social determinant outcomes and pay for performance. IACP gave an overview of the 5 star quality model to about 600 provider participants from all HCBS waivers and Hab. services at a state wide training in April. IACP also trained providers (over 300 persons in attendance) on the 5 Star quality model in May 2015.

There are four main objectives for the statewide outcomes project: 1) Provider Agencies and Regions will work collaboratively as partners, 2) Develop one set of standardized outcomes statewide, 3) Establish a single point for data entry and data retrieval and 4) Establish a set of core values utilizing the 5 Star Model as a framework. These core values are as follows:

\* We have identified the need and value in providing disability support services in the person's home community. We believe individuals with disabilities have the same basic human needs, aspirations, rights, privileges, and responsibilities as other citizens. They should have access to the supports and opportunities available to all persons, as well as to specialized services. Opportunities for growth, improvement, and movement toward independence should be provided in a manner that maintains the dignity and respects the individual needs of each person. Services must be provided in a manner that balances the needs and desires of the consumers against the legal responsibilities and fiscal resources of the Region.

\* We want to support the individual as a citizen, receiving support in the person's home, local businesses, and community of choice, where the array of disability services are defined by the person's unique needs, skills and talents where decisions are made thru personal circles of support, with the desired outcome a high quality of life achieved by self-determined relationships.

\* We envision a wide array of community living services designed to move individuals beyond their clinically diagnosed disability. Individuals supported by community living services should have community presence (characterized by blending community integration, community participation, and community relationships).

Development of the Outcomes Model involved utilizing the Polk County outcomes model, which has been operational since FY98 that has 16 measurable outcomes: Community Housing, Homelessness, Jail Days, Employment: Working toward self-sufficiency, Employment: Engagement toward employment, Education, Participant Satisfaction, Participant Empowerment, Somatic Care, Community Inclusion, Disenrollment, Psychiatric Hospital days, ER visits, Quality of life and Administrative.

Key steps in operationalizing this large project included: 1) Developed in the first phase 6 outcomes – Somatic Care, Community Housing, Employment, Community Integration, Clients served and Staff Turnover, 2) Met with Rose Kim with DHS who is overseeing the outcomes process to review outcomes and determine if the project track is consistent with the Outcomes Workgroup recommendations, 3) Discussed with CSN Director the viability of utilizing CSN for a provider input of outcome data, 4) Presented Outcomes Project proposal to CEOs, and 5) In April 2015, constructed the following timeline for FY16 for the Statewide Outcomes Project:

*July 2015* - Informational meetings; *September* - Support team training and system testing; *October* - Provide philosophical training (5-Star Quality), Follow up support team training, Web based portal launched, and In person training for providers and regional staff; *November* - Project implementation – Providers begin entering data, Fall ISAC School – EBP – supportive housing, fidelity scales, outcomes; *January 2016* - All providers begin entering data for the quarter.

The statewide regional objectives which SWIA MHDS will participate in FY16 include 1) identifying staff to coordinate QSDA functions, 2) participating in organizational meeting in October for regional designated QSDA staff, 3) Develop, implement and train on new provider portal built in CSN and identify scope of regional QSDA functions by November, 4) Identify training needs on an ongoing basis and participate in a Statewide meeting in the fall focusing on QSDA.

In addition, SWIA MHDS is working on a data collection model for its Crisis Stabilization System for the next fiscal year. Some of the outcome measurements will include source of referral, response time, length of stay or involvement, outcome of intervention, etc. The intent of the collection will be to measure the entire crisis service system outcomes with the intent that all providers work together to improve their interventions at different steps along the continuum of care.

The SWIA MHDS Region spent its first year in operation beginning to collect information on service delivery models delivered throughout the region. The region will work toward making sure providers are multi-occurring and culturally capable, utilizing evidence based practices and focused on trauma informed care in their organizations. The region recognizes that it has providers in all stages of development, implementation and full integration of best practice delivery models. Over the next several years, SWIA MHDS will work closely with providers in continuing to assess their needs, provide training where applicable, encouraging and

implementing new models of care, and providing support and financial incentives where necessary to encourage enhancement of care. All new services being developed within the region are being implemented with the expectation of the most up-to-date, recommended and proven models of care and practices.

The region intends to phase out any practices not meeting its expectations and models of care through the annual contracting process. Providers need to be given an opportunity for education and support in recognition that these transitions to new models of care do not happen overnight. It is the hope to get to a pay for performance method within SWIA MHDS, however, the current focus will remain on the education and support component in order to lay a proper foundation for future funding which is highly dependent on outcomes.

There have been trainings offered through the Mental Health and Substance Abuse monthly Community Training Opportunity program which is advertised region wide. The following trainings were offered which have focus on the region's focus on models of care including: July 31, 2014 - Trauma Informed Care; January 13, 2015 - Understanding Substance Abuse's Role in Mental Health; March 19, 2015 - Understanding Trauma's Relationship to Crisis.