HEART OF IOWA COMMUNITY SERVICES REGION
MENTAL HEALTH AND DISABILITY SERVICES
COMMUNITY SERVICES PLAN

PREPARED BY:

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HICS 504 STAKEHOLDER MEMBERS

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FY18 Community Services Plan Overview

The 2017 Legislative session passed Senate File 504 which instructs MHDS Regions:

- To convene a Stakeholder Workgroup comprised of representatives from hospitals, the judicial system, law enforcement agencies, managed care organizations, mental health providers, crisis service providers, substance abuse providers, the national alliance on mental illness, and other entities, as appropriate, to meet on a regular basis effective 7/1/17. The desired outcome of this Workgroup is to create collaborative policies and processes relating to the delivery of, access to, and continuity of services and supports for individuals with mental health, disability, and substance use disorder needs;
- To review funding resources currently available (including but not limited to regional fund balances, Title XIX, and other funding sources) and to partner with other regions to provide needed services and supports to individuals with mental health, disability, and substance use disorder needs; and
- To identify the following Community Services Plan components
    - Planning and Implementation Timeframes and Assessment Tools for determining the effectiveness of the plan in achieving the Department's identified outcomes for success
    - Financial Strategies to support the plan

A. Stakeholder Workgroups

Mental health crises are costly in human, medical and financial terms. To be more effective, we need to work together. Mental health crises involve many players. A crisis may begin in the community, involving people who have never interacted with each other previously. A crisis can begin in a community living situation involving direct support providers, managers and case workers; bring in law enforcement or crisis service specialists; and be routed to jail, an emergency room or a crisis observation center. That path may be influenced by insurance, regional decision-makers, or community-based providers. All these professionals play their part.

On June 28, 2017, Mental Health and Disability Service (MHDS) Regions and the Iowa Law Enforcement Academy (ILEA) hosted a Crisis Prevention & Mental Health Summit Roundtable (see Appendix A). We brought together a broad variety of professionals who don't usually get to talk to each other to begin discussing and brainstorming ideas for improvement. We identified our goal as: Iowans with behavioral needs will be supported in their community from a public health not a public safety perspective. Collaboration was a common theme in our discussions:

- **Resource Collaborations – Training** (develop common language across stakeholder groups)
    - Mental Health First Aid (Family, Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
    - Crisis Intervention Training (Community Providers – information/support, Regions, MCOs, Law Enforcement)
    - C3 De-Escalation (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
    - Trauma Informed Care (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
    - Co-Occurring (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
    - SAMHSA Emails (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
    - Police & MH Toolkit (Community Providers, Regions, MCOs, Law Enforcement)
- **Resource Collaborations – Community Supports** (continuing to build community capacity)
    - Tele Psychiatry
    - Mobile Crisis Response Teams/MH Assessment
    - Jail Diversion/Re-Entry
    - Open Bed Tracking System
        - Crisis Stabilization

- Crisis Observation
- Transition Homes
- Sub-Acute Supports
- Substance Abuse Services

B. Statewide Strategic Direction

Statewide Strategic Direction
The Department of Human Services released a report on February 22, 2017 which identifies two problem areas with Iowa's Mental Health System for Individuals with complex needs. The passage of Senate File 504 legislatively mandates the Mental Health and Disability Service Regions to identify strategies to address these issues as follows: **Problem #1:** The absence of a community plan and a fragmented approach in serving individuals, particularly those with complex needs. Appropriate services for individuals with complex needs need to be readily available statewide. To achieve this, the Regions will work with stakeholders and various funders to build the service continuum and ensure people receive continuity of care through a collaborative, community-based approach. **Goal:** Engage the community and develop implementation plans and processes to handle complex cases. **Problem #2:** There is a gap in care for patients with complex needs due to an incomplete service continuum and lack of continuity of care (case management and integrated health homes). Individuals are stuck at a higher level of care due to lack of services and a lack of provider willing to accept patients with complex needs. Through the Mental Health and Disability Service Redesign, Regions have been tasked with building a service system that closes the service gaps through the development of Evidenced Based Practices, Core Services and Additional Core Services as funding is available. Building the service continuum is imperative for individuals with complex needs to be discharged from higher levels of care than is necessary and works towards individuals receiving appropriate services. **Goal:** Build the service continuum and increase the continuity of care by having MHDS regions utilize current resources and braiding funds to build a comprehensive, full array of services.

C. Regional Strategies to show improvements in the Outcomes for Success as identified by the Department of Human Services

Desired Outcome for Success: The number of individuals who are in the emergency department over 24 hours because mental health, disability, or substance use disorder services are not available.		
Regional Strategy #1	**Anticipated Completion Date**	**Projected Cost**
Within 8 hours of an individual presenting at the ED, phone calls will be made to the team to determine the needs of the individual based on psych eval (ITP) and medical clearance.	7/1/2017	$50,000/yr
HICS Region has an MOU in place with Zion Recovery for the use of two beds per month for individuals who present with co-occurring issues who need inpatient Substance treatment.	10/1/2017	24,000/yr
For individuals who no longer meet criteria for a committal after 23 hours or before,	7/1/2017	$150,000

they are able to access the Hope Wellness Center		

Desired Outcome for Success: The number of individuals who are psychiatrically hospitalized 24 hours beyond the hospital determining them ready for discharge because community based mental health, disability, or substance use disorder services are not available.		
Regional Strategy #2	**Anticipated Completion Date**	**Projected Cost**
HICS Region has an MOU in place with Zion Recovery for the use of two beds per month for individuals who present with co-occurring issues who need inpatient Substance treatment.	10/1/2017	$24,000/yr
HICS Region has utilized traditional and non-traditional services in the past such as Night Owl, cab companies, meal services, 24 hour residential services, peer drop in centers, etc., to assist with difficult to serve individuals in order to put together plans to keep them out of the hospital. This has been successful.	7/1/2017	$400 - $75,000/yr/individual

Desired Outcome for Success: The number of individuals with a mental illness, intellectual disability, or substance use disorder who the local or county police department report could have been diverted or released from jail if appropriate community based services were available.		
Regional Strategy #3	**Anticipated Completion Date**	**Projected Cost**
HICS Region has 24 hour mobile crisis to assist law enforcement when presented with behavioral/mental health issues to prevent folks from being taken to jail unnecessarily.	7/1/2014	$15,000 Already in the budget
If a law enforcement officer determines an individual has committed a crime and must be taken to jail even though they present with mental health or SA issues, HICS staff is on call 24 hours and can assess the individual at the jail. Besides standard booking questions, a mini mental health screen is completed with questions that also capture information regarding ID and BI.	7/1/2014	$50,000 Already in the budget
HIC staff attend initial appearances with individuals identified as having ID/BI/MI/DD issues to talk with Magistrates about plan of care. If they can be redirected back to their provider or ROR'd to the Hope Wellness Center, staff make those arrangements. If the individual goes home, staff set up services. Staff follow along regardless of where the individual goes or makes referrals if the individual resides in a different region.	7/1/2014	
If the individual remains in jail after the initial, the will be screened for SA on Monday then evaluated for SA on Tuesday if needed. If an identified MH issue is determined, an appointment can be set up through telepsych or if they have a community provider and it's appropriate to continue to work with that provider, contact is made. Counseling sessions may be set up ongoing as well depending on the need. If they have been a victim of domestic violence, Crisis intervention is brought onto the team.	7/1/2014	
Collaboration is done through the county attorney, public defender, and providers to assist with making sure all evaluations are completed and community referrals are made. Hope Wellness Center can be utilized for Transition, referrals for inpatient SA can be made by Zion, referrals back to the region they are returning to are made.	7/1/2014	$150,000 Already in the budget
SEE SEQUENTIAL INTERCEPT MODEL - ATTACHED	7/1/2014	

Desired Outcome for Success: The number of individuals involuntarily discharged from their community based mental health, disability,

or substance use disorder provider without a new community based provider in place. This includes, individuals discharged to jail, homelessness, or hospital that are not returning to services with their current provider.		
Regional Strategy #4	**Anticipated Completion Date**	**Projected Cost**
The HICS Region is able to redirect individuals to the Hope Wellness Center in times of crisis if they meet appropriate level of care. While there, the individual is assigned a service coordinator from the HICS Region (if they didn't already have one) so they may coordinate the discharge plan with the team.	7/1/2017	$260,000
HICS Region has utilized traditional and non-traditional services in the past such as Night Owl, cab companies, meal services, 24 hour residential services, peer drop in centers, etc., to assist with difficult to serve individuals in order to put together plans to keep them out of the hospital. This has been successful	7/1/2017	$400 - $75,000/yr/individual

D. Plan for Regional Fund Balance Spend Down

List new service investments with time frames for implementation.	Projected Costs
Community Education – Mental Health First Aid Training	$50,000 per year
Prevention – Peer to Peer Support in Schools	$300,000 for start up, $50,000 per year ongoing
Sub Acute beds – Develop Sub acute beds at Hope Wellness Center and give other regions the option to contract for those beds	$100,000 for start up, $50,000 on going for equipment and training
23 hour crisis observation – Again, at Hope Wellness Center and contract with other regions for the use of this service	$50,000 for start up, $25,000 on going for equipment and training.
Committal prescreen through Hope Wellness Center – to Assist with redirecting more individuals to crisis stabilizations and decreasing unnecessary committals.	$200,000 per year.
Peer Drop In Center	$200,000 start up

Appendix A

[Insert Region] Regional Workgroup Invited Participants

NAME	ROLE	AGENCY/ORGANIZATION
Kathy Dooley	Rural Outreach Liaison	IDPH
Karen Rosengreen	Director	Genesis/Hope Wellness Center
Tonya Summerson	Chief Clinical Officer	Dallas County Hospital
Addison Enns	Care Coordinator	Guthrie County Hospital
Clint Royston	MS, MSN, PMHNP-BC	Genesis Mental Health
Brett Michael	Mental Health Advocate	Dallas, Greene, Guthrie County
Sara Miller	Social Worker- Public Health	Greene County Medical Center
Ann Erickson	RN, Acute Care Director	Greene County Medical Center
Allison Hamilton	RN, Case Manager	Greene County Medical Center
Minela Tarpley	Representative	Dallas County Veterans Affairs
Chad Leonard	Sheriff	Dallas County Sheriff's Office
Adam Infante	Lieutenant	Dallas County Sheriff's Office
Erin Juhl	Clinical Supervisor	Zion Recovery Services
Peg Dohrer	Community Representative	HICS Advisory Board
Roxanne Cogil	Family Member	HICS Advisory Board
Doug Wilson	President	Integrated Telehealth Partners
Shelly Humiston	HICS Jail Diversion Coordinator	HICS
Brandon Tews	Program Coordinator	HICS
Terry Johnson	CEO	Genesis Development/HICS Advisory Board
Eric Vaughn	Chief	Perry Police Department
Donna Schauer	Magistrate	5th Judicial
Todd Johnson	Sheriff	Audubon County Sheriff's Office
Marty Arganbrite	Sheriff	Guthrie County Sheriff's Office
Hannah Vander Kopsa	Sexual Abuse Specialist	Crisis Intervention and Advocacy
Jeanine Gilmore	Assistant County Attorney	Dallas County Attorney
Jack Williams	Sheriff	Greene County Sheriff's Office
Kirk Bragg	Clinical Director	Genesis Mental Health
Lisa Kempf	Financial Manager	HICS
Mary Benton	County Attorney	Guthrie County
Mike Thomason	EMS Director	Dallas County EMS
Nick Praska	Director	Dallas County VA
Todd Lange	Peer Support	AmeriGroup
Virginia Cobb	Judge	5th Judicial
Ellen Ritter	Coordinator of Disability Services	HICS