South Central Behavioral Health Region
Mental Health and Disability Services

Annual Service and
Budget Plan FY 2016

Serving Appanoose, Davis, Mahaska and Wapello Counties

Final

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ANNUAL SERVICE AND BUDGET PLAN FOR FY 15/16

Geographical Area: Serving the Counties of Appanoose, Davis, Mahaska and Wapello counties. The South Central Behavioral Health Region (hereafter referred to as SCBHR) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. Adding Mahaska County on November 1st, 2015.

In compliance with IAC 441-25 the SCBHR Management Plan comprised three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual. The Annual Service and Budget Plan includes the services to be provided and the cost of those services, local access points, Targeted Case Management agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions.

The Annual Service and Budget Plan has been approved by the SCBHR Governing Board on and is subject to approval by the Director of Human Services. The SCBHR Management Plan is available in each local SCBHR MHDS office and on the Iowa Department of Human Services Website at http://dhs.iowa.gove/mhds.

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ACCESS POINTS

SCBHR shall designate access points. An access point is a part of the service system or community that shall be trained to complete the MHDS funding applications for persons with a disability and forward them to the local SCBHR Office.

Access Point	Address	Phone number
Appanoose County Community Service Office	209 E Jackson Street, Centerville Iowa 52537	1-641-856-2085
Community Health Center of Southern Iowa-Appanoose	221 East State Center, Centerville Iowa 52537	1-641 856 6471
Centerville Community Betterment	1111 N. Haynes Ave, Centerville, Iowa 52544	1-641-437-1051
Davis County Community Service Office	712 S. West, Bloomfield Iowa 52537	1-641-664-1993
Davis County Hospital E.R	509 N Madison Street, Bloomfield Iowa 52537	1-641-664-2145
Mahaska County Community Services	301 1st Avenue E., Oskaloosa, IA 52577	1-641-672-2625
Mahaska Health Partnership	1229 C Avenue East, Oskaloosa, IA 52577	1-641-672-3100
Mercy Medical Center E.R	One Street Joseph's Dr. Centerville, Iowa 52544	1-641-437-4111
Ottumwa Regional Hospital E. R	1001 Pennsylvania Ave, Ottumwa Iowa 52501	1-641-682-7511
Paula Gordy-LLC	208 S. Madison Street, Bloomfield, Iowa 52537	1-641-664-2490
Paula Gordy-LLC	501 North 12th, Centerville Iowa	1-641-856-2437
Southern Iowa Mental Health Center	110 E Main, Ottumwa Iowa 52501	1-641-682-8772
Wapello County Community Service Office	102 E. Main, Ottumwa Iowa 52501	1-641-683-4576

TARGETED CASE MANAGEMENT (IAC 441-25.21(1)g)

SCBHR, Chief Executive Officer has evaluated interested agency and made a recommendation to the SCBHR Governing Board, who designated a Target Case Management agency to offer services to individuals enrolled in the Medicaid Program.

SCBHR shall offer a choice and access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. SCBHR shall designate Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program.

Designated Case Management agencies serving the SCBHR must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441

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

- Performance and outcome measures relating to the safety, work performance and community residency of the individuals receiving the service
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g which may include the use of electronic recording keeping and remote or internet based training

SCBHR has identified and designated the following providers for case management in SCBHR:

- Southeast Iowa Case Management
  207 E. 2nd, Suite 3
  Ottumwa, Iowa 52501
  641-684-6399
- Mahaska County Case Management
  301 1st Avenue E., Oskaloosa, IA 52577
  641-682-2625

Crisis Planning

Emergency Services

Current basic crisis response provisions, including 24 hour access to crisis response and evaluation, is provided through Community Mental Health Centers and providers listed below.

AREA	Location	Address	Phone number
Appanoose	Mercy Medical Center E.R	One Street Joseph's Dr. Centerville, Iowa 52544	641-437-4111
Appanoose	Centerville Community Betterment	1111 n. Hayes, Centerville, Iowa 52544	1-641-437-1051
Appanoose	Community Health Center of Southern Iowa	221 East State Center, Centerville Iowa 52537	1-641 856 6471
Davis	Davis County Hospital E.R	509 N. Madison Street, Bloomfield Iowa 52537	641-664-2145
Mahaska	Mahaska Health Partnership	1229 C Avenue East, Oskaloosa, IA 52577	641-672-3159
Wapello	Southern Iowa Mental Health Center	110 E Main, Ottumwa Iowa 52501	641-682-8772
Wapello	Ottumwa Regional Hospital E. R	1001 Pennsylvania Ave, Ottumwa Iowa 52501	641-682-7511

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Current Crisis Services

In October of 2013 the Region began taking steps to provide a continuum of care for citizens with mental health issues in crisis that will:

a) Identify the level of service necessary to alleviate patient symptoms.
b) Provide a new level of care besides inpatient or outpatient counseling – A Stabilization Unit.
c) Provide immediate treatment to prevent the progression of symptoms.
d) Provide services at a local level through use of a continuum of care as much as possible.
e) Educate the community on mental health issues.
f) Develop a holistic system using current services that can provide a continuum of care that can be emulated by other rural settings.
g) Provide pre and post statistical information that will measure the cost effectiveness of this approach to services.

Starting Feb 1st, Wapello County Community Services was asked by the Clerk of Court and Magistrate Judges to process and notarizing all Court Committals, this allows for SCBHR Community Services office to become the point of access for all filings and decreasing the amount of time spent in applicants waiting at the courthouse for consult. At current we have had 10 file 1 denied and 7 choose to access outside resources.

SCBHR provides Emergency Pre-Screening of mentally ill individuals in all four counties. The SCBHR developed, in collaboration with Mercy Medical Center – Centerville, Iowa and Davis County Hospital, Bloomfield, Iowa, and Mahaska Health Partnership, 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 3/26/2015 a total of 50 patients were pre-screened of those 50, 42 were E.R referrals, 4 Law Enforcement referrals, 3 Office Setting referrals and 1 doctor's office referral. Of those referrals only 12 were identified as needing inpatient level of care. Wapello County along with Ottumwa Regional Health Center met on January 19th to discuss Emergency Pre-Screening on call at the Ottumwa Regional Health Center, on March 6th, 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 7th, 2015.

April 1, 2014 Oak Place five bed 24/7 stabilization home opened. This home has served as a diversion service to mental health inpatient hospitalization. This level of service gives 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. Starting April 1st, 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.

On December 22nd, 2015 Mahaska Health Partnership along with SCBHR CEO meet to discuss the development of 23 hour Crisis Observation Unit. Mahaska Health Partnership would like to work in collaboration with Mahaska Health Hospital to add a observation center that would allow for clients to be assessed for mental health. SCBHR will work to collaborate with other regions who currently have the observation center to research cost, licensing, staff ration and to set up tours. Mahaska Health Partnership will set up meetings to begin collaboration with the hospital.

Scope of Services and Budget for FY 16

SCBHR is in the development stage of standardization and regionalization. The FY 16 budget was developed at the local level with input and collaboration with stakeholders to assess need. As the funder of non-Medicaid services, SCBHR is the funder of last resort. SCBHR recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

SCBHR shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars. SCBHR shall be the funder of last resort and regional funds shall not replace other funding that is available. An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support. Access standards in IAC 441-25.3(331) have been considered in the formation of the budget and the projection of need is based on those standards. It is felt that access standards will be met based on the number of providers, their locations, historical data, and input from stakeholders.

SCBHR added Mahaska County on November 1st, 2015. Because of the timing, Mahaska County's distribution to the SCBHR regional fund was allocated to the fund balance. SCBHR will continue to move forward in building services identified below in Mahaska County; and has already allocated enough money to support the services identified. Allocation from Mahaska County to SCBHR was a total of $691,604 of that $7,313 was administrative cost.

Service Matrix

Core Service Domains	**Service Description/Definition** *Including specific service to be provided by region*	**Projected Financial Need**	**Other funding sources**
Assessment & Evaluation	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	$39,000	Medicaid, Insurance

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Case Management	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	$0	Medicaid
	Service Management)	$252,162	
Crisis Evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute episode.	$10,000	Medicaid, Insurance
	Crisis Care Coordination	$14,000	
Day Habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	$34,000	Medicaid
Family Support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support group, and crisis response.	$218,000	
Health homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	$14,000	Medicaid
Home & Vehicle Modification	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	$7500	Medicaid
Home Health Aide	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	$650	Medicaid
Job Development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work setting, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	$30,500	Medicaid IVRS
Medication Prescribing & Management	Services provided by a licensed professional as authorized by Iowa law including, but not limited to *prescribing*: determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the	$42,800	Medicaid, Insurance
	individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again; *management*: monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.		

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Mental Health Inpatient Treatment	24-hour settings that provide services to treat acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize symptoms, address health and safety needs and develop a comprehensive and appropriate discharge plan.		Medicaid, Insurance
	Mental Health Institute	$189,900	
	Hospitalization	$50,500	
Mental Health Outpatient Treatment	Services will consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	$283,800	Medicaid, Insurance
Peer Support	A program provided by a peer specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	$221,000	Medicaid
Personal Emergency Response System	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	$11,000	Medicaid
Prevocational Services	Services that focus on developing generalized skills that prepares an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following direction, and staying on task.	$100,000	Medicaid
Respite	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	$13,850	Medicaid
Supported Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	$37,500	Medicaid
Supportive Community Living	Services provided in a non-institutional setting to adult persons with mental illness, intellectual, or developmental disabilities to meet the persons' daily living needs.	$104,500	Medicaid
24 hour Access to Crisis Response	Program designed to stabilize an acute crisis episode, which is available 24 hours a day, 365 days a year.	Included in block grant	Medicaid, Insurance
Services Beyond Core (level 2)	**Service Description/Definition** *Including specific service to be provided by region*	**Projected Financial Need**	**Other funding sources**
Crisis Residential Services	A problem solving court with the goal to coordinate services and direct low-level offenders to appropriate treatment in order to avoid future legal problems and acute hospitalization due to mental health symptoms and behaviors and to gain the supports they need to be successful in their community.	*$360,000*	Medicaid

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Jail Diversion	(Outpatient) Outpatient mental health services provided to individuals in criminal justice settings.	*$73,000*	
Crisis Intervention Training	Program that trains law enforcement officers on techniques for intervening with individuals experiencing acute crises.	$10,000	Local law enforcement agencies
Pre - Commitment Screening	Program that provides assessment of individuals for whom family members are considering filing an application for involuntary civil commitment to determine if another course of treatment is available.	$100,000	Medicaid, Insurance
Peer Drop-in Centers	A place which provides a critical social support function for high-risk hospital users with both organized and informal recreational and social activities where individuals and center peer staff assist each other in solving their social, recreational, housing, transportation, and vocational problems.	$218,000	
Other Services	**Service Description/Definition** *Including specific service to be provided by region*	**Projected Financial Need**	**Other funding sources**
Civil Commitment	Evaluations, transportation, legal representation, mental health advocates, and other services provided to individuals undergoing civil commitment.	$154,600	
Community Support Programs	For comprehensive programs to meet individual treatment and support needs of consumers which enable consumers with a chronic mental illness, intellectual disability, or a developmental disability to live and work in a community setting.	$2,910,000	Medicaid
Family psychoeducation	Services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services.	$17,500	Medicaid
Group Supported Employment	The job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	$14,000	Medicaid
Physiological Treatment	Outpatient- is used for activities designed to prevent, halt, control, relieve or reverse symptoms or conditions which interfere with the normal physiological functioning of the human body.	$25,000	Medicaid Insurance
	Prescription Medication	$115,500	
	Health Supplies & Equipment	$1800	
Psychiatric Rehabilitation	For individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or residential setting, and to promote the consumer's recovery of the ability to perform a valued role in society.	$10,000	Medicaid
Public Education & Consultation	Activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society.	$122,550	

Rent Assistance	Rent support provided through an organized program to allow an individual to maintain an affordable home in the community. Not meant to be on-going.	$75,561	Section 8, state subsidy
Residential Care Facility	Facilities licensed as residential care facilities, including those with special licenses for individuals with intellectual disabilities or for persons with mental illness.	$100,000	Medicaid
Transportation	Services provided to transport individuals from one place to another.	$16,000	Medicaid
Vocational Skills Training	Training for specific skills related to specific job or position and/or customized employment	$100,000	Medicaid
Administration	Activities necessary to manage the service system including payroll, travel and office expense.	$296,572	
TOTAL BUDGET	**EXPENDITURES**	*$6,394,745*	

Levy Dollars	$2,790,309.00
Fund Balance	$5,961,487.00
SPP	$185,291.00
REVENUES	*$8,937,087*

Financial Forecasting

The SCHBR, will work with stakeholders to enhance the system with the development of the following programs which were identified as needs during the Community Input meetings. This service/training enhancements have been budgeted for the FY 2016, knowing that not all areas identified will be completed in their entirety within FY 2016. This budget is a projected budget and will continue to be assessed and evaluated with a Strategic Plan over the next 1-3 years. Within the Community Services Programming SCBHR will itemize dollars below to attribute to the cost if needed. The region will use the fund balance for the services identified in the Financial Forecasting.

Service	Estimated Costs associated with expansion
Crisis Intervention Training	$20,000.00
Crisis Residential Services	$100,000.00
Develop EBP: Assertive Community Treatment, Permanent Support Housing, Supportive Employment	$1,000,000.00
Develop Outcomes (data & collection)	$100,000
Lifelong Links	$15,000.00
Mental Health First Aid Training	$10,000
Peer Drop in Center-Appanoose/Davis	$200,000.00
Person Centered Training (regional staff & providers)	$50,000
Twenty Four Hour Crisis Hotline	$50,000.00
Training for providers and staff to include; Apple, Positive Behavioral Supports, etc	$50,000.00
Total cost for Expansion of Services	**$1,595,000.00**

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Provider Reimbursement Provisions

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

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

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

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

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

It is the intent of SCBHR that only SCBHR staff shall authorize services for residents of the SCBHR region. Due to that, it is the policy of SCBHR that if another county, region, or the State, determines residency in error or approves services for persons who do not have residency in their region, SCBHR may not assume retroactive payment. When written notification is received by SCBHR of the error, SCBHR staff shall authorize services according to the policies and procedures set forth in this manual.

SCBHR will contract with MH/DS providers whose base of operation is in the region. SCBHR may also honor contracts that other regions have with their local providers or may choose to contract with providers outside of the Region. A contract may not be required with providers that provide one-time or as needed services.

SCBHR uses a mix of fee-for-service, and capitated case rates for most of its services. It provides block grants only for specific population based activities where billing by individual served is impossible or impracticable.

SCBHR intends to with the help of Department of Human Services to incorporated all sources of funding including medical assistance program funding, Integrated Health Home, etc so a person can be receive a whole person approach

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

SCBHR has identified the following providers currently contracting with the region. Additional providers may be added throughout the year as services are developed to meet the continuum of service needs of individuals. Nontraditional providers maybe used.

Agency	
American Gothic Home Health Care	Optimae
Caremark	Mediapolis
Centerville Community Betterment	RX Outreach

Community Health Center of Southern Iowa	Paula Gordy
Crest	Psychological Services of Ottumwa
Davis County Hospital	Riverhills Community Medical Center
First Resources	Southeast Iowa Case Management
Insight	Southern Iowa Mental Health Center
Jackie Sharp	Sandy Heller
Mercy Medical Center in Centerville	Tenco
Monica Shelton	Comfort Keepers
New Focus	

November 1st, 2015 Mahaska County was added to SCBHR, no contracts were signed going forward, it is an agreement of the region that services currently provided without a contract by Mid-Iowa will continue to be provided and paid for through the FY 2015/2016. Providers currently receiving payment include Mahaska Health Partnership and Imagine the Possibilities. The CEO and Mahaska Health Partnership will be in continued discussion to address contracting going forward for FY 2016/2017. New services will be addressed as identified by stakeholders, Mahaska Health Partnership identified that they along with the local hospital would like to collaborate with the region to look at 23 hour Crisis Stabilization. The region will work closely to provide collaboration to support all new services with Mahaska County as Stakeholders identify them.

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