

Sioux Rivers

Regional Mental Health & Disabilities Services



REGIONAL MENTAL HEALTH AND DISABILITY SERVICES COMMUNITY SERVICES PLAN

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TO BE SUBMITTED
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FY18 Community Services Plan Overview

The 2017 Legislative session passed Senate File 504 which instructs MHDS Regions:

- To convene a Stakeholder Workgroup comprised of representatives from hospitals, the judicial system, law enforcement agencies, managed care organizations, mental health providers, crisis service providers, substance abuse providers, the national alliance on mental illness, and other entities, as appropriate, to meet on a regular basis effective 7/1/17. The desired outcome of this Workgroup is to create collaborative policies and processes relating to the delivery of, access to, and continuity of services and supports for individuals with mental health, disability, and substance use disorder needs;
- To review funding resources currently available (including but not limited to regional fund balances, Title XIX, and other funding sources) and to partner with other regions to provide needed services and supports to individuals with mental health, disability, and substance use disorder needs; and
- To identify the following Community Services Plan components
 - Planning and Implementation Timeframes and Assessment Tools for determining the effectiveness of the plan in achieving the Department's identified outcomes for success
 - Financial Strategies to support the plan

A. Stakeholder Workgroups

Sioux Rivers enlisted consultant Deb Burnight to guide the stakeholder workgroup process. The following information includes material and notes from the workgroup report and the Sioux Rivers strategic plan.

Beginning in August 2017 a stakeholder workgroup was convened, with meetings held on August 3rd and September 26th at the Courthouse Annex in Le Mars. Sioux Rivers encompasses a diverse geographic area including urban and rural areas. The meetings comprised individuals invited from all counties served by Sioux Rivers, and included representatives from key stakeholder groups such as, hospitals (7), Mental Health Centers (3), Cherokee Mental Health Institute, provider agencies (11), Managed Care Organizations (MCO's), law enforcement (4), judicial (3rd district), national alliance on mental illness (NAMI), and other regional representatives. At each of the of the workgroup meetings information shared by the region was followed by a facilitated conversation. The purpose of these meetings was to spark idea- generation and to build a collaborative spirit amongst stakeholders to improve "delivery of, access to and continuity of services and supports for individuals with mental health, disability and substance use disorder needs, particularly for individuals with complex needs."

B. Statewide Strategic Direction

The Department of Human Services released a report on February 22, 2017 which identifies two problem areas with Iowa's Mental Health System for Individuals with complex needs. The passage of Senate File 504 legislatively mandates the Mental Health and Disability Service Regions to identify strategies to address these issues as follows:

Problem #1: The absence of a community plan and a fragmented approach in serving individuals, particularly those with complex needs.

Appropriate services for individuals with complex needs need to be readily available statewide. To achieve this, the Regions will work with stakeholders and various funders to build the service continuum and ensure people receive continuity of care through a collaborative, community-based approach.

Goal: Engage the community and develop implementation plans and processes to handle complex cases.

Problem #2: There is a gap in care for patients with complex needs due to an incomplete service continuum and lack of continuity of care (case management and integrated health homes). Individuals are stuck at a higher level of care due to lack of services and a lack of provider willing to accept patients with complex needs.

Through the Mental Health and Disability Service Redesign, Regions have been tasked with building a service system that closes the service gaps through the development of Evidenced Based Practices, Core Services and Additional Core Services as funding is available. Building the service continuum is imperative for individuals with complex needs to be discharged from higher levels of care than is necessary and works towards individuals receiving appropriate services.

Goal: Build the service continuum and increase the continuity of care by having MHDS regions utilize current resources and braiding funds to build a comprehensive, full array of services.

C. Department Identified Outcomes for Success

<p>Desired Outcome for Success Individuals who present in the Emergency Room receive Desired Outcome for Success – Emergency Departments Desired Outcome for Success – <i>Emergency Room</i> 1.The numbers of individuals who are in emergency departments over 24 hours because of mental health, disability, or substance use disorder services are not available.</p>		
<p>Regional Strategy</p>	<p>Anticipated Completion Date</p>	<p>Projected Cost</p>
<p>Utilize the Crisis Assessment and Stabilization Center, located in Sioux City, to meet the needs of individuals in crisis as an alternative to hospitalization, and in appropriate cases, as a placement option from the ER.</p>	<p>Complete</p>	<p>\$500,000 to \$1,000,000 annually</p>

Provided MH First Aid courses to agencies and individuals in the region, for the cost of materials only. Train as Trainers additional regional staff to meet increased demand and need.	On-going	\$2,500 annually
For those individuals presenting to the ER who are not placed within 24 hours, the Sioux Rivers Social Worker will be contacted to provide placement assistance.	01/01/18	\$0 administrative
Improve and update current Regional Resource Directory for better access and referral for community and providers. Enhance Sioux Rivers website and ascertain up to date information.	06/01/18	\$1,500 one time.
In order to reduce the need for ER visits, community providers will be provided training in C-3 De-escalation.	07/01/18	\$10,000 one time.
Develop additional Transitional Housing options in communities.	07/01/18	\$50,000 annually.
<u>Desired Outcome for Success – Acute Behavioral Health Beds</u>		
2. The number of individuals who are psychiatrically hospitalized 24 hours beyond the hospital determining them ready for discharge because community based mental health, disability, or substance use disorder services are not available.		
<u>Regional Strategy</u>	<u>Anticipated Completion Date</u>	<u>Projected Cost</u>
Regional staff will collaborate with inpatient psychiatric units to gather information regarding those instances where patients have lingered in hospital placements for 24 hours or more beyond the determination by a psychiatrist that level of care is no longer necessary. This data will be reported to DHS quarterly.	11/01/17 – 6/30/22	\$0 administrative
For those individuals hospitalized for more than 24 hrs. beyond recommended discharge, the Sioux Rivers Social Worker will be contacted to provide placement assistance.	01/01/18	\$0 administrative
Develop additional Transitional Housing options in communities.	07/01/18	\$50,000 annually
Sioux Rivers will partner with Regional providers to develop group home settings, that are transitional in nature, that employ highly trained staff that are better equipped to deal with consumers with complex issues.	07/01/19	\$100,000 annually
<u>Desired Outcome for Success – County Jails</u>		
3. The number of Individuals with mental health and substance use disorder needs who could have been diverted or released from jail if appropriate community services had been available.		
<u>Regional Strategy</u>	<u>Anticipated Completion Date</u>	<u>Projected Cost</u>
Sioux Rivers Regional MHDS began its Jail Alternatives Program, which is a jail diversion program, earlier this year, with the employment of a full time coordinator. Over the past several months the coordinator has met with representatives from law enforcement agencies and the judiciary in all regional counties, putting policies and procedures in place for a November 1, 2017 startup. The Coordinator's primary responsibility will be to arrange residential, substance abuse and mental health support services in the community for inmates with MH/SA issues prior to release.	11/01/17	\$50,000 start up with an amount budgeted for staffing within the current budget

Through the Region and Counties' involvement with the national "Stepping Up" Initiative, work will continue to decrease recidivism for those with mental illness, substance abuse and complex needs. Regional Service Coordinators will be assisting the Jail Alternatives Coordinator with tracking data for this outcome.	11/01/17	\$0 administrative
MH 1st Aid training will be made available to law enforcement officials and staff on a regular basis, as will C3- De-escalation training.	7/01/18	\$5,000
<u>Desired Outcome for Success - Community Based Providers</u> 4. The number of individuals involuntarily discharged from their community based mental health, disability or substance use disorder provider without a new community based provider in place. This includes discharged to jail, homelessness, or hospital that are not returning to services with their current provider.		
Regional Strategy	Anticipated Completion Date	Projected Cost
Sioux Rivers will provide enhanced training opportunities to regional provider staff, to include: D3- De-escalation, MH 1 st Aid, Trauma Informed Care and Behavior Management. This training will focus on empowering staff and equipping them to work confidently with individuals with complex issues and behaviors.	07/01/18	\$25,000 start up \$10,000 annually
On-going funding for professional consult to provider agencies when dealing with complex cases.	07/01/18 and as needed	\$25,000 annually

D. Plan for Regional Fund Balance Spend Down

The costs in bold font in the above chart, represent additional expenditures not budgeted in the current fiscal year, unless otherwise indicated, and total in excess of \$1.2 million. Some of these services were not envisioned prior to the SF504 workgroup discussions. Most are intended to be multi-year projects, with expenses to be included in the budget for FY18/19 and beyond.

Following is a three year plan, which details planned budget expenditures, revenues (levied amounts) and projected fund balances, with the ultimate goal of reaching a 20% fund balance by 2022.

Budgets for FY19 through FY21 are projected to be \$4,955,425, which when combined with the reduced levy amounts, will result in a fund balance of \$991,085, or approximately twenty percent of budgeted expenditures.

FY16	Levy	Population	Per Capita			
Plymouth	\$ 363,873	25200	\$ 14.44			
Sioux	\$ 1,027,427	34898	\$ 29.44			
Woodbury	\$ 3,564,125	102779	\$ 34.68			
	\$ 4,955,425	162877	\$ 30.424			
FY17	Levy	Population	Per Capita	Ending Fund Balance		
Plymouth	\$ 363,873	25200	\$ 14.44	\$ 4,300,000		
Sioux	\$ 911,536	34898	\$ 26.12			
Woodbury	\$ 2,869,590	102779	\$ 27.92			
	\$ 4,144,998	162877				
FY18	Levy	Population	Per Capita	Ending Fund Balance	Difference from previous year	
Plymouth	\$ 443,016	25200	\$ 17.58	\$ 1,207,953	\$ 79,143	
Sioux	\$ 613,507	34898	\$ 17.58		\$ (298,029)	
Woodbury	\$ 1,806,855	102779	\$ 17.58		\$ (1,062,735)	
	\$ 2,863,378	162877				
FY19	Levy	Population	Per Capita	Ending Fund Balance	Difference from previous year	
Plymouth	\$ 569,016	25200	\$ 22.58	\$ (69,710)	\$ 126,000	
Sioux	\$ 787,997	34898	\$ 22.58		\$ 174,490	
Woodbury	\$ 2,320,750	102779	\$ 22.58		\$ 513,895	
	\$ 3,677,763	162877				
FY20	Levy	Population	Per Capita	Ending Fund Balance	Difference from previous year	
Plymouth	\$ 713,916	25200	\$ 28.33	\$ (410,829)	\$ 144,900	
Sioux	\$ 988,660	34898	\$ 28.33		\$ 200,664	
Woodbury	\$ 2,911,729	102779	\$ 28.33		\$ 590,979	
	\$ 4,614,305	162877				
FY21	Levy	Population	Per Capita	Ending Fund Balance	Difference from previous year	
Plymouth	\$ 766,693	25200	\$ 30.42	\$ (410,829)	\$ 52,777	
Sioux	\$ 1,061,749	34898	\$ 30.42		\$ 73,088	
Woodbury	\$ 3,126,983	102779	\$ 30.42		\$ 215,254	
	\$ 4,955,425	162877				