

County Rural Offices of Social Services Mental Health and Disability Services FY 2015 Annual REPORT

Geographic Area: Clarke, Decatur, Lucas, Monroe, Ringgold and Wayne counties



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Introduction

County Rural Offices of Social Services (CROSS) Region 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 CROSS Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

The CROSS management plans and annual report are available on the CROSS Website www.crossmentalhealth.org and DHS websites <http://dhs.iowa.gov>. They are also available in each member county's community services office.

The Annual report reflects the first official year of regionalization. The report includes fiscal year 2015 efforts to merge the county mental health system into a regional system of care. The report contains information on the availability of core, additional core service, and the efforts and plans for expansion in services and provider proficiencies. This report also includes the statistical reports of the individuals funded, expenditures and budgets. The final section will report the outcomes achieved, the challenges met and the direction the region will be taking through collaboration and partnerships to build a better system of care for our individuals with mental health and disability needs.

Services provided in Fiscal Year 2015:

Included in this section of the report:

Access Standards for Core Services and what we are 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

The table below lists core services, describes if the region is meeting the access standards for each service, how the access is measured and plans to improve or meet access standards.

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u>	<u>Comments:</u>
		<ul style="list-style-type: none"> • Met Yes/No • By which providers 	<ul style="list-style-type: none"> • How measured • If not what is plan to meet access standard and how will it be measured
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 Community Health Centers of Southern Iowa (CHCSI) is also a FQHC, Crossroads Behavioral Health, and Lucas County Health Center Behavioral Health.	CHCSI serves Clarke, Decatur, Lucas, Monroe, Wayne and Ringgold Counties. Crossroads serves Clarke county and Lucas County Health Center serves Lucas and Monroe counties. Cross regions exceeds the standard.
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.	Yes Mary Greeley Medical Center MOU with Clarinda Mental Health Institute, and Mt. Pleasant Mental Health Institute	Mary Greeley Medical Center has a 19 bed facility consisting of 12 adult beds and 7 adolescent beds. They are all within 100 mile radius and meets the access standard. Clarinda and Mt. Pleasant were in our original catchment areas but are now or in the process of closing. The region is pursuing additional contracts with Mercy and honors host region contracts to provide access.
Outpatient: (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)			
25.3(3)a(1)	Timeliness: The region shall provide outpatient treatment services. Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.	Yes The community mental health centers listed above follow access standards in Iowa Code Chapter 230A. These centers provide outpatient, medication prescribing, management, evaluation and on-call service.	Self-report by MHCs, reports from Service Coordinators and Integrated Health Homes. CROSS is exploring collaborating on a computerized reporting system to track client access outcomes. Access standards are part of the contract CROSS has with each MHC provider.
25.3(3)a(2)	Urgent: Outpatient services shall be	Yes	Self-report by MHCs, reports from Service

	provided to an individual within one hour of presentation or 24 hours of telephone contact.	The Community Mental Health Centers listed above are required by Iowa Code Chapter 230A and provide urgent outpatient services. Access is available locally within the allowable traveling distance. Both CHCSI and Crossroads have contracted with Integrated Telehealth Partners for access to psychiatrists.	Coordinators and Integrated Health Homes. Access standards are part of the contract CROSS has with each outpatient provider. CROSS is exploring collaborating on a computerized reporting system to track client access outcomes. CROSS has provided a stipend through the contract with Integrated Telehealth Partners to maintain an appointment slot for individuals not being hospitalized but in need of outpatient services the next 1 to 3 days.
25.3(3)a(3)	Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.	Yes The Community Mental Health Centers listed above meet this standard.	Access standards are part of the contract CROSS has with each outpatient provider. Self-report by MHCs, reports from Service Coordinators and Integrated Health Homes. CROSS is exploring collaborating on a computerized reporting system to track client access outcomes.
25.3(3)a(4)	Proximity: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.	Yes CROSS is solely comprised of rural communities. There is access in each member county and meets the 45 mile radius.	While the 45 mile access standard is met a lack of transportation is still a concern. There are many client and provider complaints about the current medical transportation system in Iowa. CROSS provides transportation funding if none is available. CROSS is in the process of exploring a rural Uber scenario to provide transportation and employment options.
Inpatient: (Mental Health Inpatient Therapy)			
25.3(3)b(1)	Timeliness: The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	Yes/No Clarke County Hospital, Decatur County Hospital, Lucas County Hospital, Monroe County Hospital, Ringgold County Hospital, and Wayne County Hospital	Individuals are able to access local emergency rooms for emergency psychiatric treatment and crisis evaluation. Sometimes inpatient beds are not available due to the symptomology of the individual needing treatment or a lack of available beds. CROSS has had inpatient hospitalizations out of state to meet the need. CROSS entered into negotiations to make Integrated Telehealth psychiatric services available to local emergency rooms. Access to a medical social worker who can perform a crisis evaluation and tele- psychiatry within a few hours to provide support to the attending ED physician. The contracts were signed at the end of FYE15 and being implemented FYE 16.
25.3(3)b(2)	Proximity: Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	Yes Mary Greely Medical Center MOU with Clarinda Mental	Inpatient units are located within 100 miles of all CROSS member counties.

		Health Institute, and Mt. Pleasant Mental Health Institute	
25.3(3)c	Timeliness: Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.	Yes The Community Mental Health Centers listed above meet this standard.	Access standards are part of the contract CROSS has with each outpatient provider. Self-report by MHCs, reports for Service Coordinators and Integrated Health Homes. CROSS is exploring collaborating on a computerized reporting system to track client access outcomes.
Basic Crisis Response: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)			
25.3(2) & 25.3(4)a	Timeliness: Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	Yes/No The Community Mental Health Centers provide on-call services but do not meet the crisis hot line standard. Connect America provides personal emergency response systems to individuals within the region Each member county has a county hospital that provides emergency access and response.	FYE 15 CROSS explored contacting with a crisis hotline to meet the standard. CROSS has contracted with Foundation 2 to provide a crisis hot line that meets the standard and covers all six counties in the region. The contract went into effect for FYE 2016. CROSS has a contract with Connect America to provide personal emergency response system that meets the standard. CROSS is providing Telehealth psychiatric support to all member county hospitals.
25.3(4)b	Timeliness: Crisis evaluation within 24 hours.	Yes Community Health Centers and Integrated Telehealth Partners (ITP) in the county hospital ED dept., and Foundation 2.	This standard is met through the CMH's on call therapist and through the ED depts. in member county hospitals through a licensed social worker as part of the ITP contract. Foundation 2 performs a crisis evaluation on callers.
Support for Community Living: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)			
25.3(5)	Timeliness: The first appointment shall occur within four weeks of the individual's request of support for community living.	Yes MOSAIC, Southern Iowa Resources for Families (SIRF), Healthy Connections, Crest Services	Tracking through coordinators making referrals and case management. Standards have been met within time frame. There is an urgent need for SCL services to meet the needs of more complex individuals with interfering behaviors. CROSS has been exploring bringing in a provider with experience in this area and expects to have a contract in FY16.
Support for Employment: (Day Habilitation, Job Development, Supported Employment, Prevocational Services)			
25.3(6)	Timeliness: The initial referral shall take place within 60 days of the	Yes MOSAIC, SIRF, and Ragtime	Tracking through coordinators making referrals and case managers. Standards have

	individual's request of support for employment.	provide prevocational services. MOSAIC and SIRF provide Supported Employment, and Job development as well as day habilitation services.	been met. While standards have been met agencies have difficulty maintaining trained and experience staff. The region is exploring options with providers in FY16 to assist in development of outcome standards, staff retention and development of EBP.
Recovery Services: (Family Support, Peer Support)			
25.3(7)	Proximity: An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Yes Community Health Centers of Southern Iowa	CHCSI provides services that are located within a 45 mile radius to all member counties. CROSS has a contract with CHCSI for Peer Support Specialists and Family Peer Support Specialists as a separate service from the full Integrated Health Home package. CROSS also contracts with CHCSI for the IHH package of services.
Service Coordination: (Case Management, Health Homes)			
25.3(8)a	Proximity: An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Yes Decatur County Community Services Case Management, Southeast Iowa Case Management, both IHH providers CHCSI and Crossroads.	Case Management and the Integrated Health Homes are within 45 miles of each member county. Not all individuals are served through case management or the integrated health homes so each member county employs a disability care coordinator to meet the coordination needs of individuals not enrolled in Medicaid or not eligible for IHH or case management.
25.3(8)b	Timeliness: An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	Yes/No Decatur County Community Services Case Management, Southeast Iowa Case Management, there is no reporting mechanism at present with both IHH providers CHCSI and Crossroads to monitor timeliness.	Self- reporting by case management agencies and IHHs. Monitoring disability service coordinators performance through QI. CROSS is exploring collaborating on a computerized reporting system to track client access outcomes.

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

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

<u>Service Domain/Service</u>	<u>Available:</u>	<u>Comments:</u>
	<ul style="list-style-type: none"> • Yes/No • By which providers 	<ul style="list-style-type: none"> • Is it in a planning stage? If so describe.
<u>Comprehensive Facility and Community-Based Crisis Services:</u> 331.397~ 6.a.		
24-Hour Crisis Hotline	Yes Foundation 2	Contract signed and implemented July 2015.
Mobile Response	No	NO
23-Hour crisis observation & holding	No	NO
Crisis Stabilization Community Based Services	No	NO
Crisis Stabilization Residential Services	No	NO
Other	No	CROSS is exploring a rural ACT team, gathering data to determine feasibility and sustainability if implemented as part of strategic plan for FY16.
<u>Crisis Residential Services:</u> 331.397~ 6.b.		
Subacute Services 1-5 beds	No	CROSS is exploring the feasibility of development of Subacute services within the region that can be wrapped around by the ACT team. CROSS is in the beginning discussions with local critical access hospitals within the region and waiting for rules to be finalized.
Subacute Services 6+ beds	No	NO
<u>Justice System-Involved Services:</u> 331.397~ 6.c.		
Jail Diversion	No	NO
Crisis Prevention Training	No	NO
Civil Commitment Prescreening	No	NO
Other	Yes ITP provides tele psychiatric services to member county jails.	CROSS contracts with ITP to provide tele-psych services to member county jails. The contract was signed at the end of FY15 and implemented the beginning of FY16.

Provider Competencies

The Chart below is a brief description of the region’s efforts to increase provider competencies.

Provider Practices	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	DESCRIBE REGION’S EFFORTS TO INCREASE PROVIDER COMPETENCY
<p>441-25.4(331)</p> <p><i>Service providers who provide services to persons with 2 or more of the following co-occurring conditions:</i></p> <ul style="list-style-type: none"> a. <i>Mental Illness</i> b. <i>Intellectual Disability</i> c. <i>Developmental Disability</i> d. <i>Brain Injury</i> e. <i>Substance Use Disorder</i> 	<p>List agencies</p>	<p>List agencies</p> <p>CHCSI, Lucas County Health Center Behavioral Health, SIRF, Healthy Connections, Decatur County Case Management, Southeast Iowa Case Management, MOSAIC, Crest Services</p> <p>Attended training in CCISC model with Dr.’s Minkoff and Cline.</p> <p>Attended meeting on EBP provided by MHDS coordinator.</p>	<p>List Agencies</p> <p>CHCSI, Lucas County Health Center Behavioral Health, SIRF, Healthy Connections, Decatur County Case Management, Southeast Iowa Case Management, MOSAIC, Crest Services</p>	<p>Narrative</p> <p>CROSS technical assistance committee met with Drs. Cline and Minkoff for two planning sessions to discuss strategies of implementing a system of care for multi occurring individuals. CROSS also hosted a region wide provider meeting at Graceland University. CHCSI brought Drs. Minkoff and Cline down to host a training session with their staff.</p> <p>All the listed agencies have performed the Compass E-Z and have begun the process of incorporating changes in their policies and procedures. Self-reporting is the mechanism for monitoring progress.</p>
<p><i>Trauma informed care</i></p>		<p>None</p>	<p>CHCSI, Lucas County Health Center Behavioral Health</p>	<p>CROSS conducted a survey of providers to determine levels of training currently in place and needs. The agencies listed have staff who are trained in trauma informed care. DHS MHDS has contracts with CMHC’s to provide staff training and EBP development /implementation. Other initiatives such as trauma informed care, multi-occurring service delivery and other services are also supported with these contracts.</p> <p>Going forward in FY16 CROSS will be exploring providing trauma informed training for HCBS providers.</p>

The Chart below describes the regions efforts towards implementing and verifying fidelity of Evidence Based Practice.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	DESCRIBE REGIONS EFFORTS TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
Core: IAC441-25.4(3)	List agencies	List agencies	List Agencies	How are you verifying? List Agencies	Narrative
Assertive Community Treatment or Strength Based Case Management	Decatur County Case Management and Southeast Iowa Case Management are both working on strength based case management.	Decatur County Case Management	Decatur County Case Management	Individual agency quality improvement plans and reports, training documentation. Decatur County Community Services	The case management agencies involved were already in the process of implementing SBCM. The region collaborated to verify progress. The region conducted surveys of all providers to see what evidenced based practices if any they were already engaged in, education needs and interests. The region is in the process of gathering data on implementation of a rural ACT team and developing a RFP for FY 16.
Integrated Treatment of Co-Occurring SA & MH	CHCSI	None	None	None	After survey results the CROSS CEO worked directly with CHCSI to develop a training and implementation plan of this EBP. At the budget stage CHCSI felt they did not have the capacity to go further in the development of this EBP. CHCSI stated lack of staff and buy in as the reason. The region conducted surveys of all providers to see what evidenced based practices if any they were already engaged in, education needs and interests.
Supported Employment	None	None	None	None	
Family	None	None	None	None	The region conducted surveys of all providers

Psychoeducation									to see what evidenced based practices if any they were already engaged in, education needs and interests.
Illness Management and Recovery	None	The region conducted surveys of all providers to see what evidenced based practices if any they were already engaged in, education needs and interests.							
Permanent Supported Housing	None	The region conducted surveys of all providers to see what evidenced based practices if any they were already engaged in, education needs and interests.							

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	WHAT IS THE REGION DOING TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
<i>Additional Core: 331.397(6)d</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>How are you verifying? List Agencies</i>	<i>Narrative</i>
Positive Behavioral Support	None	None	None	None	None
Peer Self Help Drop In Center	None	None	None	None	None
Other Research Based Practice: IE IPR IAC 331.397(7)	None	None	None	None	None

Individuals Served in Fiscal Year 2015

This section includes:

- the number of individuals in each diagnostic category funded for each service
- unduplicated count of individuals funded by age and diagnostic category

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

Age	COA	Service Funded	Diagnostic				Total
			MI	ID	DD	CM	
Adult	21375	Case Management – 100% county	1				
Adult	24376	Health Homes Coordination	1				
Adult	31354	Transportation – General	8				
Adult	32320	Support Services – Home Health Aide	1				
Adult	32326	Support Services Guardian / Conservator	4				
Adult	32329	Support Services- Supportive Community Living	4	1	2		
Adult	33345	Basic Needs – Ongoing Rent Subsidy	4	1	1		
Adult	33399	Basic Needs – Other	1	1	1		
Adult	41305	Physiological Treatment – Outpatient	1				
Adult	41306	Physiological Treatment –Prescription Medicine	6				
Adult	42305	Psychotherapeutic Treatment - Outpatient	41				
Adult	43301	Evaluation (non-crisis) – Assessment and Evaluation		1			
Adult	44305	24 hour Crisis Response	1				
Adult	50360	Voc/Day- Sheltered workshop Services	1				
Adult	50362	Voc/Day – Prevocational Services	9	18			
Adult	50367	Day Habilitation		2			
Adult	50368	Voc/Day – Individual Supported Employment			1		
Adult	63315	Comm Based Settings (1-5 Bed) – RCF/MR	1				
Adult	64314	Comm Based Settings (6+ Beds) – RCF	16	2			
Adult	64316	Comm Based Settings (6+ Beds) – RCF/PMI	1				
	64399	Comm Based Settings (6+ Beds) – Other	1				
	71319	State MHI Inpatient – Per diem charges	6	1			
	73319	Other Priv./Public Hospitals – Inpatient per diem charges	7	1			
	74300	Commitment – Diagnostic Evaluations	1				
	74353	Commitment – Sheriff Transportation	48	2			
	74393	Commitment - Legal Representation	33	2			
	75395	Mental Health Advocate – General	16				
	64314	Comm Based Settings (6+ Beds) - RCF	1				

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	1	145	146	40
Intellectual Disabilities	0	3	3	40,42
Other Developmental Disabilities	0	2	2	40,43
Brain Injury	0	24	24	42
	0	2	2	43
Total	1	176	177	

Funds Expended

This section includes:

- Funds expended for each service
- Revenues
- County Levies

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

FY 2015 Accrual	CROSS MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
43301	Assessment & evaluation	\$300					\$ 300
42305	Mental health outpatient therapy	\$13,690					\$ 13,690
42306	Medication prescribing & management	\$0					\$ -
71319	Mental health inpatient therapy-MHI	\$8,731	\$9,800				\$ 18,531
73319	Mental health inpatient therapy	\$13,303	\$343,989				\$ 357,292
	Basic Crisis Response						
32322	Personal emergency response system	\$0					\$ -
44301	Crisis evaluation	\$0					\$ -
44305	24 hour access to crisis response	\$1,250					\$ 1,250
	Support for Community Living						
32320	Home health aide	\$236					\$ 236
32325	Respite	\$0					\$ -
32328	Home & vehicle modifications	\$0					\$ -
32329	Supported community living	\$12,774	\$3,140	\$13,717			\$ 29,630
	Support for Employment						
50362	Prevocational services	\$35,036	\$86,625				\$ 121,661
50367	Day habilitation		\$486				\$ 486
50364	Job development	\$0					\$ -
50368	Supported employment		\$871				\$ 871
50369	Group Supported employment-enclave	\$0					\$ -
	Recovery Services						
45323	Family support	\$0					\$ -
45366	Peer support	\$0					\$ -
	Service Coordination						
21375	Case management	\$1,039					\$ 1,039

24376	Health homes	\$213					\$ 213
	Core Evidenced Based Treatment						
45373	Family psychoeducation	\$0					\$ -
42397	Psych rehab (ACT & IPR)	\$0					\$ -
	Core Domains Total	\$86,573	\$444,911	\$13,717	0		\$ 545,200
	Mandated Services						
46319	Oakdale	\$0					\$ -
72319	State resource centers	\$0					\$ -
74XXX	Commitment related (except 301)	\$20,886	\$1,806				\$ 22,691
75XXX	Mental health advocate	\$16,117					\$ 16,117
	Mandated Services Total	\$37,003	\$1,806	\$0	0		\$ 38,809
	Additional Core Domains						
	Comprehensive Facility & Community Based Crisis Services						
44346	24 hour crisis line	\$8,526					\$ 8,526
44366	Warm line	\$0					\$ -
44307	Mobile response	\$0					\$ -
44302	23 hour crisis observation & holding	\$0					\$ -
44312	Community based crisis stabilization	\$0					\$ -
44313	Residential crisis stabilization	\$0					\$ -
	Sub-Acute Services						
63309	Subacute services-1-5 beds	\$0					\$ -
64309	Subacute services-6 and over beds	\$0					\$ -
	Justice system-involved services						
46305	Mental health services in jails	\$0					\$ -
46422	Crisis prevention training	\$0					\$ -
74301	Civil commitment prescreening	\$0					\$ -
46399	Justice system-involved services-other	\$0					\$ -
	Additional Core Evidenced Based Treatment						
42366	Peer self-help drop-in centers	\$0					\$ -
	Additional Core Domains Total	\$8,526	\$0	\$0	0		\$ 8,526
	Other Informational Services						
03XXX	Information & referral	\$1,667					\$ 1,667
04XXX	Consultation						\$ -
05XXX	Public education	\$20,431					\$ 20,431
	Other Informational Services Total	\$22,098	\$0	\$0	0		\$ 22,098
	Other Community Living Support Services						
06399	Academic services	\$0					\$ -
22XXX	Services management	\$26,450	\$10,651	150.18.			\$ 37,252
23376	Crisis care coordination						\$ -

23399	Crisis care coordination other						\$ -
24399	Health homes other						\$ -
31XXX	Transportation	\$2,890					\$ 2,890
32321	Chore services						\$ -
32326	Guardian/conservator	\$2,123					\$ 2,123
32327	Representative payee						\$ -
32335	CDAC						\$ -
33330	Mobile meals						\$ -
33340	Rent payments (time limited)						\$ -
33345	Ongoing rent subsidy	\$4,678		\$980			\$ 5,659
33399	Other basic needs	\$567	\$967	\$1,200			\$ 2,734
41305	Physiological outpatient treatment	\$166					\$ 166
41306	Prescription meds	\$1,335					\$ 1,335
41307	In-home nursing						\$ -
41308	Health supplies						\$ -
41399	Other physiological treatment						\$ -
42309	Partial hospitalization						\$ -
42363	Day treatment						\$ -
42396	Community support programs						\$ -
42399	Other psychotherapeutic treatment						\$ -
43399	Other non-crisis evaluation						\$ -
44304	Emergency care						\$ -
44399	Other crisis services						\$ -
45399	Other family & peer support						\$ -
50361	Vocational skills training						\$ -
50365	Supported education						\$ -
50399	Other vocational & day services						\$ -
63XXX	RCF 1-5 beds	\$53,381					\$ 53,381
63XXX	ICF 1-5 beds						\$ -
63329	SCL--1-5 beds						\$ -
63399	Other 1-5 beds						\$ -
	Other Comm Living Support Services Total	\$91,591	\$11,619	\$2,180	0		\$ 105,389
Other Congregate Services							
50360	Work services (work activity/sheltered work)	\$6,862					\$ 6,862
64XXX	RCF--6 and over beds	\$221,449	\$5,600				\$ 227,049
64XXX	ICF--6 and over beds	\$43,063					\$ 43,063
64329	SCL--6 and over beds						\$ -
64399	Other 6+ beds	\$3,640		\$2,883			\$ 6,523
	Other Congregate Services Total	\$275,014	\$5,600	\$2,883	0		\$ 283,497

Administration							
11XXX	Direct Administration					\$454,231	454,231
12XXX	Purchased Administration					\$6,045	6,045
	Administration Total					\$460,276	460,276
	Regional Totals	\$520,805	\$ 463,935	\$ 18,930	\$ -	\$ 460,276	\$ 1,463,945

(45)County Provided Case Management							\$ -
(46)County Provided Services							\$ -

	Regional Grand Total						\$ 1,463,945
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Revenue

FY 2015 Accrual	CROSS MHDS Region		
Revenues			
	Fund Balance as of 6/30/14		\$1,387,637
	Local/Regional Funds		\$ 2,065,165
10XX	Property Tax Levied	2019831	
5310	Client Fees	0	
8110	Reimbursement	1888	
9200	Sale of property	555	
8470	Miscellaneous	3444	
2530	Reimbursement from other gov't.	39447	
	State Funds		\$ 167585
2250	MHDS Equalization	167585	
2645	State Payment Program		
2646	MHDS Transition		
	Federal Funds		\$ 103467
2344	Social services block grant	103467	
2345	Medicaid		
	Total Revenues		\$ 2,337014

Total Funds Available for FY15	\$ 3,724,651
FY15 Regional Expenditures	\$ 1,463,945
Accrual Fund Balance as of 6/30/15	\$ 2,260,705

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
Clarke	9389	\$443,014	\$430,559	\$443,014	\$437,314	\$46.58
Decatur	8237	\$390,202	\$321,858	\$390,202	\$323,973	\$39.33
Lucas	8769	\$414,713	\$441,861	\$414,713	\$417,914	\$47.66
Monroe	8080	\$381,219	\$340,278	\$381,219	\$348,542	\$43.14
Ringgold	5102	\$240,939	\$342,082	\$240,939	\$242,063	\$47.44
Wayne	6362	\$299,944	\$254,099	\$299,944	\$299,583	\$47.09
Region	45939	\$ 2,170,031	\$ 2,130,737	\$ 2,170,031	\$ 2,069,389	

Waiting List:

The CROSS region did not have a waiting list for funding of service in Fiscal Year 2015.

Appeals and Exceptions to Policy:

No appeals or exceptions were filed in fiscal year 2015.

Outcomes achieved in Fiscal Year 2015

Prior to the beginning of FY15, regions were required to submit a transition plan that included the following elements.

- Designate local access points for the disability service as administered by the region
- Define the service access and service authorization process to be utilized for the region.
- Designate the regions targeted case manager providers funded by the medical assistance program.
- Identify the service provider network for the region.
- Establish business functions, funds, accounting procedures, and other administrative processes.
- Identify the information technology and data management capacity to be employed to support regional functions.
- Comply with data reporting and other information technology requirements identified by the department.

The following section explains how the transition plan was implemented, changes made and achievements.

- **Access Points:** The region utilized the current member county access points initially and as other providers joined planning sessions public health agencies in some member counties were added.
- **Service Access and Service Authorization Process:** The process for access to services and eligibility criteria remained the same throughout the region. One disability service coordinator was hired for a member county that did not have a coordinator or office within the member county. The local DSC processes and approves requests for services with the intent to reduce changes for providers and to expedite services.
- **Targeted Case Management:** The region utilized the agencies currently serving member counties.
- **Service Provider Network:** The region formalized this process and uses a standardized contract. The region contracts with essentially the same providers as member counties contracted with prior to regionalization. Provisions were made for nontraditional providers. The region has added some providers to meet core and crisis service requirements and will be expanding on the network in FY16 to include additional crisis services, EBP development and services for individuals with complex needs.
- **Establishment of business Functions:** The region formed a technical assistance committee comprised of the member county DSC to develop business functions format for presentation to the transitional regional board for final approval.
 - The regional management plan was approved 11/14/2014
 - 28E was submitted and approved 1/27/2014.
 - **Funds and Accounting Procedures:** Each member county retains the regional member fund 10 account and process their own claims. The financial reports are submitted to the fiscal agent monthly and compiled into a regional report. A regional fund 4150 was established under the management of the fiscal agent. Each member county contributes to this fund. The fund is used for regional administrative expenses and as an account that a region member can access if they become fully encumbered but the rest of the member counties remain solvent. FY16 is the first incidence of a member county needing to access the fund. The region CEO and Board are monitoring the process to see if it meets the actual needs of the member and the region.

- Information Technology: All member counties used the same system, CSN for data management and reporting; the region continues to use the same system to comply with data collections and reporting such as aggregate (warehouse) reports and dash board reports implemented by DHS.

Outcomes Measures:

Regions are required to provide Quality Service Development and Assessment, QSDA with providers within the region. This includes:

- *Identify and collect Social Determinant Outcome data*
 - *Look at service delivery models- multi-occurring, culturally capable, evidence based practices, trauma informed care.*
 - *Enter into performance based contracts/pay for performance.*
- CROSS region conducts monthly provider meetings with network providers and has been gathering input from providers on how best to support their efforts in QSDA. The region and the providers have agreed to adopt the five star philosophy as the standard for the development of outcomes that maximize community inclusion, individual independence, and self-determination.

Creating QSDA capacity within the Regions.

CROSS worked collaboratively with other regions to identify the QSDA scope and concluded along with other regions 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, could be evaluated by looking at outcomes.

Statewide Outcomes Project

- The process 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.
- A core group of providers, regional staff and ISAC CSN staff organized to discuss and design a statewide outcomes project in January 2015.
- At the ISAC Spring School in March, 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.
- Objectives for the statewide outcomes project:
 - Provider Agencies and Regions will work collaboratively as partners
 - Develop one set of standardized outcomes statewide
 - Establish a single point for data entry and data retrieval
 - Establish a set of core values utilizing the 5 star model as a framework.
 - 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

We utilized the Polk County outcomes model 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, Psy. Hospital days, ER visits, Quality of life and Administrative. This system has been operational since FY98.

Operational Steps:

- o Developed in the first phase 6 outcomes – Somatic Care, Community Housing, Employment, Community Integration, Clients served and Staff Turnover.
- o 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.
- o Discussed with Jeanine, CSN Director, the viability of utilizing CSN for a provider input of outcome data
- o Presented Outcomes Project proposal to CEOs
- o In April constructed the following timeline for the Statewide Outcomes Project:
 - July Informational meetings
 - Sept. Support team training and system testing
 - Oct. Provide philosophical training (5-Star with Derreck)
 - Oct. Follow up support team training
 - Oct. Web based portal launched,
 - Oct. In person training for providers and regional staff
 - Nov. Project implementation – Providers begin entering data
 - Nov. Fall School – EBP – supportive housing, fidelity scales, outcomes
 - Jan. All providers begin entering data for the quarter

Statewide Regional Objectives

- Move to create QSDA positions in the regions – CROSS has designated two DSC to fill this position.
 - Set an organizational meeting by 10/1/15 for all regional designated QSDA staff
 - Develop, implement and train on new provider portal built by ICTS by 11/1/15
 - Identify scope of regional QSDA functions by 11/1/15
 - Identify training needs (ongoing)
- Hold statewide meeting in fall focusing on QSDA.

CROSS FY15 Annual Service and Budget Plan Goals:

Identify the level of service needs within the region, identify gaps and develop a plan to meet the identified needs.

Mental Health Services Needs Assessment:

CROSS contracted with Iowa State University Extension and outreach to conduct a region wide needs assessment. The assessment used online surveys and six focus groups. Surveys were gathered from partner agencies, law enforcement, jails, magistrates, hospital ED staff, physicians, therapists and individual users of the system. The overall response rate was 56.5%.

Online Survey Results

- 6 out of 7 respondents stated they could use more information on how to get access to services.
- 68.8% stated they were somewhat familiar with what was available in their area.
- Individuals in focus groups majority did not know how to get help if a committal was needed.
- 57.1% did not know how to make a referral
- None of the respondents knew how to access any crisis intervention services.
- Lack of inpatient beds for mental health treatment.
- 75% of participants use the local emergency room for mental health crisis intervention and treatment.
- Patients waiting for an inpatient bed in the hospital ED are there for an average of 16 hours with a range from 1 hour to 4 days.
- Some ED physicians do not feel comfortable adjusting psychiatric medications or know what to use to initiate stabilization.

Focus Group Results

- Lack of inpatient beds for mental health treatment.
- Need more therapists in the area.
- Transportation is needed, TMS is difficult to navigate.
- Unable to get appointments.
- Closure of two MHI's in southern Iowa
- Focus group respondents did not know where to go for assistance if their symptoms were becoming more severe.
- Several respondents had no knowledge of other providers in their area.
- Respondents felt there needed to be more publicity on services.
- Nowhere to go in the evening or weekend to socialize or obtain support.

Other Data

- The suicide rate for teens in rural areas is over 2 times greater than for teens in urban areas.
- Increase costs to region: Hospitalization costs were less costly with MHI's (\$276.00 to \$463.00 per day) with waiting lists for beds more individuals will receive private hospitalization which is

more costly (\$850.00 to \$1800.00 per day). Sheriff's transportation costs increase due to increase time to transfer individual to hospitals.

Identified Needs

Education on services, referral and resources available and supports for professionals.

- The region decided to partner with the ADRC – Aging and Disabilities Resource Center through LifeLong Links to provide a resource line with information, referrals, and linkage to providers and options counseling for individuals needing access to the disability system.
- The region provided training for two individuals in options counseling through Boston University, signed an MOU with Milestones to work collaboratively with the ADRC.
- The Regional Board allocated funding to participate in the LifeLong Links phone and referral system when functioning.

Provide Mental Health First Aide training throughout the region.

To increase awareness of mental illness, how to respond to someone in mental crisis and begin to alter general public perception about individuals with mental illness.

- The region provided three MHFA classes throughout the region in FY15. These were the first trainings offered within member counties. The region will be contracting in FY16 to provide more classes throughout the region.

Provide a Crisis Line that is available 24/7

Provide counseling, crisis service coordination, linkage to services and crisis screening for individuals in need. This approach not only meets the need for immediate intervention but provides information and linkage to providers in the region for follow-up care while also meeting the requirement to provide crisis services and crisis assessments. This service also addresses in-part the identified need for preventative services to prevent the crisis from escalating requiring further and more costly intervention.

- The region screened providers and at the end of FY15 entered into a contract with Foundation 2 to provide this service.

Support for Local Emergency Dept. in diagnosis and treatment of individuals with mental illness.

- The region entered into contract with Integrated Health Partners to provide Tele-psychiatry to local ED in each member county. This service includes a crisis evaluation by a licensed social worker, access to a psychiatrist and referral mechanism with local providers. This service is being offered to all county hospitals within the region.
- The contract includes coverage in local jails so inmate does not have to be transferred for an evaluation and medication management. This service is being offered to all county jails in the region.

Collaboration:

Advisory Board Meetings:

The CROSS Region Advisory Board is an advisory stakeholder group. The Advisory Board met on four occasions during the fiscal year. The advisory group is comprised of 3 family members and 1 individual, five providers and is supported by the technical assistance committee which is comprised by member county disability service coordinators. Meetings were held: 9/17/2014, 12/10/2014, 3/ 11/20 15, and 06/10/2015. The committee was involved in the regional needs survey, strategic planning and quality improvement design. The MHDS

Regional Board Meetings:

The CROSS Region Governing Board provides the administration for the MHDS region and is comprised of one board member from each member county Board of Supervisors and one family member and one provider. The Board met 8 times during the fiscal year. Meetings were held: 7/16/2014, 9/17/2014, 1/21/2015, 3/17/2015, 4/21/2015, 4/30/2015, 5/27/2015, and 6/10/2015. The Board participated in the assessment and strategic planning process, approved new services, contracts, methodologies for fiscal management of the region. The first year was also a year of gaining a true understanding of how things have changed, adjusting mind sets to a regional perspective and educating other county agencies and organizations on those differences.

Provider Meetings:

The provider group is a stakeholder group made up of providers within the region. All providers are welcome to attend. Providers who attend regularly are 3 community health centers, 4 HCBS providers within the region. The group is meant to be a sounding board for the region to communicate with providers on quality improvement projects, evidenced based practices, and region board activities. The group is also an opportunity for the region to obtain feedback from providers to identify their needs in meeting quality improvement initiatives, the needs of the individuals they are serving, training needs and brainstorming possible solutions. The group developed the CCISC charter incorporated into the Region's management plan. The group is also working on 5 star quality efforts and participating in outcomes reporting through CSN.

Technical Assistance Committee (TAC)

The TAC committee is comprised of all the member county disability service coordinators. The committee reviews contract applications from providers prior to being sent to the Regional Board for approval, submit exceptions to policy received in their offices for review and presentation to the Board, they provide technical assistance to the Advisory Committee and Regional Board. The committee met 11 times during the fiscal year.

Additional Collaborative Efforts:

The Region worked with local Boards of Health in Ringgold, Clarke and Decatur to participate in their community assessment process.

Leadership Meetings:

The region's CEO participated in the CEO and DHS MHDS representative meetings on a monthly basis to discuss regional and state issues.

MHDS CEO Collaborative: The collaborative was formed in October of 2014 after a strategic planning session. The CEO's from the MHDS regions meet monthly to work on joint issues and concerns. The group has collaborated in developing a statewide outcomes initiative for HCBS providers in the state. As referenced in outcomes above. The group continues to work collaboratively to develop services, address policy concerns, funding and legislative concerns all in an effort to advocate for individuals with disabilities.