



# NORTHWEST IOWA CARE CONNECTIONS

MENTAL HEALTH & DISABILITY SERVICES

Serving Clay, Dickinson, Lyon, O’Brien, Osceola and Palo Alto Counties

## FY 18 ANNUAL SERVICE AND BUDGET PLAN

<b>TABLE OF CONTENTS</b>	<b>Page</b>
A. Access Points and Case Management and Care Coordination Agencies	2
B. Crisis Planning	3
C. Scope of Services and Budget	5
D. Financial Forecasting and Measures	19
E. Provider Reimbursement Provisions	26

## FY 18 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, 2017 through June 30, 2018.

### 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.

<u>Access Point</u>	<u>Address</u>	<u>Phone</u>
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 <sup>th</sup> 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 <sup>th</sup> 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 <sup>st</sup> Ave. Suite 200 Rock Rapids, IA 51246	712-472-8240
Northwest Iowa Care Connections O'Brien County office	155 S. Hayes Box 525 Primghar, Iowa 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	Covered by NWIACC Staff from Dickinson County office	712-336-0775
Seasons Center for Behavioral Health with offices in Clay, Dickinson, Lyon, O'Brien, Osceola and Palo Alto Counties	201 E. 11 <sup>th</sup> St. Spencer, IA 51301	712-262-2922 or 800-242-5101
	1401 Hill Avenue Spirit Lake IA 51360	
	315 1 <sup>st</sup> Ave. Rock Rapids, IA 51246	
	128 N 2 <sup>nd</sup> Ave. Sheldon, IA 51201	
	110 Cedar Lane. Sibley, IA 51249	
	3201 1 <sup>st</sup> St. Emmetsburg, IA 50536	
Spencer Hospital	1200 1 <sup>st</sup> Ave. E. Spencer IA 51301	712-264-6228

## Northwest Iowa Care Connections Regionally Designated Targeted Case Management Agencies

According to Iowa Code and subsequent Administrative rules, Northwest Iowa Care Connections shall offer access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. Further, designated Case Management agencies 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.

Since the implementation of Managed Care Organizations in Iowa, the Northwest Iowa Care Connections Governance Board designated certain Case Management programs to work within the region. It is now the MCOs which provide the Community Based Case Management programs. The region continues to refer to the Department of Human Services Targeted Case Management for Medicaid reimbursed services and provides Service Coordination to individuals with disabilities who are not eligible for a Community Based Case Manager or an Integrated Health Home.

Department of Human Services Targeted Case Mgt.	1010 Broadway Emmetsburg, IA 50536	Pam Moldovan: Work Cell: 712-830-1509
	21 W. 6 <sup>th</sup> St. Suite 306 Spencer IA. 51301	Pam Moldovan: Work Cell: 712-830-1509
	2400 Park Street, Suite 2 Sheldon, IA 51201-8506	Jamie Holmes: Work 712-255-2913 ext. 2105 Cell: 712-212-1429

### 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.

<b>Service</b>	<b>Provider</b>	<b>Phone Number</b>	<b>Services offered</b>
24 hour Crisis Line	NWIACC contract with Seasons Center	844-345-4569	24/7 phone crisis line to all ages
	Seasons Center MHC	1-800-242-5101	24-7 phone line for access to Inpatient Psychiatric services at Spencer Hospital, IHH, current clients
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	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 18, 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.

Our regional approach to crisis stabilization also includes contracting for beds in residential crisis service in neighboring regions at Turning Point, operated by Plains Area MHC in Sac City, IA and Sioux Rivers in Sioux City, IA (within 75 miles of all our regional hospitals).

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 short-term option with a residential care facility partner is being developed in our rural region based on provider capacity and funding availability. This transition 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.

The presence of psychiatric services at county jails and local hospital emergency rooms as a local mobile response to their needs continues to be 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. Providing Mental Health First training to interested community members through a regionally funded trainer from Hope Haven and first responders, including law enforcement

and EMS, are jointly coordinated through regional sponsored trainers in cooperation with Iowa Lakes Community College. 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) to provide this training locally and often.

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. We have especially identified the priority of the direct care workforce shortage to better assist providers in recruitment, training, and retention of staff. 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 (3<sup>rd</sup>) 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 as we search for additional funding sources 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 FY18 budget. On March 28, 2017, the Northwest Iowa Care Connections reviewed and approved the Regional FY 18 Budget. Northwest Iowa Care Connections is responsible for managing and monitoring the adopted budget.

As we move forward into FY 18, we are projecting the amount of services are based on access standards discussed in the region’s management plan. We continue to work in cooperation with the Iowa Health Link Plans with Managed Care Organizations (MCOs) recently assigned in April 2016 to provide coordination and funding for Medicaid recipients. We 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>	<u>Comments:</u>	
		<ul style="list-style-type: none"> <li>Met Yes/No</li> <li>By which providers</li> </ul>	<ul style="list-style-type: none"> <li>How measured</li> <li>If not what is plan to meet access standard and how will it be measured</li> </ul>	
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.
<b>Outpatient:</b> (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)				
25.3(3)a(1)	<b>Timeliness:</b> The region shall provide outpatient treatment services. <b>Emergency:</b> During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.	No Seasons Center Hope Haven	Outpatient Therapy Medication Prescribing and Management Assessment Evaluation	Regional Contract requests information regarding crisis screening and assessment. We continue to work with local law enforcement and 1 <sup>st</sup> responders to address this need in our rural areas through our local hospitals.

Northwest Iowa Care Connections Annual Service and Budget Plan 7

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u> <ul style="list-style-type: none"> <li>Met Yes/No</li> <li>By which providers</li> </ul>	<u>Comments:</u> <ul style="list-style-type: none"> <li>How measured</li> <li>If not what is plan to meet access standard and how will it be measured</li> </ul>	
25.3(3)a(2)	<b>Urgent:</b> 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)	<b>Routine:</b> 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)	<b>Proximity:</b> 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.
<b>Inpatient: (Mental Health Inpatient Therapy)</b>				
25.3(3)b(1)	<b>Timeliness:</b> 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)	<b>Proximity:</b> 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	<b>Timeliness:</b> 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.
<b>Basic Crisis Response: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)</b>				
25.3(2) & 25.3(4)a	<b>Timeliness:</b> 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	<b>Timeliness:</b> Crisis evaluation within 24 hours.	Yes Seasons Center		Regional Contract requests statistical info regarding access.
<b>Support for Community Living: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)</b>				
25.3(5)	<b>Timeliness:</b> 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.
<b>Support for Employment: (Day Habilitation, Job Development, Supported Employment, Prevocational Services)</b>				
25.3(6)	<b>Timeliness:</b> 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
<b>Recovery Services: (Family Support, Peer Support)</b>				
25.3(7)	<b>Proximity:</b> 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.

## Northwest Iowa Care Connections Annual Service and Budget Plan 8

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u>	<u>Comments:</u>	
		<ul style="list-style-type: none"> <li>• Met Yes/No</li> <li>• By which providers</li> </ul>	<ul style="list-style-type: none"> <li>• How measured</li> <li>• If not what is plan to meet access standard and how will it be measured</li> </ul>	
<b>Service Coordination:</b> (Case Management, Health Homes)				
25.3(8)a	<b>Proximity:</b> 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 TCM  Yes	Case Management  Integrated Health Home per Seasons Center	DHS TCM agencies contract states these parameters and reporting are available as requested for statistics.
25.3(8)b	<b>Timeliness:</b> 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>	<u>Comments:</u>
	<ul style="list-style-type: none"> <li>• Yes/No</li> <li>• By which providers</li> </ul>	<ul style="list-style-type: none"> <li>• Is it in a planning stage? If so describe.</li> </ul>
<b>Comprehensive Facility and Community-Based Crisis Services:</b> 331.397~ 6.a.		
24-Hour Crisis Hotline	Yes Seasons Center for Behavioral Health	Contract negotiated with Seasons Center for implementation to provide in-state comprehensive service.
Mobile Response	Mobile Crisis Response	Request for Proposal to address rural mobile crisis service is being considered for development in FY18 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 supports the development of these services in the continuum of care with mobile response as a precursor to crisis stabilization.
Crisis Stabilization Residential Services	Yes through contract Sioux Rivers Plains Area MHC	Contract with facilities in Sioux City and Sac City are available in close proximity to our region for their crisis residential services.
Other	Yes	NWIACC has established PROJECT ALERT in five of our six counties to date with plans to implement in all six counties of the region engaging first responders and the 911 system in a more integrated 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 by 1 <sup>st</sup> responders including EMS and law enforcement.
<b>Crisis Residential Services:</b> 331.397~ 6.b.		
Sub-acute Services 1-5 beds	Yes	There has been joint discussion with other regions to address the need for sub-acute beds in our regions.
Sub-acute Services 6+ beds	No	There is no planning for this larger number of sub-acute beds in our region.



Northwest Iowa Care Connections Annual Service and Budget Plan 9

<u>Service Domain/Service</u>	<u>Available:</u> <ul style="list-style-type: none"> <li>• Yes/No</li> <li>• By which providers</li> </ul>	<u>Comments:</u> <ul style="list-style-type: none"> <li>• Is it in a planning stage? If so describe.</li> </ul>
<b>Justice System-Involved Services:</b> 331.397~ 6.c.		
Jail Diversion	Yes	<p>An enhanced sustainable strength-based service coordination project is being offered as a pilot project in three counties to address voluntary and/or sheriff probationers who have mental health and substance abuse treatment needs and in one county for voluntary participation.</p> <p>Our strength-based enhanced service coordination pilot project (Integrated Services Pathways ISP) 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. Combining that with the Stepping Up Initiative to include re-entry for corrections consumers, our region will provide a more comprehensive behavioral health services network of care.</p>
Crisis Prevention Training	Yes	Region sponsored Mental Health First Aid training for community trainers and specialized Public Safety First Aid are offered to address community partners to address crisis prevention.
Civil Commitment Prescreening	Yes	There is a pilot project in two of our counties for the Zero Suicide model to address civil commitment pre-screening services by developing specific care team skills to assess safety, risk, and systemic response to individuals in danger to themselves or others.
Other	Yes	In house jail and law enforcement curriculum for up to 4 hours of instruction has been developed and provided locally as certified through Iowa Law Enforcement Academy to address behavioral health needs specific to law enforcement, corrections, and the court system to encourage communication and problem solving regarding system of care issues locally.

**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 for FY18

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>
<p><b>Co-Occurring Disorders</b>  <i>Service providers who provide services to persons with 2 or more of the following co-occurring conditions:</i></p> <ul style="list-style-type: none"> <li><i>a. Mental Illness</i></li> <li><i>b. Intellectual Disability</i></li> <li><i>c. Developmental Disability</i></li> <li><i>d. Brain Injury</i></li> <li><i>e. Substance Use Disorder</i></li> </ul>		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 along with designated regional staff continues to work with the state-wide QSDA initiatives through the ISAC/IACP/MCO collaborative to identify relevant methods and collaborations between systems to pursue better outcomes for mutual clients. An online web-based QSDA website is being developed as a clearinghouse for these initiatives statewide. Our local team’s learning community is providing continuing education to support more working knowledge for those in need of co-occurring and trauma informed care.
<b>Trauma informed care</b>		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/IACP/MCOs. We seek out resources that provide relevant cross training among providers and community groups to address needs.
<b>Cultural Competence</b>		Compass Pointe Hope Haven Pride Group Seasons Center		NWIACC is supportive of increasing provider competency in the area of Cultural Competence through training in collaboration with the state-wide QSDA Initiatives with ISAC/IACP/MCOs
<b>Integrated Care</b>		Avera Compass Pointe Hope Haven Seasons Center Spencer Hospital		NWIACC is supportive of increasing provider competency in the area of Integrated Practice through training in collaboration with the state-wide QSDA Initiatives with ISAC/IACP/MCOs

**The Chart below describes the regions efforts in FY 18 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>
<b>Assertive Community Treatment or Strength Based Case Management</b>	Seasons Center is providing ACT in our region. The current TCM providers are strength based.	Seasons Center receives technical support through the U of IA. DHS TCM programs receive strength based training.	Seasons Center is implementing DHS TCM programs implement strength based case mgt.	Seasons Center is independently verifying fidelity on ACT through the U of I.  We have strength based Case Mgt. provided by DHS TCM.	As part of application to the Certified Community Behavioral Health Grant, Seasons Center identified the value of providing a rural ACT team in their continuum of care. NWIACC is the process of providing start-up costs to assist them in this effort.  DHS TCM continues to provide strength based services for case management of regional clients as needed.
<b>Integrated Treatment of Co-Occurring SA &amp; MH</b>	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.
<b>Supported Employment</b>	There has been progress in use of this EBP at the local and state level through APSE and ICEE efforts.	Horizons Hope Haven Village NW	Horizons Hope Haven Village NW	Our region has determined EBPs to be utilized. Fidelity Scales are being pursued with independent verification process being 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 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.
<b>Family Psycho education</b>	There has been exploration of local EBP programming that meets SAMHSA EBP	Seasons Center ISU Extension Care Giver Connection EBP		Our region works with ISU Extension and other partners to independently verify fidelity on the Care Giver 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 to support individuals and their families as well as with ISU Extension's Care Giver Connections to utilize the Fidelity Scales of this SAMHSA EBP.
<b>Illness Management and Recovery</b>	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.

Northwest Iowa Care Connections Annual Service and Budget Plan 12

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	DESCRIBE REGION'S EFFORTS TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
<b>Permanent Supported Housing</b>	There has been some progress on this specific SAMHSA EBP	Addressing Organizational Shifts to provide increased comprehensive services.	Pride Group Kathleen's Horizons Hope Haven Village NW	Our region is exploring options to follow to independently verify fidelity on	Our Housing Team and sub committees are working closely to address HCBS settings rules that involve local investors, models for transitional housing using local resources through private and public partnerships to provide community based housing in more integrated settings. Use of this EBP will be part of that process moving forward as we continue to collect data through QSDA.

-Providers, who are CARF accredited, have documented trainings that include but are not limited to: Mandt Test-Out and Re-certification or other Crisis

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>	
<b>Positive Behavioral Support</b>	There has been some progress	Horizons Kathleen's Seasons Center Spencer Hospital Regional Staff	Hope Haven Pride Group Village NW Regional Gov Bd	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.
<b>Peer Self Help Drop In Center</b>		Will be offered in FY 18 as needed	Discussion with providers to address needs		At this time, the region does have plans to move forward on a Peer Self Help Drop In Center and is assessing locations.	
<b>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)</b>		Hope Haven Regional Staff  Seasons Center			Hope Haven has provided training on Customized Employment to limited regional staff and other employment partners. In FY 18, we plan to continue to offer training to direct staff with all providers to further APSE certification of employment specialists, including job developers in our regional coalition and 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.	

Crisis Intervention Training deemed by their organizations, 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.

Northwest Iowa Care Connections Annual Service and Budget Plan 13

Chapter 24 Accredited Entities have similar rigors to their training schedule to assure a properly trained and qualified workforce. For FY 18, NWIAC continues to move forward with determined Evidence Based Fidelity Scale standards on Board determined performance measures.

	<b>Supported Employment</b>	<b>Permanent Supportive Housing</b>	<b>Co-Occurring Disorders Treatment</b>	<b>Illness Management and Recovery (IMR)</b>	<b>Family Psycho-Education (FPE)</b>	<b>Assertive Community Treatment</b>
<b>Personnel</b>	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					
<b>Organi- zation</b>	Integration of Rehabilitation with MH Treatment Vocational Units	Housing Options	Access to Comprehensive Services Outreach	<u># of People in Session</u> 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				
<b>Policy</b>	Zero exclusion criteria	Functional Separation of Housing and Services	Stage Wise <u>Interventions</u> <u>Motivational Interventions</u> Interventions to Promote Health Secondary Interventions for Non -responders	Comprehensiveness of <u>Curriculum</u> Motivation based strategies Educational <u>Techniques</u> Cognitive Behavioral Techniques	<u>Educational Curriculum</u> <u>Multimedia 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				
<b>Services</b>	Ongoing, work-based vocational Assessment	Decent, Safe and Affordable Housing	Time Limited <u>Services</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 <u>for</u> medication	Detailed Family Reaction Precipitating Factors Prodromal Signs and Symptoms Coping Strategies Structured problem- solving Stage Wise Provision of Services Assertive engagement and outreach	<u>Assessment</u> Individualized <u>Treatment Plan</u> Individualized Treatment
	Rapid search for competitive Jobs		Substance Abuse <u>Counseling</u>			
	Individualized Job Search		Group Treatment for <u>Co-Occurring Disorders</u>			
	Diversity of Jobs Developed		Family Intervention for <u>Co-Occurring Disorders</u>			
	Permanence of Job Developed	Housing Integration	Alcohol and Self Help <u>Groups</u>			
	Jobs as transitions		Pharmacological Treatment			
	Follow-along supports	Flexible Voluntary Services				
	Community Based Services					
Assertive Engagement and Outreach						

A standardized functional assessment must support the need for services of the type and frequency identified in the individual’s case plan.

**FY 18 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.

<b>FY 18 Accrual</b>	<b><u>Northwest Iowa Care Connections</u> MHDS Region</b>	<b>MI (40)</b>	<b>ID(42)</b>	<b>DD (43)</b>	<b>BI (47)</b>	<b>Admin (44)</b>	<b>Total</b>
<b>COA</b>	<b>Treatment</b>						
43301	Assessment & evaluation	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
42305	Mental health outpatient therapy	\$ 7,500	\$ 0	\$ 0	\$ 0		\$ 7,500
42306	Medication prescribing & management	\$ 156,013	\$ 0	\$ 0	\$ 0		\$ 156,013
71319	Mental health inpatient therapy-MHI	\$ 16,000	\$ 0	\$ 0	\$ 0		\$ 16,000
73319	Mental health inpatient therapy	\$ 103,000	\$ 0	\$ 0	\$ 0		\$ 103,000
	<b>Basic Crisis Response</b>						
32322	Personal emergency response system	\$ 300	\$ 0	\$ 0	\$ 0		\$ 300
44301	Crisis evaluation	\$ 81,000	\$ 0	\$ 0	\$ 0		\$ 81,000
44305	24 hour access to crisis response	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
	<b>Support for Community Living</b>						
32320	Home health aide	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
32325	Respite	\$ 0	\$ 5,200	\$ 0	\$ 0		\$ 5,200
32328	Home & vehicle modifications	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
32329	Supported community living	\$ 0	\$ 70,000	\$ 0	\$ 0		\$ 70,000
	<b>Support for Employment</b>						
50362	Prevocational services	\$ 0	\$ 80,000	\$ 0	\$ 0		\$ 80,000
50367	Day habilitation	\$ 0	\$ 35,000	\$ 0	\$ 0		\$ 35,000
50364	Job development	\$ 0	\$ 5,000	\$ 0	\$ 0		\$ 5,000
50368	Supported employment	\$ 0	\$ 30,000	\$ 0	\$ 0		\$ 30,000
50369	Group Supported employment-enclave	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
	<b>Recovery Services</b>						
45323	Family support	\$ 2,500	\$ 5,000	\$ 0	\$ 0		\$ 7,500
45366	Peer support	\$ 168,480	\$ 0	\$ 0	\$ 0		\$ 168,480

NWIACC Annual Service and Budget Plan 15

FY 18 Accrual	Northwest Iowa Care Connections MHDS Region	MI (40)	ID(42)	DD (43)	BI (47)	Admin (44)	Total
	<b>Service Coordination</b>						
21375	Case management	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
24376	Health homes	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
	<b>Core Evidenced Based Treatment</b>						
04422	Education & Training Services - provider competency	\$ 75,000	\$ 0	\$ 0	\$ 0		\$ 75,000
32396	Supported housing	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
42398	Assertive community treatment (ACT)	\$ 304,888	\$ 0	\$ 0	\$ 0		\$ 304,888
45373	Family psycho-education	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
	<b>Core Domains Total</b>	\$ 914,681	\$ 230,200	\$ 0	\$ 0		\$ 1,144,881
	<b>Mandated Services</b>						
46319	Oakdale	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
72319	State resource centers	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
74XXX	Commitment related (except 301)	\$ 54,000	\$ 0	\$ 0	\$ 0		\$ 54,000
75XXX	Mental health advocate	\$ 58,135	\$ 0	\$ 0	\$ 0		\$ 58,135
	<b>Mandated Services Total</b>	\$ 112,135	\$ 0	\$ 0	0		\$ 112,135
	<b>Addition al Core Domains</b>						
	<b>Comprehensive Facility &amp; Community Based Crisis Services</b>						
44346	24 hour crisis line	\$ 36,000	\$ 0	\$ 0	\$ 0		\$ 36,000
44366	Warm line	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
44307	Mobile response	\$ 476,600	\$ 0	\$ 0	\$ 0		\$ 476,000
44302	23 hour crisis observation & holding	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
44312	Crisis Stabilization community-based services	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
44313	Crisis Stabilization residential services	\$ 48,000	\$ 0	\$ 0	\$ 0		\$ 48,000
	<b>Sub-Acute Services</b>						
63309	Sub-acute services-1-5 beds	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
64309	Sub-acute services-6 and over beds	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
	<b>Justice system-involved services</b>						
46305	Mental health services in jails	\$ 25,000	\$ 0	\$ 0	\$ 0		\$ 25,000
25xxx	Coordination services	\$ 20,000	\$ 0	\$ 0	\$ 0		\$ 20,000
46422	Crisis prevention training	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
46425	Mental health court related costs	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
74301	Civil commitment prescreening evaluation	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
46399	Justice system-involved services- other	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0

NWIACC Annual Service and Budget Plan 16

<b>FY 18 Accrual</b>	<b><u>Northwest Iowa Care Connections</u> <u>MHDS Region</u></b>	<b>MI (40)</b>	<b>ID(42)</b>	<b>DD (43)</b>	<b>BI (47)</b>	<b>Admin (44)</b>	<b>Total</b>
	<b>Additional Core Evidenced based treatment</b>						
42397	Psychiatric rehabilitation (IPR)	\$ 4,000	\$ 0	\$ 0	\$ 0		\$ 4,000
42366	Peer self-help drop-in centers	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
	<b>Additional Core Domains Total</b>	\$ 609,700	\$ 0	\$ 0	\$ 0		\$ 609,700
<b>Other Informa tional Services</b>							
03XXX	Information & referral	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
04XXX	Consultation (except 422)	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
05XXX	Public education	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
	<b>Other Informational Services Total</b>	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
<b>Other Commun ity Living Support Services</b>							
06399	Academic services	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
22XXX	Services management	\$ 69,604	\$ 0	\$ 0	\$ 0		\$ 69,604
23376	Crisis care coordination	\$ 12,000	\$ 0	\$ 0	\$ 0		\$ 12,000
23399	Crisis care coordination other	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
24399	Health home other	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
31XXX	Transportation	\$ 10,000	\$ 0	\$ 0	\$ 0		\$ 10,000
32321	Chore services	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
32326	Guardian/conservator	\$ 1,000	\$ 0	\$ 0	\$ 0		\$ 1,000
32327	Representative payee	\$ 2,000	\$ 0	\$ 0	\$ 0		\$ 2,000
32399	Other support	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
32335	CDAC	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
33330	Mobile meals	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
33340	Rent payments (time limited)	\$ 5,000	\$ 0	\$ 0	\$ 0		\$ 5,000
33345	Ongoing rent subsidy	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
33399	Other basic needs	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
41305	Physiological outpatient treatment	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
41306	Prescription meds	\$ 5,000	\$ 0	\$ 0	\$ 0		\$ 5,000
41307	In-home nursing	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
41308	Health supplies	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
41399	Other physiological treatment	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
42309	Partial hospitalization	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
42310	Transitional living program	\$ 190,800	\$ 0	\$ 0	\$ 0		\$ 190,800
42363	Day treatment	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
42396	Community support programs	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0



NWIACC Annual Service and Budget Plan 17

<b>FY 18 Accrual</b>	<b><u>Northwest Iowa Care Connections MHDS Region</u></b>	<b>MI (40)</b>	<b>ID(42)</b>	<b>DD (43)</b>	<b>BI (47)</b>	<b>Admin (44)</b>	<b>Total</b>
42399	Other psychotherapeutic treatment	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
43399	Other non-crisis evaluation	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
44304	Emergency care	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
44399	Other crisis services	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
45399	Other family & peer support	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
50361	Vocational skills training	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
50365	Supported education	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
50399	Other vocational & day services	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
63XXX	RCF 1-5 beds	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
63XXX	ICF 1-5 beds	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
63329	SCL 1-5 beds	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
63399	Other 1-5 beds	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
	<b>Other Comm Living Support Services Total</b>	\$ 300,404	\$ 0	\$ 0	\$ 0		\$ 300,404
<b>Other Congre gate Services</b>							
50360	Work services (work activity/sheltered work)	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
64XXX	RCF 6 and over beds	\$ 500,000	\$ 0	\$ 0	\$ 0		\$ 500,000
64XXX	ICF 6 and over beds	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
64329	SCL 6 and over beds	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
64399	Other 6 and over beds	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
	<b>Other Congregate Services Total</b>	\$ 500,000	\$ 0	\$ 0	\$ 0		\$ 500,000
<b>Administration</b>							
11XXX	Direct Administration					\$ 185,184	\$ 185,184.00
12XXX	Purchased Administration					\$ 67,711	\$ 67,711.00
	<b>Administration Total</b>					\$ 252,895	\$ 252,895.00
	<b>Regional Totals</b>	\$2,436,920	\$230,200	\$ 0	\$ 0	\$ 252,895	\$ 2,920,015

<b>(45)County Provided Case Management</b>						0	\$ 0
<b>(46)County Provided Services</b>						0	\$ 0
	<b>Regional Grand Total</b>						\$ 2,920,015

**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.

<b>Northwest Iowa Care Connections MHDS Region</b>		
<b>Projected Fund Balance 6/30/2017</b>		<b>\$ 4,050,415</b>
<b>Local/Regional Funds</b>		<b>\$ 1,680,313</b>
Property Tax Levied	1,661,313	
Client Fees	12,000	
Interest	7,000	
<b>State Funds</b>		<b>\$ -</b>
MHDS Equalization		
State Payment Program		
<b>Federal Funds</b>		<b>\$ -</b>
Social services block grant	0	
Medicaid	0	
<b>Total Revenues</b>		<b>\$ 1,680,313</b>

<b>Total Funds Available for FY18</b>	<b>\$ 5,730,728</b>
<b>FY18 Projected Regional Expenditures</b>	<b>\$ 2,920,015</b>
<b>Projected Accrual Fund Balance as of 6/30/18</b>	<b>\$ 2,810,713</b>

The following per capita amounts are available to NWIACC for FY 18.

County	2015 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY18 Max Levy	FY18 Actual Levy	Actual Levy Per Capita
Clay	16,507	780,451	402,866	402,866	402,866	24.41
Dickinson	17,111	809,008	412,509	412,509	412,509	24.11
Lyon	11,745	555,304	248,113	248,113	248,113	21.12
O'Brien	13,984	661,164	570,532	570,532	341,137	24.39
Osceola	6,154	290,961	195,225	195,225	131,922	21.44
Palo Alto*	9,133	431,808	688,176	431,808	91,850	10.06
<b>Region</b>	<b>74,634</b>	<b>3,528,696</b>	<b>2,517,421</b>	<b>2,261,053</b>	<b>1,628,397</b>	<b>20.92</b>

\*"Palo Alto County FY18 level of funding will be supplemented by reserves to a rate of \$21.12."

The following table reflects the Region’s Counties projected ending fund balances.

<b>Counties</b>	<b>FY 17 Projected Ending Fund Balance (Cash)</b>	<b>FY 18 Projected Ending County Fund Balance (Cash)</b>
Clay	\$ 195,671	\$ 205,352
Dickinson	\$ 140,581	\$ 19,531
Lyon	\$ 0	\$ 0
O’Brien	\$ 268,823	\$ 225,502
Osceola	\$ 9,201	\$ 13,603
Palo Alto	\$ 450,927	\$ 351,598
<b>Total</b>	<b>\$ 1,065,203</b>	<b>\$ 815,586</b>

## **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.

NWIACC Annual Service and Budget Plan 20

Initiative	Category	Locations	Team Members	Goals	Time Line	Projected Costs
<b>Housing</b>	Transitional Housing	TBD	Stakeholder representatives	To support a short-term (60-90 day) transition housing project for at risk adult individuals with MH disorders within the Dream Center	FY 18	\$190,800
	Interim Assistance Reimbursement (IAR)	All regional access sites	Regional Staff	To assist in supported housing costs for at risk adult individuals in the disability determination process with Social Security to prevent homelessness.	FY 18	\$ 5,000
	-Time limited Rent Payment			Assistance with housing needs (rent, utilities) as a stop gap measure		\$ 5,000
	-Other basic needs -Prescription Meds -Guardian/ Conservator/ Rep Payee			To reduce homelessness		\$ 5,000
Short Term Placement/ Regional Service Coordination	Dickinson O'Brien Palo Alto	Kathleens RCF Pride Group RCFs	To Bridge the gap to stabilize and support adult individuals with disabilities in a residential setting	FY 18	\$ 200,000  \$ 20,881	
<b>Employment</b>	Job Developers	All regional access sites	Employees of Hope Haven Horizons Village NW	Partnership with local vocational service providers, employers, IVRS, Iowa Works to support outreach to eligible MHDS adults For job opportunities	Ongoing Out reach To Employ ers	\$ 5,000
	WIOA Video Production And Distribution	All Counties	IA Works, DEI, IVRS,AEA, Region, Providers	Develop awareness for WIOA transition responsibilities with local schools, students with disabilities and their families	Ongoing	\$ 0 (DEI grant)
	Benefits Planning	All Counties	Employment Initiatives Team recommend	Assist adult clients with benefits planning to provide insight of the impact of employment wages on benefits	Ongoing  (limit one per year as needed)	\$ 1,500
<b>Justice-Related</b>	Stepping Up	All counties	Stepping Up Team	To provide MH and SA services to eligible adults to improve functioning and reduce recidivism	Ongoing	Subject to team planning
	ISP 2 <sup>nd</sup> Gen Regional Service Coordination	Clay Dickinson Palo Alto	ISP Team	To provide MH and SA services to eligible adults to improve functioning and reduce recidivism	Ongoing	\$20,000
	Re-Entry Regional Service Coordination	All Counties	In coordination with Stepping Up Team	To provide MH and SA services to eligible adults to improve	Ongoing	\$ 13,920

NWIACC Annual Service and Budget Plan 21

				functioning and reduce recidivism		
	Jail Training	All Counties	Region/ Providers/ Sheriff and Jail Staff	To provide MH and SA services to eligible adults to improve functioning and reduce recidivism	As requested And Ongoing	
<b>Crisis</b>	Turning Point Sioux Rivers CRS	Sac City and Sioux City	ED Nurse managers, other regional access points	To provide responsive MH intervention and brief placement in CRS	As requested and ongoing	\$ 48,000
	Zero Suicide Project	Palo Alto County	Zero Suicide Team	To network through ZSP to support clients with suicidal and their families to access responsive, helpful care-Impact/reduce civil commitment due to danger to self behaviors	Ongoing	Included in Crisis Evaluation for Non Medicaid Clients
	Project Alert	All Counties	Project Alert Teams in each county	To provide real time information to 1 <sup>st</sup> responders to assist persons on scene with MHDS/other health care concerns	Ongoing	Materials currently available through Spencer ADA
	Prevention-MH 1 <sup>st</sup> Aid	All Counties	County Partners	To build awareness of signs, symptoms, interventions to assist individuals in MH Crisis	Ongoing	\$ 5,000
	RFP Mobile Crisis	All Counties	Mobile Crisis Team	To serve individuals in crisis with MH interventions and supports to alleviate distress	Develop In FY 18	\$ 476,700
	Service Coordination	All Counties	Regional Staff	Support clients in crisis	Ongoing	\$ 27,842
	<b>Peer Support</b>	RFP Peer Support Network/ Recovery Coaching	All Counties	Peer Support Network team	Provide ongoing peer support/recovery coaching to individuals in need of para professional MH/SA services	Develop in FY 18
Drop In Center		Dickinson and Palo Alto (pilot)	Drop In Center Team	Assist individuals in need of support to offer a dedicated space for social interaction, education, and intervention.	Develop in FY 18	\$ 5,000
NAMI		All Counties	NAMI Community Partners	Support NAMI outreach and education initiatives	Ongoing	\$ 1,000
Care Giver Connections		All Counties	ISU Extension Sioux Rivers	Provide Care Giver Classes in region to families of children with disabilities	Ongoing	\$ 2,500
Other Family Support		All Counties	Other Partners	Coordinate with initiatives for persons with disabilities	Ongoing	\$ 4,000
<b>Family Support</b>						
<b>Assertive Community Treatment</b>		All Counties	Seasons Center	Provide assistance with startup costs to offer this regionally	9 month grant Feb	\$ 304,888

				2017-Oct 2017	(FY 18 costs only)
<b>Transportation</b>	All Counties	Transportation Team	Support efforts to identify unmet transportation needs for employment and essential needs	Develop in FY 18	\$ 10,000
<b>Training for Provider Competencies</b>	All	Housing Employment Crisis Justice Related Peer Support Person Centered Plan PBS Trauma Informed Co-Occurring	Collaborate statewide and regionally to provide competency trainings to address identified qualified workforce needs	Ongoing	\$ 75,000
<b>Total FY 18 Regional Priorities Funding</b>					\$1,588,511

**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 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.

Motivational interviewing and utilization of the components of Recovery Oriented Systems of Care assessment are moving forward in a person-centered approach to address stages of change treatment strategies to meet the needs of individuals with complex needs. Working

more closely with Managed Care Organizations (MCO), we will explore options to determine what models we can 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, Northwest Iowa Care Connections generally addresses the QSDA process as Region specific. Northwest Iowa Care Connections continues to identify the QSDA scope and conclude that to fulfill the QSDA requirements would require building capacity, developing priorities, and implementing in phases.

A statewide standardized approach targeted outcomes continues to develop, addressing supported housing, supported employment, somatic care, and community inclusion 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, adhere to state mandated/recognized and provider supported evidence based and best practices, 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 continue to press forward to qualify the need and value in providing disability support services in the person's home community. Since individuals with disabilities have the same basic human needs, aspirations, rights, privileges, and responsibilities as other citizens, their access to the supports and opportunities available to all persons, as well as to specialized services is necessary for their health and well-being.

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 and decisions are made thru personal circles of support, will provide 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.

In addition to our quarterly informational meetings to address training and system development, we have developed the web-based portal that is collecting these outcomes which will be validated and reported. We continue to develop our online learning communities for trauma informed, co-occurring disorders, cultural competency, integrated care and 5 Star Quality to assure consistency and access to resources. These and other practice areas will support ongoing development of evidence based and best practices for the various community-based settings in which we provide services.

## **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 provide the County Auditors' interface to better assist our communication with our counties' information systems. Our State Auditor's audit assists 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 newer (2015) 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. HIPAA Risk Assessment is scheduled to further evaluate compliance.

NWIACC's regional website, [nwiaccareconnections.org](http://nwiaccareconnections.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.

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 Mc Kennon 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
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 10th St. Rock Valley, IA 51247 712-476-5245	Adult Outpatient MH Services
Department of Human Services 20 W. 6 <sup>th</sup> St. Spencer, Iowa 51301 712-264-3540	Targeted Case Management
Hope Haven (FKA Echo-Plus) 1808 Jackson Ave. Spirit Lake, Iowa 51360 712-336-4052 Box 225 Spencer, IA 51301 (FKA Sunshine Services)	Supported Community Living Employment and Day Services
Hope Haven 1800 19 <sup>th</sup> St. Rock Valley, Iowa 51247 712-476-2737	Supported Community Living      Respite Employment and Day Services      MI Day Habilitation Crisis Services      Adult Outpatient Therapy Peer Support      Jail Multi-Occurring Disorders Screening & Therapy Services
Horizons Unlimited 3826 460 <sup>th</sup> 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
Mercy Medical Center North IA 1000 4 <sup>th</sup> St. SW Mason City, Iowa 50401 641-428-7000	Inpatient Psychiatric Services

NWIACC Annual Service and Budget Plan 28

Mercy Medical Center 1111 6 <sup>th</sup> Ave. Des Moines, IA 50314 515-247-3121	Inpatient Psychiatric Services
<b>NWIACC Regional Network of Providers</b>	<b>Funded Programs in the NWIACC Region</b>
New Horizons 1004 21 <sup>st</sup> St Milford, 51351 (712)338-6911	Adult Psychiatric Services
Plains Mental Health Center 810 10 <sup>th</sup> St. SE Suite 201 Box 70 LeMars, IA 51031 712-546-4624 or 800-325-1192	Outpatient MH Services – Psychiatric Evaluation & Medication Management Outpatient Therapy Services
Pride Group 214 Plymouth St SE Lemars, IA 51031 712-546-6500 6059 390 <sup>th</sup> St. Primghar, IA 51245 712-757-6375	Residential Services Supported Community Living Habilitation Services
Seasons Center for Behavioral Health 201 E. 11 <sup>th</sup> 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 <sup>st</sup> Ave. E. Spencer IA 51301 712-264-6228	Inpatient Psychiatric Hospitalization
Sioux Rivers Crisis Residential Services 4038 Division Street, Sioux City, IA 712-560-7996/Fax 877-686-2801 (Call for Admission Criteria)	Crisis Residential Services
Turning Point Crisis Residential Services 900 Early St., Sac City, IA 712-662-8055/Fax712-662-8054 (Call for Admission Criteria)	Crisis Residential Services (Plains Area Mental Health Center)
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
Partnership for Progress (Willow Heights) 60191 Willow St. Atlantic, IA 712-243-3411	Residential Services Supported Community Living