



Northwest Iowa Care Connections Mental Health and Disability Services Region

Serving residents of Clay, Dickinson, Lyon, O'Brien, Osceola, and Palo Alto Counties

FY 17 ANNUAL SERVICE AND BUDGET PLAN

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FY 17 ANNUAL SERVICE AND BUDGET PLAN

Northwest Iowa Care Connections exists to support improved access to behavioral healthcare and to promote full citizenship for people with mental illness and intellectual disabilities. This plan assumes that the state will not mandate expansion of initial core services or creation of additional core services without additional funding. This plan covers the period from July 1, 2016 through June 30, 2017.

A. Northwest Iowa Care Connections Regional Local Access points

Northwest Iowa Care Connections designates the following access points and their function(s) in the enrollment process. An access point is a part of the service system or community that is trained to complete the MH/DD funding applications for persons with a disability and forward them to the local Northwest Iowa Care Connections Office.

Access Point	Address	Phone
Cherokee MHI	1200 W. Cedar Loop Cherokee IA	712-225-2594
Dept of Human Services (DHS) Targeted Case Management (TCM) Emmetsburg office	2105 Main St Room 103 Emmetsburg, IA 50536	Pam Moldovan: Work Cell: 712-830-1509
DHS TCM Spencer office	21 W. 6 th St. Suite 306 Spencer IA. 51301	Pam Moldovan: Work Cell: 712-830-1509
DHS TCM Sheldon office	2400 Park Street, Suite 2 Sheldon, IA 51201-8506	Jamie Holmes: Work 712-255-2913 ext. 2105 Cell: 712-212-1429
Northwest Iowa Care Connections Clay County office	215 W. 4 th St. Suite 6. Spencer, IA 51301	712-262-9438
Northwest Iowa Care Connections Dickinson County office	1808 Hill Ave. Suite 2502 Spirit Lake, IA 51360	712-336-0775
Northwest Iowa Care Connections Lyon County office	315 1 st Ave. Suite 200 Rock Rapids, IA 51246	712-472-8240
Northwest Iowa Care Connections O'Brien County office	155 S. Hayes Box 525 Primghar, Ia 512245	712-957-5985
Northwest Iowa Care Connections Osceola County office	Covered by NWIACC Staff from Dickinson County	712-754-4209
Northwest Iowa Care Connections Palo Alto County office	1010 Broadway Emmetsburg, IA 50536	712-852-2832
Seasons Center for Behavioral Health with offices in Clay, Dickinson, Lyon, O'Brien, Osceola and Palo Alto Counties	201 E. 11 th St. Spencer, IA 51301	712-262-2922 or 800-242-5101
	2301 Highway 71 Spirit Lake IA 51360	
	315 1 st Ave. Rock Rapids, IA 51246	
	604 Park St. Sheldon, IA 51201	
	600 N. 9 th Ave. Sibley, IA 51249	
	717 Broadway Emmetsburg, IA 50536	
Spencer Hospital	1200 1 st Ave. E. Spencer IA 51301	712-264-6228

Northwest Iowa Care Connections Regionally Designated Targeted Case Management Agencies

Department of Human Services Targeted Case Mgt.	2105 Main St Room 103 Emmetsburg, IA 50536 21 W. 6 th St. Suite 306 Spencer IA. 51301 2400 Park Street, Suite 2 Sheldon, IA 51201-8506	Pam Moldovan: Work Cell: 712-830-1509 Pam Moldovan: Work Cell: 712-830-1509 Jamie Holmes:712-255-2913 ext. 2105 Cell: 712-212-1429
Seasons Center for Community Mental Health	201 E. 11 th St. Spencer IA 51301	1-800-242-5101 712-262-2922
County Social Services for Dickinson County TCM cases	598 1 st Ave. N. Estherville IA 51334	712-362-2452

B. Crisis Planning

Crisis prevention, response and resolution are as much a mindset as it is a continuum of strategies and services. Crisis services are available on a 24 hour basis for prevention, supportive counseling and debriefing. Crisis prevention, response, and resolution are also embedded in the treatment and support plans that are prepared by Network Providers, Targeted Case Management, Integrated Health Homes, Managed Care Organizations (MCOs) Care Coordination, and regional Service Coordination. As these plans are developed, the goal is to explore options for an environment and support structure that works for a person to mitigate the triggers that lead to crisis and address areas of need within the domains of access to service, life in the community, person centeredness, health and wellness, quality of life and safety, and the utilization of family and natural supports. Some agencies specifically use a Wellness Recovery Action Plan (WRAP) that complements the coordination plan. Much of the prevention, response, and resolution of crisis are handled through the normal services and supports people receive and is also reflected in access standards. Below is a table of current providers, contact information and crisis services they provide in the region.

Service	Provider	Phone Number	Services offered
24 hour Crisis Line	NWIACC contract with Foundation 2	844-345-4569	24/7 phone crisis line and internet chat to all ages
24 hour Crisis Line	Compass Pointe	712-262-2952	24/7 phone crisis line for all ages with in person consultation to local Hospital EDs
24 hour Crisis Line	Seasons Center	800-242-5101	24-7 phone line for access to Inpt Psychiatric services at Spencer Hospital, IHH, current clients
24 hour Crisis Line	Iowa Concern Hotline	1-800-447-1985	Addresses legal, family issues, finance, crisis and disaster, and stress related assistance, especially for individuals associated with agriculture.

Through FY 17, community crisis teams, composed of local stakeholders, continue to work within the region on specific service needs that address gaps in service utilizing current resources whenever possible. The goal of this team is to address the needs for persons with multi-occurring crisis services in

community settings, including the region's hospitals' emergency rooms as well as in our region's county jails.

Tiered crisis intervention services, including the robust array of options to screen for routine, urgent and emergent needs, along with plans to create a local respite option with a residential care facility partner is being developed in our rural region based on provider capacity and funding availability. This respite model is being designed to provide enhanced regional service coordination as needed and peer support services to seamlessly transition individuals through various systems of care (MCOs, IHH, TCM etc.) to assure immediate and timely response to an individual's initial and aftercare needs.

Our regional approach to crisis stabilization also includes contracting for a bed in a residential crisis service in Sioux City through the Sioux Rivers' region by the end of FY 16.

An RFP (Request for Proposal) has been issued (February 2016) to support the presence of psychiatric services at county jails as a local mobile response to their needs. Interest in building that service to support local hospital emergency rooms is a priority as funding is available. This is part of our region's progressive plan to increase mobile access to prescribers and other mental health professionals during regional business hours and after hours. Our region's goal is to provide a menu of safe and appropriate crisis services options in lieu of more restrictive levels of care including inpatient psychiatric services when applicable.

In our region's tiers of service, we partner with natural supports and peer support services in the care of individuals in need. We have accessed the Iowa Law Enforcement Academy for regional training on Mental Health First Aid. We see that as a need in the community and are formulating partnerships with regional stakeholders and local chapters of the National Alliance on Mental Illness (NAMI) and Depression Bipolar Support Alliance (DBSA) to provide this training locally.

Combined with additional attention to the needs of our regional residents with disabilities for affordable, supportive housing, a regional housing team and subcommittee are working with local communities to meet that basic need that offers stability for individuals in need of that service. Our regional Supported Housing Team networks among providers to identify potential partners and the areas of need, current projects underway and the opportunities to infuse supported housing for persons with disabilities into the awareness of developers as we address that basic need. Our region understands the value of cooperation since this private-public partnership will help us transition persons displaced from residential care facilities as they down-size to provide more integrated living options in the community.

As we work to stabilize individuals who have contact with law enforcement and the court system within their communities, our regional team is working closely with law enforcement, jail staff, and with Iowa's Third (3rd) Judicial District who are in need of behavioral health crisis services screening and assessment while in our regional county jails. Enhanced Service Coordination is available through the region to provide integrated care which meets the needs of individuals seeking housing, employment, community inclusion, and somatic care.

As our regional Training Collaborative prioritizes training, Positive Behavioral Supports, Motivational Interviewing, Stage Matched Intervention, and Person Driven Systems of Care are being pursued as evidence based practices, to provide areas of emphasis to meet the needs of individuals in crisis. We

denoted above with an asterisk (*) those services being designed to engage people at an earlier stage of crisis to avoid more intensive services.

C. Scope of Services & Budget

The annual budget and planning process is utilized to identify and implement core disability service improvements. The Northwest Iowa Care Connections Region collaborates with stakeholders to assess need and to advocate adequate funding for services and supports in the core service domains and to expand as funds allow to extended core services as identified by the Governance Board, regional staff, and /or regional stakeholders. Northwest Iowa Care Connections is the funder of last resort. Additional funding sources are used to empower individuals to reach their fullest potential in the most integrated, cost effective setting available.

The Northwest Iowa Care Connections Region is responsible for services that are authorized in accordance with the Regional Management Plan and within the constraints of budgeted dollars and funding availability. As the region evolves, the NWIACC Governance Board will allow, with their prior authorization, flexible use of funds within the confines of the regional budget to address special projects and services brought forward for consideration. Services funded by Northwest Iowa Care Connections are subject to change or termination with the development of the annual budget each fiscal year. Services are provided. The Regional Management Plan Policy & Procedure Manual addresses mandated services access standards.

The Northwest Iowa Care Connections Chief Executive Officer and Administrative Team proposed the FY17 budget. On February 23, 2016, the Northwest Iowa Care Connections reviewed and approved the Regional Budget. Northwest Iowa Care Connections is responsible for managing and monitoring the adopted budget.

As we move forward into FY 17, we are projecting the amount of services are based on access standards discussed in the region's management plan. In addition, we did not incorporate any changes with the budget to the unknowns of the Iowa Health Link Plans with Managed Care Organizations (MCOs) recently assigned to provide coordination and funding for Medicaid recipients. We are planning to work closely with MCOs to share access points for evaluation and treatment for recipients of Medicaid and non-Medicaid funded services as part of their treatment and recovery oriented system of care. Any excess dollars from this action will be used for reinvestment in community based funding as these funds become available.

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

Northwest Iowa Care Connections is 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. Northwest Iowa Care Connections is the service funder of last resort and regional funds cannot replace other funding that is available. The table below lists core services and describes if the region is meeting the access standards for each service. How access is measured is based on availability for services in locations that meet timeliness and proximity measures. Current (February 2016) and future discussions with DHS may result in additional standards for access measurement.

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u> <ul style="list-style-type: none"> Met Yes/No By which providers 	<u>Comments:</u> <ul style="list-style-type: none"> How measured If not what is plan to meet access standard and how will it be measured 	
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	Yes Seasons Center for Behavioral Health	Psychiatric Inpatient Services- Outpatient MH Services	All offices serving regional counties do not exceed access standards.
25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	Yes Spencer Hospital Cherokee MHI	Inpatient Services	Spencer Hospital is located within the region and CMHI is adjacent and within access standards.
Outpatient: (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)				
25.3(3)a(1)	Timeliness: The region shall provide outpatient treatment services. Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.	Yes Seasons Center Hope Haven	Outpatient Therapy Medication Prescribing and Mgt Assessment Evaluation	Regional Contract requests information regarding crisis screening and assessment
25.3(3)a(2)	Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.	Yes Seasons Center Hope Haven Spencer Psychiatric and Counseling	Outpatient Therapy Medication Prescribing and Mgt. Assessment Evaluation	Regional Service Coordinator (s) and Contract requests information regarding assessment and treatment access.
25.3(3)a(3)	Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.	Yes Seasons Center Hope Haven Spencer Psychiatric and Counseling	Outpatient Therapy Medication Prescribing and Mgt. Assessment Evaluation	Regional Service Coordinator (s) and Contract requests information regarding assessment and treatment access.
25.3(3)a(4)	Proximity: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.	Yes Seasons Center Hope Haven Spencer Psychiatric and Counseling	Outpatient Therapy Medication Prescribing and Mgt. Assessment Evaluation	Regional Service Coordinator (s) and Contract requests information regarding assessment and treatment access.
Inpatient: (Mental Health Inpatient Therapy)				
25.3(3)b(1)	Timeliness: The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	Yes Spencer Hospital Avera McKennon Other Inpt MH units as needed	Inpatient Treatment	As contracted providers, Spencer Hospital and Avera McKennon provides statistics on access.
25.3(3)b(2)	Proximity: Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	Yes Spencer Hospital Avera McKennon Other Inpt MH units as needed	Inpatient Treatment	As a contracted provider, Spencer Hospital and Avera McKennon provides statistics on access.
25.3(3)c	Timeliness: Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.	Yes Spencer Hospital Avera McKennon Other Inpt MH units as needed	Inpatient Treatment	As a contracted provider, Spencer Hospital and Avera McKennon provides statistics on access.
Basic Crisis Response: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)				
25.3(2) & 25.3(4)a	Timeliness: Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	Yes Seasons Center	Basic Crisis Services Crisis Evaluation Personal Emergency Response System	Regional Contract requests information regarding types of calls, level of intensity, and disposition.
25.3(4)b	Timeliness: Crisis evaluation within 24 hours.	Yes Seasons Center		Regional Contract requests statistical info regarding access.
Support for Community Living: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)				
25.3(5)	Timeliness: The first appointment shall occur within four weeks of the individual's request of support for community living.	Yes Available by contract with local County Public Health Services SCL-Horizons, Hope Haven, Village NW	Home Health Aide Respite Home and Vehicle Modification Supported Community Living	Regional contracts requests information regarding Timeliness for regionally funded service access.

Code Reference	Standard	Results Met: Yes/No By Which Providers?	Comments: How Measured	
Support for Employment: (Day Habilitation, Job Development, Supported Employment, Prevocational Services)				
25.3(6)	Timeliness: The initial referral shall take place within 60 days of the individual's request of support for employment.	Yes Available by contract with local Service providers: Horizons, Hope Haven, Village NW	Day Habilitation Job Development Supported Employment Prevocational Services	Regional contracts requests information regarding timeliness for access to regionally funded employment
Recovery Services: (Family Support, Peer Support)				
25.3(7)	Proximity: An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Yes Seasons Center	Family Support Peer Support	Regional contract requests information regarding timelines for access to regionally funded Family and Peer Support.
Service Coordination: (Case Management, Health Homes)				
25.3(8)a	Proximity: An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Yes- DHS & County TCM Yes	Case Management Integrated Health Home per Seasons Center	DHS and County TCM agencies contract states these parameters and reporting are available as requested for statistics.
25.3(8)b	Timeliness: An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	Yes-DHS & County TCM Yes	Case Management Seasons Integrated health Home	DHS and County TCM through contracts. Oversight with IHH has noted some delays in receiving services.

Additional Core Services Available in Region: Iowa Code 331.397(6)

The Chart below includes additional core services currently provided or being developed.

<u>Service Domain/Service</u>	<u>Available:</u> • Yes/No • By which providers	<u>Comments:</u> • Is it in a planning stage? If so describe.
Comprehensive Facility and Community-Based Crisis Services: 331.397~ 6.a.		
24-Hour Crisis Hotline	Yes Seasons Center for Behavioral Health	Contract negotiated with Foundation 2 implementation to provide in-state comprehensive service.
Mobile Response	In Development	MH Outpatient Crisis Services available as needed in local county jails as well as in hospital EDs. RFP is issued (Feb 2016) for prescribers in county jails (access to contracted psychiatric services) is being pursued first. Regional Crisis Team indicates need for similar service in Hospital EDs which can be pursued based on funding availability.
23-Hour crisis observation & holding	No	NWIACC does have plans to address this need in coordination with another region who will have these services available within 50 miles of our region
Crisis Stabilization Community Based Services	No	NWIACC is in discussion with a regional RCF to develop respite services as a precursor to crisis stabilization.
Crisis Stabilization Residential Services	No	Preliminary conversations have taken place with Sioux Rivers who has close proximity to our region to contract for services as they open their crisis residential services.
Other	Yes	NWIACC has established PROJECT ALERT in two counties with plan to implement in all six counties of the region to engage first responders and the 911 system in behavioral health need response. This includes but is not limited to a voluntary enrollment in the program, assistance in training and other access issues to support quality behavioral health screening and interventions at the time of contact.
Crisis Residential Services: 331.397~ 6.b.		
Subacute Services 1-5 beds	No	There is no planning for sub-acute beds in our region.
Subacute Services 6+ beds	No	There is no planning for sub-acute beds in our region.

Service Domain/Service	Available: -Yes/No -By Which Providers	Comments: Is it in a planning stage? If so describe.
Justice System-Involved Services: 331.397~ 6.c.		
Jail Diversion	No	An enhanced sustainable strength-based service coordination project is being offered as a pilot project in one county to address sheriff probationers who have mental health and substance abuse treatment needs.
Crisis Prevention Training	No	There have been and continue to be discussion about the opportunities for consistent training among community partners to address crisis prevention.
Civil Commitment Prescreening	No	There is no direct discussion on civil commitment pre-screening services at this time. Rather, we may see adaptations made to our strength based service coordination to focus efforts among providers to address this need as situations arise.
Other	No	Our strength-based enhanced case service coordination pilot project is combining efforts of the county attorney's and sheriff's office to support individuals in their sheriff's probation to access and maintain necessary MH and Substance Abuse treatment to lessen recidivism.

Provider Competencies

IAC 441-25.4(2)

NWIACC maintains a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on the principles of: interagency collaboration; individualized, strengths-based practices; cultural competency; community-based services; accountability; and full participation of individuals served at all levels of the system.

The Chart below is a brief description of the region's efforts to increase provider competencies through FY 17.

Provider Practices	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	DESCRIBE REGION'S EFFORTS TO INCREASE PROVIDER COMPETENCY
<i>441-25.4(331)</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>Narrative</i>
Co-Occurring Disorders <i>Service providers who provide services to persons with 2 or more of the following co-occurring conditions:</i> <ol style="list-style-type: none"> <i>Mental Illness</i> <i>Intellectual Disability</i> <i>Developmental Disability</i> <i>Brain Injury</i> <i>Substance Use Disorder</i> 		Compass Pointe Horizons Hope Haven Kathleen's Pride Group Seasons Center Spencer Hospital Village NW	Compass Pointe Hope Haven Pride Group Seasons Center Spencer Hospital	The CEO continues to work within the ICORN Leadership team and state-wide QSDA initiatives through the ISAC/ICAP/MCO collaborative to identify relevant methods and collaborations between systems to pursue better outcomes for mutual clients. Our regional crisis team and Positive Behavior Supports (PBS)/Outcomes Team, is developing a learning community by which continuing education is offered to support more working knowledge for those in need of trauma informed care.
Trauma informed care		Compass Pointe Seasons Center Spencer Hospital	Compass Pointe Hope Haven Seasons Center Spencer Hospital	NWIACC is supportive of increasing provider competency in the area of Trauma Informed Care in collaboration with the state-wide QSDA initiatives with ISAC/ICAP/MCOs. We seek out resources that provide relevant cross training among providers and community groups to address needs. Our regional crisis team and Positive Behavior Supports (PBS)/Outcomes Team, is developing a learning community by which continuing education is offered to support more working knowledge for those in need of trauma informed care.

The Chart below describes the regions efforts in FY 17 towards implementing and verifying fidelity of Evidence Based Practice identified by the Iowa DHS Mental Health and Disability Services Bureau in August 2015.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	DESCRIBE REGION'S EFFORTS TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
<i>Core: IAC441-25.4(3)</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>How are you verifying? List Agencies</i>	<i>Narrative</i>
Assertive Community Treatment or Strength Based Case Management	No Progress as a Region in ACT. Current TCM providers are strength based .	DHS and County TCM programs receive strength based training.	DHS and County TCM programs implement strength based case mgt.	Our region, during this first year, has no plans to independently verify fidelity on ACT or strength based Case Mgt. at this time.	For FY 17, we determined less feasibility to work on the ACT EBP. We are investigating capacity, sustainable funding, and implementation for this service in the future.
Integrated Treatment of Co-Occurring SA & MH	There has been some progress with this EBP at the state level through QSDA	Seasons Center Compass Pointe Hope Haven	Seasons Center Compass Pointe Hope Haven	Our region began data collection and will be determining levels of fidelity for this SAMHSA EBP during FY 16 and will continue this work in FY 17.	The region, through contracting, has determined data collection, and will be working with service providers to develop independent verification of fidelity scales.
Supported Employment	There has been some progress in this EBP.	Horizons Hope Haven Village NW	Horizons Hope Haven Village NW	Our region has determined EBPs to be utilized. Fidelity Scales are being pursued with no independent verification determined.	The region, in coordination, with service providers, determined APSE, and IPS as preferred EBPs and Best practices through the Customized Employment Model to utilize going forward and began selected data collection methods as the region reports outcomes and develops performance based contracting for vocational services in accordance with QSDA and CSN measures.
Family Psycho education	There has been exploration of local EBP programming that meets SAMHSA EBP	Seasons Center ISU Extension CareGiver Connection EBP		Our region will work with ISU Extension and other partners to independently verify fidelity on the CareGiver Connection EBP and its relationship to SAMHSA criteria.	NWIACC contracted with Seasons Center to offer Family Support to Non-Medicaid participants. Increased collaboration is needed with NAMI and DBSA to support individuals and their families as well as with ISU Extension's CareGiver Connections to utilize the Fidelity Scales of this SAMHSA EBP.
Illness Management and Recovery	There has been no progress on this specific SAMHSA EBP	Seasons Center Hope Haven		Our region will explore options to follow to independently verify fidelity on this EBP.	NWIACC, through its contracts with Seasons Center, Hope Haven, and Spencer Psychiatric, is collecting data and is supportive of use of this SAMHSA EBP in the future.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	DESCRIBE REGION'S EFFORTS TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
Permanent Supported Housing	There has been no progress on this specific SAMHSA EBP	None at this time on this specific EBP	Pride Group Kathleen's Horizons Hope Haven Village NW	Our region is exploring options to follow to independently verify fidelity on	Our Housing Team is developing responses to HCBS settings rules that involve local investors and community based housing partners to provide more integrated settings. Use of these EBP will be part of that process moving forward.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	WHAT IS THE REGION DOING TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
<i>Additional Core: 331:397(6)d</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>How are you verifying? List Agencies</i>	<i>Narrative</i>
Positive Behavioral Support		Horizons Hope Haven Kathleen's Pride Group Seasons Center Village NW Spencer Hospital Regional Governance Board Regional Staff	Familiarity with the process and the data collection needed to support this model and 5 star Quality are being developed.	There is no independent verification of these services during the first year of operation.	The Region is working with service providers and other interested community members to more fully engage in PBS and 5 Star Quality. The Region will continue with Polk County to receive Technical Assistance as we more fully put into operation this EBP.
Peer Self Help Drop In Center	None at this time	None at this time			At this time, the region does not have plans to move forward on a Peer Self Help Drop In Center but will continually assess for need with funding availability.
Other Research Based Practice: IE IPR, Customized Employment, PCIT, TF-CBT, DSM 5, MH First Aid, SBIRT, Prime for Life, Play Therapy IAC 331.397(7)		Hope Haven Regional Staff Seasons Center			Hope Haven has provided training on Customized Employment to limited regional staff and other employment partners. In FY 16, we plan to increase that training to direct staff within all providers to further the mission of Customized Employment in our region. Hope Haven also offers IPR in the Region. Seasons Center reports Training in the areas listed as part of their ongoing continuing education for their workforce.

-Providers, who are CARF accredited, have documented trainings that include but are not limited to: Mandt Test-Out and Re-certification or other Crisis Intervention Training deemed by their organization, Effective Program Writing, Human Sexuality, Mandatory Abuse reporting (Adult & Child), Basic Human Needs, Behavior Management, CPR, Syndromes and Seizures, Benefits and Employment, First Aid, Communicable Diseases, Critical Incident Reporting, Environmental Safety, HIPAA, etc. Chapter 24 Accredited Entities have similar rigors to their training schedule to assure a properly trained and qualified workforce.

For FY 17, our Region will continued to move forward with determined Evidence Based Fidelity Scale Standards on Board determined areas of performance measures.

	Supported Employment	Permanent Supportive Housing	Co-Occurring Disorders Treatment	Illness Management and Recovery (IMR)	Family Psycho-Education (FPE)	Assertive Community Treatment
Personnel	Caseload		<u>Multi disciplinary Team</u> Integrated Treatment Specialists	Involvement with significant others	Family Intervention Coordinator	Training for Team members
	Vocational Services Staff					
	Vocational Generalists					
Organi- zation	Integration of Rehabilitation with MH Treatment Vocational Units	Housing Options	Access to Comprehensive Services _____ Outreach	# of People in Session Program Length	<u>Session Frequency</u> <u>Long Term FPE</u> Structured Group Sessions	<u>Program Philosophy</u> Penetration
		Choice of Living Arrangements				
		Access to Housing				
Policy	Zero exclusion criteria	Functional Separation of Housing and Services	Stage Wise <u>Interventions</u> _____ Motivational <u>Interventions</u> _____ Interventions to Promote <u>Health</u> _____ Secondary Interventions for Non -responders	Comprehensiveness of <u>Curriculum</u> _____ Motivation based <u>strategies</u> _____ Educational <u>Techniques</u> _____ Cognitive Behavioral Techniques	<u>Educational Curriculum</u> _____ Multimedia <u>Education</u> _____ Quality of Practitioner- consumer-family alliance	<u>Eligibility/consumer identification</u> _____ <u>Process Monitoring</u> _____ <u>Outcome Monitoring</u> _____ <u>Quality Assurance</u> _____ Consumer Choice about Service Provision
		Rights of Tenancy				
Services	Ongoing, work-based vocational Assessment	Decent, Safe and Affordable Housing	Time Limited <u>Services</u> _____ Substance Abuse <u>Counseling</u> _____ Group Treatment for <u>Co-Occurring Disorders</u> _____ Family Intervention for <u>Co-Occurring Disorders</u> _____ Alcohol and Self Help <u>Groups</u> _____	Provision of educational <u>handouts</u> _____ <u>IMR Goal Setting</u> _____ <u>IMR Goal Follow-up</u> _____ Coping Skills <u>Training</u> _____ Relapse Prevention <u>Training</u> _____ Behavioral Tailoring for medication	Detailed Family <u>Reaction</u> _____ Precipitating <u>Factors</u> _____ Prodromal Signs and <u>Symptoms</u> _____ <u>Coping Strategies</u> _____ Structured <u>problem-solving</u> _____ Stage Wise Provision of <u>Services</u> _____ Assertive engagement and outreach	<u>Assessment</u> _____ <u>Individualized Treatment Plan</u> _____ Individualized Treatment
	Rapid search for competitive Jobs					
	Individualized Job Search					
	Diversity of Jobs Developed	Housing Integration				
	Permanence of Job Developed					
	Jobs as transitions					
	Follow-along supports	Flexible Voluntary Services				
	Community Based Services					
Assertive Engagement and Outreach						

Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

FY 17 Northwest Iowa Care Connections Budget

Annually, Northwest Iowa Care Connections 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. This review is submitted annually to the Department of Human Services.

FY 17 Accrual	<u>Northwest Iowa Care Connections MHDS Region</u>	MI (40)	ID(42)	DD (43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
43301	Assessment & evaluation	46,000	0	0	0		\$ 46,000
42305	Mental health outpatient therapy	10,000	0	0	0		\$ 10,000
42306	Medication prescribing & management	157,000	0	0	0		\$ 157,000
71319	Mental health inpatient therapy-MHI	15,000	0	0	0		\$ 15,000
73319	Mental health inpatient therapy	50,000	0	0	0		\$ 50,000
	Basic Crisis Response						
32322	Personal emergency response system	300	0	0	0		\$ 300
44301	Crisis evaluation	140,000	0	0	0		\$ 140,000
44305	24 hour access to crisis response	0	0	0	0		\$ -
	Support for Community Living						
32320	Home health aide	0	0	0	0		\$ -
32325	Respite	6,205	4,860	0	0		\$ 11,065
32328	Home & vehicle modifications	0	0	0	0		\$ -
32329	Supported community living	25,000	80,000	0	0		\$ 105,000
	Support for Employment						
50362	Prevocational services	33,000	170,000	0	0		\$ 203,000
50367	Day habilitation	0	53,000	0	0		\$ 53,000
50364	Job development	12,000	0	0	0		\$ 12,000
50368	Supported employment	5,000	60,000	0	0		\$ 65,000
50369	Group Supported employment-enclave	0	0	0	0		\$ -
	Recovery Services						
45323	Family support	2,500	0	0	0		\$ 2,500
45366	Peer support	28,080	0	0	0		\$ 28,080

FY 17 Accrual	<u>Northwest Iowa Care Connections MHDS Region</u>	MI (40)	ID(42)	DD (43)	BI (47)	Admin (44)	Total
	Service Coordination						
21375	Case management	73,723	31,596	0	0		\$ 105,319
24376	Health homes	0	0	0	0		\$ -
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	126,083	54,036	0	0		\$ 180,119
32396	Supported housing	0	0	0	0		\$ -
42398	Assertive community treatment (ACT)	0	0	0	0		\$ -
45373	Family psycho-education	2,500	5,000	0	0		\$ 7,500
	Core Domains Total	732,391	458,492	0	0		\$ 1,190,883
	Mandated Services						
46319	Oakdale	0	0	0	0		\$ -
72319	State resource centers	0	0	0	0		\$ -
74XXX	Commitment related (except 301)	42,500	0	0	0		\$ 42,500
75XXX	Mental health advocate	38,300	0	0	0		\$ 38,300
	Mandated Services Total	80,800	0	0	0		\$ 80,800
	Addition al Core Domains						
	Comprehensive Facility & Community Based Crisis Services						
44346	24 hour crisis line	65,000	0	0	0		\$ 65,000
44366	Warm line	31,600	0	0	0		\$ 31,600
44307	Mobile response	0	0	0	0		\$ -
44302	23 hour crisis observation & holding	0	0	0	0		\$ -
44312	Crisis Stabilization community-based services	28,080	0	0	0		\$ 28,080
44313	Crisis Stabilization residential services	97,125	0	0	0		\$ 97,125
	Sub-Acute Services						
63309	Sub-acute services-1-5 beds	0	0	0	0		\$ -
64309	Sub-acute services-6 and over beds	0	0	0	0		\$ -
	Justice system-involved services						
46305	Mental health services in jails	0	0	0	0		\$ -
25xxx	Coordination services	20,000	0	0	0		\$ 20,000
46422	Crisis prevention training	0	0	0	0		\$ -
46425	Mental health court related costs	0	0	0	0		\$ -
74301	Civil commitment prescreening evaluation	0	0	0	0		\$ -
46399	Justice system-involved services- other	0	0	0	0		\$ -

FY 17 Accrual	Northwest Iowa Care Connections MHDS Region	MI (40)	ID(42)	DD (43)	BI (47)	Admin (44)	Total
42396	Community support programs	1,500	0	0	0		\$ 1,500
42399	Other psychotherapeutic treatment	0	0	0	0		\$ -
43399	Other non-crisis evaluation	0	0	0	0		\$ -
44304	Emergency care	0	0	0	0		\$ -
44399	Other crisis services	0	0	0	0		\$ -
45399	Other family & peer support	0	0	0	0		\$ -
50361	Vocational skills training	0	0	0	0		\$ -
50365	Supported education	0	0	0	0		\$ -
50399	Other vocational & day services	0	0	0	0		\$ -
63XXX	RCF 1-5 beds	0	0	0	0		\$ -
63XXX	ICF 1-5 beds	0	0	0	0		\$ -
63329	SCL 1-5 beds	0	0	0	0		\$ -
63399	Other 1-5 beds	0	0	0	0		\$ -
	Other Comm Living Support Services Total	25,500	3,000	0	0		\$ 28,500
Other Congre gate Services							
50360	Work services (work activity/sheltered work)	0	0	0	0		\$ -
64XXX	RCF 6 and over beds	715,000	25,000				\$ 740,000
64XXX	ICF 6 and over beds	0	0	0	0		\$ -
64329	SCL 6 and over beds	0	0	0	0		\$ -
64399	Other 6 and over beds	0	0	0	0		\$ -
	Other Congregate Services Total	715,000	25,000	0	0		\$ 740,000
Administration							
11XXX	Direct Administration					257,975	\$ 257,975
12XXX	Purchased Administration					71,701	\$ 71,701
	Administration Total					329,676	\$ 329,676
	Regional Totals	\$ 1,799,496	\$ 486,492	\$ -	\$ -	\$ 329,676	\$ 2,615,664

(45)County Provided Case Management						0	\$ -
(46)County Provided Services						0	\$ -
	Regional Grand Total						\$ 2,615,664

Anticipated Revenues

Anticipated revenues for the Northwest Iowa Care Connections result from each member county's MHDS Fund 10 that includes their annual property tax funds, any other allowable funding, and FY 16 County Fund 10 balance brought forward. The funds listed below are available to client services and administration provided for purposes of the Region.

FY 2017 Budget	Northwest IA Care Connections MHDS Region		
Revenues			
	Projected Fund Balance as of 6/30/16		\$ 2,787,349
	Local/Regional Funds		\$ 2,089,255
10XX	Property Tax Levied	2,071,649	
531X	Client Fees	15,000	
60XX	Interest	2,543	
8XXX	Misc Reimbursement	63	
	State Funds		\$ -
2250	MHDS Equalization		
2645	State Payment Program		
	Federal Funds		\$ -
2344	Social services block grant		
2345	Medicaid		
	Total Revenues		\$ 2,089,255.00

Total Funds Available for FY17	4,876,604
FY17 Projected Regional Expenditures	2,615,664
Projected Accrual Fund Balance as of 6/30/17	2,260,940

The following per capita amounts are available to NWIACC for FY 17.

County	2014 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY17 Max Levy	FY17 Actual Levy	Actual Levy Per Capita
Clay	16,515	\$ 780,829	\$ 402,866	\$ 402,866	\$ 402,866	24.39
Dickinson	16,935	\$ 800,687	\$ 412,509	\$ 412,509	\$ 412,509	24.36
Lyon	11,683	\$ 552,372	\$ 248,113	\$ 248,113	\$ 248,113	21.24
O'Brien	14,056	\$ 664,568	\$ 570,532	\$ 570,532	\$ 570,532	40.59
Osceola	6,218	\$ 293,987	\$ 195,225	\$ 195,225	\$ 195,225	31.40
Palo Alto	9,099	\$ 430,201	\$ 688,176	\$ 430,201	\$ 193,263	21.24
Region	74,506	\$ 3,522,644	\$ 2,517,421	\$ 2,259,446	\$ 2,022,508	27.15

D. Financial Forecasting Measures

Throughout the year, Northwest Iowa Care Connections staff and stakeholders will identify unmet needs and areas for service development, which are incorporated into subsequent strategic plans and budget to address the domains of access to service, life in the community, person centeredness, health and wellness, quality of life and safety, and the utilization of family and natural supports.

We forecast the funding of core services for the mandated core populations (persons with Mental Illness and Intellectual Disabilities) with emphasis on crisis services, customized employment, supportive housing, and enhanced service coordination will result in a sustainable plan of investing in the services to persons in need and in our infrastructure for better response and to comply with access and fidelity standards. Interdisciplinary teams have been or will be assembled to address the projects listed below as part of the region's strategic plan priorities in the areas of system infrastructure, community living, employment, and treatment.

The following table reflects regional strategic plan priority area, the strategy to develop, implement these priorities, and costs associated with them.

Strategic Plan Priority Area	FY17 Strategy	Projected Cost
Employment and Day Services	Partner with Stakeholders to develop Individualized Outcome Based Supported Employment and/or Customized Employment Opportunities in the Region	\$ 351,600
Crisis Services in the Jail	Partner with Stakeholders to develop screening and Treatment options for Incarcerated Adult Individuals with Multi-Occurring Disorders	\$ 164,800
Community Crisis Services Residential	Partner with Sioux Rivers region to contract for a Residential Crisis Bed at their Sioux City facility for regional access, especially from the western rural counties of Lyon, O'Brien and Osceola Counties.	\$ 97,125
Community Crisis Services/Short Term Stabilization/Respite	Partner with local 15 bed RCF for short-term stabilization /respite option for region, especially eastern county access, for up to 30 days of stabilization. Model includes enhanced regional service coordination and peer support in its delivery.	\$ 85,785
Community Crisis Services	Partner with Stakeholders to develop Crisis Aversion with mobile response team for the region's hospital Emergency Departments.	\$ TBD based on funding availability*

Strategic Plan Priority Area	FY17 Strategy	Projected Cost
Integrated Practice Units for Complex needs	Develop and enhance Integrated Practice Model for complex needs to assure multidisciplinary approach to client care, provider and regional outcomes.	\$ 1,000
Community Living	Partner with Stakeholders to develop community living alternatives for individuals needing services within the Northwest Iowa Care Connections region	\$ 354,000
Positive Behavior Supports	Educate communities regarding Positive Behavior Supports for improved outcomes through regional service providers and trained community members	\$ 1,000
Family Support	Education of Family members of persons with disabilities through the ISU Caregivers Connections to provide support and assistance as needed	\$ 7,500
Transition to Adult Services	Interaction with Schools to ID, screen and assist with transition plan with students who have disabilities	\$ 25,000
Mental Health First Aid	Training for Employers Along with interested community members	\$ 24,000
Trauma Informed Care	In-services with local providers to encourage mastery of trauma informed care with persons presenting with complex needs	\$ 4,000
Total Anticipated Projected Costs of Regional Priorities	These opportunities reflect the ongoing investment of Northwest Iowa Care Connections to address in a sustainable manner, the needs of individuals in our communities	\$ 1,116,810

ACCESS POINTS and SERVICE PROVIDER NETWORK

Our region's local access points and our network of providers assist our region to use its contracting capacity to implement a series of strategies to move toward these teams' goals. Our region's designated Targeted Case Management Providers assisted person centered planning to clients provided that service.

Because Northwest Iowa Care Connections uses a mix of fee-for-service and capitated rates for most of its service, there are opportunities for negotiation and performance measuring for services provided. NWIACC provides block grants only for specific population based activities where billing by individuals served is impossible or impractical. Non-traditional provider contracts are used in instances when services are provided by individuals and families to assure a robust array of services available to meet access standards.

Northwest Iowa Care Connections service contracts require that all providers meet all applicable licensure, accreditation, or certification standards. However, Northwest Iowa Care Connections 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 in the most important factors in continued network participation.

NWIACC also works in tandem with Hope Haven, for their IVRS Grant “Making the Grade” for a school based Integrated Community Employment Grant for high school students with disabilities in the Okoboji and Spirit Lake Schools. Plans to expand to the Spencer Schools are in place as this second grant cycle moves forward. This initiative will assist us all to address strengths and areas of improvement for our transition services to students entering the adult disability system of care.

NWIACC provided a letter of support to Seasons Center and collaboration for a second phase (3 year) Integrated Primary Care/ Behavioral Health Care grant through the Primary Care Association. This grant maintains imbedded care in the Spencer Avera Clinic and expands that service to clinics in Lyon, O’Brien, Osceola, and Dickinson Counties. As a region, we participate in these network meetings with stakeholders of both adult and children/family services. Fostering the integrated care approach that addresses client somatic care needs, social determinants of health, and other factors, ie. transportation, housing, nutrition, is an intentional method for the region and its partners to assist clients with their goals for wellness and increased well-being.

NWIACC has adopted an Integrated Practice Unit Model (Source: Harvard Business School Institute for Strategy & Competitiveness <http://www.isc.hbs.edu/health-care/vbhcd/Pages/integrated-practice-units.aspx> to be utilized as a platform to organize and sustain a consistent system of care. Our regional PBS/Outcomes Team will be developing measures to deliver more value that incentivizes providers’ need to focus on quality—on deepening their expertise, and expanding their ability to serve the complex and interrelated needs of each patient over the full course of care. The greatest improvements in health care outcomes and efficiency will come from sustained, team-based focus on a carefully defined set of medically integrated services and practices. Integrated practice units will achieve scope and scale by growing locally and geographically in their areas of strength, rather than expanding the breadth of their service.

Key Attributes of an Integrated Practice Unit	Individual Patient Outcomes	Provider Outcomes	NWIACC Value Added Response/Assistance
1. Organized around the patient medical condition or set of closely related conditions (or patient segment in primary care)			
2. Involves a dedicated, multidisciplinary team who devotes a significant portion of their time to the condition			
3. Providers involved are members of or affiliated with a common organizational unit			
4. Takes responsibility for the full cycle of care for the condition, encompassing outpatient, inpatient, and rehabilitative care as well as supporting services (e.g. nutrition, social work, behavioral health)			

5. Incorporates patient education, engagement, and follow-up as integral to care			
6. Utilizes a single administrative and scheduling structure			
7. Co-located in dedicated facilities			
8. Care is led by a physician team captain and a care manager who oversee each patient's care process			
9. Measures outcomes, costs, and processes for each patient using a common information platform			
10. Providers function as a team, meeting formally and informally on a regular basis to discuss patients, processes and results			
11. Accepts joint accountability for outcomes and costs			

NWIACC, in cooperation with the Service Provider Network, adopted the ISAC and ICAP endorsed 5 star Quality Performance Measures to produce an outcome based, trauma informed, multi-occurring capable, positive behavior supports system of care model to provide all the domains.

In early June 2014, NWIACC received technical assistance funding from the Iowa Department of Human Services to provide training on the ROSC-Recovery Oriented System of Care- Model from Janet Zwick. This model supports person driven service through skills of motivational interviewing and stages of change treatment strategies. With the advent of Managed Care Organization (MCO) selection during FY 2016, we will work closely with MCOs in FY 17 and beyond to determine what models they will use to assure a collaborative approach to client driven care.

Quality Services Development and Assessment (QSDA)

2014 Code of Iowa 225C.6A

Because of Iowa Code requirements to identify and collect Social Determinant Outcome data, look at service delivery models- multi-occurring, culturally capable, evidence based practices, trauma informed care, and enter into performance based contracts/pay for performance, in FY 15, Regions generally addressed the QSDA process as Region specific. Most regions were beginning to identify the QSDA scope and conclude that to fulfill the QSDA requirements would require building capacity, developing priorities and implementing in phases.

The initial effort to look at a statewide standardized approach targeted outcomes. The rationale for selecting outcomes was that there was a successful model which had been developed by Polk County and a service delivery model, regardless of the type, could be evaluated by looking at outcomes.

The process continues to develop between ISAC, regional CEOs, and the Iowa Association of Community Providers, IACP to meet the objectives for Provider Agencies and Regions to work collaboratively as

partners, develop one set of standardized outcomes statewide, establish a single point for data entry and data retrieval, and establish a set of core values utilizing the 5 star model as a framework.

We have identified the need and value in providing disability support services in the person's home community. We believe individuals with disabilities have the same basic human needs, aspirations, rights, privileges, and responsibilities as other citizens. They should have access to the supports and opportunities available to all persons, as well as to specialized services. Opportunities for growth, improvement, and movement toward independence should be provided in a manner that maintains the dignity and respects the individual needs of each person. Services must be provided in a manner that balances the needs and desires of the consumers against the legal responsibilities and fiscal resources of the Region. To support the individual as a citizen, receiving support in the person's home, local businesses, and community of choice, where the array of disability services are defined by the person's unique needs, skills and talents where decisions are made thru personal circles of support, with the desired outcome a high quality of life achieved by self-determined relationships.

This wide array of community living services designed to move individuals beyond their clinically diagnosed disability. Individuals supported by community living services should have community presence (characterized by blending community integration, community participation, and community relationships).

NWIACC (through representation on the Outcomes, EBP and Trauma Informed/Co-Occurring Capable Work Groups) is working closely through ISAC, ICAP, and CSN to utilize the Polk County outcomes model that has 16 measurable outcomes: Community Housing, Homelessness, Jail Days, Employment: Working toward self-sufficiency, Employment: Engagement toward employment, Education, Participant Satisfaction, Participant Empowerment, Somatic Care, Community Inclusion, Disenrollment, Psychiatric Hospital days, ER visits, Quality of life and Administrative Utilization.

Dates	Activities	Status
July 2015	Informational meetings	Completed
September 2015	Support team training and system testing	Completed
October 2015	Provide philosophical training (5-Star with Derreck Dufresne)	Completed
October 2015	Follow up support team training	Completed
October 2015	Web based portal launched,	Completed
October 2015	In person training for providers and regional staff	Completed
November 2015	Project implementation – Providers begin entering data	Completed
November 2015	All providers begin entering data for the quarter	Completed
October 2015- February 2016	QSDA WorkGroup Organizational meetings	Completed
March 2016	ISAC Spring School-Continued training on DHS Dashboard, QSDA Initiatives, Access Standards, EBP Fidelity, Promising and Best Practices	Ongoing
April 2016 and ongoing	Continuing Collaboration with IACP, MCOs, other agencies as needed to develop and implement QSDA identified priorities	Ongoing

REGIONAL ADMINISTRATIVE STRUCTURE ENHANCEMENTS

In accordance with our regional Management Plan, NWIACC's Governance Board developed and approved regional bylaws to provide defined scope and process to our regional business practices.

Our regional administrative structure, which include departments within specific county Community Services offices for functions including: Enrollment, Service Authorization, and Service Coordination, Claims Processing, and Quality Improvement, Contracting, Cost Recovery, and HIPAA compliance. These delineations in duties continues to provide centralized and efficient in our day-to-day operations. This administrative structure also assisted us in developing workflows and access points that assure more uniform coverage and client access to services.

NWIACC's Fiscal Agent and our CSN Expert User continue to work with ISAC to provide the County Auditors' interface to better assist our communication with our counties' information systems. Our State Auditor's audit (February 2016) will assist us in identifying strength and areas for improvement.

Our regional 28 E agreement provides a Mental Health Advocate position for our six county area. Technical Assistance and mentoring is provided to this new position by a fellow Advocate. Combined with employee status in O'Brien County and regional administrative oversight, we continue to develop the team approach that will assist the region with goals to impact the amount and frequency of civil commitments in our region. We especially value the referrals being made to enhanced regional service coordination to assist clients and the court system with integrated care opportunities that supports better client outcomes and compliance with court-ordered care.

NWIACC offers Health Insurance Accountability and Portability Act (HIPAA) compliance training is completed annually to the Governance Board, Fiscal Agent, and regional staff. Recent revisions of Federal Law (2013) and updates provided by ISAC are utilized for these annual trainings.

NWIACC's regional website, nwiacareconnections.org offers an online resource to access information for consumers, our partners, and our communities to address behavioral health and disability services needs.

NWIACC, through its Memorandum of Understanding with all MH/DS regions and the Area Agencies on Aging, continues to develop connections to care options through service coordination that meets the needs of individuals in our region at the least restrictive level of care possible. With Boston University-trained regional staff, we work within our local partnership with Elderbridge and in tandem with Federal Centers for Medicare and Medicaid and Iowa initiatives, to reduce exposure to third party payers in primary and specialty healthcare, including behavioral health by providing information and referral and options counseling to individuals seeking help. By working collaboratively within our communities, we predict a positive impact on the use of hospitals, law enforcement, and the court system by providing this resource that assists individuals with their needs prior to circumstances being crisis driven.

Provider Reimbursement Provisions

Northwest Iowa Care Connections will contract with MHDS providers whose base of operation is in the region. Northwest Iowa Care Connections may also honor contracts that other regions have with their local providers or may choose to contract with providers independently outside of the Region. A contract may not be required with providers that provide one-time or as needed services.

Over the past several years, Northwest Iowa Care Connections plans to use its contracting capacity to implement a series of strategies for moving towards outcome-based payments. Northwest Iowa Care Connections uses a mix of fee-for-service, 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 impractical. Non-traditional provider contracts are used in instances when services are provided by individuals or families. These reimbursement types are methods which support a system of care model.

Northwest Iowa Care Connections service contracts require that all providers meet all applicable licensure, accreditation or certification standards; however Northwest Care Connections 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. Northwest Iowa Care Connections (NWIACC) has identified access points within the provider network (in the table below) to assist individuals or their representatives to apply for services.

NWIACC Regional Network of Providers	Funded Programs in the NWIACC Region
Avera McKennon Hospital 4400 West 69th Street Sioux Falls, SD 57108 605-322-4000	Adult Inpatient Psychiatric Services
Broadlawns Regional Medical Center 1801 Hickman Road Des Moines, IA 50309 515-282-2200	Adult Inpatient Psychiatric Services
Cherokee Mental Health Institute 1200 W. Cedar Cherokee, Iowa 51012 712-225-2594	Adult Inpatient Psychiatric Services Admission and Discharge Coordination Services
Community and Client Services of Iowa 518 9 th Ave. N. Sibley, Iowa 51249 712-754-3608	Supported Community Living
Compass Pointe 1900 Grand Ave. N. Suite A. Spencer, IA 51301 712-262-2952	Multi-Occurring Disorders Crisis Care Jail Multi-Occurring Disorders Screening Services
Creative Living Center 1905 10 th St. Rock Valley, IA 51247 712-476-5245	Adult Outpatient MH Services
Department of Human Services 20 W. 6 th St. Spencer, Iowa 51301 712-264-3540	Targeted Case Management

NWIACC Regional Network of Providers	Funded Programs in the NWIACC Region		
County Case Management Sub contracted currently through Seasons Center 201 E. 11 th St. Spencer, Iowa 51301 712-262-2922 800-242-5101	Case Management Services for Clay County (MI,ID,DD, BI) O'Brien (MI,ID,DD,BI)		
County Social Services Case Management Services 609 1 st Ave. N Suite 15 Estherville, IA 51334 712-362-2452	Case Management for Dickinson County (ID,DD, BI)		
Hope Haven (FKA Echo Plus Inc.) 1560 6 th Ave. N Estherville, Iowa 51334 712-362-2192 1808 Jackson Ave. Spirit Lake, Iowa 51360 712-336-4052 Box 225 Spencer, IA 51301	Supported Community Living Employment and Day Services		
Hope Haven 1800 19 th St. Rock Valley, Iowa 51247 712-476-2737	<table border="0"> <tr> <td>Supported Community Living Employment and Day Services Crisis Services Peer Support</td> <td>Respite MI Day Habilitation Adult Outpatient Therapy Jail Multi-Occurring Disorders Screening & Therapy Services</td> </tr> </table>	Supported Community Living Employment and Day Services Crisis Services Peer Support	Respite MI Day Habilitation Adult Outpatient Therapy Jail Multi-Occurring Disorders Screening & Therapy Services
Supported Community Living Employment and Day Services Crisis Services Peer Support	Respite MI Day Habilitation Adult Outpatient Therapy Jail Multi-Occurring Disorders Screening & Therapy Services		
Horizons Unlimited 3826 460 th Ave. Box 567 Emmetsburg, IA 712-852-2211	Supported Community Living Employment and Day Services		
Kathleen's RCF 1505 E. 5th St. Emmetsburg, Iowa 50536 712-852-2267	Residential Services Supported Community Living		
Mallard View 17504 Mahogany Ave, Carroll, IA 51401 Phone:(712) 792-3785	Residential Services		
Mercy Medical Center North IA 1000 4 th St. SW Mason City, Iowa 50401 641-428-7000	Inpatient Psychiatric Services		
Mercy Medical Center 1111 6 th Ave. Des Moines, IA 50314 515-247-3121	Inpatient Psychiatric Services		
Opportunity Village 1200 N 9 th St. W. Clear Lake, IA 50428 641-357-5277	Employment and Day Services		

NWIACC Regional Network of Providers	Funded Programs in the NWIACC Region
Prairie View 18569 Lane Road Fayette, IA 52142 563-425-3291	Residential Services
Pride Group 214 Plymouth St SE LeMars, IA 51031 712-546-6500 2273 170 th St. Okoboji IA 51355 712-332-3124 6059 390 th St. Primghar, IA 51245 712-757-6375	Residential Services Supported Community Living Habilitation Services
Seasons Center for Behavioral Health 201 E. 11 th St. Spencer, IA 51301 712-262-9438 1-800-242-5101	Inpatient Psychiatric Hospitalization-Evaluation and Treatment Outpatient MH Services – Psychiatric Evaluation & Medication Management Outpatient Therapy Services Community Based Services (CBS) Crisis Services Family and/or Peer Support Services Multi-Occurring Disorders Care
Spencer Hospital 1200 1 st Ave. E. Spencer IA 51301 712-264-6228	Inpatient Psychiatric Hospitalization
Unity Point (Iowa Lutheran & Iowa Methodist) 700 E University Ave Des Moines, IA 50316 515-2635-5612	Inpatient Psychiatric Hospitalization
Village Northwest 330 Village Circle Sheldon, IA 51201 712-324-4873	Supported Community Living Employment and Day Services
Willow Heights 60191 Willow St. Atlantic, IA 712-243-3411	Residential Services Supported Community Living