

**South Central Behavioral Health Region
Mental Health and Disability Services**

**Annual Service and
Budget Plan FY 2017**

Serving Appanoose, Davis, Mahaska and Wapello Counties



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ANNUAL SERVICE AND BUDGET PLAN FOR FY 16/17

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.

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 March 18th, 2016 and is subject to approval by the Director of Human Services. The SCBHR Management Plan is available in each local SCBHR MHDS office, www.scbhr.org and on the Iowa Department of Human Services Website at <http://dhs.iowa.gov/mhds>.

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 1 st 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 12 th , 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 agencies 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 record 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
641-672- 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

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:

- Identify the level of service necessary to alleviate patient symptoms.
- Provide a new level of care besides inpatient or outpatient counseling – A Stabilization Unit.
- Provide immediate treatment to prevent the progression of symptoms.
- Provide services at a local level through use of a continuum of care as much as possible.
- 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 notarize 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. September of 2015 to February of 2016, Wapello County has a total of 40 MH/SA Court Committals, 12 of which accepted consult, 13 that were dismissed and 15 which were filed.

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.

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. Oak Place in FY 2015, accessed Southern Iowa Mental Health Center for tele psych services; however SCBHR was able to access and secure two hours weekly through a Appanoose County local provider, Mental Health Centers of Southern Iowa to allow for transparency of services within the community.

Scope of Services and Budget for FY 17

The FY 17 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.

23 HOUR CRISIS OBSERVATION & HOLDING-

In FY 2017, SCBHR will start the strategic planning and development of a 23 Hour Crisis Observation & Holding service. On December 22nd, 2015 Mahaska Health Partnership along with SCBHR CEO, met to discuss the development of a 23 hour Crisis Observation Unit. Mahaska Health Partnership would like to work in collaboration with Mahaska Health Hospital to add an 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.

CRISIS HOTLINE/WARM LINE-

At Current SCBHR contracts with Optima, for services through Foundation II to make available the CRISIS Hotline/Warm Line. The service is available 24 hours a day, seven days a week to assist with relief of distress in pre-crisis situations, reduction of the risk of escalation, arrangements for emergency on site responses when necessary, and referral of caller to appropriate services. In FY 2017, SCBHR will be looking at an RFP to contract directly with a provider that is licensed to provide the Crisis Hotline/Warm line.

CRISIS PREVENTION TRAINING-

In FY 17, SCBHR will work with law enforcement to begin stakeholder coalition within in each of the counties to begin conversations around Crisis Prevention Training of officers. SCBHR along with the Wapello County Sheriff, Deputy Sheriff and Chief of Police from Ottumwa attended a Stakeholder group hosted by Johnson County Sheriff's Dept. in January of 2016 to discuss the C.I. T. training and hear from officers from the Johnson County Sheriff's Dept who attended the training in San Antonio. SCBHR will begin the discussion with local sheriff and police depts. to help in implementation of training.

24 ACCESS TO CRISIS RESPONSE-THRU TELEPSYCH (DAVIS COUNTY)-

At current, Davis County Hospital has access to the SCBHR on call therapist to request for prescreening after hours and on the weekends. The CEO from SCBHR, in collaboration with the Davis County Hospital, along with stakeholders of the community, identified that there is a lack of providers to address mental health and substance abuse needs within the community. SCBHR representatives, began meeting in FY 2015/16, with stakeholders, providers, and hospital staff to identify the gaps in mental health and substance abuse services. In FY 17, SCBHR will continue to work alongside of the stakeholders and others to begin building capacity to outpatient services in the Davis County Community, either by providing tele-psych services or exploring other provider options to provide outpatient services in a clinical setting.

CORE EVIDENCE BASED TREATMENT-

SCBHR continues to address EBP to include Supported Employment and Supported Housing. FY 2015/16, SCBHR contracted with Resources of Human Development (RHD) to provide training in three separate components to providers who were interested in implementing the evidence based practice (EBP) for Supportive Housing. Of those providers, seven participated and one followed up with continued consultation with RHD for implementation of the program. SCBHR will continue to support the EBP of Supportive Housing through dollars aligned for provider competency in FY 17. In FY 17, SCBHR will contract with APSE to provide training to Vocational Providers within the SCBHR to align to the EBP of Supported Employment. SCBHR will hire a consultant recommended by the U of I to provide one on one consultation to those providers who want support in the EBP of Supported Employment/ Employment First philosophy.

Service Matrix

FY 2017 Budget

FY 2017 Budget	South Central Behavioral Health MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total	State or Other Funding Sources to be Used to Meet Service Need
Core Domains								
COA	Treatment							
43301	Assessment & evaluation	\$ 25,000		\$2,000	\$2,000		\$29,000	Med/Ins
42305	Mental health outpatient therapy	\$ 15,000					\$15,000	Med/Ins
42306	Medication prescribing & management	\$ -					0	Med/Ins
71319	Mental health inpatient therapy-MHI	\$ 190,000					\$190,000	Med/Ins
73319	Mental health inpatient therapy	\$ 7,000					\$7,000	Med/Ins
	Basic Crisis Response							
32322	Personal emergency response system	\$ 3,500	\$ 500	\$500	\$500		\$5,000	Med/Ins
44301	Crisis evaluation	\$ 100,000					\$100,000	Med/Ins
44305	24 hour access to	\$ 20,000					\$20,000	Med/Ins

	crisis response							
	Support for Community Living							Medicaid
32320	Home health aide	\$ 250	\$ 65	\$ 65	\$ 65		\$445	Medicaid
32325	Respite	\$ 4,500	\$ 700	\$700	\$700		\$6,600	Medicaid
32328	Home & vehicle modifications	\$ 2,000	\$ 400	\$400	\$400		\$3,200	Medicaid
32329	Supported community living	\$ 100,000	\$5,000	\$5,000	\$4,000		\$114,000	Medicaid
	Support for Employment							Medicaid
50362	Prevocational services	\$ 20,000	\$5,000	\$5,000	\$5,000		\$35,000	Medicaid
50367	Day habilitation	\$ 15,000	\$1,500	\$1,500	\$1,500		\$19,500	Medicaid
50364	Job development	\$ 15,000	\$1,500	\$1,500	\$1,500		\$19,500	Medicaid
50368	Supported employment	\$ 15,000	\$2,000	\$2,000	\$2,000		\$21,000	Medicaid
50369	Group Supported employment-enclave	\$ 5,000	\$ 700	\$700	\$700		\$7,100	Medicaid
	Recovery Services							
45323	Family support	\$ 100,000					\$100,000	
45366	Peer support	\$ 100,000					\$100,000	Medicaid
	Service Coordination							
21375	Case management	\$ -					0	Medicaid
24376	Health homes	\$ 5,000	\$ 700	\$700	\$700		\$7,100	Medicaid
	Core Evidenced Based Treatment							
04422	Education & Training Services - provider competency	\$ -					0	
32396	Supported housing	\$ 200,000					\$200,000	
42398	Assertive community treatment (ACT)	\$ -					0	Medicaid
45373	Family psychoeducation	\$ 9,000					\$9,000	
	Core Domains Total	\$951,250.00	\$18,065.00	\$20,065.00	\$19,065.00		\$1,008,445	

Mandated Services								
46319	Oakdale	18,000					\$18,000	
72319	State resource centers	0					0	
74XXX	Commitment related (except 301)	122,900					\$122,900	
75XXX	Mental health advocate	80,000					\$80,000	
	Mandated Services Total	\$220,900.00	\$ -	\$ -	\$ -		\$220,900.00	
Additional Core Domains								
	Comprehensive Facility & Community Based Crisis Services							
44346	24 hour crisis line	\$ 15,000					\$15,000	
44366	Warm line	\$ 15,000					\$15,000	
44307	Mobile response	\$ -					0	
44302	23 hour crisis observation & holding	\$ 500,000					\$500,000	
44312	Crisis Stabilization community-based services	\$ -					0	
44313	Crisis Stabilization residential services	\$ 400,000					\$400,000	
	Sub-Acute Services							
63309	Subacute services-1-5 beds	\$ -					0	
64309	Subacute services-6 and over beds	\$ -					0	
	Justice system-involved services							
46305	Mental	\$ 400,000					\$400,000	

	health services in jails							
25xxx	Coordination services	\$ 78,000					\$78,000	
46422	Crisis prevention training	\$ 20,000					\$20,000	
46425	Mental health court related costs	\$ -					0	
74301	Civil commitment prescreening evaluation	\$ -					0	
46399	Justice system-involved services-other	\$ -					0	
	Additional Core Evidenced based treatment							
42397	Psychiatric rehabilitation (IPR)	\$ 5,000					\$5,000	Medicaid
42366	Peer self-help drop-in centers	\$ 200,000					\$200,000	
	Additional Core Domains Total	\$1,633,000	\$ -	\$ -	\$ -		\$1,633,000	
	Other Informational Services							
03XXX	Information & referral						0	
04XXX	Consultation (except 422)	\$ 158,817					\$158,817	
05XXX	Public education	\$ 89,067					\$89,067	
	Other Informational Services Total	\$ 247,884	\$ -	\$ -	\$ -		\$247,884	
	Other Community Living Support Services							
06399	Academic						0	

	services							
22XXX	Services management	\$ 159,761	\$10,792	\$10,792	\$10,792		\$192,137	
23376	Crisis care coordination	\$ 5,000	\$ 700	\$ 700	\$ 700		\$7,100	Medicaid
23399	Crisis care coordination other						0	Medicaid
24399	Health home other						0	Medicaid
31XXX	Transportation	\$ 6,000	\$ 800	\$ 800	\$ 800		\$8,400	Medicaid
32321	Chore services	\$ -					0	Medicaid
32326	Guardian/co nservator	\$ -					0	
32327	Representative payee	\$ -					0	
32399	Other support	\$ 50,000					\$50,000	
32335	CDAC				\$10,000		\$10,000	Medicaid
33330	Mobile meals	\$ -					0	Medicaid
33340	Rent payments (time limited)	\$ -					0	
33345	Ongoing rent subsidy	\$ 95,000					\$95,000	
33399	Other basic needs	\$ 19,000					\$19,000	
41305	Physiological outpatient treatment	\$ 500					\$500	Medicaid
41306	Prescription meds	\$ 100,000					\$100,000	Medicaid
41307	In-home nursing	\$ -					0	Medicaid
41308	Health supplies	\$ 600					\$600	Medicaid
41399	Other physiological treatment	\$ -					0	Medicaid
42309	Partial hospitalization	\$ -					0	Medicaid
42310	Transitional living program	\$ 20,000					\$20,000	
42363	Day treatment	\$ -					0	Medicaid
42396	Community support programs	\$ -					0	
42399	Other	\$ -					0	Medicaid

	psychotherapeutic treatment							
43399	Other non-crisis evaluation	\$ -					0	Medicaid
44304	Emergency care	\$ 62,667					\$62,667	Medicaid
44399	Other crisis services	\$ -					0	
45399	Other family & peer support	\$ -					0	
50361	Vocational skills training	\$ -					0	
50365	Supported education	\$ -					0	
50399	Other vocational & day services	\$ -					0	
63XXX	RCF 1-5 beds	\$ -					0	Medicaid
63XXX	ICF 1-5 beds	\$ -					0	Medicaid
63329	SCL 1-5 beds	\$ -					0	Medicaid
63399	Other 1-5 beds	\$ -					0	Medicaid
	Other Comm Living Support Services Total	\$ 518,528	\$12,292	\$12,292	\$22,292		\$565,404	
Other Congregate Services								
50360	Work services (work activity/sheltered work)	\$ -					0	
64XXX	RCF 6 and over beds	\$ 200,000					\$200,000	Medicaid
64XXX	ICF 6 and over beds	\$ -					0	Medicaid
64329	SCL 6 and over beds	\$ -					0	Medicaid
64399	Other 6 and over beds	\$ -					0	Medicaid
	Other Congregate Services Total	\$ 200,000	\$ -	\$ -	\$ -		\$200,000	
Administration								
11XXX	Direct Administration					\$453,754	\$453,754	

	n							
12XXX	Purchased Administration						0	
	Administration Total					\$453,754	\$453,754	
	Regional Totals	\$3,771,562	\$30,357	\$32,357	\$41,357	\$453,754	\$4,329,387	
(45XX-XXX)County Provided Case Management							0	
(46XX-XXX)County Provided Services							0	
	Regional Grand Total						\$4,329,387	

** Please note that all core services are provided by the region regardless if dollars are encumbered in the COA code.

SOUTH CENTRAL BEHAVIORALHEALTH MHDS Region		
Projected Fund Balance as of 6/30/16		5,348,225
Local/Regional Funds		\$ 2,768,915
Property Tax Levied		
Client Fees	0	
State Funds		\$ -
MHDS Equalization	0	
State Payment Program	0	
Federal Funds		\$ -
Social services block grant	0	
Medicaid	0	
Total Revenues		\$ 2,768,915

Total Funds Available for FY17	8,114,140
FY17 Projected Regional Expenditures	\$ 4,329,387
Projected Accrual Fund Balance as of 6/30/17	3,784,753

County	2014 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY17 Max Levy	FY17 Actual Levy	Actual Levy Per Capita
Appanoose	12,887	609,297	451,045	451,045	444,219	35.00
Davis	8,753	413,842	306,355	306,355	307,685	35.00
Mahaska	22,381	1,058,177	783,335	783,335	784,595	35.00
Wapello	35,625	1,684,350	1,246,875	1,246,875	1,232,416	35.00
Region	79,646	3,765,666	2,787,610	2,787,610	2,768,915	140

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. These service/training enhancements have been budgeted for the FY 2017, knowing that not all areas identified will be completed in their entirety within FY 2017. 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	\$400,000
23 Hour Crisis Observation and Holding	\$500,000
Develop EBP: Assertive Community Treatment, Permanent Support Housing, Supportive Employment	\$209,000
Peer Drop in Center-Appanoose/Davis	\$200,000.00
Person Centered Training (regional staff & providers)	\$50,000
Twenty Four Hour Crisis Hotline	\$30,000
Total cost for Expansion of Services	\$1,409,000

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, incorporate all sources of funding including medical assistance program funding, Integrated Health Home, etc, so a person can 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 may be 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	