

# **Southwest Iowa MHDS Region**

Mental Health and Disability Services

Management Plan

**Annual Service and Budget Plan**

**FY15/16**



# ANNUAL SERVICE AND BUDGET PLAN FOR FY15/16

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## **ANNUAL SERVICE AND BUDGET PLAN FOR FY15/16**

Geographical Area: Serving the Counties of Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, and Shelby counties. The Southwest Iowa MHDS Region (SWIA MHDS) 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 (Iowa Administrative Code) 441-25 the Southwest Iowa MHDS Plan includes 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 is approved by the SWIA MHDS Governing Board and is subject to approval by the Director of Human Services. The Southwest Iowa MHDS Region management plan is available in each local SWIA MHDS office, on the region's website at [www.swiamhds.com](http://www.swiamhds.com) and on the Iowa Department of Human Services website at <http://dhs.iowa.gov/mhds>.

The SWIA MHDS is designed to improve health, hope, and successful outcomes for people with mental illness and intellectual disabilities. This plan covers the period from July 1, 2015 through June 30, 2016.

## Access Points

An access point is a part of the Southwest Iowa MHDS regional service system that is trained to complete MH/DS regional applications for persons with a disability. SWIA MHDS has designated the following access points.

Access Point	Address	Phone number
Burgess Mental Health	1600 Diamond Street Onawa, IA 51040	712-423-9160
CHI Health Missouri Valley Psychiatric Associates	704 North 8th Street Missouri Valley, IA 51555	712-642-2045
CHI Health Mercy Hospital	800 Mercy Drive Council Bluffs, IA 51503	712-382-5000
CHI Health Psychiatric Associates	801 Harmony Street, Suite 302 Council Bluffs, IA 51503	712-328-2609
Cass County Memorial Hospital	1501 E. 10 <sup>th</sup> St. Atlantic, IA 50022	712-243-3250
Heartland Family Service	515 East Broadway Council Bluffs, IA 51503	712-322-1407
Jennie Edmundson Hospital	933 East Pierce Street Council Bluffs, IA 51501	712-396-6000
Southwest Iowa Mental Health Center	1500 E. 10 <sup>th</sup> St. Atlantic, IA 50022	712-243-2606
Myrtue Medical Center-Behavioral Services	1303 Garfield Ave Harlan, IA 51537	712-755-5056
Waubonsie Mental Health Center	216 W. Division Clarinda, IA 51632	712-542-2388
All SWIA MHDS designated Case Management Agencies	See <i>below</i>	

## Targeted Case Management

The SWIA MHDS shall offer access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g.

Designated Case Management agencies serving SWIA MHDS must be accredited according to the rules of 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.

The SWIA MHDS Chief Executive Officer (CEO) and the Disability Services Directors (DSD) “coordinators of disability services” initially evaluated interested agencies, and made recommendations to the Region Governing Board prior to beginning operations in July, 2014. The Governing Board continues to designate the following Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program.

<b>Case Management Provider</b>	<b>Address</b>	<b>Phone number</b>
Pottawattamie County Case Management	515 5 <sup>th</sup> Ave., Room 113 Council Bluffs, IA 51503	712-328-5645
Shelby/Harrison County Case Management	719 Market St. Harlan, IA 51537	712-755-2843
Rolling Prairie Case Management	105 Coolbaugh St. P.O. Box 469 Red Oak, IA 51566	712-623-6541
Fremont County Community Services	710 Illinois St., P.O. Box 540 Sidney, IA 51652	712-374-3075
Southwest Iowa Mental Health Center Case Management	1500 East 10 <sup>th</sup> St. Atlantic, IA 50022	712-243-2606

- Any other case management programs developed by a county or group of counties in the region as the regional case management provider.

## **Crisis Planning**

A continuum of crisis prevention strategies and services are utilized and will continue to be designed, implemented and enhanced during the initial years of operating as a region. In SWIA MHDS crisis prevention begins with community education through Mental Health First Aid (MHFA) training for the general public. Crisis prevention, response, and resolution are also embedded in the treatment and support plans that are prepared by Network Providers, Targeted Case Management, and Service Coordination. When these plans are developed, the goal is to determine an environment and support structure that works for a person to mitigate the triggers that lead to crisis. The region's website [www.swiamhds.com](http://www.swiamhds.com) hosts a "Resource Connection" page for information regarding mental health, substance abuse and many other community services and resources that people can utilize for quick access to information.

Law enforcement agencies in the region continue to receive education in Crisis Intervention Training (CIT) which is offered at least twice a year in the Omaha, NE/Council Bluffs, IA metropolitan area coordinated by CHI Health. Several officers have been trained and it will continue to be promoted to law enforcement agencies throughout the SWIA MHDS Region. Mobile Crisis Response Team is currently offered in Pottawattamie County and will be enhanced and changed to work in the more rural area of SWIA MHDS during FY15/16.. In order to avoid unnecessary civil commitments of people who are not familiar with services or do not know how to access a more appropriate level of crisis service, pre-commitment assessments are offered in Pottawattamie County and will be expanded to the region this fiscal year as well to help families avoid this hardship. The Collaborative Support Team (CST) has been expanded to the region with a task to create an interagency team to support individuals that have multiple hospitalizations (and possibly multiple incarcerations) for MH/SA issues. The hope is to provide coordination of care with providers with a goal to reduce the frequency of hospitalization and disruption of placement. Agencies, Case Managers and Service Coordinators are welcome to bring "challenging" consumers to this team to receive assistance with approaches to care.

The SWIA MHDS implemented a Mental Health Court in January 2015. Pottawattamie County submitted a Department of Justice grant prior to regionalization. Because of a grant extension, Pottawattamie County received the planning and implementation grant in October 2014. The goal for this problem solving court is 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. Services will be extended to the rest of the region this fiscal year.

An enhanced crisis stabilization system is currently in development in accordance with the crisis stabilization administrative rules. Community planning is underway based on a strategic plan with aggressive timelines for implementing crisis services. The Mental Health and Substance Abuse Network, a region non-profit agency, is the project manager for crisis stabilization efforts. Collaboration is a key to the success of this new crisis stabilization system, therefore, much care will be taken to involve stakeholders, continually receive feedback, measure outcomes, and build a system of care responsive to the needs of southwest Iowa.

The SWIA MHDS completed a Request for Proposals and has awarded the bid for a 24-hour Crisis Hotline to Boys Town National Hotline. This service will begin on June 1, 2015. This service is a crisis hotline for people who are experiencing a mental health crisis or a crisis of any kind that could lead to possible hospitalization or

need for emergency treatment if no intervention is provided. The hotline works closely with local providers and crisis services by having staff present in the region. The focus will be on immediate crisis counseling assistance, referral information, and “warm hand-offs” to other services as needed including outpatient treatment, crisis stabilization residential services, law enforcement and acute behavioral services when needed.

A Screening and Assessment tool is in development as part of the crisis stabilization system. SWIA MHDS is encouraging providers to utilize this tool to assist in coordination, including “warm hand-offs”, and to ease the people utilizing region services. This tool should be available and fully implemented in FY15/16 and will be another piece which will help bring the system together and assist in full provider collaboration.

Crisis Stabilization Residential Services (CSRS) will be available throughout the region in FY15/16. Planning and development is underway to begin a CSRS pilot project in the southern tier of the region to assist the local communities who relied on the Clarinda Mental Health Institute for mental health services in that area. With the closing of the institute, SWIA MHDS will be working to rally the communities around system changes needed to fill gaps left by the closing and encourage a different way of utilizing mental health services in the area to promote services such as mobile crisis and CSRS instead of acute behavioral care. CSRS will be available to people in crisis that do not need an acute level of care and will focus on recovery, prevention and peer support. The goal is to restore the individual to their pre-crisis functional level during a short-term alternative living arrangement.

The SWIA MHDS plans to organize training for emergency departments throughout the region to support collaboration of providers and to enhance their ability to provide some basic level of psychiatric care aimed at directing people to the appropriate level of service within the crisis stabilization system. Discussion is also underway regarding the possibility of development of a rural ACT team to help support systems in the rural areas of the region. Communication and training about these new services will be important to making this system run smoothly. Input will continually be gathered from the Local Advisory Councils and Regional Advisory Committee as new services are developed.

The following chart is a listing of current SWIA MHDS crisis services.

SERVICE	CRISIS FUNCTION	PROVIDER	CONTACT INFORMATION
Mental Health First Aid and Youth Mental Health First Aid	Mental Health training for the community	Pottawattamie County Community Services	712-328-5645
Mental Health First Aid	Mental Health training for the community	CHI Health Missouri Valley and Council Bluffs offices	712-642-2784 712-328-2609
Mental Health First Aid	Mental Health training for the community	Burgess Mental Health Center, Onawa	712-423-9160
24 hour access to crisis response and evaluation	Hospital Emergency Departments and/or behavioral health units	CHI Mercy Hospital 800 Mercy Drive Council Bluffs, IA 51501	712-328-5230
24 hour access to crisis response and evaluation	Hospital Emergency Departments and/or behavioral health units	Jennie Edmundson Hospital 933 E. Pierce St. Council Bluffs, IA 51503	712-396-6044
24 hour access to crisis response and evaluation	Hospital Emergency Departments and/or behavioral health units	Cass County Memorial Hospital 1501 E. 10 <sup>th</sup> St. Atlantic, IA 50022	712-243-3250
24 hour access to crisis	Hospital Emergency	Myrtue Medical Center	712-755-5161

response and evaluation	Departments	1213 Garfield Ave. Harlan, IA 51537	
24 hour access to crisis response and evaluation	Hospital Emergency Departments	Clarinda Regional Health Center 220 Essie Davison Dr. Clarinda, IA 51632	712-542-8330
24 hour access to crisis response and evaluation	Hospital Emergency Departments	CHI Health Community Memorial Hospital 631 N. 8 <sup>th</sup> St Missouri Valley, IA 51555	712-642-2784
24 hour access to crisis response and evaluation	Hospital Emergency Departments	Montgomery County Memorial Hospital 2301 Eastern Ave. Red Oak, IA 51566	712-623-7226
24 hour access to crisis response and evaluation	Hospital Emergency Departments	Shenandoah Medical Center 300 Pershing Ave. Shenandoah, IA 51601	712-246-7400
24 hour access to crisis response and evaluation	Hospital Emergency Departments	George C. Grape Community Hospital 2959 US Hwy 275 Hamburg, IA 51640	712-382-1515
24 hour access to crisis response and evaluation	Hospital Emergency Departments	Burgess Memorial Hospital 1600 Diamond St. Onawa, IA 51040	712-423-2311
24-hour Crisis Hotline	Mental Health Crisis Line	Boys Town National Hotline	TBD
24 hour crisis phone response	Telephone crisis information and referral line	CHI Health	402-717-HOPE
24 hour crisis phone response	Telephone crisis information and referral line	Waubonsie Mental Health Center	712-542-2388
24 hour crisis phone response	Telephone crisis information and referral line	Southwest Iowa Mental Health Center	712-243-2606
Crisis Intervention Training - CIT	Training for law enforcement personnel	CHI Health	402-572-2255
Web based information tool – Resource Connection	Community tool to locate available resources	SWIA MHDS Region	<a href="http://www.swiamhds.com">www.swiamhds.com</a>
Mobile Crisis Response Team	Mental health support for law enforcement for diversion from hospital and jail	Heartland Family Service Crisis Response Team	Called by law enforcement
Pre-commitment Screening	screening of individuals who families recommend for services in order to avoid civil commitment when appropriate	Heartland Family Service	712-322-1407
Crisis Stabilization Residential Service	Short-term residential support	TBD	TBD
Crisis Screening and Assessment	Tool available to providers to support person in crisis stabilization system	Providers that are part of the SWIA MHDS crisis stabilization system	NA

## **Scope of Services & Budget and Financing Provisions**

The annual budget and planning process is utilized to identify and implement core disability service improvements. The Southwest Iowa MHDS Region collaborates with stakeholders to assess need and to advocate adequate funding for services and supports in the initial core and additional core service domains. Significant time continues to be given to stakeholders through Local Advisory Council “input meetings” held in various areas throughout the SWIA MHDS Region. Over the past budget year the goal was to capture input and feedback of professionals, individuals and their families as the region commenced and addressed service need gaps as identified by stakeholders.

The SWIA MHDS funds services not otherwise provided by insurance and Medicaid programs. By combining regional (pooled county tax dollars), state and federal dollars, individuals can be empowered to reach their fullest potential by accessing a combination of available supports. SWIA MHDS is responsible for services that are authorized in accordance with the Regional Management Plan and within the constraints of budgeted dollars. Services funded by SWIA MHDS are subject to change, including reduction or termination with the development of the annual budget each fiscal year. The Regional Management Plan Policy & Procedure Manual addresses mandated services access standards.

The Southwest Iowa MHDS Region Chief Executive Officer (CEO) proposed the FY16 budget. On March 30, 2015, the Southwest Iowa MHDS Regional Planning Board of Directors reviewed and adopted the budget. The SWIA MHDS Region CEO is responsible for managing and monitoring the adopted budget.

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

The chart below represents the core services as described in 441-25.1(331) and additional services offered in SWIA MHDS. A description of the service is included as well as the projected funding need for Fiscal Year 2016. When there is a “\$0” projection, this indicates that the region does not expect any expenses in this area since they are covered by other funding sources, however should a need arise in these service domains, funding will be made available for those core services not covered. Access standards in IAC 441-25.3(331) have been considered in the formation of the budget and are based on the projected need in the region. It is felt that access standards will be met based on the number of providers, their locations, historical data and input from stakeholders. SWIA MHDS is the funder of last resort. An individual is expected to utilize all other federal, state, and private insurance coverage before the region will be considered as a funder for any available service. By utilizing all available funding sources, it is the intention of SWIA MHDS to effectively, responsibly and efficiently utilize its resources in order to cover as many individuals as possible and provide a wide range of MH/DS services.

Funding for the disability category of Developmental Disabilities is provided based on the past provision of services for member counties in the SWIA MHDS that previously funded individuals in this disability category. Services were provided based on an assessed need that was similar to a person diagnosed with an Intellectual

Disability. Therefore, SWIA MHDS will consider a full scale IQ between 70-78, along with significant adaptive functioning needs when considering eligibility for a person with a developmental disability as defined in the SWIA MHDS *Policies and Procedures Manual*.

Core Service Domains	Service Description/Definition <i>Including specific service to be provided by region</i>	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.	\$0	Medicaid, Insurance
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
<i>Region Care Coordination (Social Work)</i>		\$331,857	
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.		Medicaid, Insurance
<i>Included in inpatient and outpatient treatment below</i>			
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.		Medicaid
<i>Day Habilitation</i>		\$99,000	
<i>Adult Day Care</i>		\$5,000	
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.	\$0	
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.	\$0	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.	\$0	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.	\$3,000	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.	\$0	Medicaid IVRS
Medication Prescribing & Management	Services provided by a licensed professional as authorized by Iowa law including, but not limited to <i>prescribing</i> : determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again; <i>management</i> : 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.	\$0	Medicaid, Insurance

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
	<i>Mental Health Institute</i>	\$150,000	
	<i>Acute Inpatient Hospitalization</i>	\$150,000	
	<i>Diagnostic Evaluation related to commitment</i>	\$10,000	
	<i>Iowa Medical Classification Center</i>	\$110,000	
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.	\$35,200	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.	\$0	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.	\$0	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.		Medicaid
	<i>Sheltered Work</i>	\$780,000	
	<i>Work Activity</i>	\$1,015,000	
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.	\$4,000	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.		Medicaid
	<i>Supported Employment</i>	\$315,000	
	<i>Enclave</i>	\$3,000	
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.	\$290,000	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.	\$0	Medicaid, Insurance
<b>Services Beyond Core (level 2)</b>	<b>Service Description/Definition</b> <i>Including specific service to be provided by region</i>	<b>Projected Financial Need</b>	<b>Other funding sources</b>
Mobile Crisis Response	Crisis evaluation and treatment services provided by a team of mental health professionals deployed into the community.	\$300,000	Medicaid
Mental Health Court	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. <i>Pottawattamie MH budget.</i>	\$200,000	
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.	\$50,000	
Assertive Community Treatment	A program of comprehensive outpatient services provided in the community directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental disorders and individuals with complex symptomatology who require multiple mental health and supportive services to live in the community consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	\$230,000	Medicaid

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.	\$40,000	
Crisis Intervention Training	Program that trains law enforcement officers on techniques for intervening with individuals experiencing acute crises.	\$0	Local law enforcement agencies
Crisis Stabilization Service	Treatment provided in a residential or community based setting as a short term crisis intervention aimed toward assisting with an individual's return to pre-crisis level of functioning.	905,000	Medicaid
24-Hour Crisis Hotline	A crisis line providing information and referral, counseling, crisis service coordination and linkages to crisis screening and mental health services 24 hours a day.	211,700	
<b>Other Services</b>	<b>Service Description/Definition</b> <i>Including specific service to be provided by region</i>	<b>Projected Financial Need</b>	<b>Other funding sources</b>
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.		Medicaid
	<i>RCF</i>	\$1,335,000	
	<i>RCF-PMI</i>	\$60,000	
Intermediate Care Facility	Facilities licensed as intermediate care facilities, including those with special licenses for individuals with intellectual disabilities or for persons with mental illness.	\$165,000	Medicaid
Transportation	Services provided to transport individuals from one place to another.	\$165,000	Medicaid
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.	\$10,000	Section 8, state subsidy
Medication Assistance	Prescription psychiatric medication for person having a mental health diagnosis. Not meant to be on-going.	\$10,200	Medicaid, Insurance
Civil Commitment	Evaluations, transportation, legal representation, mental health advocates, and other services provided to individuals undergoing civil commitment.	\$165,744	
Public Education	Activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society.	\$7,000	
Payee/guardian	Activities provided to manage an individual's finances.	\$2,000	
<b>Administration</b>	Activities necessary to manage the service system including payroll, travel and office expense.	\$487,064	
<b>Purchased Administration</b>	Fiscal Agent Fee, Board Insurance, Project Management and other expenses involved in the administration of the region.	\$192,603	
<b>TOTAL BUDGET</b>	<b>EXPENDITURES</b>	<b>\$7,837,368</b>	

Miscellaneous Reimbursements	\$2,000
State Payment Program	\$0
Equalization Dollars	\$0
Department of Justice Federal Grant (Mental Health Court)	\$200,000
County Property Tax Collection	\$6,268,416
<b>REVENUES</b>	<b>\$6,470,416</b>

- The deficit (\$-1,366,952) between expenditures and revenues will be expended from the region fund balance.

County Property Taxes are pooled into a single region fund. Counties employing region personnel retain in their Mental Health fund enough money to cover payroll expenses including payroll of the mental health advocates. Pottawattamie County Mental Health fund also retains Mental Health Court revenues and expenditures due to federal grant tracking purposes.

## **Financial Forecasting Measures**

Historical service utilization is the starting point for all financial projections. The SWIA MHDS has been operating under one single budget for its first year of operation which will continue. The region had approximately 8 months history of expenditures in developing its second year of operation projected budget. There continue to be changes in the system which leads to some unpredictability in forecasting. New people continue to access the Iowa Health and Wellness Plan and a waiting list was recently implemented for HCBS ID Waiver. The region is forecasting for new services it is creating based on cost estimates from other similar programs in the state.

The Governing Board recommended a county tax collection rate based on a per capita amount for FY16 which was constructed on a number of factors including 1) the need for predictable, stable tax levies in each county, 2) continued positive relationships between counties based on an equal dollar investment into the region system of fully pooled funds, 3) the need for utilizing fund balanced for the creation and startup of new services, and 4) recognition of the legislature's desire to have fund balances around 25 percent. The Governing Board developed a 5-year plan to achieve these things and will continue to assess each year because of the unpredictability in state and federal funding and programs.

Throughout the year; Southwest Iowa MHDS regional staff and stakeholders have identified unmet needs and areas for service development, which are incorporated into subsequent service plans and budgets. SWIA MHDS gathers information through Local Advisory Councils and the Regional Advisory Committee at least four times a year in order to assess community priorities, begin planning for development of additional service needs and costs, and forming the ongoing advisory groups which will continually provide input on needs and service strategies for our communities. The region will use this information to effectively and responsibly plan for use of available financial resources.

Beyond the historical information used to develop this budget, the following items were included for expansion of services during FY16. These include expansion of Mobile Crisis Response, 24-Hour Crisis Hotline, Crisis Stabilization Residential Services, and Supported Employment. The expenditures of these services were included in the previous chart.

## **Provider Reimbursement Provisions**

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

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

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

Southwest Iowa MHDS Region service contracts require that providers meet all applicable licensure, accreditation or certification standards; however the SWIA MHDS makes serious efforts to stimulate access to more natural supports through use of nontraditional providers 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. SWIA MHDS has identified its Network Providers in brochures available throughout the regional offices. Reimbursement to providers is described in the *SWIA MHDS Policy and Procedure Manual* "J. Service Provider Payment Provisions".

*This Plan was approved by the Southwest Iowa MHDS Region Governing Board on March 30, 2015.*