

HEART OF IOWA COMMUNITY SERVICES ANNUAL SERVICE AND BUDGET PLAN



APRIL 1, 2015

Approved by HICS Region Governing Board
on
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II. ANNUAL SERVICE AND BUDGET PLAN FOR FY15/16

Heart of Iowa Community Services, Inc. exists to support improved access to health care and to promote full citizenship for people with mental illness, intellectual disabilities, or developmental disabilities. This plan assumes that the state will not mandate expansion of initial core services or creation of additional core services without additional funding. This plan covers the period from July 1, 2015 through June 30, 2016.

A. Access Points & Care Coordination Agencies

An access point is a part of the Heart of Iowa regional service system that is trained to complete the MH/DD regional applications and forward them to the local Community Services Office. HICS has designated the following access points.

Access Point	Address	Phone number
Adel Mental Health	309 S. 7 th Street, Suite C, Adel, IA 50003	(515) 993-1919
Audubon County Community Services	318 Leroy Street, Audubon, IA 50025	(641) 757-2106
Cherokee Mental Health Institute	1251 West Cedar Loop, Cherokee, IA	(712) 225-2594
Dallas County Community Services	902 Court Street, Suite 1, Adel, IA 50003	(515) 993-5869
Eyerly Ball Community Mental Health Services	211 S. 7 th Street, Suite D, Adel, IA 50003	(515) 993-2158
Genesis Development	610-10 th Street, Perry, IA 50220	(515) 465-7541
Greene County Community Services	114 N. Chestnut, Jefferson, IA 50129	(641) 757-2106
Guthrie County Community Services	200 N. 5 th Street, Guthrie Center, IA 50115	(641) 757-2106
Eyerly-Ball Mental Health	1301 Center Street, Des Moines, IA 50139	(515) 243-5181

B. Targeted Case Management

HICS offers access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g.

Designated Case Management agencies serving the HICS must be accredited according to the rules of the Department of Human Services. Targeted Case Managers meet the qualifications as defined in IAC 441.

Targeted Case Management and Service Coordination Services meet the following expectations:

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service.
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g, which may include the use of electronic recording keeping and remote or internet based training.
- The HICS Administrative Team evaluated interested agencies and made recommendations to the Regional Governance Board, who designated Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program.
- HICS has identified and designated the following providers for case management in the HICS region:

TCM Contact Information	Address	Phone number
Dallas County Community Services	902 Court Street, Suite 1 Adel, IA 50003	515-993-1736
DHS Case Management	116 N. Market Street Audubon, IA 50025	712-563-4600
DHS Case Management	200 N. 5 th Street Guthrie Center, IA 50115	641-747-8030
DHS Case Management	114 N. Chestnut Jefferson, IA 50129	515-386-4730

C. Crisis Planning

Crisis prevention, response, and resolution are embedded in the treatment and support plans that are prepared by Network Providers, Targeted Case Management, IPR, and Service Coordination. When these plans are developed, the goal is to figure out an environment and support structure that works for a person to mitigate the triggers that lead to crisis. Some agencies specifically use a Wellness Recovery Action Plan (WRAP) that complements the coordination plan. Much of the prevention, response, and resolution of crisis is handled through the normal services and supports people receive.

The Mobile Crisis Response Team is another option that is specifically designed to deal with mental health crises that are identified by law enforcement and can be dealt with through therapeutic intervention rather than a criminal justice intervention. The Mobile Crisis Response Team is available in each county in the region. The region will attempt to find a provider that will provide a licensed mental health professional that would be available on-call to the local hospitals to provide assessment of someone in crisis to assist with local health professionals with stabilization and resource/referral this is currently available in Dallas County.

The Region also provides a 24 hour crisis phone line available in each community to assist consumers and residents with their immediate needs.

There are several services that we are planning for FY16 that will complement the current options. The goal of these additional options-denoted below with an asterisk (*) is to engage people at an earlier stage of crisis to avoid more intensive services. We believe it will also help with preventing law enforcement intervention. The Crisis Stabilization/Wellness Center is specifically targeted as a diversion service from inpatient hospitalization and jail. An additional project for FY165 is a short-term

transitional housing unit. The goal of this housing unit is to assist people in transitional phases of their lives by providing stabilization, assessment, intensive outpatient treatment, skill building and planning, to prepare that person for reintegration into the community.

The chart below is a listing of current Heart of Iowa Regional crisis services and services in development.

Service	Crisis Function	Provider	Contact Information
Emergency Crisis Line	Provide support during a crisis from a licensed mental health practitioner	Genesis Mental Health	1-855-339-2468
Mobile Crisis Response Team	Police based mental health support for diversion from hospital and jail	Eyerly Ball Community Mental Health Services	911
*Crisis Stabilization/Residential/Wellness Center	Crisis assessment, stabilization and referral	Genesis Mental Health; target begin date is July 2015.	N/A
*Transitional stabilization and community based assessment, readiness and treatment unit	Up to 90 day center for continued crisis stabilization, treatment engagement and preparation for permanent housing and support solutions	Genesis Development; target begin date is July 2015.	N/A

*Began development in 2014.

D. Scope of Services and Budget

The annual budget and planning process is utilized to identify and implement core disability service improvements. The Heart of Iowa Region collaborates with stakeholders to assess need and to advocate adequate funding for services and supports in the initial core and additional core service domains. The Heart of Iowa Region funds services not otherwise provided by insurance and Medicaid programs. By combining regional (pooled county dollars), state and federal dollars, individuals can be empowered to reach their fullest potential by accessing a combination of supports. The Heart of Iowa Region is responsible for services that are authorized in accordance with the Regional Management Plan and within the constraints of budgeted dollars. Services funded by HICS are subject to change or termination with the development of the annual budget each fiscal year. The Regional Management Plan Policy & Procedure Manual addresses mandated services access standards.

Annually, the Heart of Iowa Community Services reviews actual expenditures and services provided, stakeholder input and participation, quality assurance implementation findings, waitlist information, progress toward goals and objectives, and, if any, appeal type and resolution to determine if gaps in services or barriers to services exist. In December of each year this review is submitted to the Department of Human Services.

The chart below represents the core services as described in 441-25.1(331) and additional services offered in HICS. A description of the service is included as well as the projected funding need for Fiscal

Year 2016. When there is a “\$0” projection, this indicates that the region does not expect any expenses in this area since they are covered by other funding sources, however should a need arise in these service domains, funding will be made available for those core services not covered. Access standards in IAC 441-25.3(331) have been considered in the formation of the budget and are based on the projected need in the region. It is felt that access standard will be met based on the number of providers, their locations, historical data and input from stakeholders. HICS is the funder of last resort. An individual is expected to utilize all other federal, state, and private insurance coverage before the region will be considered as a funder for any available service. By utilizing all available funding sources, it is the intention of HICS to effectively, responsibly and efficiently utilize its resources in order to cover as many individuals as possible and provide a wide range of MH/DS services.

Funding for the disability category of Developmental Disabilities and Brain Injury will be provided based on the past provision of services for member counties in the newly formed HICS that previously funded individuals in this disability category.

CORE Services	Description	Priority Population	Additional Population	FY16 Proposed Budget	Additional Funding Sources
Treatment					
Outpatient Therapy 42-305	Services will consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.			\$ 75,000	Medicaid Insurance
Medication Prescribing & Management 42-306	Services with the individual present to determine how the medication is affecting the individual; determining any adverse drug effect, proper dosage; monitoring effectiveness; reviewing lab reports and activities pursuant to prescriber orders.			\$ 58,000	Medicaid Insurance
Assessment & Evaluation (non-crisis) 43-301	Screening, diagnosis and assessment of individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services and need for further evaluations.	Yes	Yes	\$ 8,000	Medicaid, Insurance
MH Inpatient Treatment 71-319; 73-319	Acute inpatient mental health services are 24-hour settings that provide services to treat acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize symptoms, address health and safety needs and develop a comprehensive and appropriate discharge plan.	Yes	Yes	\$ 180,000	Medicaid, Insurance
Basic Crisis Response					
24-hour Access to Crisis Response	Program designed to stabilize an acute crisis episode, which is available 24 hours a day, 365 days a year	Yes	Yes	\$ 0	Medicaid, Insurance
Personal Emergency Response System 32-322	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	Yes	Yes	\$ 750	Medicaid
Evaluation 44-301	The process used with an individual to collect information related to the individual’s history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	Yes	Yes	\$ 35,000	Medicaid
Support for Community Living					
Home Health Aide 32-320	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get	Yes	Yes	\$ 200	Medicaid

	in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.				
Respite 32-325	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	Yes	Yes	\$ 300	Medicaid
Home & Vehicle Modification 32-328	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	Yes	Yes	\$ 2,500	Medicaid
Supportive Community Living (Hourly) 32-329	Services provided in a non-institutional setting to adult persons with mental illness, intellectual, or developmental disabilities to meet the persons' daily living needs.	Yes	Yes	\$ 161,500	Medicaid
Supportive Community Living (Daily) 63-329	Services and supports to enhance an individual's ability to regain or attain higher levels of independence or to maximize current levels of functioning.	Yes	Yes	\$ 225,000	Medicaid
Support for Employment					
Prevocational Services 50-362	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	Yes	Yes	\$ 59,000	Medicaid
Job Development 50-364	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment will be integrated into normalized work settings, will provide pay of at least minimum wage, and will be based on the individual's skills, preferences, abilities, and talents.	Yes	Yes	\$ 22,000	Medicaid
Day Habilitation 50-367	Services that assist or support the individual in developing or maintaining life skills and community integration. Services will enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	Yes	Yes	\$ 24,000	Medicaid
Supported Employment 50-368	Services include ongoing supports needed by an individual to acquire and maintain a job in the integrated workforce at or above the state's minimum wage. The outcome of this service is sustained paid employment that meets personal and career goals.	Yes	Yes	\$ 57,500	Medicaid
Supported Employment (Enclave) 50-369	Job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings employ in integrated, sustained, paid employment.			\$ 1,500	Medicaid

Recovery Services					
Family Support 45-323	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family home or community including but not limited to, education and information, individual advocacy, family support group, and crisis response	Yes	Yes	\$ 0	Medicaid
Peer Support 45-366	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	Yes	Yes	\$ 0	Medicaid
Service Coordination					
Case Management 21-375	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	Yes	Yes	\$ 20,000	Medicaid
Health Homes Coordination 24-376	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings; individual and family support; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	Yes	Yes	\$ 5,000	Medicaid
CORE PLUS Services	Description		Additional Population	FY16 Proposed Budget Priority Population	Additional Funding Sources
Comprehensive Facility & Community Based Crisis Services					
Crisis Care Coordination 23-376	Service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programming. The service shall include referrals to mental health services and other supports necessary to maintain community-based living capacity.			\$ 5,000	Medicaid
Emergency Care 44-304	Medical services rendered under unforeseen conditions which require hospitalization for the treatment of accidental injury and relief of acute pain, which if not immediately treated would result in risk of permanent danger to the patient's health.			\$ 2,000	Medicaid Insurance
24 Hour Crisis Response 44-305	Short term individualized mental health services following a crisis screening or assessment, which are designed to return the individual to prior functioning level.			\$ 5,000	Medicaid
Mobile Response 44-307	Crisis evaluation and treatment services provided by a team of professionals deployed into the community.	Yes	Yes	\$ 104,000	Medicaid
Crisis Stabilization Residential Service (CSRS) 44-314	Services provided in a short term non-community based residential setting to de-escalate and stabilize and mental health crisis			\$ 271,722	Medicaid
24-hour Crisis Hotline	Program that operates a crisis hotline to relieve distress	Yes	Yes	\$ 5,775	

44-346	in pre-crisis and crisis situations, reduce the risk of escalation, arrange for emergency on-site responses, and refer callers to appropriate services				
Justice System-involved Services					
Jail Diversion / MH Treatment in Jail 46-305	Program that is designed to divert individuals from jail by providing assessment, coordination and supportive services. Evaluation and treatment services provided to individuals while they are in jail.	Yes	Yes	\$ 35,000	Medicaid
Crisis Prevention Training 46-422	Safety training for law enforcement, first responders, etc., regarding mental health awareness.			\$ 500	
Evidence Based Treatment					
Social Support Programs 42-366	Drop in Centers; Clubhouse Centers			\$ 1,000	
Psychiatric Rehabilitation 42-397	Individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for serviced in a hospital or residential setting, and to promote the consumer's recovery of the ability to perform a valued role in society.			\$ 3,000	Medicaid
OTHER Services	Description		Additional Population	FY16 Proposed Budget Priority Population	Additional Funding Sources
Transportation 31-354	Transportation to allow an individual to conduct business errands, shop, receive medical services, work, recreate, attend school, and reduce social isolation.	Yes	Yes	\$ 60,000	Medicaid
Guardian/ Conservator 32-326	Activities provided as required by the court system to handle the personal business of the individual	Yes	Yes	\$ 2,500	
Payee 32-327	Activities provided to manage an individual's finances.	Yes	Yes	\$ 2,500	
Mobile Meals 33-330	Meals on Wheels, etc.			\$ 7,000	Medicaid
Initial Rent / Ongoing Rent Assistance 33-340; 33-345	General Assistance or on-going rent support provided through an organized program to allow an individual to maintain an affordable home in the community. Assistance for basic needs	Yes	Yes	\$ 20,260	Section 8, state subsidy, Shelter Plus Care
Utility Assistance 33-341				\$ 25,000	
Physiological Treatment 41-305	Activities designed to prevent, halt, control, relieve or reverse symptoms or conditions which interfere with the normal physiological functioning of the human body.	Yes	Yes	\$ 750	Medicaid, Insurance
Prescription Meds 41-306	Used for all costs of prescription meds, including meds for psychiatric conditions.			\$ 4,500	Medicaid Insurance
In-Home Nursing 41-307	Nursing services provided in an individual's home.	Yes	Yes	\$ 2,000	Medicaid
Partial Hospitalization 42-309	Active treatment program providing intensive services in a structured therapeutic environment.	Yes	Yes	\$ 5,000	Medicaid, Insurance
Sheltered Workshop 50-360	Services provided by a facility carrying out a recognized program of rehabilitation, habilitation, or education for persons with disabilities, designed to lead to competitive employment, or provision of long-term, remunerative	Yes	Yes	\$ 40,000	

	employment				
RCF/ID/PMI 64-314	Facilities licensed as residential care facilities, including those with special licenses for individuals with intellectual disabilities or for persons with mental illness.	Yes	Yes	\$ 265,000	Medicaid
Commitment Costs 74-xxx; 75-xxx	For any commitment expenses including sheriff transportation, legal representation and advocate costs.	Yes	Yes	\$ 95,811	Medicaid Insurance
Public Education 05-373	Activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect a person's functioning in society including prevention activities, and public awareness activities	Yes	Yes	\$ 27,000	
Planning Management Consultants 04-372	Advisory activities directed to a service provider to assist the provider in delivering services to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems.	Yes	Yes	\$ 3,860	
Administration 4411-xxx	Expenses necessary to manage the service system.			\$ 478,494	
Grand Total				\$ 2,407,922	

Revenues	
Miscellaneous Reimbursements	\$ 3,450
Federal Block Grant funds	\$ 1,157,302
MHDS Region Member Tax Levy	\$ 2,048,943
Total	\$ 3,209,695

E. Financial Forecasting Measures

Historical service utilization is the starting point for all financial projections. During this first year of region budget development, each county forecasted FY16 expenditures based on individual county service utilization over the past two years.

Throughout the year, HICS staff and stakeholders identify unmet needs and areas for service development, which are incorporated into subsequent strategic plans and budgets. Strategic plan priorities are identified in the areas of system infrastructure, community living, employment, and treatment. The HICS Region will continue to work with stakeholders to enhance the system with the development of the following programs which have been identified as needs. It is projected that these enhancements would take place over the next years. These expenses are not projected in the included budget, however, the projected fund balance of 7,389,259 will allow for the addition of such expenditures.

Strategic Plan Priority Area	FY16 Strategy	Projected Cost
Education and Resource	Implement education and resource strategies regarding regionalization	\$

		5,000
Community Living	Implement incentive payments for Community Living Providers	\$ 50,000
Treatment	Pre-Commitment Screening	\$ 30,000

F. Provider Reimbursement Provisions

Heart of Iowa Community Services will contract with MHDS providers whose base of operation is in the region. Heart of Iowa Community Services may also honor contracts that other regions have with their local providers or may choose to contract with providers outside of the Region. A contract may not be required with providers that provide one-time or as needed services. A fee for service approach will be utilized in most provider contracts outlining the services to be provided and the rate of reimbursement. All payments will be based on a pre-authorized request for service authorization with the exception of court ordered payments, such as civil commitment costs. As described above in Scope of Service and Budget Financing Provisions, HICS provides funding by incorporating all available funding and insurance resources in its system of care.

The region may also utilize block grant payments when a service does not fit the traditional methods of payment based on a pre-approved individual service request. Requests for grant funding opportunities may also be offered by HICS based on an assessed community need in order to engage providers in Evidence Based Practices.

When a non-traditional provider arrangement is more appropriate than a fee for service approach with a contracted provider, Service Coordinators will work with the region’s CEO to request such arrangements. These arrangements will be based on a fee according to the individual’s need with written expectations of goals and outcomes for the individual.

Each service provider shall provide monthly billing invoices within 60 days of service provision, and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Dates of service.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual. Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the Region for each individual for the period.

HICS staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

All eligible bills shall be paid within 60 days of receipt of required documentation unless unforeseen circumstances exist.

No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by HICS unless there is a statutory obligation. Fiscal year for HICS is July 1 – June 30.

Heart of Iowa Community service contracts require that all providers meet all applicable licensure, accreditation or certification standards; however HICS makes serious efforts to stimulate access to more natural supports in its service provider network. Successful attainment of positive outcomes, consumer and family satisfaction, and cost effectiveness measures are the most important factors in continued network participation. HICS has identified access points within the provider network to assist individuals or their representatives to apply for services.

*Core services underlined.

HICS Regional Network of Providers	Provider Contact Information	Funded Programs in the HICS Region
Abilities Unlimited	210 Willis Avenue Perry, IA 50220 (515) 465-5920	<u>Day Habilitation, Supported Community Living, Home and Vehicle Modifications, Transportation, Prevocational Services, Supported Employment, Interim Medical Monitoring and Treatment, Respite</u>
Advantages In Life	710 Prairie St Adel, IA 50003 (515) 993-4699	<u>Supported Community Living</u>
ChildServe Community Options	5406 Merle Hay Rd Johnston, IA 50131 (515) 727-8750	<u>CDAC, Supported Community Living, Home and Vehicle Modification, Respite, Child Care Center, Interim Medical Monitoring & Treatment – HHA, Nurse, Nursing Care Service, Day hab, Day Health Program, TCU and CCU</u>
Dallas County Hospital	610 – 10th Street Perry, IA 50220 (800) 543-3546 ext. 3050	<u>Personal Emergency Response</u>
Children & Families of Iowa	1111 University Avenue Des Moines, IA 50314 (515) 288-1981	<u>Representative Payee</u>
Country View Estates	2345 Redwood Avenue Guthrie Center, IA 50115 (641) 755-2125	<u>Supported Community Living</u>
Easter Seal Society of Iowa	PO Box 4002 Des Moines, IA 50333 (515) 274-1529	<u>Day Habilitation, Supported Community Living, Pre-Vocational services, Supported Employment, Respite, Interim Medical Monitoring & Treatment, Assistive Technology</u>
Eyerly-Ball Community Mental Health Services	211 S. 7th Street Suite D Adel, IA 50003 (515) 993-2158	<u>Outpatient Psychiatric and In-Office Clinical Treatment & Evaluation, Senior Outreach Counseling</u> Mobile Crisis Team, Mental Health Jail Diversion <u>Integrated Health Home - Intensive Care Coordination</u>
Family Resource Center	502 West 7th Street Carroll, IA 51401 (515) 523-1611	<u>Supported Community Living</u> <u>CDAC, Home and Vehicle Modification, IMMT, Respite</u>

Genesis Development	2111 West Greene St. Adel, IA 50003 (515) 993-5986 610 10th St Perry, IA 50220 (515) 465-7541 401 West McKinley Street Jefferson, IA 50135	<u>Supported Community Living, Supported Employment, Adult Day Care, Day Hab, Pre Voc, RCF, Payee</u> <u>Outpatient Therapy, Medication Management, Psychiatry</u>
Home Care Services, Inc.	101 North 9th Street Adel, IA 50003 (515) 993-4531	<u>CDAC, Transportation Respite</u>
Home Instead Senior Care	214 N. Warrior Lane, Suite B Waukee, IA 50263 (515) 978-7991	Transportation, <u>CDAC, Supported Community Living Respite</u>
Joy Ride	3000 Justin Drive Urbandale, IA 50322 (515) 331-1100	Transportation
Mainstream Living	2101 Lucinda Perry, IA 50220 (515) 465-8199	<u>Day Habilitation, Supported Community Living, Home and Vehicle Modifications, Transportation, Pre-Vocational Services, Supported Employment, Respite</u>
Optimae	516 Nile Kinnick Drive South, Suite B Adel, Iowa 50010 (515) 993-4974	<u>Supported Community Living, Home and Vehicle Modification, Supported Employment, Respite, Adult Day Care, Day Hab</u>
REM Iowa Community Services	401 Visions Parkway Adel, IA 50003 (515) 993-5225	<u>Day Habilitation, Pre-Vocational Services, School Transition Services</u>
REM Iowa Community Services	4436 114th St Urbandale, IA 50322 (515) 278-4914	<u>Supported Community Living-Daily</u>
The Respite Connection	2469 – 106th Street Urbandale, IA 50322 (515) 277-1050	<u>Supported Community Living, Home and Vehicle Modifications, Respite</u>
Sisters Transportation	110 5th St Ste. A West Des Moines, IA 50265 (515) 277-6096	Transportation
Ultimate Nursing Service Of Iowa	115 North Warrior Lane Waukee, IA 50263-8197 (515) 987-7717	<u>Home Health Aide, Respite, Interim Medical Monitoring and Treatment, Nursing</u>
xlst, LLC.	707 Main St Adel, IA 50003 (515) 993-2123	<u>Day Hab, Supported Community Living</u>

G. Developing an Integrated Multi-Occurring Capable Trauma Informed System of Care: Implementation of Inter-agency and Multi-system Collaboration and Care Coordination

HICS shall maintain a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on

the principles of interagency collaboration; individualized, strengths-based practices; cultural competence; community-based services; accountability; and full participation of individuals served at all levels of the system. HICS shall work to build the infrastructure needed to result in positive outcomes for individuals served.

In order to accomplish this goal, HICS will utilize, and participate in, the Comprehensive Continuous Integrated System of Care (CCISC) process provided by ZiaPartners throughout Iowa, and engage all of its stakeholder partners, including mental health, disability, and substance abuse providers, in a process to utilize the CCISC framework to make progress. CCISC represents a framework for system design, and a process for getting there, in which all programs and all persons providing care become welcoming, accessible, person/family centered, hopeful, strength-based (recovery-oriented) trauma informed, and multi-occurring capable. HICS recommends that all providers participate in this initiative and encourages providers to develop multi-occurring capability for each program provided in the region, and for all staff.

The specific steps that will be taken by the participating partners in this process are outlined in the Charter Document that is incorporated in the Annual Service and Budget Plan.

Heart of Iowa Community Services Charter

The Heart of Iowa Community Services (HICS) is joining in a partnership with its Stakeholders of all types (*MH, ID, SA providers, consumers/families, service partners in housing, justice, child welfare, change agents, and?*) within the HICS region to create an integrated regional system with the following values, vision, and mission:

VISION: It is our vision to become a welcoming, hopeful, trauma-informed and multi-occurring capable regional system, working in partnership with each other and the individuals and families we serve to make progress toward having happy and fulfilling lives.

MISSION: Agency Mission Statement: In partnership with providers HICS will become a multi-capable region that will create communities that encourage resiliency, stability, HOPE and growth.

COMMON VALUES:

- **Shared Responsibility and Partnership:** *We are creating a culture in which we all share responsibility for the success of our whole population with complex needs, and in which we work as partners to help all of us be successful, at the regional level and the provider level, and the consumer/family level.*
- **Compassion:** Respectful, HOPE, Supportive, Acceptance
- **Valued and Meaningful Life:** Celebrate all successes large and small, Integrity, HOPE, Welcoming and Holistic Approach
- **Accountability:** Advocacy, Empowerment, Outcome based Services
- **Creativity:** Think outside the box
- **Collaboration:** Sharing knowledge and ideas, Connection, Learning and development, Support and Communication

CALL TO ACTION: A consensus has emerged that recognizes the need to create a broad regional quality improvement approach with universal application for all programs and all people providing service and support.

In order to accomplish this goal the HICS region has identified the **Comprehensive, Continuous, Integrated System of Care (CCISC) model** as a framework for quality improvement oriented multi-occurring capable system design and implementation.

The basic framework and principles of CCISC, as described by Minkoff & Cline (2004, 2005), is listed in Appendix A.

This charter document outlines initial agreed upon action steps for the HICS Region, in partnership with our Boards, our county leadership, agency and program managers, front line staff, consumers and families, and other stakeholders to organize the implementation of the vision. This charter is considered an evolving document that will change as steps and needs are recognized.

Action Steps: For the HICS Region counties and leadership:

1. **Commitment.** Adopt this charter document to reflect system level formal commitment to welcoming, recovery/resiliency oriented, and trauma-informed, multi-occurring capability as a formal goal, disseminated to everyone officially by the director or designee.
2. **Steering Committee.** Develop and support a representative Regional Steering Committee that reflects the partnership in the system as well as all the counties, providers and other shareholders, the job of which is to work to steer or coordinate the implementation of the transformation quality improvement process. **The Steering Committee is a place where we can share continuing conversations on a high level about how the process of system design and implementation is progressing, in which we can measure progress at the system and provider level, in which we can hold each other accountable for moving through these action steps, and make collective decisions about next steps. Do we want our regional advisory board to function as a Steering Committee, and if so who would need to be on it?**
3. **Change Agents.** Support ongoing development of an empowered group of change agents representing the **front line** voice of, services/support and administrative staff, and consumers/families/other stakeholders, and ensure empowered representation of the Change Agents in the Steering Committee. **Do we want to have the Generation Wellness Coalition become our Change Agent group, or do we want to create a different structure?**
4. **Program Improvement:** Support EACH program working to improve all policies, practices, procedures, and interventions to become more welcoming, hopeful, trauma-informed, and multi-occurring capable. Facilitate the use of the COMPASS-EZ or SMOC-IA as appropriate for each program to identify its baseline in the improvement process. **Make sure we reward each program for making small achievable steps of progress**
5. **Action Plan for Managing Change at the Regional Level:** Create a mechanism for collecting and communicating quality improvement information related to the progress of each county, each program, and the region as a whole. Organize a process in the Steering Committee for implementation/adopting/modifying of this charter document over the course of the first 6 months of this process. Support efforts to have staff at all levels work in collaboration.
6. **Welcoming Trauma-informed Multi-occurring care Policy:** Develop a regional/county policy and procedure for creating safe and welcoming access to empowered hopeful partnerships for individuals, families, other stakeholders and communities at risk for and/or experiencing complex conditions in all programs. **Included in this policy will be a vision for how each component of HICS is a welcomed priority partner with other components.**
7. **INCORPORATE THESE PRINCIPLES AND PRACTICES INTO ALL OF OUR PROGRAMMATIC INITIATIVES:**
 - a. **Expanding jail diversion: Continue to develop and expand multi-occ capable jail diversion and integrated continuity of care for individuals diverted**
 - b. **Developing crisis diversion and transitional residential stepdown and support: Develop services that are welcoming, flexible, and multi-occurring capable, so fewer people with complex challenges fall through the cracks and/or require higher levels of care**
 - c. **Developing peer support: We are working on developing both clubhouse model that is welcoming to individuals with multi-occ issues, as well as multi-occ capable peer support so that individuals with multiple issues can receive peer support in an integrated way.**
 - d. **Other items (eg children's services)**
8. **Practice Improvement: Welcoming, integrated screening.** Begin a process to facilitate the ability of each program to welcome, screen for and report information on individuals and families at risk for and/or experiencing complex issues and multi-occurring conditions. **This will allow us to have better data on the complexity of the population we are serving to permit better planning for our resources.**

9. **Practice Improvement: *Strength-based case conferencing:*** *we will work on using a strength based format for talking about people and families with complexity in order to figure out how to help them make progress.*
10. **Practice Improvement: *Integrated Stage Matched Strength Based Assessment and Recovery Planning:*** Support the development of agency paperwork, guidelines and instructions for how to document integrated, multi-occurring, trauma-informed assessments and recovery/**service/support** plans, ***incorporating hopeful goals, stage matched interventions, skill building, and positive behavioral supports for multiple issues so that individuals and families with complex challenges can be more successful in each service domain***
11. **Collaborative Partnership:** *We will facilitate the development of collaborative partnerships between providers of different types of services in order to most effectively meet the needs of individuals and families with multi-occurring issues. These partnerships are capacity building partnerships not merely referral relationships, in which agencies/programs provide support to one another through consultation, education, in reach, and ongoing support, so that more people can get what they need in a single door, and fewer people need duplicate or parallel services.*
12. **Workforce Development:** Create a workforce development plan and core competencies supporting universal trauma-informed multi-occurring competency in region wide workforce development efforts and plans, address all categories of staff, including peer support.
13. **Technical Assistance:** Arrange for provision of consultation, training and technical assistance for the system and for each county and provider to be able to make progress.

Action Steps: For HICS REGION Provider participant:

1. **Commitment:** EACH program leader makes a clear commitment to welcoming, recovery/resiliency oriented, trauma-informed, multi-occurring capability as a formal goal, disseminated to all staff.
2. **Continuing Quality Improvement Team (CQI Team):** EACH program identifies its own change team of leadership, front line staff, and consumers who are interested in creating welcoming, recovery/resiliency oriented, and trauma-informed multi-occurring capable services. The team meets regularly.
3. **Change Agents:** EACH program identifies an adequate number of representative change agents to support internal change and to participate in the agency wide Change Agent Team.
4. **MULTI-OCCURRING SELF ASSESSMENT Tool:** Conduct an initial baseline self-survey, for each program using the appropriate self-assessment tool identified by the region such as the COMPASS-EZ (or IA-MOC-DDBI) and at annual intervals.
5. **Action Plan:** Based on the program self-survey, develop a program-specific QA action plan outlining measurable ***and achievable*** changes to move toward Recovery/Resiliency oriented, trauma-informed Multi-occurring capability. Monitor the progress of the action plan at three to six month intervals.
6. **Welcoming and access:** Program action plans will work on improvement of welcoming, safety, trauma-informed engagement, and access for individuals and families at risk for and/or experiencing complex needs.
7. **Screening and Identification:** Program action plans will work on improvement of routine integrated screening and enhancing data collection related to identifying individuals and families with multi-occurring conditions.
8. **Strength-based case conferencing format**
9. **Trauma-Informed Integrated Strength Based Assessment and Integrated Stage Matched Recovery Planning:** Program action plans will work on improving inclusion of stage-matched integrated interventions for individuals and families with multi-occurring conditions, within integrated person-centered and family centered service/recovery/supports planning.
10. **Collaborative Partnership:** ***Each program action plan includes making progress in developing a collaborative partnership with one or more programs of "other types" of services (eg MH and ID; SA and MH, etc), in order to partner in improving multi-occurring capability and capacity***
11. **Workforce Competency:** Program action plans will include adoption of the goal of trauma-informed Multi-occurring competency for ALL STAFF, as part of the programs workforce development plan.

12. **Technical Assistance:** Arrange for provision of consultation, training and technical assistance for the system and for each county and provider to be able to make progress.