

Rolling Hills  
Community  
Services Region



# FY 2015 Annual Report

Approved by RHCS Governing Board: December 10, 2015

*Geographic Area: Buena Vista, Calhoun, Carroll, Cherokee,  
Crawford, Sac and Ida Counties*

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## Introduction

Rolling Hills Community Services 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 Rolling Hills Community Services Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

The Rolling Hills Community Services Region which commenced on July 1, 2014 initially consisted of the following counties: Buena Vista, Calhoun, Carroll, Crawford, Ida and Sac. Cherokee County exited the Sioux Rivers Region and joined the Rolling Hills Region on January 1, 2015. In the first year of operations, we developed a solid infrastructure for our regional system while diligently working to fulfill the basic tenets of the Mental Health and Disability Services Redesign.

## Services provided in Fiscal Year 2015:

Included in this section of the report:

Access Standards for Core Services

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.

<b>Code Reference</b>	<b>Standard</b>	<b>Results:</b> <ul style="list-style-type: none"> <li>• Met Yes/No</li> <li>• By which providers</li> </ul>	<b>Comments:</b> <ul style="list-style-type: none"> <li>• How measured</li> <li>• If not what is plan to meet access standard and how will it be measured</li> </ul>
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	Yes	Rolling Hills Region contracts with Plains Area Mental Health Center(PAMHC).
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	Rolling Hills Region contracts with St. Anthony Hospital in Carroll. Cherokee Mental Health Institute is also located within the region.
<b>Outpatient:</b> (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)			
25.3(3)a(1)	<b>Timeliness:</b> The region shall provide	Yes	<b>PAMHC-</b> Emergencies are handled immediately

	outpatient treatment services. <u>Emergency</u> : During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.		by on-call staff and Foundation II. <b>Counseling Services, LLC</b> provides immediate response to emergent needs within the 15 minute access standard.
25.3(3)a(2)	<u>Urgent</u> : Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.	Yes	<b>PAMHC</b> –Urgent care is provided immediately upon telephone contact. Scheduled day of contact or next day. <b>Counseling Services, LLC</b> provides urgent need response within 24 hours.
25.3(3)a(3)	<u>Routine</u> : Outpatient services shall be provided to an individual within four weeks of request for appointment.	Yes	<b>PAMHC</b> offers Open Access at all locations. Services are offered same day or during Open Access times. Individuals are informed of all Open Access times and days. <b>Counseling Services, LLC</b> provides appointments within two weeks of the request for services.
25.3(3)a(4)	<b>Proximity</b> : Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.	Yes	<b>PAMHC</b> has offices located in Cherokee, Ida Grove, Denison, Carroll, Storm Lake, Jefferson, Le Mars, and Orange City. <b>Counseling Services, LLC</b> provides services in Sac City, Carroll and Manning. They opened another office in Rockwell City during FY15 to provide local access to therapy services for Calhoun County residents.
<b>Inpatient: (Mental Health Inpatient Therapy)</b>			
25.3(3)b(1)	<b>Timeliness</b> : The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	Yes	Rolling Hills Region contracts with St. Anthony Hospital in Carroll. Cherokee Mental Health Institute is also located within the region. If inpatient beds are not available at either facility, placement is arranged by ER staff.
25.3(3)b(2)	<b>Proximity</b> : Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	Yes	Rolling Hills Region contracts with St. Anthony Hospital in Carroll. Cherokee Mental Health Institute is also located within the region.
25.3(3)c	<b>Timeliness</b> : Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.	Yes	<b>PAMHC</b> Follow-up appointments are arranged prior to discharge and meet this standard.
<b>Basic Crisis Response: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)</b>			
25.3(2) & 25.3(4)a	<b>Timeliness</b> : Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	Yes	<b>PAMHC</b> Emergency Crisis Services offers on call and crisis response 24 hours per day, seven days per week, 365 days per year.
25.3(4)b	<b>Timeliness</b> : Crisis evaluation within 24 hours.	Yes	<b>PAMHC</b> –Individuals who are in need of a crisis evaluation are seen immediately if possible or within the day.

<b>Support for Community Living:</b> (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)			
25.3(5)	<b>Timeliness:</b> The first appointment shall occur within four weeks of the individual's request of support for community living.	Yes	<p><b>PAMHC</b> –Individuals referred for Outreach Services are typically contacted within one week of the initial referral.</p> <p><b>Wesco</b> – Average number of days from referral to admission/service delivery was 38.5 for FY15.</p> <p><b>New Hope Village's</b> Social Services Coordinator tracks correspondence and actions taken by New Hope when an individual requests SCL.</p> <p><b>Genesis Development</b> Supported Community Living meets within 2 weeks of receiving all needed required information for services.</p> <p><b>Homecare Options</b> SCL services are scheduled within 4 weeks from approval for services. Homecare Options reviews documentation weekly to ensure that services have been provided as scheduled and follows up with staff and clients if there is a delay. Audits of files, documentation are done monthly. Documentation supports that we currently have clients receiving services within 3 weeks of funding approval/referral.</p>
<b>Support for Employment:</b> (Day Habilitation, Job Development, Supported Employment, Prevocational Services)			
25.3(6)	<b>Timeliness:</b> The initial referral shall take place within 60 days of the individual's request of support for employment.	Yes	<p><b>Wesco</b> – 22 individuals began Supported Employment Services in FY15 and all were admitted in under 30 days.</p> <p><b>New Hope Village</b> believes that they meet this time frame, however this is not something that they formally track. They plan to implement a system to formally measure this information starting on January 1, 2016.</p> <p><b>Genesis Development</b> Day-Hab, Job Development, Supported Employment and Prevocational services meet within 2 weeks of receiving all needed documentation.</p> <p><b>Home Care Options</b>–Day Habilitation, Job Development &amp; Supported Employment – Homecare Options schedules services to begin within 30 days of referral/approval for services. Homecare Options reviews documentation weekly to ensure that services have been provided as scheduled and follows up with staff and clients if there is a delay. Audits of files, documentation are done monthly. Documentation supports that we currently have clients receiving services within</p>

			4 weeks of funding approval/referral. <b>Cherokee County Work Services</b> believes that they do not consistently meet this time frame, however this is not something that they formally track. They plan to implement a system to formally measure this information and will strive to meet this requirement.
<b>Recovery Services:</b> (Family Support, Peer Support)			
25.3(7)	<b>Proximity:</b> An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Yes	<b>PAMHC</b> provides Family and Peer Support Services through their IHH program and they have offices located in Cherokee, Ida Grove, Denison, Carroll, Storm Lake, Jefferson, Le Mars, and Orange City. <b>Calhoun County Public Health</b> has been providing the Family to Family classes within our region over the past year.
<b>Service Coordination:</b> (Case Management, Health Homes)			
25.3(8)a	<b>Proximity:</b> An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Yes	<b>PAMHC</b> – The Integrated Health Service Program provides services over a 10 county area. Staff travel throughout the area providing services. <b>RHCS Coordinators</b> of Disability Services travel to the individuals to provide service coordination so that no travel is required of those we serve.
25.3(8)b	<b>Timeliness:</b> An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	Yes	<b>PAMHC</b> responds to all requests for services within 10 days of the contact. <b>RHCS Coordinators</b> of Disability Services respond to requests for regionally funded services within two business days or less.

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

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

<b>Service Domain/Service</b>	<b>Available:</b>	<b>Comments:</b>
	<ul style="list-style-type: none"> <li>• Yes/No</li> <li>• By which providers</li> </ul>	<ul style="list-style-type: none"> <li>• Is it in a planning stage? If so describe.</li> </ul>
<b>Comprehensive Facility and Community-Based Crisis Services:</b> 331.397~ 6.a.		
24-Hour Crisis Hotline	Yes	Provided by Plains Area Mental Health Center under contract with Foundation II
Mobile Response	No	

23-Hour crisis observation & holding	No	
Crisis Stabilization Community Based Services	No	
Crisis Stabilization Residential Services	Yes	Plains Area Mental Health Center will be providing Crisis Stabilization Residential Services in Sac City with an anticipated opening date of January 4, 2016. The home will be able to serve up to nine individuals.
Other		
<b>Crisis Residential Services: 331.397~ 6.b.</b>		
Subacute Services 1-5 beds	No	
Subacute Services 6+ beds	No	PAMHC will be opening Crisis Residential Services in Sac City on January 4, 2016.
<b>Justice System-Involved Services: 331.397~ 6.c.</b>		
Jail Diversion	Yes	Jail Diversion began in Crawford County on July 1, 2015. We are embarking on the next phase of implementation of Jail Diversion in Sac and Calhoun Counties. Timeline for Jail Diversion in remaining counties: *Buena Vista - December 2015 *Cherokee and Ida - January 2016 *Carroll - March 2016
Crisis Prevention Training	No	Plains Area Mental Health Center is in the process of developing Critical Incident Stress Management Training in order to develop one or more teams across the region.
Civil Commitment Prescreening	No	Meetings with Magistrates, law enforcement and Clerk of Court personnel are currently being held to provide an alternative to commitment with the opening of the Crisis Stabilization Service in Sac City.

## 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
<i>441-25.4(331)</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>Narrative</i>
<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"> <li><i>a. Mental Illness</i></li> <li><i>b. Intellectual Disability</i></li> <li><i>c. Developmental Disability</i></li> <li><i>d. Brain Injury</i></li> <li><i>e. Substance Use Disorder</i></li> </ul>			<ul style="list-style-type: none"> <li>*Genesis Development</li> <li>*Wesco</li> <li>*Ida Services</li> <li>*Howard Center</li> <li>*Cherokee County Work Services</li> <li>*Family Resource Center</li> <li>*Home Care Options</li> <li>*Plains Area Mental Health Center</li> <li>*Counseling Services, LLC</li> </ul>	All training opportunities are forwarded on to the providers for their participation.
<i>Trauma informed care</i>			<ul style="list-style-type: none"> <li>*Plains Area Mental Health Center</li> <li>*Counseling Services, LLC</li> </ul>	Region will consider providing training funds for all providers to become Trauma Informed in FY'16.

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
<i>Core: IAC441-25.4(3)</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>How are you verifying? List Agencies</i>	<i>Narrative</i>
Assertive Community Treatment or Strength Based Case Management			*Cherokee County Case Management; *Buena Vista County Case Management; *Carroll County Case Management; *Sac County Case Management	Carroll County is the only agency that a fidelity scale has been conducted with and they met the fidelity.	All four providers have been trained in the nationally recognized Strengths Based Model of Case Management provided by Wally Kisthardt, Ph.D LMSW. They have been delivering this service model for several years.
Integrated Treatment of Co-Occurring SA & MH			*Counseling Services, LLC *Plains Area Mental Health Center	Independent fidelity verification has not been completed.	
Supported Employment			*Home Care Options *Cherokee County Work Services *Genesis Development *Howard Center	Fidelity Scales were completed with all vocational providers during FY'15. All but one provider met fidelity. The fidelity scales were completed by Lisa Bringle, Coordinator of Disability Services in partnership with the	RHCS Region hosted a Supported Employment forum in June 2014 to inform our providers of the shift away from facility based employment to integrated employment in the community. The Region partnered with the Iowa Coalition for Integrated Employment in the fall of 2014. The Region hosted two meetings with Coalition staff to provide future planning and training to our vocational providers in Storm

			*WESCO *Ida Services *New Hope Village	agencies. (Refer to attachment A for a summary of the results by agency.)	Lake on two occasions, October 16, 2014 and May 13, 2015. Several of the providers listed under the Implementation column have been attending ongoing meetings in Des Moines with ICIE.
Family Psychoeducation			*Calhoun County Public Health	Independent fidelity verification has not been completed.	RHCS has assumed all costs of the NAMI Family to Family Trainings that are being held across the Region and ongoing training costs for our Family Support Specialists.
Illness Management and Recovery			*Plains Area Mental Health Center *Counseling Services, LLC		
Permanent Supported Housing	x				RHCS is in the exploration phase of Permanent Supportive Housing and believe that this will be a critical service as we move toward integrated services within the community for all.

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			*Genesis Development *Faith Hope and Charity	Independent fidelity verification has not been completed.	Both agencies have staff who are certified and can provide "Train the Trainer" for Positive Behavioral Supports.

Peer Self Help Drop In Center			*Plains Area Mental Health Center		Plains Area Mental Health Center has two centers that are exclusively Peer Run by certified Peer Support Specialists. They are located in Carroll and Denison.
Other Research Based Practice: IE IPR IAC 331.397(7)	NA				

## 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

Age	Account	Code	MI	CMI	ID	DD	Total
Adult	3371	Information & Referral Services	1				1
Adult	4372	Planning and/or Consultation Services (Client Related)	2				2
Adult	5373	Public Education Services	1				1
Adult	31354	Transportation - General	14		5	2	21
Adult	32322	Support Services - Personal Emergency Response System	1		2	1	4
Adult	32329	Support Services - Supported Community Living	9		8	4	21
Adult	41305	Physiological Treatment - Outpatient	1				1
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	2				2
Adult	42305	Psychotherapeutic Treatment - Outpatient	3				3
Adult	42306	Psychotherapeutic Treatment - Medication Prescribing	1				1
Adult	42366	Psychotherapeutic Treatment - Social Support Services	1				1
Adult	42396	Psychotherapeutic Treatment - Community Support Programs	7				7
Adult	43301	Evaluation (Non Crisis) - Assessment and Evaluation	1				1
Adult	44346	Crisis Services - Telephone Crisis Service	1				1
Adult	46319	Iowa Medical & Classification Center (Oakdale)	1				1
Adult	50360	Voc/Day - Sheltered Workshop Services	9		52	4	65
Adult	50367	Day Habilitation	1		1	2	4
Adult	50368	Voc/Day - Individual Supported Employment	3		7		10
Adult	50369	Voc/Day - Group Supported Employment				2	2
Adult	50399	Voc/Day - Day Habilitation			1		1
Adult	64314	Comm Based Settings (6+ Beds) - RCF	26		2		28
Adult	71319	State MHI Inpatient - Per diem charges	20				20
Adult	74300	Commitment - Diagnostic Evaluations	16				16
Adult	74353	Commitment - Sheriff Transportation	146		2		148
Adult	74393	Commitment - Legal Representation	121		2		123
Adult	75101	Mental Health Advocate - Wages of Temp & Part Time Employees	178				178
Adult	75395	Mental Health Advocate - General	1				1
Adult	75413	Mental Health Advocate - Mileage & Other Travel Expenses	147				147
Adult	75414	Mental Health Advocate - Telecommunications Services	45				45
Adult	75422	Mental Health Advocate - Educational & Training Services	3				3
Child	31354	Transportation - General	3				3
Child	42305	Psychotherapeutic Treatment - Outpatient	1				1
Child	50360	Voc/Day - Sheltered Workshop Services			1		1
Child	73319	Other Priv./Public Hospitals - Inpatient per diem charges	1				1
Child	74353	Commitment - Sheriff Transportation	34				34
Child	74393	Commitment - Legal Representation	6				6
Child	75101	Mental Health Advocate - Wages of Temp & Part Time Employees	1				1

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	38	303	341	40
Mental Illness,Intellectual Disabilities	0	3	3	40,42
Mental Illness,Other Developmental Disabilities	0	1	1	40,43
Intellectual Disabilities	1	62	63	42
Intellectual Disabilities,Other Developmental Disabilities	0	2	2	42,43
Other Developmental Disabilities	0	4	4	43
Total	39	375	414	99

## Moneys Expended

This section includes:

- Funds expended for each service
- Revenues
- County Levies

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

FY 2015 Accru al	Rolling Hills Community Services MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
<b>Core Domains</b>							
<b>COA</b>	<b>Treatment</b>						
43301	Assessment & evaluation	793.80					\$ 793.80
42305	Mental health outpatient therapy	1347.50					\$ 1347.50
42306	Medication prescribing & management	53,500.00					\$ 53,500.00
71319	Mental health inpatient therapy-MHI	73023.28					\$ 73023.28
73319	Mental health inpatient therapy	599.00					\$ 599.00
	<b>Basic Crisis Response</b>						
32322	Personal emergency response system	1,310.41	2,479.17	1,310.42			\$ 5,100.00
44301	Crisis evaluation						\$ -
44305	24 hour access to crisis response						\$ -

	<b>Support for Community Living</b>						
32320	Home health aide						\$ -
32325	Respite						\$ -
32328	Home & vehicle modifications						\$ -
32329	Supported community living	30,468.97	25,378.86	19162.10			\$ 75010.00
	<b>Support for Employment</b>						
50362	Prevocational services	29010.11	272196.70	22886.30			\$ 324,093.00
50367	Day habilitation	5211.18	1,151.20	13515.10			\$ 19,877.00
50364	Job development						\$ -
50368	Supported employment	19,389.84	97862.68				\$ 117,253.00
50369	Group Supported employment-enclave			5,240.07			\$ 5,240.00
	<b>Recovery Services</b>						
45323	Family support						\$ -
45366	Peer support						\$ -
	<b>Service Coordination</b>						
21375	Case management	195,481.52					\$ 195,481.52
24376	Health homes						\$ -
	<b>Core Evidenced Based Treatment</b>						
45373	Family psychoeducation						\$ -
42397	Psych rehab (ACT & IPR)						\$ -
	<b>Core Domains Total</b>	410,135.61	399,068.60	62,113.90	0		\$ 871,318.00
	<b>Mandated Services</b>						
46319	Oakdale	21,277.75					\$ 21,277.75
72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	61,498.56	1,211.20				\$ 62,710.00
75XXX	Mental health advocate	36,409.87					\$ 36,409.87
	<b>Mandated Services Total</b>	119,186.18	1,211.20	0	0		\$ 120,397.00
	<b>Additional Core Domains</b>						
	<b>Comprehensive Facility &amp; Community Based Crisis Services</b>						
44346	24 hour crisis line	268,730					\$ 268,730.00
44366	Warm line						\$ -
44307	Mobile response						\$ -
44302	23 hour crisis observation & holding						\$ -
44312	Community based crisis stabilization						\$ -

44313	Residential crisis stabilization	100,000					\$ 100,000.00
	<b>Sub-Acute Services</b>						
63309	Subacute services-1-5 beds						\$ -
64309	Subacute services-6 and over beds						\$ -
	<b>Justice system-involved services</b>						
46305	Mental health services in jails						\$ -
46422	Crisis prevention training						\$ -
74301	Civil commitment prescreening						\$ -
46399	Justice system-involved services-other						\$ -
	<b>Additional Core Evidenced Based Treatment</b>						
42366	Peer self-help drop-in centers	25,000					\$ 25,000.00
	<b>Additional Core Domains Total</b>	393,730	0	0	0		\$ 393,730.00
	<b>Other Informational Services</b>						
03XXX	Information & referral	48,750					\$ 48,750.00
04XXX	Consultation	11,262.50					\$ 11,262.50
05XXX	Public education	151,000					\$ 151,000.00
	<b>Other Informational Services Total</b>	211,012.50	0	0	0		\$ 211,012.50
	<b>Other Community Living Support Services</b>						
06399	Academic services						\$ -
22XXX	Services management	3375.88	1290.66				\$ 4667.00
23376	Crisis care coordination						\$ -
23399	Crisis care coordination other						
24399	Health homes other						
31XXX	Transportation	37,704.55	2,702.94	607.24			\$ 41,015.00
32321	Chore services						\$ -
32326	Guardian/conservator						\$ -
32327	Representative payee						\$ -
32335	CDAC						\$ -
33330	Mobile meals						\$ -
33340	Rent payments (time limited)						\$ -
33345	Ongoing rent subsidy						\$ -

33399	Other basic needs						\$ -
41305	Physiological outpatient treatment	450.00					\$ 450.00
41306	Prescription meds	1,182.92					\$ 1,182.92
41307	In-home nursing						\$ -
41308	Health supplies						\$ -
41399	Other physiological treatment	10,000					\$ 10,000 .00
42309	Partial hospitalization						\$ -
42363	Day treatment						\$ -
42396	Community support programs	21,437.50					\$ 21,437.50
42399	Other psychotherapeutic treatment	135.57					\$ 135.57
43399	Other non-crisis evaluation						\$ -
44304	Emergency care	2065					\$ 2,065.00
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						\$ -
63XXX	ICF 1-5 beds						\$ -
63329	SCL--1-5 beds						\$ -
63399	Other 1-5 beds						\$ -
	<b>Other Comm Living Support Services Total</b>	76,351.42	3,993.60	607.24	0		\$ 80,952.00
<b>Other Congregate Services</b>							
50360	Work services (work activity/sheltered work)						\$ -
64XXX	RCF--6 and over beds	266,630.19	12,639.00				\$ 279,269.00
64XXX	ICF--6 and over beds						\$ -
64329	SCL--6 and over beds						\$ -
64399	Other 6 and over beds						\$ -
	<b>Other Congregate Services Total</b>	266,630.19	12,639.00	0	0		\$ 279,269.00
<b>Administration</b>							
11XXX	Direct Administration					443,668.50	\$ 443,668.50
12XXX	Purchased Administration					87,046.56	\$ 87,046.56
	<b>Administration Total</b>					530,715.06	\$ 530,715.06
	<b>Regional Totals</b>	\$1,477,046	\$ 416,912	\$ 62721	\$	\$530715.06	\$ 2,487,394.52

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<b>(45)County Provided Case Management</b>	0	0	0	0	0	0
<b>(46)County Provided Services</b>	0	0	0	0	0	0

<b>Regional Grand Total</b>							<b>\$ 2,487,394.52</b>
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*\*Administrative costs include all county salaries expended through Fund 10 and Regional Administrative Costs. Regional expenditure for salaries to the individual counties is under Chart of Account Code 21375- Case Management – 100% County.*

### Revenue

<b>FY 2015 Accrual</b>	<b>Rolling Hills Community Services MHDS Region</b>		
<b>Revenues</b>			
	<b>Fund Balance as of 6/30/14</b>	<b>\$6,263,880</b>	
	<b>Local/Regional Funds</b>		<b>\$ 3,984,925</b>
10XX	Property Tax Levied	\$2,379,451	
5310	Client Fees	\$4,960.57	
	Miscellaneous	\$21,809.81	
2540	Additional Per Capita Contribution	\$1,578,704	
	<b>State Funds</b>		<b>\$ 463,841.00</b>
2250	MHDS Equalization	\$463,841	
2645	State Payment Program	0	
2646	MHDS Transition	0	
	<b>Federal Funds</b>		<b>\$ 216,436.85</b>
2344	Social Services Block Grant	\$149,102	
2345	Medicaid	\$67,334.85	
	<b>Total Revenues</b>		<b>\$ 4,665,203.23</b>

<b>Total Funds Available for FY15</b>	<b>\$4,665,203.23</b>
<b>FY15 Regional Expenditures</b>	<b>\$2,487,394.52</b>
<b>Accrual Fund Balance as of 6/30/15</b>	<b>\$2,177,808.71</b>

### 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 Contribution
Buena Vista	20592	973,590	669,512	669,512	290,300	973,590
Calhoun	9909	468,498	431,560	431,560	419,435	468,498
Carroll	20631	975,434	1,800,630	975,434	0	975,434
Cherokee	11946	564,807	477,158	477,158	455,051	370,004
Crawford	17309	818,370	1,012,457	818,370	463,319	818,370
Ida	7108	336,066	300,889	300,889	283,642	336,066
Sac	10153	480,034	579,215	480,034	467,704	480,034
<b>Region</b>	<b>97,648</b>	<b>4,616,799</b>	<b>5,271,4210</b>	<b>4,152,957</b>	<b>2,379,451</b>	<b>4,421,996</b>

The Rolling Hills Community Services Region is in a solid financial position to continue to strategize the development of additional core services as required while thoughtfully considering the individual needs of our region and next steps. With the financial status in year one of regional operations, we did not implement a waiting list for services. The Regional Governance Board did approve the funding for certain services for individuals on the ID Waiver Waiting list that has been in effect since January 2015. These services are being tracked for any financial impact that could potentially be a hindrance as we work towards developing additional core services within our region. There were no appeals filed during fiscal year 2015 and the only service denials were for individuals over income and resources or for services that were not identified with the Region's management plan.

### *Rolling Hills Regional Outcomes*

The vision of the newly designed system was to offer comprehensive statewide access to a basic set of core community-based mental health and disability services with the opportunity for choice of services in the most integrated setting possible. Many stakeholders across the region have attended multiple meetings, focus groups and advisory meetings during year one to move our region in the direction of community based service provision and development of additional services that were identified as key priority needs during the strategic planning process. Several initiatives have been launched by these committees after many hours of roundtable discussions, advocacy and commitment to making our region a better system for the individuals whom we serve. Following is a progress summary of these initiatives as identified in our Regional Strategic Plan.

## *Rolling Hills Strategic Plan Goal/Objectives*

**Goal 1.** Rolling Hills Community Services Region wants to ensure access to community-based services within our communities that maintain individuals in the highest level of independence and integration.

**Objective 1:** Family Support/Peer Support programs will be established within the Region by 12/31/14.

<b>Action Steps</b>	<b>Responsible Party</b>	<b>Targeted Completion Date</b>
Task Force will be appointed to identify training needs and service provider willing to offer the service.	Task Force; Regional Staff	7/31/14
Task Force will complete a service assessment; identify financial costs and staffing needs to provide the service.	Task Force; Regional Staff	11/30/14
Task Force will develop a plan for implementing/providing the service within the region.	Task Force	12/31/14
Task Force will report to the full Advisory Board at least quarterly on their progress.	Task Force	12/31/14
Regional Governance Board and CEO will consider funding needs for the provider(s).	Regional Governance Board; CEO	1/31/15

**Progress:** At the advent of the Region, the core services that needed to be developed within Rolling Hills were Family Support and Peer Support which necessitated the need for the designation of a Task Force. The Peer/Family Support Task Force met on six occasions between July 2014 and June 2015. Task Force Representation included: Kim Keleher, Plains Area Mental Health Center Outreach & Compliance Coordinator; Karen Whiteing and Corrine Mehaffey, Peer Support Specialists and Plains Area Mental Health Drop-In Center staff; Roger Davis, Peer Support Specialist and Plains Area Mental Health Center IHH; Leisa Mayer, Louise Galbraith, Lisa Bringle, Rolling Hills Coordinators of Disability Services; Rosie Stotts, Rolling Hills Social Worker and Dawn Mentzer, Rolling Hills Chief Executive Officer. Joleen Schmit and Nancy Seavert from Calhoun County Public Health joined the task force in March 2015.

A peer-run Drop in Center has been operational in Carroll for several years and the oversight is currently provided by Plains Area Mental Health Center. When the region formed, Karen Whiteing advocated for the return of a Drop in Center within Denison as they had in the past. Kim Keleher presented a formal request to the Governance Board in September 2014 for funding of a Peer Run Drop In Center that included wages for staff as well as furnishings. The request was approved and the center which is now officially named "The Den" was opened in February 2015. Karen Whiteing and Corrine Mehaffey have both been certified as Peer Support Specialists and staff the center two days per week.

Joleen Schmit and Nancy Seavert from Calhoun County Public Health completed the NAMI Family to Family Training in the fall of 2014. They held their first Family to Family classes from March-June 2015 with seven attendees. The classes run for twelve weeks and cover a wide range of informational topics such as coping skills, how to communicate with a loved one who is experiencing a mental crisis, medications as well as resources and information about various mental illnesses. The main focus of the classes has been support for the caregiver in a safe environment where confidentiality is paramount. The classes were so successful that the group continued to meet for support beyond the 12 week period. The task force assisted with planning a second round of Family to Family classes which commenced in early September 2015. Calhoun County Public Health had been funding the classes and staffing costs due to their commitment to improving mental health in their community, however the region assumed the cost of the classes as of July 1, 2015.

**Objective 2:** Jail Diversion and Civil commitment pre-screening processes will be established within the Region by 12/31/15.

Action Steps	Responsible Party	Targeted Completion Date
Task Force will be appointed to identify training needs and service provider willing to offer the service.	Task Force; Regional Staff	7/31/14
Task Force will complete a service assessment; identify financial costs and staffing needs to provide the service.	Task Force; Regional Staff	11/30/14
Task Force will develop a plan for implementing/providing the service within the region.	Task Force	3/31/15
Task Force will report to the	Task Force	12/31/15

full Advisory Board at least quarterly on their progress.		
Regional Governance Board and CEO will consider funding needs for the provider(s).	Regional Governance Board; CEO	1/31/15

**Progress:** In July 2015, a task force was formed to explore the options for the implementation of a pilot Jail Diversion Program within our seven county Region. The Jail Diversion Task Force met on six occasions between July 2014 and June 2015. Task Force Representation included: Patrick Schmitz, Plains Area Mental Health Center Executive Director; Ken McClure, Sac County Sheriff; Jim Coats, Counseling Services, LLC; Melissa Drey, Plains Area Mental Health Center Crisis Care Coordinator; Maggie Johnson, Ida Services, Inc. Executive Director; Terry Johnson, Genesis Development Chief Executive Officer; Leisa Mayer, Louise Galbraith, Lisa Bringle, Rolling Hills Coordinators of Disability Services; and Dawn Mentzer, Rolling Hills Chief Executive Officer. Early on in the process, regional staff along with Terry Johnson traveled to Dallas County to meet with their Jail Diversion Staff and acquire a better understanding of services provided to inmates while incarcerated and upon release. The program in Dallas County has been very effective in terms of wrap around supports which we felt would be a model that we could replicate in our rural area with some adjustments. Although there is a disparate climate between the two regions in terms of available resources and population, we were able to gain insight into components that would potentially be successful within our region.

The Task Force researched Pre and Post Booking Programs and selected the North Carolina Jail Diversion Model of Post Booking by which we were able to develop our policies and procedures as well as forms and a brochure. Due to having two judicial districts within our region and the multiple key stakeholders that would need to be educated about the model and processes, we chose to begin with Crawford County in which the program was initiated on July 1, 2015. Outcomes will be tracked and the information will be utilized when expanding Jail Diversion Services throughout the entire region in FY'16.

The Civil Commitment Pre-Screening component of this goal was re-assigned to the Crisis Stabilization Task Force. Members of that task force began having discussions with the magistrates within the counties to explore alternatives to the commitment process. It was quite evident that our efforts will need to be enhanced with the opening of our Crisis Home so that Magistrates, Hospitals and Law Enforcement are aware that a viable community-based mental health service will be available locally for those who meet the criteria.

**Objective 3:** 23-hour observation and holding/ crisis stabilization facility/community-based services will be established within the Region by 12/31/16.

Action Steps	Responsible Party	Targeted Completion Date
Task Force will be appointed to identify training needs and service provider willing to offer the service.	Task Force; Regional Staff	7/31/14
Task Force will complete a service assessment, identify financial costs and staffing needs to provide the service.	Task Force; Regional Staff	11/30/14
Task Force will develop a plan for implementing/providing the service within the region.	Task Force	12/31/15
Task Force will report to the full Advisory Board at least quarterly on their progress.	Task Force	12/31/16
Regional Governance Board and CEO will consider funding needs for the provider(s).	Regional Governance Board; CEO	12/31/16

**Progress:** In Fiscal Year 2015, one of our leading endeavors has been the planning and development of our Crisis Stabilization home for individuals with mental illness. The Crisis Stabilization Task Force met on six occasions between September 2014 and June 2015. Task Force Representation included: Patrick Schmitz, Plains Area Mental Health Center Executive Director; Ken McClure, Sac County Sheriff; Sandy Pingel, Genesis Development Administrator ; Karla Manternach, Counseling Services, LLC; Clay Adams, Wesco Executive Director; Leann Olhausen, Loring Hospital Social Worker; Melissa Drey, Plains Area Mental Health Center Crisis Care Coordinator; Karen Timm, St. Anthony Regional Hospital Vice President of Patient Services; Leisa Mayer, Louise Galbraith, Lisa Bringle, Rolling Hills Coordinators of Disability Services; Rosie Stotts, Rolling Hills Social Worker and Dawn Mentzer, Rolling Hills Chief Executive Officer. All meetings were open to the public and widespread representation from various provider agencies was consistent in terms of attendance at each planning meeting.

Due to the need to develop a strong vision in order to move this project forward, members of the task force and regional staff toured two Crisis Stabilization projects in late fall 2015. The information that

was provided back to the task force, greatly assisted the group with quickly identifying our regional vision for Crisis Stabilization Services. The time frame for service development was moved up as a result of identifying our vision and gaining a better understanding of what we believed would be successful for the people that we support.

## Vision as defined by the Crisis Task Force December 2014

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### RHCS Crisis Stabilization

#### \*Vision

The vision within our regional system is to provide a safe, supportive environment that provides short-term stabilization and treatment services to persons for up to 3-5 days who are in a psychiatric crisis. It is believed that many individuals with mental illness can be treated in a center and returned to the community without an inpatient admission. The more quickly a person receives treatment, as opposed to being held without treatment, the less likely his or her condition will worsen. An individual can receive voluntary treatment in Crisis Stabilization Community Based services and receive linkage to local mental health services and follow-up after discharge.

#### \*Desired Initial Services

\*Crisis Stabilization - Centrally located home within the region 4-5 bed managed by providers that have experience in mental health crisis/emergencies. Centrally located county to be determined.

\*Transitional Living Program for individuals coming out of Crisis home or hospital.

\*Commitment Pre-screens - can we utilize our Coordinators for the screening at the hospitals and CMHC staff for the assessment within 24 hours.

#### \*Timeline for development

Initial Meeting with key players – January 2015 Monthly meetings begin

Initial Meeting will discuss services and identify interested agencies

March 2015 – agency /agencies designated to provide Crisis Stabilization Agency/Agencies apply for accreditation of Community Based Crisis Stabilization Services

May 2015 – Community based home identified and initial costs presented to the Regional Board

July 2015 – Community based Crisis Stabilization home opens

The Rolling Hills Advisory Board met on January 29, 2015 and was informed about the efforts of the Crisis Stabilization/Commitment Pre-Screening Task Force and the newly revised time frame for Crisis Stabilization development. The Advisory Board designated a sub-committee to make a formal recommendation (as follows) to the Rolling Hills Governance Board which was presented at their

meeting on February 26, 2015. The Crisis Stabilization Proposal Review Subcommittee was also presented with the following recommendation prior to proposal selection on March 31, 2015. Two proposals were submitted to the Region for consideration; Mallard View, Inc.'s proposal was to provide Crisis Stabilization Services within their Residential Care Facility and Plains Area Mental Health Center's (PAMHC) proposal was to provide Crisis Stabilization Services in a home-like setting within the community.

To: Crisis Stabilization Proposal Review Subcommittee/Governance Board

**Recommendation and Vision of the Rolling Hills Community Services Regional Crisis  
Stabilization Task Force  
March 2015**

The Crisis Stabilization Task Force has defined the following recommendations for consideration in review of the proposals for a Crisis Stabilization Service within the Rolling Hills Region. We are advocating for a positive working environment, strong network of the agency with other service providers and strong psychiatric and mental health coverage: a provider of substance.

Recommendation of task force:

- Home like atmosphere for a Crisis Service
- Expandability to meet future needs of bed space as well as geographic areas to be close to providers and allow the individual to receive support closer to their home environment.
- Connection to provide consistent psychiatric expertise as required by Chapter 24
- Long term sustainability of the provider not just the funding source
- Follow Olmstead principles and the vision of the Region for community integration

The Rolling Hills Governance Board selected the proposal provided by Plains Area Mental Health Center on a 4-3 vote at their meeting on April 15, 2015. Following the tours of four different homes in the communities of Sac City and Lake City by PAMHC staff and the CEO, property was purchased at 900 Early St. in Sac City, Iowa in early June 2015. Currently, the home is undergoing some minor construction, remodeling and is being furnished with a targeted opening date for services on January 4, 2016. Individuals who are experiencing a mental health crisis will be able to receive services in a home-like environment as an alternative to hospitalization services if they are willing to go voluntarily and they meet the level of care following the receipt of an assessment by a mental health professional. The goal is to provide mental health services and support to stabilize the individual within a 3-5 day time period so that they are able to return to their home with the proper supports.

**Objective 4:** Services will be developed within Calhoun County by 6/30/15.

Action Steps	Responsible Party	Targeted Completion Date
Task Force will be appointed to identify gaps in services in Calhoun County.	Task Force; Regional Staff	7/31/14
Task Force will complete a service assessment; identify financial costs and providers willing to expand within the region.	Task Force; Regional Staff	11/30/14
Develop a plan for implementing/providing the services within Calhoun County.	Task Force	1/31/15
Task Force will report to the full Advisory Board at least quarterly on their progress.	Task Force	6/30/15
Regional Governance Board and CEO will consider funding needs for the provider(s).	Regional Governance Board; CEO	6/30/15

**Progress:** Service development within Calhoun County was identified as a priority during the Regional Strategic Planning process due to the lack of mental health and developmental disability services available in that area.

The Calhoun County Task Force met on six occasions between July 2014 and June 2015. Task Force Representation included: Patrick Schmitz, Plains Area Mental Health Center Executive Director; Karla Manternach and Emilie McNace, Counseling Services, LLC; Melissa Drey, Plains Area Mental Health Center Crisis Care Coordinator; Cindy Carstens, Heather Cain and Jeanette Sargent, Stewart Memorial Hospital; Pam Haberl and Shirley Naughton, parent representatives; Deb Gimer, Calhoun County Public

Health; Dave Staver, Opportunity Living Executive Director; Tracey Toms, Opportunity Living; Leisa Mayer, Rolling Hills Coordinator of Disability Services and Dawn Mentzer, Rolling Hills Chief Executive Officer.

At the initial task force meeting, we discussed strengths of Calhoun County in terms of what is available for individuals with disabilities and also focused on the services that were lacking. Opportunity Living identified that they would like to expand services into HCBS however, the issues that prevent them from doing so include lack of transportation in the community, lack of services in Calhoun County which causes families hesitation should the ICF bed not be available if there would be a need and the need for additional employees in a rural setting.

The greatest need that was identified for Calhoun County is the ability for individuals to access local psychiatric care. Opportunity Living had 23 individuals that were accessing psychiatric coverage at the Berryhill Center but had a need for at least 40 slots. The Berryhill could not take any more of their individuals therefore, the remainder either needed to have their medications monitored by an MD or they transported to Iowa City. The trips to Iowa City are difficult for the people that they serve due to distance and the amount of time that it takes. Also identified as a significant need was the lack of psychiatric coverage for rural areas and the difficulty in attracting such specialty services when the need is just as great in urban areas that have more to offer. The task force's vision was to have consistent Psychiatric coverage in Calhoun County 3-4 days per month through a combination of face-to-face psychiatry and tele-psych. Plains Area Mental Health Center has been exploring all options to bring this to fruition over the first year of regional operations. They have been working closely with Stewart Memorial Hospital to begin tele-psychiatry until a provider is identified that can provide on-site psychiatric services in a cost-effective manner. It is anticipated that tele-psychiatry will be available within Calhoun County by the end of 2015.

Outpatient Services were also identified as a need in Calhoun County. Karla Manternach and Jim Coats from Counseling Services, LLC assisted with bridging that gap by renting space in the Calhoun County Public Health Department and opening for outpatient services one-two days per week. Thirty-eight individuals have received outpatient services through the Rockwell City office in 2015 which has provided for local access to mental health services instead of having to travel out of county.

**Additional Outcomes:** The Rolling Hills Coordinators of Disability Services worked very diligently towards ensuring that all individuals served within our region were receiving services in the least restrictive setting possible in accordance with the vision of our management plan. To that end, nineteen individuals with mental illness were moved from Residential Care Facilities into their own apartments with individualized supports or smaller settings with 24 hour services in Habilitation homes. Five individuals were transferred from Residential Care Facilities into nursing facilities due to level of care needs. None of these individuals have returned to facility based services due to receiving the proper supports in the community. Currently, we have five individuals in Residential Care Facilities

and we continue to work closely with these individuals to offer informed choice of services and supports in an effort to move them to more independent living arrangements.

Another focus of our region in order to fulfill the vision of our management plan was in the area of employment opportunities for the individuals whom we serve. Four of our vocational providers (Genesis Development, Howard Center, Ida Services, Inc. and Cherokee County Work Services) joined together to strategically plan options for their agencies that could be supported by the region as we shift away from facility based employment into integrated employment within the community. They submitted a request for funding to the Regional Governance Board to accomplish two endeavors.

The first part of the proposal was to develop an Adult Career Exploration Program within the region although it would begin with Genesis Development in Buena Vista County. The Adult Career Exploration (ACE) program would give participants a chance to explore the world of work, an opportunity to realize their own potential, and increase their chances to succeed. The goal of the program would be to assist participants in planning their future, making career choices and decisions, and understanding an employer's expectations regardless of what job they might have in the future. Many people with disabilities have little experience in the world of community based work, and when asked where they think they would like to work, cannot really make an informed choice. Adult Career Exploration would expose the participants to various employment options, better enabling them to make an informed choice as to jobs that interest them and increasing their chances of success. ACE would also provide the benefit of work "hardening" – real work experience in an integrated environment. As a side benefit, it would also expose the individual to employers which occasionally results in future employment at the trial work site.

The second part of the proposal was to expand community placements and enclaves by hiring two Employment Development Managers to market and promote people with disabilities to employers and businesses, to secure job placement opportunities, and to promote integration of people with disabilities into competitive employment. Genesis Development had been involved with the Employment First Grant and received on-site consultation with Nancy Gurney, of the Office of Disability Employment Policy (ODEP). It was her belief that one of the mistakes being made by community providers is that rehabilitation people are hired and then expected to have the skills to interact at a professional business level. She strongly recommended that an individual with marketing/business experience and training should be hired to develop relationships with businesses and develop new job placement opportunities. A person with these skills should be paid at the going market rate, which is traditionally higher than a rehabilitation professional's salary. In return this individual will be held accountable for developing and producing a sufficient number of job opportunities. The funding would provide the agencies with the capability to hire such individuals to market jobs across the region. The Regional Governance Board approved the request at a total project cost of \$272,865 and it is anticipated that this will provide significant assistance to the agencies in developing employment opportunities in more integrated settings.

## Attachment A



### ***Evidenced Based Practice Summary Report for Supported Employment***

Beginning in April 2015, work began to meet with providers in the Rolling Hills Community Services Region (RHCSR) to complete Fidelity Scales for our Supported Employment providers in our 7 county region. The purpose of the meetings to complete the Fidelity Scales was 1. To understand where our providers are at in the Evidenced Based service and 2. To assist them in developing their programs to be evidenced-based. Evidenced Based services are critical in developing person centered services to those we serve and to move towards a more integrated system of care. Four providers within Rolling Hills Community Services Region presented a request to the Region for a grant that will allow them to work together to hire Job Development Managers to market and secure jobs in the community. The four providers involved in the grant are: Genesis Development, Howard Center, Ida Services, Inc and Cherokee County Work Services. At the time of interviews for Evidenced Based Supported Employment no one had hired these employees yet and will hire at the beginning of FY16 to fill the need. Engaging businesses in hiring individuals is a big step to successful integration of vocational services. It was important to Rolling Hills Community Services Region to complete fidelity scales for Supported Employment with our vocational programs prior to July 1, 2015 to start the transitioning from work activity/sheltered work to a more community based service.

On April 6, 2015, an interview was held with Kristin Nehring, Supported Employment Specialist with Home Care Options (HCO), to review the fidelity standards for Supported Employment. HCO was just beginning their efforts in Supported Employment as they were seeing a gap in supported employment needs for people with mental illness. They were anxious to review the fidelity scale so they can begin working on their program to meet evidenced based services. Most of the questions on the fidelity scale could not be answered because they didn't have sufficient data to provide since their program was just starting; however we decided to use the fidelity scale to set program goals in where they wanted to be in 6 months. While technically, HCO did not meet fidelity in supported employment, the ratings given to set the program goals seemed to be attainable. Kristin felt understanding what was required as evidenced based would be very helpful as they developed their program. It was agreed following the interview that another review in 6 months would take place to find out the progress and to see where they are with fidelity.

In the same month, on April 22, Cherokee County Work Services (CCWS) completed their fidelity scale for supported employment. Calvin Carver, Director for CCWS and Julie Ballard, Supported Employment Specialist were present for the interview of their supported employment program which they have had since the 1980's. CCWS scored a rating of 64 which allows them to be in fair implementation status for providing evidenced based services in the area of supported employment. Two of the areas that were scored fairly low was in the area of Organization – Vocational Unit in which the agency scored a rating

of 1. The scoring was low basically due the requirements of the information and the agency being so small. Once the agency begins promoting supported employment much stronger this may improve. The other area scored lower at a 2 rating is under Services – Community-based services. CCWS is a small agency and Julie is not only the Supported Employment Specialist but also has other responsibilities within the agency. Again, once the supported employment service is better promoted the score should increase and the agency should be able to meet the fidelity for that area. One area that was difficult to review was the area of Organization within the fidelity scale. Since the Evidenced-Based Practice was chosen and it's based on an evaluation program from Substance Abuse and Mental Health Services Administration (SAMHSA), the majority of questions in this area request information specifically on individuals with mental health. All of our supported employment providers work with multiple individuals who have other disabilities, not just mental health. We had to tailor the questions to meet the needs of our providers in this area. As with HCO, CCWS was offered follow up at a later date to assure they are moving forward with increasing their fidelity and providing high quality outcomes through their program.

Genesis Development is our largest provider in our RHCSR and they were interviewed on May 20, 2015. While they have multiple sites within their agency, RHCSR chose to review the fidelity scale with GD in their Storm Lake location within the Region. The interview was completed with the Director of the Storm Lake site, Sandy Pingel. Sandy has been with Genesis Development for quite a while and understands the operations as well as the future of quality Supported Employment Services. GD scored very high on the fidelity scale with a 71. Supported Employment has always been an important service to them and they understand the importance of integration and person-centered services. A return to review the fidelity scales was offered to Sandy and her staff if she felt it was needed in the future.

The Howard Center is a small agency located in Sac City who provides limited Supported Employment Services. The fidelity scale for Supported Employment was completed on May 20, 2015. Pat Laursen, Director for Howard Center and Tressa Feldmann, Supported Employment were present for the interview. Dawn Mentzer, RHCSR CEO was also present. The Howard Center was found to very open and honest with their present program. They agreed they were struggling, not because of philosophy or willingness to provide evidenced-based services but more because of the lack of people in their programs. They reported they are working on a contract with Iowa Vocational Rehabilitation Services which should increase their participation. Currently they don't have anyone who is working fulltime in Supported Employment. Tressa's time is approximately 80% non-vocational. Pat and Tressa stated it was difficult to find a funding source that pays for all areas of Supported Employment. They also noted they have struggled with case management funding Supported Employment long term. The fidelity scale was able to assist them in understanding an evidenced-based service is time-unlimited so if individuals are in need of the service, they need to have the service authorized as long as necessary. The Howard Center rated a score of 34 which is not considered Supported Employment. With the efforts of hiring a Job Development Manager through the regional grant and contracting with IVRS, Howard Center and RHCSR felt it would be in the best interest to revisit again in 6 months to see where

they are rating with fidelity. This will certainly be provided as long as necessary to assist Howard Center in meeting the requirements of Evidenced-Based Supported Employment.

WESCO Industries completed their fidelity scale for Supported Employment on June 9. Involved in the interview included Deidra Brown, Assistant Director and 2 staff involved in Supported Employment. WESCO had 4 employment specialists hired and were in the process of hiring 2 additional specialists. They served 51 consumers at the time. They had just contracted with Iowa Vocational Rehabilitation Services and provide Supported Employment mostly under Medicaid and will accept private pay. WESCO is a large provider with a large number of individuals in some phase of finding community employment. They scored a 69 on their fidelity scale. Again, it was hard to breakdown numbers and ratios based on mental illness vs other disabilities since the fidelity scale is really wrapped around mental illness. WESCO has a long history of finding employment in an integrated environment and much success in long term placements.

Ida Services was the final agency to be interviewed for fidelity standards. Present during the interview was Maggie Johnson, ISI Director, Diana Ossman, Assistant Director and 2 staff who are involved as specialists. ISI currently employs 3 individuals as employment specialist and are in the process of having 2 more become certified. They have 6 individuals in their supported employment program and have had 2 leave their program in the past 6 months. Funding sources for their agency and services include, Medicaid, IVRS and Hab. They will be sharing the Job Development Manager with Howard Center when the position is filled in the next couple months. Currently Goodwill is assisting with job development in Ida County. Any of their certified specialists can do community assessments which makes it easier to work with multiple individuals at the same time. Ida Services strives to provide a person centered program as much as they are able. They scored a 66 on their fidelity scale which is considered good implementation. Their agency has been involved in community employment services for many years. With the hiring of a Job Development Manager, there is hope to continue to increase opportunities to individuals with very rural communities. An opportunity to come back and continue to work with ISI again on their Evidenced Based Services was offered.

New Hope in Carroll, IA had a fidelity scale completed by Dawn Mentzer, CEO of RHCSR previously but was not part of the recent provider interviews to determine their fidelity. Based on that fidelity scale, New Hope also met fidelity in Supported Employment.

Continued efforts to partner with our Supported Employment providers and assist in helping them build their programs are part of RHCSR's commitment to developing alternatives to sheltered work and to follow the philosophy people can be involved in the community in the least restrictive environment as possible and to follow the Olmstead Act with the focus of integration in all areas of individuals lives.

Submitted by,

Lisa Bringle

RHCSR Coordinator of Disability Services 10/26/15