

# SOUTH CENTRAL BEHAVIORAL HEALTH REGION

## FY 2015 Annual Report



Geographic Area: Serving the counties of Appanoose, Davis and Wapello.

Revised 1/11/2016

## Table of Contents

Introduction.....	3
Services provided in Fiscal Year 2015.....	4
Core Service/Access Standards: Iowa Administrative Code 441-25.3.....	4
Additional Core Services Available in Region: Iowa Code 331.397(6).....	8
Provider Competencies.....	10
Individuals Served in Fiscal Year 2015.....	17
Moneys Expended.....	18
Revenue.....	22
Outcomes.....	24
Other Pertinent Information.....	29

## Introduction

*South Central Behavioral Health Region (SCBHR) 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 SCBHR Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.*

*The 28E was approved by the Department of Human Services (DHS) on March 24<sup>th</sup>, 2014. The SCBHR Transition Plan was approved by DHS on June 30, 2014. SCBHR commenced business as a region on July 1<sup>st</sup>, 2014. The Annual Service and Budget Plan was approved by DHS on July 31<sup>st</sup>, 2014. On September 25<sup>th</sup>, 2014 the revised SCBHR Policies and Procedures Manual was submitted to DHS and it was confirmed to be approved on November 21<sup>st</sup>, 2014 in written correspondence from Mr. Rick Shults, Administrator-Division of Mental Health and Disability Services.*

*In the following pages this document will demonstrate how SCBHR has unified as a region, standardized business practices across all 3 counties, maintained local access and presence for each of our counties, made effort to become an outcome oriented system of care across all funding sources, and developed needed efforts that have been made to continue to grow service options for individuals and how the region has engaged community partners in the planning and implementation of this developing system under the guidance of the SCBHR Advisory Committee.*

*The SCBHR FY15 Governing Board Members:*

*Steve Siegel-Wapello County, Chair  
Dean Kaster-Appanoose County-Vice Chair  
Ron Bride-Davis County*

SCBHR Management Plans are available on the SCBHR Website [www.scbhr.org](http://www.scbhr.org) and DHS websites. <http://dhs.iowa.gov>.

## Services provided in Fiscal Year 2015:

Included in this section of the report:

Access Standards for Core Services and what we are doing to meet access standards

Additional Core Services, availability and plans for expansion

Provider Practices and Competencies

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

SCBHR contracts with local providers for core and additional core services throughout the 3 county area. SCBHR also honors host regional contracts to ensure that services are available.

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

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

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u>	<u>Comments:</u>
		<ul style="list-style-type: none"> <li>• Met Yes/No</li> <li>• By which providers</li> </ul>	<ul style="list-style-type: none"> <li>• How measured</li> <li>• If not what is plan to meet access standard and how will it be measured</li> </ul>
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	Yes Southern Iowa Mental Health Center, Community Health Centers of Southern Iowa, River Hills Community Health Center	Measured by physical presence of these agencies/organizations within region geographic boundaries
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/No MHI, Mt. Pleasant Iowa	Center for Psychiatric Care: Adults 18 years of age and older from the 15-county catchment area in southeast Iowa.  Measured by physical presence of these agencies/organizations within region geographic boundaries  Due to the closing of MHI in Mt. Pleasant prior to the FY ending standards were not met. However, the region signed a contract with Great Rivers on 9/24/2015. As a CEO I began conversation with Great Rivers prior to MHI closing however; because of response the actual contract was not signed until date above.

**Outpatient:** (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)

25.3(3)a(1)	<b>Timeliness:</b> The region shall provide outpatient treatment services. <b>Emergency:</b> During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.	Yes The Community Mental Health Centers listed above follow access standards in Iowa Code Chapter 230A, These centers provide outpatient, medication prescribing and management along with Assessment and Evaluations.	Measured by agency utilization of emergency outpatient appointments.  SCBHR subcontracts with LISW's on call for after hours and weekends to provide assessments and evaluations within the Appanoose and Davis County jails and E.R.
25.3(3)a(2)	<b>Urgent:</b> Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.	Yes The Community Mental Health Centers listed above are required by Iowa Code Chapter 230A and provide urgent outpatient services.	Measured by utilization of same day urgent outpatient appointments.
25.3(3)a(3)	<b>Routine:</b> Outpatient services shall be provided to an individual within four weeks of request for appointment.	Yes Provider Network: Southern Iowa Mental Health Centers, River Hills Community Health Center, Community Health Centers of Southern IA, Life Solutions (Optimae) Paula Gordy, Centerville Community Betterment, Psychological Services of Ottumwa, and First Resources	Measured by application request for service in conjunction with claims information of service as well as utilization of outpatient appointments and direct contact with individual making request.
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	Physical locations of contracted providers covers access standard for the regions geography. Other providers close to region borders are also available to serve individual convenience.
<b>Inpatient:</b> (Mental Health Inpatient Therapy)			
25.3(3)b(1)	<b>Timeliness:</b> The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	Yes/No Allen Hospital, Broadlawns, Buena Vista Regional Medical Center (Geriatric), Cass County memorial, Covenant Medical Center, Genesis Medical Center, Great River Medical Center, Iowa Lutheran Hospital, Mahaska Health Partners (Geriatric), Mary Greeley Medical Center, MHI, Mercy -Iowa City, Mercy-Clinton, Mercy-Des Moines, Mercy-Dubuque, Mercy-North Iowa, Mercy	Individuals are able to access local emergency rooms but sometimes refused admittance by inpatient units.  SCBHR has on call LISW's available to Appanoose and Davis County local Emergency Rooms, to access psychiatry within a few hours. Ottumwa Regional Health Center has access to tele-psychiatry within their own providers.

		Sioux, Ottumwa Regional Health Center (Geriatric), Satori, Spencer Municipal Hospital, St. Anthony Regional Hospital, St. Luke's-Cedar Rapids, St. Luke's-Sioux city, University of Iowa Hospitals and Clinics	
25.3(3)b(2)	<b>Proximity:</b> Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	Yes	Physical locations of contracted providers covers access standard for the regions geography.  Measured by analysis of placement as provided by documents received, i.e. sheriff transports, hospital notifications, Region applications received, requests for Care Coordination from Hospitals.
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 See Routine Outpatient above	Measured by admission/discharge dates, requests for care coordination, social history information, discharge planning documents, etc.
<b>Basic Crisis Response:</b> (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)			
25.3(2) & 25.3(4)a	<b>Timeliness:</b> Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	Yes Community Mental Health Centers and Ottumwa Regional Health Center Mercy Hospital, Davis Co. Hospital	Providers Self-report CMHCs either provide or contract with a provider for afterhours crisis line with CMHCs therapist providing on call  SCBHR sub-contracts with 5 LISW's for afterhours and weekends for on-call for Appanoose and Davis County local E.R and Jails.  Ottumwa Regional Health Center has access to tele-psychiatry within their own providers.
25.3(4)b	Timeliness: Crisis evaluation within 24 hours.	Yes Community Mental Health Centers and Ottumwa Regional Health Center Mercy Hospital, Davis Co. Hospital	SCBHR sub-contracts with 5 LISW's for afterhours and weekends for on-call for Appanoose and Davis County local E.R and Jails.  Ottumwa Regional Health Center E.R. has access to tele-psychiatry within their own providers.
<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	Yes	Measured by analysis of

	<p>shall occur within four weeks of the individual's request of support for community living.</p>	<p>Home Health Aide, Home and Vehicle Modification, Respite, and Supported Community Living</p> <p>Providers Network; American Gothic Home Health Care, Comfort Keepers, Centerville Community Betterment, Crest Services, Frist Resources Corporation, Hammer, Home link ,Insight Partnership Group, Iowa Home Care, New Focus Optima, Tenco</p>	<p>application/authorization in conjunction with claims information</p> <p>All requests for these services (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living) have been met within the four weeks' timeframe and the service is available however, individuals with complex need or interfering behaviors continue to be a challenge for our community providers.</p> <p>SCBHR contracts with First Resources to offer transitional housing for up to 3 months until permanent house is able to be established. While in transitional housing the region will fund Habilitation services to help support the client while resources are secured and the client increases independence.</p> <p>SCBHR provides gap funding for services while on the ID or BI waiting list or waiting for the IHH to open up the individual.</p>
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**Support for Employment:** (Day Habilitation, Job Development, Supported Employment, Prevocational Services)

25.3(6)	<p><b>Timeliness:</b> The initial referral shall take place within 60 days of the individual's request of support for employment.</p>	<p>Yes</p> <p>Day Habilitation, Job development, Supported Employment, Prevocational Services: First Resources, Optima, New Focus, Tenco, Van Borean Job Opportunities</p>	<p>Measured by analysis of application/authorization in conjunction with claims information</p> <p>Per report from TCM and Care Coordinators, all requests for these services (Day Habilitation, Job Development, Supported Employment, and Prevocational Services) have been met with the 60 day time frame.</p> <p>SCBHR is working in conjunction with vocational employers to expand integrated work opportunities and to train vocational employees in Employment First concepts and practices.</p>
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**Recovery Services:** (Family Support, Peer Support)

25.3(7)	<p><b>Proximity:</b> An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.</p>	<p>Yes</p> <p>Southern Iowa Mental Health Center, Community Mental Health Centers of Southern Iowa.</p>	<p>The required Peer and Family support training is beginning to become widely available. The SCBHR has encouraged participants to attend trainings at the expense to the region.</p> <p>NAMI of Iowa has offered Peer and Family</p>
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			support training to all participants interested in attending, SCBHR offered to help fund transportation along with hotel stays in FY15  SCBHR currently has NAMI trained peer support in all three counties.
<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 South East Iowa Case Management, Southern Iowa Community Mental Health Centers, Community Mental Health Centers of Southern Iowa, RiverHills Community Health Center	Not all individuals are served through case management or IHH. SCBHR employs Service Coordinators in each county to meet the coordination needs of individuals not enrolled in Medicaid or not eligible for IHH or case management.
25.3(8)b	<b>Timeliness:</b> An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	Yes/No Southern Iowa Mental Health Center, Community Mental Health Center of Southern Iowa (IHH's)	Measured by application request for service in conjunction with claims information of service as well as other supporting documents such as court orders, discharge plans, and receipt of assessment/social history documents for region file. SCBHR meets the required timeframe of 10 days of the initial request upon referral. No, SCBHR does not manage the IHH enrollment.

### 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	No	SCBHR will implement Region wide crisis line in the fy 2016; currently the CEO is working with the Advisory Committee to look at a RFP process.
Mobile Response	No	SCBHR has engaged in very preliminary discussions with region providers as well as law enforcement on the issue of Mobile response. SCBHR would identify this as a goal for FY 2017
23-Hour crisis observation & holding	No	No

Crisis Stabilization Community Based Services	No	No
Crisis Stabilization Residential Services	Yes Centerville Community Betterment	SCBHR has contracted for one five bed Crisis Stabilization Residential Program. It opened in April of 2014. Multiple assessment providers have standardized the assessment process for access to the crisis stabilization residential programs. Protocols for care coordination have been made uniform in conjunction with CDS/IHH providers for all crisis stabilization participants. Time frames for participation are also standardized to ensure prompt and meaningful transitions back to an integrated living environment. This service is available 24/7/365 for all residents of the SCBH Region.
Transitional Apartments	First Resources	First Resources–Transitional Apartments
<b>Crisis Residential Services: 331.397~ 6.b.</b>		
Subacute Services 1–5 beds	No	
Subacute Services 6+ beds	No	
<b>Justice System–Involved Services: 331.397~ 6.c.</b>		
Jail Diversion	Yes	July 1, 2014 SCBHR developed Jail Diversion in all three counties. The model currently used is the Sequential Intercept Model. Each of the three jail systems in our region have an active partnership between the Sheriff/Jail Administration department and the SCBHR Coordinators of Disability Services. The primary focus and efforts thus far has been on Intercept 4 (Reentry). Measurable objectives include provision of resources and supports required to aid in their treatment and recovery. Program involvement, links to community based services, and justice involved recidivism are all being compiled by the CDS office.
Crisis Prevention Training	Yes	SCBHR trained trainers/trained employees within the provider network participants. Steps are being taken to expand the numbers of individuals trained in Crisis Prevention specifically the Non–Violent Physical Crisis Intervention and Mandt Models.
Civil Commitment Prescreening	Yes	Yes, FY 15 five LISW's sub–contracted with SCBHR to assist in prescreening for Civil Commitments after hours and weekends. Wapello County acts a resource coordinator to prescreening for civil commitments with a contract with Southern Iowa Mental Health Center to complete an assessment and evaluation. ORHC has access to LISW's through the provider network to help in assisting with civil commitment prescreening at the local E.R.
Other		SCBHR contracts with Southern Iowa Mental Health Center to provide Tele–Psychiatric Services in Wapello

		and Davis County Jail. SCBHR contracts with Community Mental Health Centers of Southern Iowa for Psychiatric Services for inmates in Appanoose County jail.
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Final

## Provider Competencies

Regions are expected to create a system of care that would incorporate provider practices that include the capacity to serve individuals with multi-occurring conditions, trauma informed care and evidence based or evidence supported practices. This initiative requires provider collaboration, creation of tracking mechanism for outcomes, and SCBHR identified the need for dedicated staff for Quality Assurance and implementing and measuring Evidence Based Practices. The additional administrative cost was not budgeted in FY 15. Realignment of job functions in FY 16 will allow us to dedicate additional time to these initiatives.

Below is a report from the Regional Collaborative regarding the Outcomes measures and Provider Proficiencies:

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Regions, Iowa Provider Association and CSN staff have taken the lead in providing a mechanism for gathering data for outcome measures.

### Quality Service Development and Assessment (QSDA)

#### I. What are the regions being asked to do as it pertains to Quality Service Development and Assessment

- Identify and collect Social Determinant Outcome data.
- Look at service delivery models- multi-occurring, culturally capable, evidence based practices, trauma informed care.
- Enter into performance based contracts/pay for performance.

(Each Region will need to compile this information as it is Region specific.)

#### II. Creating QSDA capacity within the regions.

- In FY 15 Regions generally addressed the QSDA process as Region specific. Most regions were beginning to identify the QSDA scope and conclude that to fulfill the QSDA requirements would require building capacity, developing priorities and implementing in phases. The initial effort to look at a statewide standardized approach targeted outcomes began. The rationale for selecting outcomes was that there was a successful model which had been developed by Polk County and a service delivery model, regardless of the type, could be evaluated by looking at outcomes.

#### III. Statewide Outcomes Project.

- The process began when the Iowa Association of Community Providers, IACP, scheduled a conference on the 5 star quality model in December 2014. Participants were providers and regional staff.
- A core group of providers, regional staff and ISAC CSN staff organized to discuss and design a statewide outcomes project in January 2015.

- At the ISAC Spring School in March, there was a presentation on an introduction to value-based social determinant outcomes and pay for performance.
- IACP gave an overview of the 5 star quality model to about 600 provider participants from all HCBS waivers and Habilitation services at a statewide training in April.
- IACP also trained providers (over 300 persons in attendance) on the 5 star quality model in May.
- Objectives for the statewide outcomes project:
  - Provider Agencies and Regions will work collaboratively as partners
  - Develop one set of standardized outcomes statewide
  - Establish a single point for data entry and data retrieval
    - Establish a set of core values utilizing the 5 star model as a framework
- We have identified the need and value in providing disability support services in the person's home community. We believe individuals with disabilities have the same basic human needs, aspirations, rights, privileges, and responsibilities as other citizens. They should have access to the supports and opportunities available to all persons, as well as to specialized services. Opportunities for growth, improvement, and movement toward independence should be provided in a manner that maintains the dignity and respects the individual needs of each person. Services must be provided in a manner that balances the needs and desires of the consumers against the legal responsibilities and fiscal resources of the Region.
- We want to support the individual as a citizen, receiving support in the person's home, local businesses, and community of choice, where the array of disability services are defined by the person's unique needs, skills and talents where decisions are made thru personal circles of support, with the desired outcome a high quality of life achieved by self-determined relationships.
- We envision a wide array of community living services designed to move individuals beyond their clinically diagnosed disability. Individuals supported by community living services should have community presence (characterized by blending community integration, community participation, and community relationships).

### **Development of the Outcomes Model**

We utilized the Polk County outcomes model that has 16 measurable outcomes: Community Housing, Homelessness, Jail Days, Employment: Working toward self-sufficiency, Employment: Engagement toward employment, Education, Participant Satisfaction, Participant Empowerment, Somatic Care, Community Inclusion, Disenrollment, Psychiatric Hospital days, ER visits, Quality of Life and Administrative. This system has been operational since FY 98.

#### **Operational Steps:**

- Developed in the first phase 6 outcomes – Somatic Care, Community Housing, Employment, Community Integration, Clients served and Staff
- Met with Rose Kim with DHS who is overseeing the outcomes process to review outcomes and determine if the project track is consistent with the Outcomes Workgroup recommendations.

- Discussed with Jeanine, CSN Director, the viability of utilizing CSN for provider input of outcome data.
- Presented Outcomes Project proposal to CEOs.
- In April constructed the following timeline for the Statewide Outcomes Project:
  - July Informational meetings
  - Sept. Support team training and system testing
  - Oct. Provide philosophical training (5-Star with Derrick Dufresne)
  - Oct. Follow up support team training
  - Oct. Web based portal launched
  - Oct. In person training for providers and regional staff
  - Nov. Project implementation – Providers begin entering data
  - Nov. Fall School – EBP – supportive housing, fidelity scales, outcomes
  - Jan. All providers begin entering data for the quarter

#### **IV. Statewide Regional Objectives**

- Move to create QSDA positions in the regions
  - Set an organizational meeting by 10/1/15 for all regional designated QSDA staff
  - Develop, implement and train on new provider portal built by ICTS by 11/1/15
  - Identify scope of regional QSDA functions by 11/1/15
  - Identify training needs (ongoing)
  - Hold Statewide meeting in the fall focusing on QSDA
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The Chart below is a brief description of the region’s efforts to increase provider competencies.

Provider Practices	DESCRIBE REGION’S EFFORTS TO INCREASE PROVIDER COMPETENCY
<p>441-25.4(331)</p> <p>Service providers who provide services to persons with 2 or more of the following co-occurring conditions:</p> <ul style="list-style-type: none"> <li>a. Mental Illness</li> <li>b. Intellectual Disability</li> <li>c. Developmental Disability</li> <li>d. Brain Injury</li> <li>e. Substance Use Disorder</li> </ul> <p>Trauma Informed Care</p>	<p>Narrative</p> <p>SCBHR CDS and providers met with Drs. Cline and Minkoff on two separate occasions; once on Feb of 2014 and then again on June of 2014. On both occasions the sessions met to discuss strategies of implementing a system of care for multi occurring individuals. SCBHR Stakeholders and CDS completed SCHBR Charter on 10/1/2014. All providers signed it with the contracts for FY 15/2016.</p> <p>As reported by Community Mental Health Centers of Southern Iowa; Minkoff and Cline presented at all staff training in June 2015.</p>
	<p>In Feb, 2014 SCBHR and Provers formalized the Charter for Welcoming, Trauma informed, and Integrated Service. This Charter is referenced in the SCBHR Management Plan as a Attachment and is a guiding document to the mission and values for the region system of care. Besides the number of trainings/consultations referenced above by Minkoff and Cline.</p> <p>First Resources reports that they have a training coordinator who is an instructor for Trauma Informed Care and has been providing regular training for all FRC Staff and can be made available for other SCBHR providers. Community Mental Health Center of Southern Iowa reports that breakout session were attended at NATCON training that addressed Trauma Informed Care.</p>

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

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	DESCRIBE REGIONS EFFORTS TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
Core: IAC441-25.4(3)	List agencies	List agencies	List Agencies	How are you verifying? List Agencies	Narrative
Assertive Community Treatment or Strength Based Case Management					SCBHR has participated in trainings and discussions with the identified agencies on the plausibility of ACT services in our 3 county region. Because of the geographies,

<p>Integrated Treatment of Co-Occurring SA &amp; MH</p>			<p>Centerville Community Betterment</p>	<p>No</p>	<p>disbursement of population bases, anticipated utilization rates, financial sustainability, and lack of available professional resources it is not plausible to do a true EBP ACT program but a modification for Rural ACT services is being investigated in partnership with other MHDS regions with similar barriers and obstacles.</p> <p>There are no evidence-based models for individuals with intellectual and /or developmental disabilities. Targeted Case Management for individuals with mental illness was phased out as those individuals transitioned into an Integrated Health Homes contracted through the Iowa Plan.</p> <p>Based on providers report, Integrated Treatment of Co-Occurring SA &amp; MH takes place at the Crisis Residential House in Appanoose County. Monthly reports indicate that clients serve most often times are both SA and MH. Therefore integrated treatment to include the addressing both the SA and MH through the WRAP plan. SCBHR has done no formal training in this area.</p>
<p>Supported Employment</p>		<p>First Resources New Focus Optimae Southern Iowa Mental Health Center Tenco Van Buren Job Opportunities Vocational Rehabilitation</p>	<p>First Resources New Focus Optimae Southern Iowa Mental Health Center Tenco Van Buren Job Opportunities</p>	<p>No</p>	<p>SCBHR is investigating opportunities for training and expansion of Supported Employment services. There is also conversation with Supported Employment providers on performance based outcomes with the SAMSHA fidelity scales being integrated into the Region contracts incentivizing outcome achievement.</p>

Family Psychoeducation						
Illness Management and Recovery						
Permanent Supported Housing	<p><b>Residential Providers that choose not to participate:</b></p> <ul style="list-style-type: none"> <li>Centerville</li> <li>Community Betterment</li> <li>Comfort Keepers</li> <li>Tenco</li> </ul>	<ul style="list-style-type: none"> <li>American Home Gothic</li> <li>Crest</li> <li>First Resources</li> <li>Insight Partnership</li> <li>Optimae</li> </ul>	<ul style="list-style-type: none"> <li>American Home Gothic</li> <li>Crest</li> <li>First Resources</li> <li>Insight Partnership</li> <li>Optimae</li> </ul>	No	<p>SCBHR CEO/CDS has participated in training, reviewed SAMSHA material, toured an existing PSH program, and has created draft policy and procedure documents for the program. This will continue to be investigated in FY16 with further analysis of financial implications and feasibility.</p> <p>Contracted with RHD to provide one to one assistance with providers to help alignment of current residential programs</p>	

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	WHAT IS THE REGION DOING TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
Additional Core: 331:397(6)d	List agencies	List agencies	List Agencies	How are you verifying? List Agencies	Narrative
Positive Behavioral Support					
Peer Self Help Drop In Center			Southern Iowa Mental Health Center	No	SCBHR has one Peer Drop In Center within our borders. This is a valued service to those in need and provides the opportunity for community integration and the development of natural supports that are instrumental to the development of a healthy lifestyle. There is no restrictive nature to these programs and have received personal testimony what a positive experience personal participation has had in the lives of those that utilize the service.
Other Research Based Practice: IE IPR IAC 331.397(7)			First Resources Optima	No	SCBHR has not done any formal training in this areas; however has paid for IPR services for clients in IPR.

## Individuals Served in Fiscal Year 2015

This section includes:

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

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

Age	Account	Code	MI	ID	DD	BI	Total
Adult	31354	Transportation - General	13	3			16
Adult	32329	Support Services - Supported Community Living	55	2	1	1	59
Adult	32335	Consumer-Directed Attendant Care				1	1
Adult	32399	Support Services - Other	5				5
Adult	33330	Mobile Meals	1				1
Adult	33332	Basic Needs - Food & Provisions	1				1
Adult	33341	Basic Needs - Utilities	3				3
Adult	33345	Basic Needs - Ongoing Rent Subsidy	61				61
Adult	33399	Basic Needs - Other	3				3
Adult	41305	Physiological Treatment - Outpatient	7				7
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	154				154
Adult	42304	Psychotherapeutic Treatment - Acute & Emergency Treatment	1				1
Adult	42305	Psychotherapeutic Treatment - Outpatient	69				69
Adult	42396	Psychotherapeutic Treatment - Community Support Programs	2				2
Adult	43301	Evaluation (Non Crisis) - Assessment and Evaluation	79		1		80
Adult	44301	Crisis Evaluation	26	1			27
Adult	44305	24 Hour Crisis Response	14				14
Adult	46305	Mental Health Services in Jails	73				73
Adult	46319	Iowa Medical & Classification Center (Oakdale)	3				3
Adult	50360	Voc/Day - Sheltered Workshop Services	1				1
Adult	50362	Voc/Day - Prevocational Services	29	3			32
Adult	50364	Voc/Day - Job Development	9	51			60
Adult	50368	Voc/Day - Individual Supported Employment	10	2			12
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living	3				3
Adult	64314	Comm Based Settings (6+ Beds) - RCF	18				18
Adult	64316	Comm Based Settings (6+ Beds) - RCF/PMI	2				2
Adult	64399	Comm Based Settings (6+ Beds) - Other	1				1
Adult	71319	State MHI Inpatient - Per diem charges	12				12
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	7				7
Adult	73399	Other Priv./Public Hospitals - Other (non inpatient charges)	1				1
Adult	74300	Commitment - Diagnostic Evaluations	14				14
Adult	74301	Civil Commitment Prescreening	15				15
Adult	74353	Commitment - Sheriff Transportation	194	1			195
Adult	74393	Commitment - Legal Representation	143				143
Adult	75395	Mental Health Advocate - General	110				110
Child	32329	Support Services - Supported Community Living	1				1
Child	33345	Basic Needs - Ongoing Rent Subsidy	1				1

Child	41306	Physiological Treatment - Prescription Medicine/Vaccines	1				1
Child	43301	Evaluation (Non Crisis) - Assessment and Evaluation	1				1
Child	44305	24 Hour Crisis Response	2				2
Child	46305	Mental Health Services in Jails	2				2
Child	74300	Commitment - Diagnostic Evaluations	1				1

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	7	638	645	40
Mental Illness, Intellectual Disabilities	0	2	2	40,42
Mental Illness, Other Developmental Disabilities	0	1	1	40,43
Intellectual Disabilities	0	57	57	42
Other Developmental Disabilities	0	1	1	43
Brain Injury	0	2	2	47
Total	7	701	708	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 15 Accrual	XXX 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	17963					\$17,963
42305	Mental health outpatient therapy	28141					\$28,141
42306	Medication prescribing & management						\$ -
71319	Mental health inpatient therapy-MHI	134784					\$134,784
73319	Mental health inpatient therapy	13640					\$13,640
	<b>Basic Crisis Response</b>						
32322	Personal emergency response system						\$ -
44301	Crisis evaluation	24134	350				\$ 24,484
44305	24 hour access to crisis response	138850					\$138,850
	<b>Support for Community Living</b>						
32320	Home health aide						\$ -
32325	Respite						\$ -

32328	Home & vehicle modifications						\$ -
32329	Supported community living	112378	488	3881	717		\$117,464
	<b>Support for Employment</b>						
50362	Prevocational services	94326	13684				\$108,010
50367	Day habilitation						\$ -
50364	Job development	15000	85000				\$100,000
50368	Supported employment	2552	3268				\$ 5,820
50369	Group Supported employment-enclave						\$ -
	<b>Recovery Services</b>						
45323	Family support						\$ -
45366	Peer support						\$ -
	<b>Service Coordination</b>						
21375	Case management						\$ -
24376	Health homes						\$ -
	<b>Core Evidenced Based Treatment</b>						
45373	Family psychoeducation						\$ -
42397	Psych rehab (ACT & IPR)						\$ -
	<b>Core Domains Total</b>	581768	102790	3881	717		\$689,156
	<b>Mandated Services</b>						
46319	Oakdale	118481					\$118,481
72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	105091	328				\$105,419
75XXX	Mental health advocate	42488					\$42,488
	<b>Mandated Services Total</b>	266060	328	0	0		\$266,388
	<b>Additional Core Domains</b>						
	<b>Comprehensive Facility &amp; Community Based Crisis Services</b>						
44346	24 hour crisis line						\$ -
44366	Warm line						\$ -
44307	Mobile response						\$ -
44302	23 hour crisis observation & holding						\$ -
44312	Community based crisis stabilization						\$ -
44313	Residential crisis stabilization	224000					\$224,000
	<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	52530					\$52,530
46422	Crisis prevention training	2100					\$2,100
74301	Civil commitment prescreening	18800					\$18,800
46399	Justice system-involved services-other						\$ -

	<b>Additional Core Evidenced Based Treatment</b>					
42366	Peer self-help drop-in centers	77456				\$77,456
	<b>Additional Core Domains Total</b>	374886	0	0	0	\$374,886
<b>Other Informational Services</b>						
03XXX	Information & referral					\$ -
04XXX	Consultation	98350				\$98,350
05XXX	Public education	24200				\$24,200
	<b>Other Informational Services Total</b>	122550	0	0	0	\$122,550
<b>Other Community Living Support Services</b>						
06399	Academic services					\$ -
22XXX	Services management	139163				\$139,163
23376	Crisis care coordination					\$ -
23399	Crisis care coordination other					\$ -
24399	Health homes other					\$ -
31XXX	Transportation	9323	639			\$9,962
32321	Chore services					\$ -
32326	Guardian/conservator					\$ -
32327	Representative payee					\$ -
32335	CDAC				4911	\$4,911
33330	Mobile meals	32				\$32
33340	Rent payments (time limited)					\$ -
33345	Ongoing rent subsidy	56200				\$56,200
33399	Other basic needs	807				\$807
41305	Physiological outpatient treatment	577				\$577
41306	Prescription meds	40537				\$40,537
41307	In-home nursing					\$ -
41308	Health supplies					\$ -
41399	Other physiological treatment					\$ -
42309	Partial hospitalization					\$ -
42363	Day treatment					\$ -
42396	Community support programs	4989				\$4,989
42399	Other psychotherapeutic treatment					\$ -
43399	Other non-crisis evaluation					\$ -
44304	Emergency care					\$ -
44399	Other crisis services					\$ -
45399	Other family & peer support					\$ -
50361	Vocational skills training					\$ -
50365	Supported education					\$ -
50399	Other vocational & day services					\$ -
63XXX	RCF 1-5 beds					\$ -

63XXX	ICF 1-5 beds						\$ -
63329	SCL--1-5 beds	31296					\$31,296
63399	Other 1-5 beds						\$ -
	<b>Other Comm Living Support Services Total</b>	282924	639	0	4911		\$288,474
<b>Other Congregate Services</b>							
50360	Work services (work activity/sheltered work)	6574					\$6,574
64XXX	RCF--6 and over beds	138105					\$138,105
64XXX	ICF--6 and over beds						\$ -
64329	SCL--6 and over beds						\$ -
64399	Other 6 and over beds	919					\$919
	<b>Other Congregate Services Total</b>	145598	0	0	0		\$145,598
<b>Administration</b>							
11XXX	Direct Administration					404370	\$404,370
12XXX	Purchased Administration					16008	\$16,008
	<b>Administration Total</b>					420378	\$420,378
	<b>Regional Totals</b>	\$1,773,786	\$103,757	\$3,881	\$5,628	\$420,378	\$2,307,430

<b>(45)County Provided Case Management</b>							\$ -
<b>(46)County Provided Services</b>							\$ -

	<b>Regional Grand Total</b>						\$2,307,430
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## Revenue

FY 15 Accrual	XXX MHDS Region		
<b>Revenues</b>			
	<b>Fund Balance as of 6/30/14</b>		<b>\$5,201,157</b>
	<b>Local/Regional Funds</b>		\$ 3,198,264 -
10XX	Property Tax Levied	\$2,683,376	
5310	Client Fees	\$25,223	
	Regional Account Fund balance	\$490,665	
	<b>State Funds</b>		\$ -
2250	MHDS Equalization	0	
2645	State Payment Program	0	
2646	MHDS Transition	0	
	<b>Federal Funds</b>		\$ 191,101.00 -
2344	Social Services Block Grant	\$191,101	
2345	Medicaid	0	
	<b>Total Revenues</b>		\$ 3,389,365 -

<b>Total Funds Available for FY15</b>	\$ - \$8,590,522
<b>FY15 Regional Expenditures</b>	2,307,430
<b>Accrual Fund Balance as of 6/30/15</b>	\$ 6,283,092 -

### 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
Appanoose	12,700	\$600,456	\$607,651	\$600,456	\$600,456	\$47.28
Davis	8,689	\$410,816	\$426,870	\$410,816	\$410,816	\$47.28
Wapello	35,366	\$1,672,104	\$2,447,733	\$1,672,104	\$1,672,104	\$47.28
<b>Region</b>	<b>56,755</b>	<b>2,683,376</b>	<b>\$3,482,254</b>	<b>\$2,683,376</b>	<b>\$2,683,376</b>	<b>\$47.28</b>

	FY15 Contributions to the Regional Fiscal Agent
Appanoose	\$ 254,410
Davis	\$ 168,663
Wapello	\$ 672,424
Total	\$ 1,095,497

## Outcomes achieved in Fiscal Year 2015:

*Prior to the beginning of FY 15, regions were required to submit a transition plan that included the following elements.*

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

*SCBHR retained our previous access points and added access points to include E.R's and Jails. In FY 15, SCBHR subcontracted to five LISW's on –call to provide assessment and evaluations after hours and on weekends to the Appanoose and Davis Counties local E.R and Jails. On April 1st 2014, SCBHR also identified Oak place (Crisis Residential Stabilization Service) as an access point. All access points continue to be trained on the SCBHR Management Plan and the criteria for services. SCBHR continues to provide information and training to all access points.*

*Service Access and Service Authorization Process, the process to service remains the same including criteria for eligibility. SCBHR has available local offices in each of the three counties to ensure access to services. As the region has standardized in the services access standards and service authorization process.*

*SCBHR continues to designated Southeast Iowa Case Management and Mahaska County Case Management as the Region's Targeted Case management entities as identified in the Transitional Plan.*

*SCBHR service network continues to remain the same; as providers have become more cohesive and continue to increase collaboration supported by the region's encouragement to work together through the Advisory Committee.*

*Establish business functions, funds accounting procedures, and other administrate processes continue to remain the same. SCBHR 28E had no amendments in FY15. The region continued to utilize administrative staff at the local level to perform functions and responsibilities listed in the SCBHR Transitional Plan. In FY 15, Diane Buss left Davis County as the CDS and was replaced by Jane Harris. In FY 15 SCBHR Governing Board approved that the local access point would be moved out the Davis County Courthouse and relocated to 712 W. West Street, Bloomfield Iowa. All funds continue to be allocated as specified in the Transitional Plan.*

*Iowa Association of Counties continues to host the Community Services Network (CSN) a data management system: this allows the counties/regions to roll up data and create reports at a regional level. In FY 15 very few services were paid at the regional level; services paid at the regional level included Service Management, Crisis*

*Residential Stabilization Services and Administration. As the region continues to shape business practices data becomes more consistent in the CSN system which allows for better reporting. As the CEO; I am able to review all county entries to include client, provider and income. Policies and procedures were written in FY 15 to help ensure that the regional staff were using the same practices to include applications entered within 10 days of receipt, all bills were paid through CSN, using uniform COA codes, bills/invoices paid within 30 days of receipt with approved funding authorizations to support payment and 100% compliance with HIPPA.*

*SCBHR continues to comply with data reporting and information technology requirements identified by the department through the use of CSN. SCBHR inputs all client information along with funding agreements, provider rates and claim payment history to provide up to date reports to DHS. The CEO is responsible to enter in all budget and financial information which is done at the beginning of each fiscal year. CSN is set up with local county budgets and with a regional budget; as claims are processed and reconciled it is the CEO's responsibility that claims paid fall under the scope of services authorized by the SCBHR Management Plan.*

*In FY 15 SCBHR made great strides in the development of much needed services and bringing community partners to the table to discover additional service needs, resources, and supports. Strengths and assets that individual county systems brought to the region were analyzed for physical location, effective outcomes with the county system, and replication options of other locations. From the analysis, expansion of the following services ensured during FY 15.*

- *Civil Prescreening- Originally in Appanoose and Davis: discussion began in Wapello*
- *Drop in Center-Originally in Wapello: discussion began in Appanoose*
- *Facilitating movement from sheltered/congregate care service to integrated work and living opportunities-Originally in Wapello: discussion began for Appanoose and Davis*
- *Unified reporting in CSN- Originally in Wapello: expanded to Appanoose and Davis*
- *Unified referral and coordination of care-Originally began in Wapello: expanded to Appanoose and Davis*
- *Urgent/Emergency Care appointments-Originally began in Wapello: expanded into Appanoose*

*Based on community conversations and partnerships it was identified that our hospitals did not have access to mental health professionals so they had to look to community based providers for assistance. Tasks to be accomplished to accommodate this service included: contracting for the service between the provider and the Region, securing of clinician resources to facilitate an on-call system, hospital business agreements with outpatient providers to facilitate the assessment process in the Emergency Department, and protocols for assessment request, documentation management, and lines of patient care authority.*

*It was identified that once an individual's level of care need was determined (outpatient versus inpatient) there needed to be viable options to address the needs sufficiently in the community with the supports required. Two strategies were engaged to address this need*

1. *Urgent/Emergency care appointment availability at local mental health centers*
2. *Residential Crisis Stabilization.*

*Urgent/Emergency care appointments were made available to two counties thru our contracts with outpatient providers. These appointments are available across all funding sources regardless of insurance type. This has been a unique opportunity to get individuals into outpatient service readily when it is needed without delay. It is also a very efficient way to make referral for various other supports that may be needed to facilitate a person's continued treatment in their home and community.*

*Oak Place Crisis Residential Stabilization House was opened in April of 2014. The home has served as a diversion service to mental health inpatient hospitalization. The level of service allows mental health patients who are in crisis because of psych-social issues a short term bed in the community. The program offers therapy daily by a licensed mental health therapist in addition to a safe place to stay, medication management, connections to county relief funds for tangible help with rent, utilities, transportation, food and other needs as identified.*

*Centerville Community Betterment, Inc., through its Oak Place Program has implemented practices consistent with EBP, evidenced Based Practices. Oak Places uses WRAP, Wellness Recovery Program with all of its residents. The Program is adaptable to individuals with co-occurring conditions such as ID, DD, BI and SA. All admitted patients, 60 in fiscal year 2014-15 were treated with WRAP. The treatment modality was measured by the use of*

a BSI, Brief Symptoms Inventory that measure physical and emotional symptoms of mental health. After one year of service provision, the program has provided 60 people treatment. Of those, the average BSI score dropped 20 points. The lower the score, the less physical and psychological symptoms the patient is feeling at the time. The raw score data was analyzed with a two-tiered- t-test. The results showed a statistically significant ( $<.05$ ) change in patients self- assessment of their physical and emotional well-being. While the primary diagnosis at Oak Place is mental illness, at least 75% of all admissions came to Oak Place with either an illegal substance or pain medication that was not prescribed to them upon admission. WRAP does work with individuals trying to recover from substance abuse. The program is voluntary so those who were in physical and mental crisis, and also addicted to a drug, generally left after their physical needs (food, showers, clothing and shelter) were met. Those who were serious about getting better sought substance abuse evaluations and treatment concurrently with stabilizing their mental health. Substance abuse counselors are not a service within Oak Place. Oak Place assisted patients in next day evaluations through SIEDA Drug and alcohol, unless they already had a SA counselor. The main drug was cannabis, followed by illegal pain medications. Approximately 10 patients were admitted with meth in their system.

Beginning April 1<sup>st</sup>, 2015 SCBHR will contract with Southern Iowa Mental Health Center to provide two hours of tele psychiatric services every Monday, to admitted patients at the Stabilization House. Due to the shortage of providers in the Appanoose Co. area, SCBHR has partnered with Southern Iowa Mental Health Center to fill the gap of immediate access to psychiatric services. Mindfulness of multi-occurring, trauma informed intervention strategies was paramount in the service development. The outcomes established for measurement of the residential crisis stabilization programs include:

- Access standards – Standardized access assessment by outpatient clinical providers including all contributing diagnostic criterion
- Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region.
- Utilization rates for residential crisis stabilization, including:
  - ◆ Percent of enrollees who have had fewer inpatient days following services.
  - ◆ The percentage of enrollees who were admitted to the following:
    - State mental health institutes;
    - Medicaid funded private hospital in-patient psychiatric services programs;
    - State resource centers; and
    - Private intermediate care facilities for persons with intellectual disabilities.
    - Readmission rates for inpatient and residential treatment
- The percentage of enrollees who were discharged from the crisis stabilization program and readmitted within 30 and 180 days:
- Employment of the persons receiving services.
- Administrative costs.
- Timeliness of data/document reporting.
- Timely and accurate claims payment.

In FY 15, Wapello County Community Services was asked by the Clerk of Court and Magistrate Judges to process and notarize all MH/SA Court Committals, this allows for SCBHR Community Services office to become the point

of access for all filings. FY 15 reported number of person serviced 33, 19 filings dropped and 9 choose to access outside resources. SCBHR provides Emergency Pre-Screening of mentally ill individuals in two counties. The SCBHR developed, in collaboration with Mercy Medical Center – Centerville, Iowa and Davis County Hospital, Bloomfield, Iowa, contracts that enabled local licensed mental health treatment providers to complete an assessment to help the ER personnel assess and diagnose mentally ill patients for appropriateness for inpatient treatment. If the evaluation process identifies a lower level of treatment the On Call therapist makes appropriate contacts/referrals to services locally that are immediately available to patients. From 7/1/2014 to 6/30/2015 a total of 77 patients were pre-screened. Of those 63 were E.R referrals, 7 Law Enforcement referrals, 7 other. Of those referrals only 17 were identified as needing inpatient level of care, 24 were referred to Oak Place and 19 were provided care in the community. Wapello County along with Ottumwa Regional Health Center met on January 19<sup>th</sup> to discuss Emergency Pre-Screening on call at the Ottumwa Regional Health Center, on March 6<sup>th</sup>, 2015 a meeting was held with the Wapello County Magistrate Judges to discuss the protocol for this process. All parties involved have agreed to another meeting scheduled for April 7<sup>th</sup>, 2015. As of June 30<sup>th</sup>, 2015 a contract has been drafted and currently being reviewed by with the Ottumwa Regional Health Center's attorney.

Late 2013, the South Central Behavioral Health Region (comprised of Appanoose, Davis and Wapello Counties of Iowa, referred to as SCBHR) began building strategic conversations to begin partnering and developing a plan with stakeholders, to address the increasing demands that our county jails were facing with inmates, having had mental health and co-occurring mental health and substance abuse issues On July 1<sup>st</sup>, 2014 SCBHR Region launched the Jail Alternatives Program funded by the SCBHR. Judi Fox, LMSW, CADC was hired as the Jail Alternatives Coordinator. The Program's mission is to provide an opportunity for treatment and services to individuals with mental health and co-occurring mental health and substance use disorders who have come into contact with the criminal justice system. The program works to connect individuals to the appropriate level of community-based treatment for their mental health and co-occurring needs in hopes of improving their overall quality of life and reducing their involvement in the criminal justice system. Judi is the centralized point of contact keeping County and Defense Attorneys, Probation/Parole Office, Jail Staff and CDS updated. Her day to day activities can range from emergency based responses to meeting clients and helping coordinate medications, scheduling assessment with outside providers while in jail, helping inmates de-escalate and begin to process rationale, and the coordination of care back into the community to include referrals to Vocational Rehabilitation, Integrated Health Homes, Substance Abuse agencies, and the Community Services Office, etc. Part of the Jail Alternatives Program has allowed for the Appanoose, Davis and Wapello County Jails to begin Tele-Psych services for inmates. The outcome of the Jail Alternatives program is far reaching into the community to include community safety, service and developing treatment planning for inmates while in jail, treatment and ongoing care upon discharge and to list only a few.

SCBHR, in its efforts to comply with Olmstead tenants, implemented a management plan that pushed for least restrictive placement. Specifically, we identified that it is our objective to not have individuals linger unjustifiably in Residential Care Facilities (RCFs) because they had no means to move into a more integrated living situation with the supports that was needed to assist them in finding success in the community of their choice.

As noted above in the Evidence Based Practice table- SCBHR has put forth effort to research Permanent Supportive Housing (PSH), tour an existing program, and commence the work of formalizing policy and procedure. FY 15, CEO Jennifer Vitko, began working with Resource for Human Development (RHD) out of Philadelphia, a three part contract that would allow for consultation to SCHBR providers that the region would financially fund in full. Part I, of the contract took place in early May and June 2015; RHD visited one on one with providers of the SCBHR that chose to participate in the PSH programming. RHD's charge was to review current policies and philosophy's that providers were currently using in the housing program and to help and assist with

*moving the philosophy toward the EBP of Permanent Supportive Housing. SCBHR had five providers choose to meet and discuss the philosophy of housing with RHD within their organization.*

*In FY 15 SCBHR made the Iowa Health Wellness Insurance Application a part of the intake process at each of the MH/DS local offices. SCBHR staff assist the applicant in completing the Iowa Health Wellness application, after the application is completed the MH/DS local office mails the application to the State of Iowa. A copy is given to the application along with a copy for the MH/DS file. The client is assisted with the application for MH/DS services in the local office and gap funding is approved while the client is awaiting the Medicaid benefit to be approved.*

*SCBHR does provide services to clients on the BI and ID wait list, a current we have 1 BI and 4 ID.*

**Other Pertinent Information**

*SCBHR experienced no appeals in FY15.*

*SCBHR had no Exceptions to Policies in FY 15.*