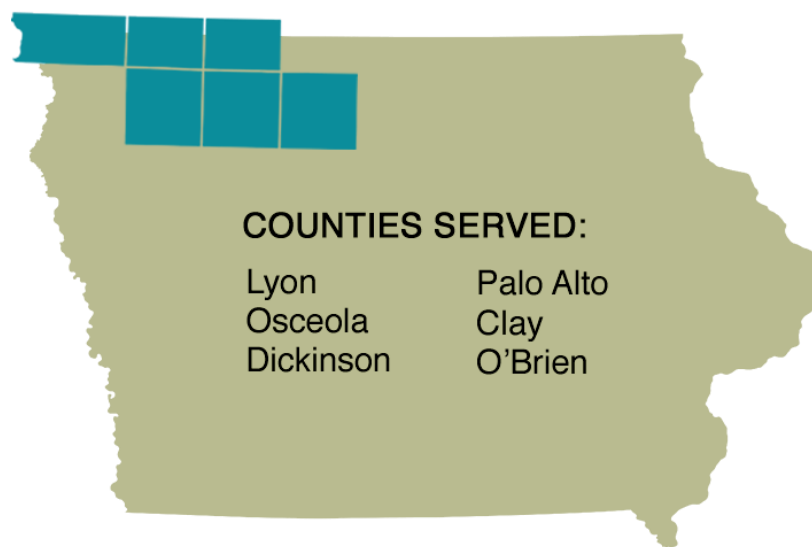


Northwest Iowa Care Connections
Mental Health and Disability Services Region

FY 2015 Annual REPORT



Geographic Area: Clay, Dickinson, Lyon, O'Brien, Osceola, and Palo Alto Counties

Approved by the Northwest Iowa Care Connections Governing Board: November 24, 2015

Report is Available at the Region's website: nwiacareconnections.org

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Introduction

The Northwest Iowa Care Connections Mental Health and Disability Services Region was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390. Member counties are Clay, Dickinson, Lyon, O'Brien, Osceola, and Palo Alto.

In compliance with IAC 441-25 the Northwest Iowa Care Connections Mental Health and Disabilities Services Region Management Plan includes three parts: Annual Service and Budget Plan, the Policies and Procedures Manual, and the Annual Report.

Services provided in Fiscal Year 2015:

The Northwest Iowa Care Connections Mental Health and Disability Services Region provided the following services included in this section of the report:

- Access Standards for Core Services and what we are doing to meet access standards
- Additional Core Services, availability and plans for expansion
- Provider Practices and Competencies
 - Multi-occurring Capable
 - Trauma Informed Care
 - Evidence Based Practices

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, describes if the region is meeting the access standards for each service, how the access is measured and plans to improve or meet access standards.

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u>	<u>Comments:</u>	
		<ul style="list-style-type: none"> • Met Yes/No • By which providers 	<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	Outpatient Therapy Medication Prescribing and Mgt Assessment Evaluation	Regional Contract requests information regarding crisis screening and assessment

25.3(3)a(2)	<u>Urgent</u> : 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)	<u>Routine</u> : 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)	<u>Proximity</u> : 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.
<u>Inpatient:</u> (Mental Health Inpatient Therapy)				
25.3(3)b(1)	<u>Timeliness</u> : The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	Yes Spencer Hospital	Inpatient Treatment	As a contracted provider, Spencer Hospital provides statistics on access.
25.3(3)b(2)	<u>Proximity</u> : Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	Yes Spencer Hospital	Inpatient Treatment	As a contracted provider, Spencer Hospital provides statistics on access.
25.3(3)c	<u>Timeliness</u> : Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.	Yes Spencer Hospital	Inpatient Treatment	As a contracted provider, Spencer Hospital provides statistics on access.
<u>Basic Crisis Response:</u> (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)				
25.3(2) & 25.3(4)a	<u>Timeliness</u> : 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	<u>Timeliness</u> : Crisis evaluation within 24 hours.	Yes Seasons Center		Regional Contract requests statistical info regarding access.
<u>Support for Community Living:</u> (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)				
25.3(5)	<u>Timeliness</u> : 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-Echo-Plus, Horizons, Hope Haven, Sunshine Services, Village NW	Home Health Aide Respite Home and Vehicle Modification Supported Community Living	Regional contracts requests information regarding Timeliness for regionally funded service access.
<u>Support for Employment:</u> (Day Habilitation, Job Development, Supported Employment, Prevocational Services)				
25.3(6)	<u>Timeliness</u> : The initial referral shall take place within 60 days of the individual's request of support for employment.		Day Habilitation Job Development Supported Employment Prevocational Services	Regional contracts requests information regarding timeliness for access to regionally funded employment
<u>Recovery Services:</u> (Family Support, Peer Support)				
25.3(7)	<u>Proximity</u> : 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 timeliness for access to regionally funded Family and Peer Support.
<u>Service Coordination:</u> (Case Management, Health Homes)				
25.3(8)a	<u>Proximity</u> : 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	<u>Timeliness</u> : 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> <ul style="list-style-type: none"> • Yes/No • By which providers 	<u>Comments:</u> <ul style="list-style-type: none"> • 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 for July 1, 2015 implementation with intention to provide in-state comprehensive service.
Mobile Response	No (proposal with Seasons Center, Compass Pointe, and Hope Haven Tabled subject to funding availability	RFP was issued and proposal accepted in December 2014. Due to loss of equalization funding, proposal was mutually tabled by providers and the region due to lack of sustainable funding.
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 does have plans to address this need in coordination with another region that will have services available within 50 miles of our region.
Crisis Stabilization Residential Services	No	Preliminary conversations have taken place with other regions within our proximity to contract for services as they move forward with their residential services.
Other	Yes	NWIACC is in negotiation (contract was signed October 2015) with an out-of-state hospital to provide psychiatric inpatient services. This same hospital has partnerships with two local hospitals that provide support services, including emergency room tele-health access to specialists, including psychiatrists for real-time care.
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.
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.

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> 		Echo-Plus Compass Pointe Horizons Hope Haven Kathleen's Pride Group Seasons Center Spencer Hospital Sunshine Services Village NW	Compass Pointe Hope Haven Pride Group Seasons Center Spencer Hospital	NWIACC participated in 3 technical assistance visits with Dr. Ken Minkoff. Governance and Advisory Board members as well as service providers and regional staff met to learn more about access to co-occurring disorders services, the process by which persons are engaged and treated and the methods in which organizations can transform facets of their work to support this function. The CEO continues to work within the ICORN Leadership team to identify relevant methods and collaborations between systems to pursue better outcomes for mutual clients.
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. We seek out resources that provide relevant cross training among providers and community groups to address needs. Within our regional crisis team, we have a process to provide continuing education to support more working knowledge for those in need of trauma informed care.

The Chart below describes the regions efforts 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 management.	Our region, during this first year, has no plans to independently verify fidelity on ACT or strength based Case Mgt. at this time.	In this first year, we determined less feasibility to work on the ACT EBP. We are part of a coalition of rural counties who is investigating capacity, sustainable funding, and implementation in the future.
Integrated Treatment of Co-Occurring SA & MH	There has been some progress with	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	The region, through contracting, determined some training needs (Minkoff and Cline, ROSC), 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.	Echo Plus Horizons Hope Haven Sunshine Services Village NW	Echo-Plus Horizons Hope Haven Sunshine Services Village NW	Our region, during this first year, determined EBPs to be utilized. Fidelity Scales are being pursued with no independent verification determined.	The region, in coordination, with service providers, determined Customized Employment, APSE, and IPS as preferred EBPs to utilize going forward and began selected data collection methods as the region reports outcomes and develops performance based contracting for vocational services.
Family Psycho education	There has been no progress on this specific SAMHSA EBP within the first year of the region.	Seasons Center		Our region, during this first year, had no plans to independently verify fidelity on this SAMHSA EBP.	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 to utilize the Fidelity Scales of this specific SAMHSA EBP is forthcoming.
Illness Management and Recovery	There has been no progress on this specific SAMHSA EBP	Seasons Center Hope Haven		Our region, during this first year, had no plans to independently verify fidelity on this SAMHSA 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.
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, during this first year, had no plans to independently verify fidelity on this SAMHSA EBP.	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 16, our Region will be moving 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					
Organization	Integration of Rehabilitation with MH Treatment Vocational Units	Housing Options	Access to Comprehensive <u>Services</u> 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				
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	Educational <u>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> Pharmacological Treatment	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> Individualized <u>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						

Individuals Served in Fiscal Year 2015

This section includes:

- the number of individuals in each diagnostic category funded for each service
- unduplicated count of individuals funded by age and diagnostic category

This chart lists the number of individuals funded for each service by diagnosis.

Age	COA	Service Funded	Diagnostic				Total
			MI	ID	DD	CM	
Adult	11101	Direct Admin	2	1			3
Adult	31354	Transportation - General		3			3
Adult	32325	Support Services - Respite Services		2			2
Adult	32329	Support Services - Supported Community Living	7	17	3		27
Adult	32399	Support Services - Other		6			6
Adult	42305	Psychotherapeutic Treatment - Outpatient	8				8
Adult	42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	2				2
Adult	44301	Crisis Evaluation	20				20
Adult	50362	Voc/Day - Prevocational Services	17	117	3		137
Adult	50368	Voc/Day - Individual Supported Employment	2	2	2		6
Adult	50369	Voc/Day - Group Supported Employment		1			1
Adult	50399	Voc/Day - Day Habilitation		7			7
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living		8			8
Adult	64314	Comm Based Settings (6+ Beds) - RCF	41	2			43
Adult	64318	Comm Based Settings (6+ Beds) - ICF/MR		5			5
Adult	71319	State MHI Inpatient - Per diem charges	11				11
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	5				5
Adult	74300	Commitment - Diagnostic Evaluations	11				11
Adult	74353	Commitment - Sheriff Transportation	118				118
Adult	74393	Commitment - Legal Representation	135				135
Adult	74399	Commitment - Other	1				1
Adult	75100	Mental Health Advocate - Salaries of Regular Employees	14				14
Adult	75101	Mental Health Advocate - Wages of Temp & Part Time Employees	80				80
Adult	75110	Mental Health Advocate - FICA - County Contribution	12				12
Adult	75111	Mental Health Advocate - IPERS - County Contribution	12				12
Adult	75260	Mental Health Advocate - Stationary/Forms/General Office Supplies	8				8
Adult	75395	Mental Health Advocate - General	3				3
Adult	75413	Mental Health Advocate - Mileage & Other Travel Expenses	60				60
Adult	75414	Mental Health Advocate - Telecommunications Services	10				10
Child	74353	Commitment - Sheriff Transportation	2				2
Child	74393	Commitment - Legal Representation	1				1

The chart below shows the unduplicated count of individuals funded by diagnosis

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	2	308	310	40
Mental Illness ,Intellectual Disabilities	0	4	4	40,42
Mental Illness, Other Developmental Disabilities	0	1	1	40,43
Intellectual Disabilities	0	131	131	42
Other Developmental Disabilities	0	3	3	43
Brain Injury	0	0	0	0
Total	2	447	449	99

Moneys Expended

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 initial core and additional core service domains. Northwest Iowa Care Connections is the funder of last resort. This section includes:

- Funds expended for each service
- Revenues
- County Levies

The chart below show the regional funds expended by service and by diagnosis.

FY 2015 Accrual	Northwest IA Care Connections MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
43301	Assessment & evaluation	0	0	0	0	0	\$ -
42305	Mental health outpatient therapy	\$189,883.22	0	0	0	0	\$ 189,883
42306	Medication prescribing & management	0	0	0	0	0	\$ -
71319	Mental health inpatient therapy-MHI	\$ 32,720.58	0	0	0	0	\$ 32,721
73319	Mental health inpatient therapy	\$143,902.16	0	0	0	0	\$ 143,902
	Basic Crisis Response						
32322	Personal emergency response system	0	0	0	0	0	\$ -
44301	Crisis evaluation	\$ 8,463	0	0	0	0	\$ 8,463
44305	24 hour access to crisis response	0	0	0	0	0	\$ -
	Support for Community Living						
32320	Home health aide	0	0	0	0	0	\$ -
32325	Respite	0	\$ 3,283.01	0	0	0	\$ 3,283
32328	Home & vehicle modifications	0	0	0	0	0	\$ -
32329	Supported community living	\$15,553.46	\$82,329.33	\$5,632.08	0	0	\$ 103,515

FY 2015 Accrual	Northwest IA Care Connections MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
63329	SCL 1-5 Beds	0	\$34,146.16	0	0	0	\$ 34,146
	Support for Employment						
50362	Prevocational services	\$ 61,690.03	\$696,564.57	\$12,695.76	0	0	\$ 770,950
50367	Day habilitation	0	\$ 2,314.49	0	0	0	\$ 2,314
50364	Job development	0	0	0	0	0	\$ -
50368	Supported employment	\$ 10,278.24	\$ 934.90	\$ 2,358.48	0	0	\$ 13,572
50369	Group Supported employment- enclave	0	\$ 150.78	0	0	0	\$ 151
	Recovery Services						
45323	Family support	0	0	0	0	0	\$ -
45366	Peer support	0	0	0	0	0	\$ -
	Service Coordination						
21375	Case management	0	0	0	0	0	\$ -
24376	Health homes	0	0	0	0	0	\$ -
	Core Evidenced Based Treatment						
45373	Family psycho education	0	0	0	0	0	\$ -
42397	Psych rehab (ACT & IPR)	\$ 957.96	0	0	0	0	\$ 958
	Core Domains Total	\$463,448.65	\$819,723.24	\$20,686.32	0		\$ 1,303,858
	Mandated Services						
46319	Oakdale	0	0	0	0	0	\$ -
72319	State resource centers	0	0	0	0	0	\$ -
74XXX	Commitment related (not 301)	\$41,951.69	0	0	0	0	\$ 41,952
75XXX	Mental health advocate	\$ 5,915.11	0	0	0	0	\$ 5,915
	Mandated Services Total	\$48,866.80	0	0	0	0	\$ 48,867
	Additional Core Domains						
	Comprehensive Facility & Community Based Crisis Services						
44346	24 hour crisis line	\$205,287.96	0	0	0	0	\$ 205,288
44366	Warm line	0	0	0	0	0	\$ -
44307	Mobile response	0	0	0	0	0	\$ -
44302	23 hour crisis observation & holding	0	0	0	0	0	\$ -
44312	Community based crisis stabilization	0	0	0	0	0	\$ -
44313	Residential crisis stabilization	0	0	0	0	0	\$ -
	Sub-Acute Services						
63309	Subacute services-1-5 beds	0	0	0	0	0	\$ -
64309	Subacute services-6 and over beds	0	0	0	0	0	\$ -

FY 2015 Accrual	Northwest IA Care Connections MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
	Justice system-involved services						
46305	Mental health services in jails	0	0	0	0	0	\$ -
46422	Crisis prevention training	0	0	0	0	0	\$ -
74301	Civil commitment prescreening	0	0	0	0	0	\$ -
46399	Justice system-involved services- other	0	0	0	0	0	\$ -
	Additional Core Evidenced Based Treatment						
42366	Peer self-help drop-in centers	0	0	0	0	0	\$ -
	Additional Core Domains Total	\$205,287.96	0	0	0	0	\$ 205,288
Other Informational Services							
03XXX	Information & referral	0	0	0	0	0	\$ -
04XXX	Consultation	0	0	0	0	0	\$ -
05XXX	Public education	0	0	0	0	0	\$ -
	Other Informational Services Total	0	0	0	0	0	\$ -
Other Community Living Support Services							
06399	Academic services	0	0	0	0	0	\$ -
22XXX	Services management	0	0	0	0	0	\$ -
23376	Crisis care coordination	0	0	0	0	0	\$ -
23399	Crisis care coordination other	0	0	0	0	0	\$ -
24399	Health homes other	0	0	0	0	0	\$ -
31354	Transportation	0	\$10,173.12	0	0	0	\$ 10,173
32321	Chore services	0	0	0	0	0	\$ -
32326	Guardian/conservator	0	0	0	0	0	\$ -
32327	Representative payee	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)	0	0	0	0	0	\$ -
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	0	0	0	0	0	\$ -
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	\$ -
42363	Day treatment	0	0	0	0	0	\$ -
42396	Community support programs	0	0	0	0	0	\$ -

FY 2015 Accrual	Northwest IA Care Connections MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
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	\$ 0
63399	Other 1-5 beds	0	0	0	0	0	\$ 0
	Other Community Living Support Services Total	0	\$ 10,173.12	0	0		\$ 10,173
Other Congregate Services							
50360	Work services (work activity/sheltered work)	0	0	0	0	0	\$ -
64314	RCF--6 and over beds	\$ 659,654.20	\$17,340.47	0	0	0	\$ 676,995
64XXX	ICF--6 and over beds	0	\$95,047.20	0	0	0	\$ 94,047
64329	SCL--6 and over beds	0	0	0	0	0	\$ -
64399	Other 6 and over beds	0	0	0	0	0	\$ -
	Other Congregate Services Total	\$ 659,654.20	\$112,387.67	0	0	0	\$ 772,041
Administration							
11XXX	Direct Administration**					\$481,492.16	\$ 481,492.16
12XXX	Purchased Administration					\$ 35,862.49	\$ 35,862.49
	Administration Total					0	\$
	Regional Totals	\$659,654.20	\$112,387.67	\$20,686.32	0	\$517,354.65	\$ 2,856,852.61
(45)County Provided Case Management						0	\$ -
(46)County Provided Services						0	\$ -
Regional Grand Total		\$1,376,257.61	\$942,284.03	\$20,686.32	0	0	\$ 2,856,852.61

Additional information to share regarding the Region's FY 15 Budget

*Osceola County's debt to DHS was paid by the Region in full (\$60,306) along with equalization amount of \$105,452, which was withheld for payment of debt.

**Medicaid Offset due for FY 15 was paid in full \$76,597

-The Fiscal Agent has two (2) credits from Clay County. One is in the amount of \$86.10 for a copier billed under the County's MH account and the other is in the amount of \$39,661 (Medicaid Offset) because another check was erroneously sent to Clay County for reimbursement of this amount by the Fiscal Agent.

-Service Coordination Costs were included in Administrative Costs- No service reimbursement rate had been established for FY 15. There was an average usage of 180 Units per month per 15 minute increment- (If calculated at the current County Targeted Case Management unit rate of \$63, approximately \$11,340 per month could be deducted from Administrative Costs for this service.)

Growth/Loss report

Disability Group	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net Change
Mental Illness	174	100	103	136	-38
Chronic Mental Illness	0	0	0	0	0
Intellectual Disabilities	119	111	102	97	-22
Developmental Disabilities	4	3	3	2	-2
Administrative	0	0	0	0	0
Case Management	0	0	0	0	0
Entity Provided Service	0	0	0	0	0
Brain Injury	0	0	0	0	0
Total	297	214	208	235	-62

Revenue

FY 2015 Accrual	Northwest Iowa Care Connections MHDS Region		
Revenues			
	Fund Balance as of 6/30/14		\$ 3,041,445
	Local/Regional Funds		\$ 2,029,334
10XX	Property Net Tax/Delinquent	\$1,789,862.65	
12XX			
16XX	Other Taxes	\$ 35,704.01	
21XX	State Property Credits	\$ 102,624.53	
22XX	Replacement Credits	\$ 20,463.90	
29XX	In Lieu of Taxes	\$ 1,247.16	
531X	Client Fees	\$ 25,629.70	
60XX	Interest	\$ 2,542.26	
8XXX	Private Source/Misc Reimbursement	\$ 51,889.74	
	State Funds		\$ 1,256,624
2250	MHDS Equalization	\$ 1,179,150.00	
2645	State Payment Program (Only for SPP cases)	\$ 77,483.96	
2646	MHDS Transition	\$ -	
	Federal Funds		\$ 432,394
2344	Social Services Block Grant	\$ 432,394	
2345	Medicaid	\$ -	
	Total Revenues		\$ 3,718,352
	Total Funds Available for FY15	\$ 6,759,797	
	FY15 Regional Expenditures	\$2,856,583	
	Accrual Fund Balance as of 6/30/15	\$3,903,214	

County Levies

County	2012 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY15 Max Levy	FY15 Actual Levy	Actual Levy Per Capita
Clay	16,491	\$784,375	\$ 402,866	\$402,866	\$ 402,866	\$ 24.43
Dickinson	16,955	\$798,985	\$ 412,509	\$412,509	\$ 412,509	\$ 24.33
Lyon	11,712	\$551,758	\$248,113	\$248,113	\$ 248,113	\$ 21.18
O'Brien	14,044	\$671,849	\$570,332	\$570,332	\$ 570,332	\$ 40.62
Osceola	6,211	\$195,221	\$195,221	\$195,221	\$ 195,221	\$ 31.43
Palo Alto	9,185	\$400,180	\$668,176	\$400,180	\$ 94,210	\$ 10.26
Region	74,598	\$3,402,368	\$2,497,217	\$2,229,221	\$1,923,251	

OUTCOMES-PROGRESS ON GOALS					
UTILIZING THE SIX DOMAINS					
Access to Service	Life in the Community	Person Centeredness	Health and Wellness	Quality of Life and Safety	Family Natural Supports

As its mission, Northwest Iowa Care Connections exists to enhance the lives of the people it serves through an array of services to meet the needs of the citizens of Northwest Iowa using evidence based practices wherever possible to provide unparalleled services that achieve life altering outcomes for the people we serve.

In our region's initial organizational phase, we collectively identified four key areas for collaboration in development and implementation that addresses the six domains; Crisis Services, Integrated Community Based Employment Initiatives, Housing and Service Coordination. Our region assembled teams and had multiple meetings to address service options, access points, barriers, and strengths within our regional system of care. Please see Attachment D for a summary of specific services engaged in these domains.

ACCESS POINTS and SERVICE PROVIDER NETWORK

Our region's local access points (see attachment A) and our network of providers (see Attachment B) assisted 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.

This past year, we saw the consolidation of services as Echo-Plus in Spirit Lake and Sunshine Services in Spencer were brought under the umbrella of Hope Haven. Services were retained in these local communities due to acquisition of Echo-Plus operations mid-year and the partnership and collaboration which brought forth a change in management at Sunshine Services effective officially on July 1, 2015.

NWIACC provided a letter of support to Seasons Center for an Integrated Primary Care/Behavioral Health Care grant through the Primary Care Association which provides imbedded care in the Spencer Avera Clinic.

NWIACC also provided a letter of support to Hope Haven who launched an IVRS Grant for a school based Integrated Community Employment Grant for high school students with disabilities in the Okoboji School System in Milford, IA.

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 for which we will receive additional training in the coming months.

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.

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 have served us well as we become more centralized and efficient in our day-to-day operations. This administrative structure has improved communication with our regional fiscal agent, our accounting system, and with our member counties. 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 have worked with ISAC on a pilot project to develop a region and County Auditors' interface to better assist our communication with our counties' information systems. In addition, these individuals were integral in our region's participation in a preliminary informal DHS audit held in the spring of 2015 to identify strengths in our accounting practices and potential problem areas directly impacting regional annual reporting.

Collaboration was completed with regional member counties upon passage of House File 468 to address the need to merge the duties of the Mental Health Advocate position through a 28E agreement.

Initial Health Insurance Accountability and Portability Act (HIPAA) compliance training was provided with the Governance Board, Fiscal Agent and staff. Recent revisions of Federal Law were cited with the use of materials provided by ISAC. Annual trainings will be scheduled per regional policy.

NWIACC's regional website, nwiaccareconnections.org was under construction (officially launched 7/1/2015) to provide an online presence to access information and resources for consumers, our partners, and our communities to address behavioral health and disability services needs.

NWIACC signed a Memorandum of Understanding with our regional Area Agency on Aging, Elderbridge, to more fully 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. Through this local partnership and in tandem with Federal Centers for Medicare and Medicaid and Iowa initiatives, we see our MH/DS region and the ADRC working together 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.

CRISIS SERVICES

In early 2014, law enforcement, local hospital personnel, regional service providers, Governance Board representatives and regional staff met to identify the needs for crisis services in our region. Our regional Crisis Team met throughout the summer and fall of 2014 to address areas of need as we identified goals for 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.

To that end, we developed three priority areas of need: 1) Improved behavioral health access to crisis services in our local county jails and local hospital emergency rooms, 2) the need for mobile crisis to “aid in place”; and 3) increased access to inpatient psychiatric facilities when needed. Attempts to develop a pre-screening tool for civil commitments has been put on hold until the team determines the process and the community capacity needed for it to succeed.

Our Crisis Team identified current resources, opportunities for additional collaboration to support our first responders in the field, as well as pursuing partnerships that would have a direct impact on client access to crisis services.

CO-OCCURRING CRISIS SERVICES SCREENING IN COUNTY JAILS

A pilot project was set into motion whereby three counties were identified (Dickinson, Lyon, and Palo Alto) to host a pilot project in September 2014 for up to six months that invited Hope Haven Mental Health Practitioners to provide crisis screening within their county jails. Through the regional contract, Hope Haven worked closely and in tandem with Compass Pointe, an IDPH regional substance abuse treatment provider, to provide co-occurring crisis screening. The merits of providing services at a pivotal time for an individual as well as the cost savings associated with more intensive interventions was noted. The other three counties’ jails (Clay, O’Brien, and Osceola) were added in March 2015. There was a total of 22 contracted mental health crisis screenings administered during this 9 month period as this service started up with a cost of approximately \$8,000 for the partial year. Data is also being collected by Compass Pointe beginning in FY 16 to reflect the multi-occurring needs present. In addition to the region’s crisis screening contract, these agencies have provided ongoing treatment as individuals remain incarcerated or upon release. Their efforts have resulted in referrals to necessary and timely medical treatment, for de-escalation of behaviors within the jails, and ongoing treatment that deters recidivism and supports improved functioning in the community.

MOBILE CRISIS SERVICE REQUEST FOR PROPOSAL

In addition to jail related crisis services, law enforcement along with other crisis team members, identified a need for an on-site screening process for persons to be aided in place when in crisis. Regional service providers, Seasons Center, Hope Haven, and Compass Pointe, collaborated to complete a Request for Proposal that provided a dedicated project coordinator and necessary staff to provide a 24/7 rural mobile crisis team throughout the region with an emphasis on person-centered planning and assistance. The well-organized and potentially accredited mobile crisis proposal, which included intersects with Electronic Health Records for continuity of care in integrated settings, ongoing training, and stakeholder input, was initially approved in concept by the

Governance Board. Upon notification that FY 16 equalization dollars were not available to the region, it was mutually determined that this project would be suspended indefinitely or at which time, sustainable funding was available.

BEHAVIORAL HEALTH CARE ACCESS IN LOCAL HOSPITALS

In tandem with crisis services efforts for law enforcement, regional staff met with local hospital Emergency Room Nurse Managers to identify concerns about the access to and availability of inpatient court-ordered psychiatric care and the screening needed to support appropriate behavioral health care interventions when inpatient care was not necessary. There was a sharing of resource information, of admission criteria needed for specific mental health units, and identification of “best practices” that would assist patients in their search for care.

ACCESS TO PSYCHIATRIC HOSPITALIZATION

The NWIACC Inpatient Team met on numerous occasions to address the funding needs of inpatient services to maintain accessible psychiatric services with current providers associated with Spencer Hospital and Seasons Center. A block grant was negotiated with Seasons Center to assist their efforts to provide Inpatient Rural Access to regional residents.

Because of the lobbying efforts of key administrators through the Iowa Hospital Association, the Iowa Association of Community Mental Health Centers, and the Sheriff’s and Deputy Associations, Senate File 440 was adopted to allow involuntary hospitalization out-of-state, if the other state’s statutory requirements were in line with Iowa’s civil commitment laws.

The Region began negotiations with Avera McKennon in Sioux Falls, South Dakota in the spring of 2015 to develop a contract for involuntary psychiatric inpatient care across state-lines. After educating each other about the legal processes involved and determining discharge service coordination protocols, a contract was signed in October 2015. This partnership will continue its work to coordinate regional emergency room tele-health capabilities for real time access to care from Avera McKennon, a major hospital system who specializes in psychiatric inpatient care. This arrangement does not preclude our region’s ongoing support and utilization of services at the Spencer Hospital as a first choice for care. Spencer Hospital and Seasons Center work collaboratively with Avera McKennon to mutually support the psychiatric care needs of individuals in our region.

NWIACC also contracted with NW Iowa Youth Emergency Services Juvenile Detention Center to increase the access to specialized transportation services (may be provided as a sheriff’s designee” to individuals who are court-ordered for behavioral healthcare that may be funded by regions.

FOUNDATION 2 REGION WIDE 24/7 CRISIS LINE CONTRACTING and MARKETING

Along with the need for additional first response support, the region worked with Foundation 2 in Cedar Rapids to contract for 24/7 crisis line access that provides trained counselor to assess situations, to provide support, develop a plan of action, and make referrals as needed for follow-up. The contract was negotiated to begin on July 1, 2015 and extensive marketing was done with law enforcement, county jails, schools, hospitals, clinics,

community sites such as libraries, grocery stores, convenience stores etc, local service providers, to get the word out in the weeks before implementation. Beyond the regional crisis services phone line, an Internet chat line will be introduced by Foundation 2 in January 2016 with hopes that will appeal to a different demographic of potential users of 24/7 crisis services.

PROJECT ALERT

Another support to first response is the region's plan to implement PROJECT ALERT to assist with crisis service access and response, as well as disaster preparedness. This initiative was brought forward in 2005 by the Spencer ADA Council, who gathered various stakeholders together to develop and implement this system of care to Clay County since then. Plans have formed to share this with member county coalitions to address this continuing need. Its universal appeal transfers to any county who wants individuals with special needs to voluntarily sign up with their local law enforcement's Communication Center to have specific information available 24/7 for care. More pertinent health care information is stored in a tube and flagged with a PROJECT ALERT magnet on the individuals' kitchen freezer. In addition, there is emphasis placed on an individual's preparedness for emergencies by orchestrating their unique communication plan with people in their immediate circle as well as preparing a "get and go" bag with necessities used if expedient evacuation is imminent.

EMPLOYMENT INITIATIVE

The NWIACC Employment Initiative Team started to meet in early 2014 in preparation for regionalization. Because of the impending Home and Community Based (HCBS) settings rules and their impact on facility based employment services. Our planning sessions included emphasis on the domains for access to service, life in the community, person centeredness, health and wellness through employment, quality of life and safety, and the use of family and natural supports in their search and maintenance of community employment.

To access technical assistance dollars from the Department of Human Services, our team developed and implemented an educational and awareness building project featuring Luther Snow, a nationally known Asset Building and Community Development consultant.

Here are excerpts from Mr. Snow's follow-up report:

[Mr. Snow writes} We had a successful regional and economic development initiative, facilitating **13 community-based sessions over 4 days with a total attendance near 150 in every county of the region.** The regional CEO and staff, the Chair and members of the Board of Governors and the Advisory Committee did a terrific job setting up and hosting this ambitious series. The facilitator Luther Snow was expert at adapting and applying his positive development approach to very different audiences and settings.

2. The sessions served to help the regional network bond and grow stronger as we enter implementation. **All participants were positive and even enthusiastic about the experience.**

3. The strategy devised by the Regional CEO and staff to **lead with an economic development message** was successful. Northwest Iowa Care Connections clearly brings valuable resources to our economy, especially in the form of **untapped employees** with certain skill areas that can increase the profitability of businesses and

employers. This message was well received by local employers, and collaborating on this approach helped focus local providers.

4. The **most powerful moments** came when local employers told **inspirational stories** of existing employees:
 - a. Employers said that these employees doing **good work that fits their skills**, even in areas those other employees would not be good at.

The process represented all 6 counties. The following sessions were facilitated in the first round:

1. Advisory Committee

2. Governance Board

3. Combined Advisory and Governance Board

4. Sheldon: Open community session with providers and clients

5. Spirit Lake: Open community session with providers and community partners

6. Emmetsburg: Open community session with providers, clients, and community partners

What we covered:

- Understanding the significance and potential of the new regional network called Northwest Iowa Care Connections
- How networks like this work effectively
- Identifying assets in our communities to support this work, and practicing the skill of identifying and using assets (Including Luther's Asset Mapping experience with three of the groups, and other asset-based tools with all groups)
- How to engage with community members and organizations around issues of mental health and disabilities and around the projects and works of Northwest Iowa Care Connections
- How to govern, manage, lead and advise in the network to demonstrate mutual advantage with other county and regional initiatives
- How to recognize assets and manage collaboration among counties, among service providers, among staff, with related community organizations, partners, and agencies, with employers and economic developers, and with families and customers.
- How to approach the 2nd round of sessions, how to describe and market them, and how to prepare for them.

What we did:

Six sessions were facilitated, one in each county, based on a common message but customized to each situation, on the subject of regional networking, customized employment and economic development strategy, with employment service providers, employers and businesses, Governance Board members, other County Supervisors, regional staff, media, community organizations and partner agencies. Total attendance about 71, representing all 6 counties.

What we covered:

- We announced the formation of the new regional network as a significant new player in area economic development
- We described our approach as two-way, not to recruit help but to enter into mutually beneficial dialog with local businesses, employers, economic developer and regional networks in other fields
- We demonstrated the skill and methods of making positive, win-win-win conversations between providers and employers

Major observations:

1. **Share these powerful stories:** The most powerful moments during all of these sessions came when people shared local success stories. Employers told how individuals who face intellectual or physical challenges came to their employ through the network, and how these customized work experiences not only proved their special

talents, but also benefitted the other employees and the bottom line. Service providers told stories of individuals who, given a chance and over time, have become independent and valuable contributors to community. Parents told of their pride in their children's success and in their neighbor's positive reception. And the customers themselves shared their passions and interests and successes as equal participants in sessions. Many participants had never heard these stories before and were moved by them. Members of the Governing Board said these stories remind them of why they do the hard work they do. The impact of these success stories suggests the powerful potential for engaging the public and building more employer support by sharing these stories more widely.

2. One of the stronger regions in Iowa. Compared to other regions in the state at this point, Northwest Care Connections is both better able to collaborate and further advanced on the customized employment approach. We heard this from partner agencies who work with other regions. And we saw how, under positive facilitation, all the participating stakeholders demonstrated the readiness, desire and skill to work together to get things done. Service providers who otherwise might see themselves as competitive or turf oriented experienced success as collaborators in this larger regional initiative, as together they strengthened their message to employers and began to reach more people. The quality and commitment of these providers was evident by their contributions and by the. Regardless of the specific outcomes of these ideas, it is clear that participants are starting to think and act in positive, collaborative ways, and this is the right dynamic to build on.

3. The economic development message is compelling: Participants were positively impressed by the strong economic development message we conveyed. Instead of hearing that mental health and disability is a kind of charity or just a sacrifice, participants heard that Northwest Iowa Care Connections has significant resources to contribute to the development of the regional economy. In particular, as the Board Chair said, we've got untapped employee resources in a time when many employers are looking for help, and a strategic labor solution for any business trying to increase profitability and production. This is a message that can be most strongly delivered by the regional network. And this is a good message for the network to use to show how working together can be good for the region.

5. Customers have something to say: The Regional CEO insisted that these meetings involve more than just service provider staff, and that paid off. When customers themselves were involved, their participation was in many ways even more insightful. Board members were impressed and inspired by what they saw and heard, and in turn helped inspire the other participants. And employers were obviously pleased to be included and to be able to share their story. Clearly, these stakeholders and constituents should be included in future efforts to advance programs.

From this project, NWIACC conceived a Job Developer's Coalition, which coordinates the efforts for job exploration and development among our network of providers; Horizons Unlimited, Hope Haven, and Village Northwest. This dynamic group are the "movers and the shakers" of our region as they engage all aspects of community in the search for employment opportunities for individuals with disabilities. They are especially cognizant of the success needed as the region solidifies our partnerships with IVRS, IWD, and the DEI Leadership Team toward goals related to increased integrated employment options region-wide.

In addition, it became more apparent that we have "pockets" of excellence within our region in a variety of initiatives. The Palo Alto County Employment Incubator was born because of the combined vision and business practices of Horizons Unlimited, DHS Case Management, the local IVRS office, the local Integrated Health Home staff, Prairie Lakes Area Education Agency, Iowa Lakes Community College through Project Learning and the SAVE program, Iowa WorkForce Development through the DEI Leadership grant, and the NWIACC regional staff. Because of enthusiastic and cooperative businesses, Horizons saw an 80% decrease in facility based service delivery with more part-time employment options for their members. The commitment continues as members are trained in community settings to realize their person centered plans for integrated employment. More emphasis is being placed on utilization of natural supports whenever possible to meet transportation needs.

Because NWIACC adopted the Evidenced Based Customized Employment and APSE Supported Employment models and endorsed the IPS model for persons with mental illness, currently used by Hope Haven, we began our outcome process with the collection of baseline data (October 2014) to determine what sectors of the economy were utilizing integrated community based employment. Please see results below.

Employment Categories	# of Persons Served Full time (over 28 Hours a week)					# of Persons Served Part-time (under 28 Hours a week)					Total	
	Echo Plus	Hope Haven	Horizons	Sunshine Services	Village NW	Echo Plus	Hope Haven	Horizons	Sunshine Services	Village NW	FT	PT
<u>Agriculture</u> Farming Agribusiness Livestock Other: Explain:											0	0
<u>Clerical</u> Data Processing Financial Other: Explain: Shredding Reception Church Supply Stocker Graphic Design							1 (I) 1 (I)		1 1	1	0	5
<u>Government:</u> Office: Service: Explain:											0	0
<u>Manufacturing</u> Machining Assembly Research and Development Other: Explain: Paint Line Parts Washer Wood Products/ stain Packaging		1 (I) 5 (G) 2 (I)	1			1 1	4 (G)	2	1		3 (I) 5 (G)	7 (I) 4 (G)

Employment Categories	# of Persons Served Full time (over 28 Hours a week)					# of Persons Served Part-time (under 28 Hours a week)					Total	
	Echo Plus	Hope Haven	Horizons	Sunshine Services	Village NW	Echo Plus	Hope Haven	Horizons	Sunshine Services	Village NW	FT	PT
<u>Retail</u>												
All-Service		1 (I)							2	11	1 (I)	22 (I)
Clothing												
Recreation												
Other: Explain:												
Gas Station								1				
Grocery							1 (I)	1	5			
Lumber Yard								1				
<u>Service</u>												
Food Service						1	7	2	4	12	3 (I)	48 (I)
Hospitality		1 (I)					1		1			1 (I)
Child Care									1			1 (G)
Professional									2			
Cleaning/						2	4	3		6		
Janitorial												
Other: Explain:												
Private	2					2	1 (G)					
Redemption Ctr.												
<u>Other:</u>												
<u>Totals</u>	2	5 (I) 1 (G)	1	0	0	7	15 (I) 5 (G)	10	19	31	8 (I) 1 (G)	82 (I) 5 (G)

Our region will continue to collect data and utilize this in our fidelity standards to provide Evidence Based practices that assist individuals, regardless of their funding stream, to tap economic sectors of their choice and qualifications, for integrated, community based employment opportunities.

SUPPORTED HOUSING INITIATIVE TEAM:

Various federal civil rights cases have spotlighted the deficiencies in which communities have worked with persons with disabilities in non-integrated settings. In response to these rulings, the Iowa Legislature has focused efforts through the state's Mental Health and Disability Services (MHDS) Redesign to encourage regions to identify and provide opportunities for integrated and supported housing due to the down-sizing of larger (over 15 bed) residential care facilities. Northwest Iowa Care Connections actively pursued a public-private partnership to provide housing opportunities to address this need in a way that addresses the individual's and communities' health and safety as well as outcomes in the domains of access to service, life in the community, person centeredness, health and wellness, quality of life and safety, and family/natural supports.

We appreciate the ongoing efforts of our Region's housing sector; it is our hope to connect our Region's existing resources into a network that offers a broad, accessible, and affordable array of choices and levels of care to meet this newly identified need. To that end, NWIACC set up a team of individuals within our six county Region to discuss future plans in this area of need. We continue to work with representatives of these various sections of the community in our six counties.

Current Landlords	Private Investors	Financial Institutions
Realtors	Non Profit Housing Trusts	Nursing Homes
Assisted Living Services	Supported Housing MH/DS Providers	Domestic Violence Shelters
Regional Housing Authority	HUD Housing Managers	Homeless Shelters
Residential Care Facilities	County Attorneys	Private Attorneys
County Assessors	Regional Governance Board	Regional Staff

We understand that due to the rural nature of our counties, individual representatives from these various agencies may represent multiple counties. We met in November to discuss goals and to develop the partnerships. A sub-committee of RCF and SCL providers continues to meet with regional staff to identify specific individuals who may be ready to move to the community if housing is available and provide placements when needed. In addition we continue to work together to determine the number of units needed for individuals within certain communities, to engage local investors and developers, determine the needs to combat workforce shortage to provide support, provide pay for performance incentives that assist with short-term stabilization and respite services as well as permanent supportive housing models.

We offered staff training and provider education from Polk County Health Services regarding Positive Behavioral Supports to better meet the needs of individuals and prepare for ongoing development of services and payment for performance.

REGIONAL QUALITY IMPROVEMENT DATA COLLECTION:

Evaluation of individual satisfaction, including empowerment and quality of life from direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders has been gathered by NWIACC for FY 15. Please see Attachment C for specific results.

Northwest Iowa Care Connections addressed 28 Exceptions to Policy in FY15 –please refer to the NWIACC website (nwiaccareconnections.org for additional information in the Governance Board meeting minutes. There was FY 14 claims to review and determine payment, as well as circumstances

associated with income and resource guideline review for eligibility (15) and referral to other funders for like services.

Northwest Iowa Care Connections resolved 3 Appeals in FY 15. Outcomes included negotiations associated with the region's 50% reduction in funding for facility based work activity services in favor of community based employment options.

In FY 15, there was no Waiting List for NWIACC regionally funded services.

In FY 15, no Regional Risk Pool Dollars were received by Northwest Iowa Care Connections.

Coordination with DHS regarding Medicaid Assistance

NWIACC partners with stakeholders to ensure the authorized services and supports are responsive to individuals' needs consistent with system principles and are cost effective as follows:

Through the current IA Plan

Northwest Iowa Care Connections monitors the utilization of programs that constitute supported community living (i.e. Habilitation services, integrated health homes) and those that are part of special initiatives to ensure proper coordination with region-financed services.

Since NWIACC does not supplement rates nor does it pay for services provided to individuals who have been decertified based on the state contractor's medical necessity criteria, NWIACC works with Iowa's Medicaid funded contractor (s) to seek alternatives to assist clients in the region to access services and funding as their needs require. NWIACC does not approve admissions to Mental Health Institutes (MHIs) for persons who are enrolled in the Iowa Plan so works with local providers and consumers to access alternative options that can be funded through the Iowa Plan when available. Prior to authorizing regionally -financed services, NWIACC Disability Services Coordinators determine if treatment providers and coordinators of services requested the Medicaid managed care company pay for Iowa Plan-covered services for eligible consumers and that all available levels of appeal were accessed and followed through on in the event of denials by the Medicaid managed care company.

Third-party Payers

NWIACC Disability Service Coordinators work with treatment providers to seek approval from Medicaid, Medicare, or any other third-party payer for any service that is similar to the region-financed services being considered. If a provider licensed or certified by the state loses that license or certification and, as a result, may no longer participate in the Medicaid or Medicare program or be eligible for reimbursement from third party payers, NWIACC works with the client to find alternative service providers who are properly licenses and certified by third party payers. NWIACC Disability Service Coordinators works with affected clients and their service provider (s) to address the provider's responsibility for filing reports necessary to maintain Medicaid eligibility for an individual consumer since NWIACC Region will not assume financial responsibility for the share of service costs which could have been billed to Medicaid.

Chemical Dependency Services

Northwest Iowa Care Connections coordinates training and technical assistance to encourage all network providers to be capable of serving individuals with multi-occurring disorders, including chemical dependency. Northwest Iowa Care Connections provides payment for mental health and intellectual/developmental disability services that fully integrate chemical dependency treatment and recovery supports as defined by mental illness diagnostic criteria.

Quality Services Development and Assessment (QSDA)

2014 Code of Iowa 225C.6A

- Identify and collect Social Determinant Outcome data
- Look at service delivery models- multi-occurring, culturally capable, evidence based practices, trauma informed care.
- Enter into performance based contracts/pay for performance.

Creating QSDA capacity within the Regions

- 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.

Statewide Outcomes Project

- The process began when the Iowa Association of Community Providers, IACP, scheduled a conference on the 5 star quality model in December 2014. Participants were providers and regional staff.
- A core group of providers, regional staff and ISAC CSN staff organized to discuss and design a statewide outcomes project in January 2015.
- At the ISAC Spring School in March, there was a presentation on an introduction to value-based social determinant outcomes and pay for performance.
- IACP gave an overview of the 5 star quality model to about 600 provider participants from all HCBS waivers and Hab. services at a state wide training in April.
- IACP also trained providers (over 300 persons in attendance) on the 5 Star quality model in May.
- Objectives for the statewide outcomes project:
 - o Provider Agencies and Regions will work collaboratively as partners
 - o Develop one set of standardized outcomes statewide
 - o Establish a single point for data entry and data retrieval
 - o 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.

- We want 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.
- We envision a 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).

Development of the Outcomes Model

ISAC, ICAP, and CSN utilized 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. This system has been operational since FY98.

Operational Steps:

o Developed in the first phase 6 outcomes – Somatic Care, Community Housing, Employment, Community Integration, Clients served and Staff Turnover.

o Met with Rose Kim with DHS who is overseeing the outcomes process to review outcomes and determine if the project track is consistent with the Outcomes Workgroup recommendations.

o Discussed with Jeanine Scott, CSN Director, the viability of utilizing CSN for a provider input of outcome data

Presented Outcomes Project proposal to CEOs

In April 2015, ISAC, ICAP, and CSN constructed the following timeline for the Statewide Outcomes Project

:	
July 2015	Informational meetings
September 2015	Support team training and system testing
October 2015	Provide philosophical training (5-Star with Derreck Dufresne)
October 2015	Follow up support team training
October 2015	Web based portal launched,
October 2015	In person training for providers and regional staff
November 2015	Project implementation – Providers begin entering data
November 2015	Fall School – EBP – supportive housing, fidelity scales, outcomes
November 2015	All providers begin entering data for the quarter

Statewide Regional Objectives

- Move to create QSDA positions in the regions
- Set an organizational meeting by 10/1/15 for all regional designated QSDA staff

- Develop, implement and train on new provider portal built by ICTS by 11/1/15
- Identify scope of regional QSDA functions by 11/1/15
- Identify training needs (ongoing)
- Hold Statewide meeting in the fall focusing on QSDA

CONCLUSION:

The first year of operations for the Northwest Iowa Care Connections (FY 15) reflects a dedicated partnership between consumers and their families, elected officials, service providers, regional staff, employers, and other interested community members to assist persons with disabilities realize their potential through integrated community based services that address their needs and those of their communities.

Attachment A. Regional Access Points

<u>Access Point</u>	<u>Address</u>	<u>Phone</u>
Cherokee MHI	1200 W. Cedar Loop Cherokee IA	712-225-2594
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	Teri Kunz: Work Cell: 641-425-2595 Pam Moldovan: Work Cell: 712-830-1509 Pat Lange: Work Cell: 712-540-5873
County Case Management Clay County (TCM)	215 W. 4 th St. Suite 6 Spencer IA 51301	712-262-9438
Dickinson County TCM	1808 Hill Ave St 2502 Spirit Lake, IA 51360	712-336-0775
O'Brien County TCM	155 S. Hayes Box 525 Primghar, IA 51245	712-957-5985
Osceola County TCM	300 7 th St. Sibley, IA 51249	712-754-4209
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 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	712-262-2922 or 800-242-5101
Spencer Hospital	1200 1 st Ave. E. Spencer IA	712-264-6228

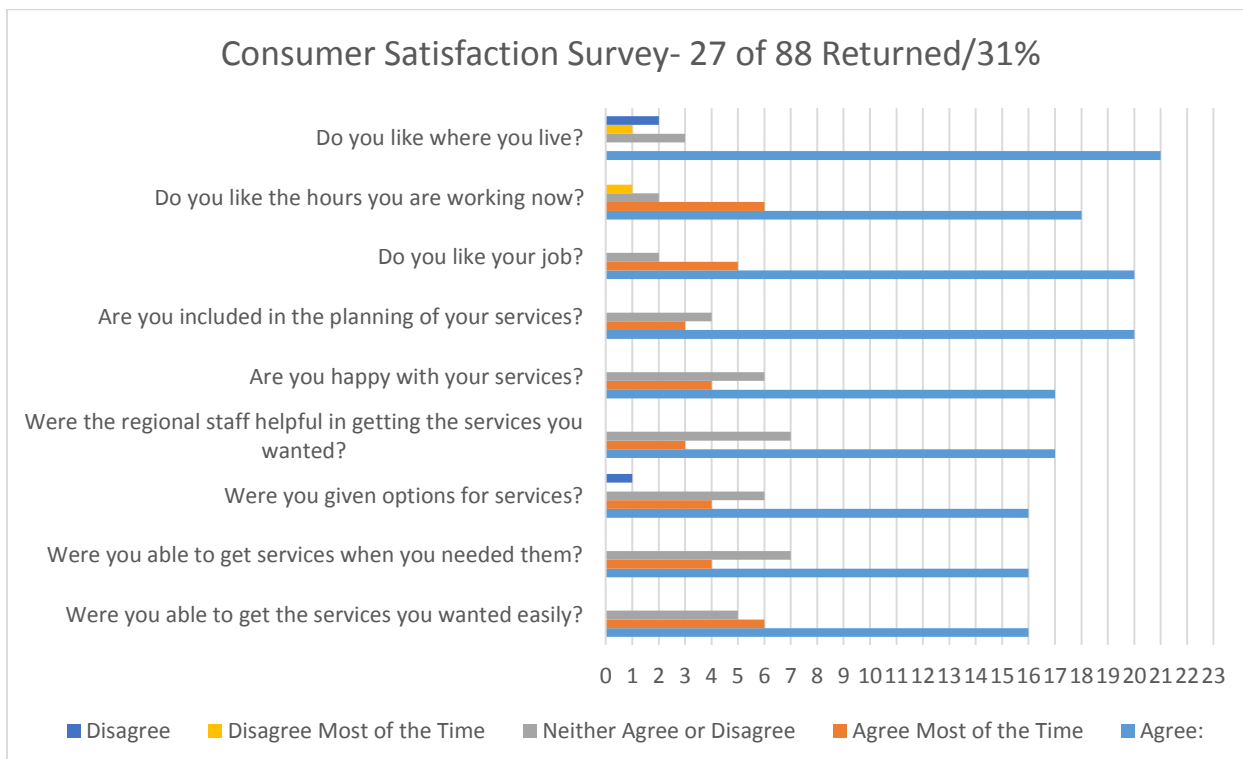
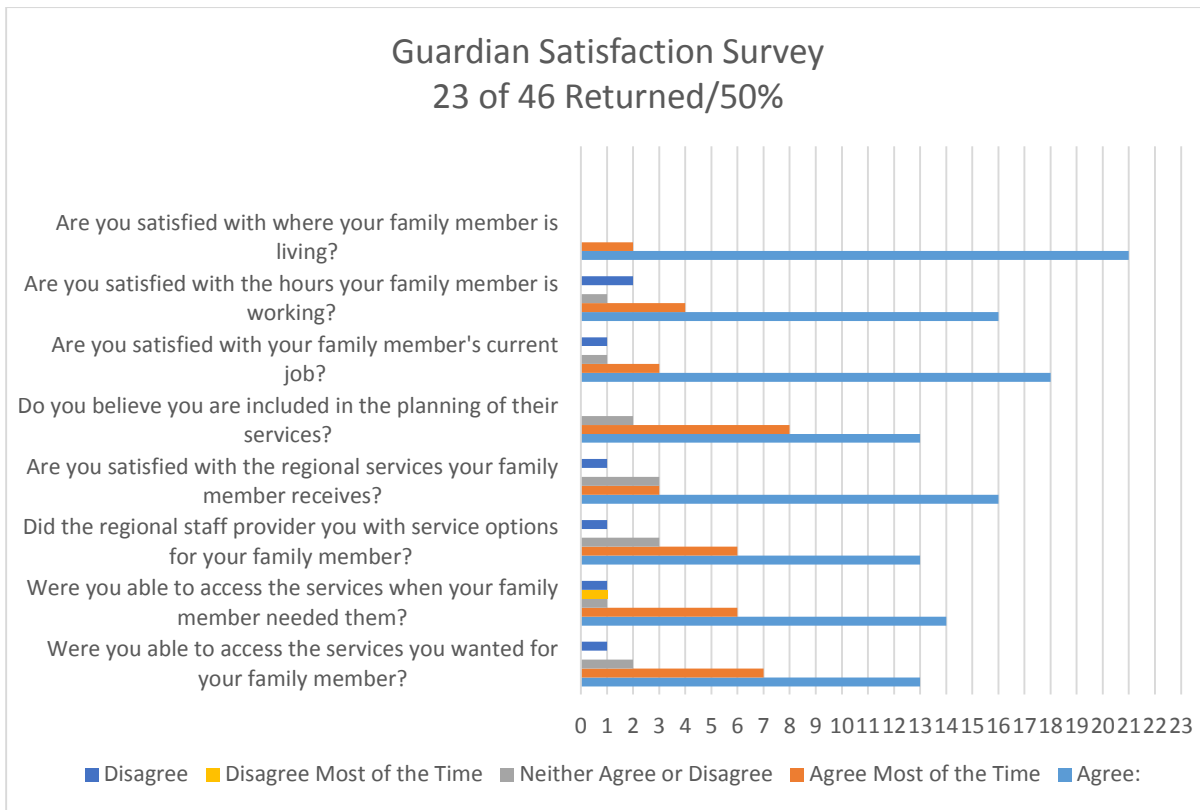
Attachment B. Provider Network

NWIACC Regional Network of Providers	Funded Programs in the NWIACC Region
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
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) Dickinson (MI only) O'Brien (MI, ID, DD, BI) and Osceola Counties (MI, ID, DD, BI)
Emmet County Case Management Services 609 1 st Ave. N Suite 15 Estherville, IA 51334 712-362-2452	Case Management for Dickinson County (ID, DD, BI)
Echo/Plus, Inc. 1560 6 th Ave. N Estherville, Iowa 51334 712-362-2192 1808 Jackson Ave. Spirit Lake, Iowa 51360 712-336-4052	Supported Community Living Employment and Day Services
Hope Haven 1800 19 th 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

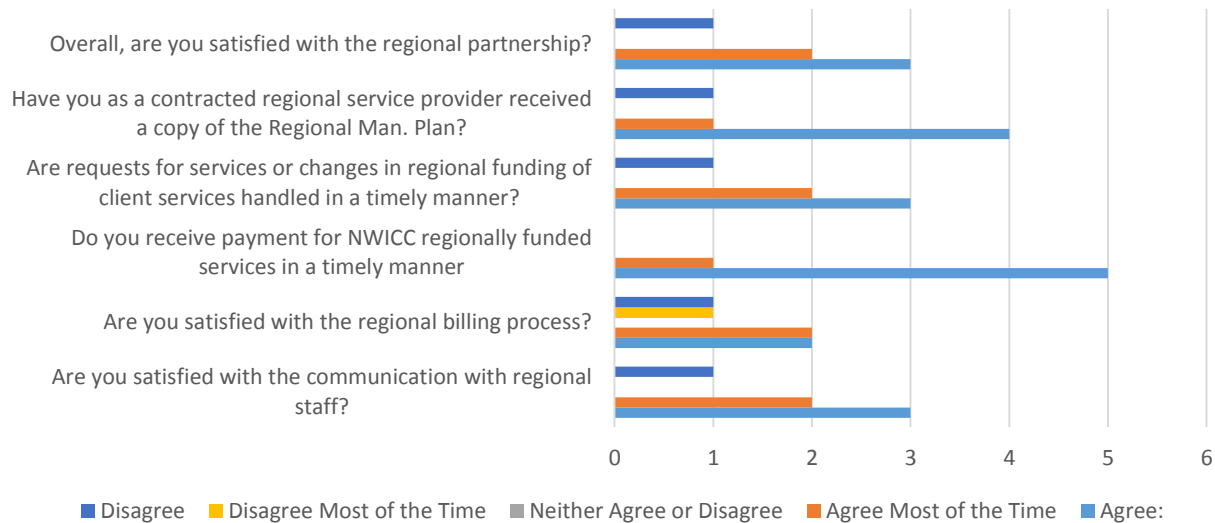
Horizons Unlimited 3826 460 th Ave. Box 567 Emmetsburg, IA 712-852-2211	Supported Community Living Employment and Day Services
Kathleen's RCF 1505 E. 5th St. Emmetsburg, Iowa 50536 712-852-2267	Residential Services Supported Community Living
Life Skills 1510 Industrial Rd. SW LeMars, IA 51031 712-546-4785	Employment and Day 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
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
Sunshine Services Box 225 Spencer, IA 51301 712-262-7805	Supported Community Living Employment and Day Services
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

ATTACHMENT C.



Provider Satisfaction Survey - 6 of 9 returned/67%



Attachment D. Grid on Progress of Domains (based on Narrative-see pages 16-25)

Domains	Progress on Domains
Access to Service	<p>Access to Community Mental Health Center Access to a Regional Psychiatric Hospital Access developed by Increasing Capacity through Contracting for Inpatient Services with Avera McKennon, Sioux Falls, SD Access to Additional MH Treatment Providers in Regional Network Collaboration with Compass Pointe, an IDPH Substance Abuse Provider for Coordinated MH/SA Care Access to Crisis Services- MH Services in ERs and County Jails Access through Contract for Transportation with YES Center</p>
Life in the Community	<p>Continuing to Review Feasibility of Rural Mobile Crisis Team Options Collaborating with Another Region to Access Crisis Stabilization Options When Services are Available on the Western borders of our region. Discussion with Another Provider about Development of a rural program for access in the eastern part of our region. Employment Initiative-Engaging Community Members and Employers through Regional Job Developers' Coalition, Seeking Partnerships with Education, IWD, IVRS , DEI and other partners to support Community Based Customized Employment Options when available.</p>
Person Centeredness	<p>ROSC training designed to assist clients with person centered planning. Seeking Mobile Crisis to "aid in place". Seeking to find affordable and safe housing for individuals with disabilities in community settings. Development of an Economic Incubator that addresses individuals' needs through strength-based Targeted Case Management and service providers/partners.</p>
Health and Wellness	<p>Region is supportive of Integrated Health Homes and a Primary Care Grant that coordinates somatic, mental health and substance care to better monitor the medical needs of individuals with disabilities.</p>
Quality of Life and Safety	<p>Crisis Services, Employment, Housing, and regional service Coordination opportunities are all seeking to provide safety and quality of life to individuals in needs of support and/or supervision to maintain as independently in the community of their choice.</p>
Family and Natural Supports	<p>Collaboration with Integrated Health Homes' Family and Peer Support Specialists, NAMI, DBSA, Transportation providers and other non-traditional providers when available and qualified to provide the necessary services.</p>