NORTHWEST IOWA CARE CONNECTIONS

REGIONAL MENTAL HEALTH AND DISABILITY SERVICES
COMMUNITY SERVICES PLAN

PREPARED BY:
KIMBERLY WILSON, CHIEF EXECUTIVE OFFICER

TO BE SUBMITTED
OCTOBER 16, 2017

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FY18 Community Services Plan Overview

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

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

A. Stakeholder Workgroups

Mental health crises are costly in human, medical and financial terms. To be more effective, we need to work together. Mental health crises involve many players. A crisis may begin in a community home, involving direct support providers, managers and case workers; bring in law enforcement or crisis service specialists; and be routed to jail, an emergency room or a crisis observation center. That path may be influenced by insurance, regional decision-makers, or community-based providers. All these professionals play their part.

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

- **Resource Collaborations - Training** (develop common language across stakeholder groups)
    - Mental Health First Aid (Family, Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
    - Crisis Intervention Training (Community Providers – information/support, Regions, MCOs, Law Enforcement)
    - C3 De-Escalation (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
    - Trauma Informed Care (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)

- Co-Occurring (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
- SAMHSA Emails (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
- Police & MH Toolkit (Community Providers, Regions, MCOs, Law Enforcement)

- **Resource Collaborations – Community Supports** (continuing to build community capacity)
  - Tele Psychiatry -Mobile Crisis Response Teams/MH Assessment -Jail Diversion/Re-Entry -Open Bed Tracking System
  - Crisis Stabilization -Crisis Observation -Transition Homes -Sub-Acute Supports -Substance Abuse Services

Northwest Iowa Care Connections then held regional stakeholder meetings on July 25th, August 29th, and September 13th, to discuss our region's specific plans included in this Community Services Plan to address the complex needs of individuals presenting in our hospital emergency departments, inpatient mental health hospitals, and jails. Please see Appendix A for a list of invitees and those who participated in one, two, or all three stakeholder meetings.

B. Statewide Strategic Direction

The Department of Human Services released a report on February 22, 2017 which identifies two problem areas with Iowa's Mental Health System for Individuals with complex needs. The passage of Senate File 504 legislatively mandates the Mental Health and Disability Service Regions to identify strategies to address these issues as follows:

Problem #1: The absence of a community plan and a fragmented approach in serving individuals, particularly those with complex needs.

Appropriate services for individuals with complex needs need to be readily available statewide. To achieve this, the Regions will work with stakeholders and various funders to build the service continuum and ensure people receive continuity of care through a collaborative, community-based approach.

Goal: Engage the community and develop implementation plans and processes to handle complex cases.

Problem #2: There is a gap in care for patients with complex needs due to an incomplete service continuum and lack of continuity of care (case management and integrated health homes). Individuals are stuck at a higher level of care due to lack of services and a lack of provider willing to accept patients with complex needs.

Through the Mental Health and Disability Service Redesign, Regions have been tasked with building a service system that closes the service gaps through the development of Evidenced Based Practices, Core Services and Additional Core Services as funding is available. Building the service continuum is imperative for individuals with complex needs to be discharged from higher levels of care than is necessary and works towards individuals receiving appropriate services.

Goal: Build the service continuum and increase the continuity of care by having MHDS regions utilize current resources and braiding funds to build a comprehensive, full array of services.

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

<table>
<tr><td colspan="5"><u>Desired Outcome for Success</u></td></tr>
<tr><td colspan="5">1. The number of individuals who are in the emergency department over 24 hours because mental health, disability, or substance use disorder services are not available.</td></tr>
<tr><td>Regional Strategy, Timeframes, and Financial Resources</td><td>Anticipated completion Date</td><td>Projected Cost to Region</td><td>Outcome Indicators for Delivery of, Access to, and Coordination and Continuity of Services for those with complex needs</td><td>Process Indicators/Assessment Tool</td></tr>
<tr>
<td>A.Development of a regional detox option for individuals with co-occurring disorders of mental health and substance use disorder with reimbursement from Medicaid and Non Medicaid funders.

Service Delivery Timeline:
<table>
<tr><td>FY</td><td>1st Quarter</td><td>2nd Quarter</td><td>3rd Quarter</td><td>4th Quarter</td></tr>
<tr><td>18</td><td></td><td>X</td><td>X</td><td>X</td></tr>
</table>
Funders: Medicare, Medicaid, MCOs, Private Insurance, Private Pay, and/or MHDS Region. Those who present with other than regional funded services may be assisted with substance use disorder evaluation, tele-health services, medical detox and other medical interventions as prescribed, care coordination and other supporting services deemed necessary, whose costs are subject to from these aforementioned third party reimbursements through braided funding.</td>
<td>6/30/2019</td>
<td>$471,000</td>
<td><u>Service Delivery</u> <u>Outcome Indicator</u>: Regional Detox option
<u>Access Outcome Indicators</u>: Positive Behavior Supports (PBS) Protocol Used, Reductions in Court Commitments, Clients' Basic Needs Met by Survey of Clients and Providers
<u>Continuity of Care Outcome Indicators:</u> Reduction of repeat Patients Voluntary and Involuntary
Timeline:
<table>
<tr><td>FY18 Goal
Baseline</td><td>Jul-17 – Sept-17</td><td>Oct-17 – Dec-17</td><td>Jan-18 – Mar-18</td><td>Apr-18 – Jun-18</td></tr>
<tr><td>X</td><td></td><td>X</td><td>X</td><td>X</td></tr>
</table></td>
<td><u>Service Delivery Process Indicators</u>: Following Medical Detox, Service Delivery Team identifies barriers (aggressive, need for security, one on one nursing care etc.
<u>Access Process Indicator</u> Client engagement with System of care noted through Survey of Clients and Providers System Response Survey
<u>Continuity Of Care Process Indicators</u>: Identify Court Commitments affecting persons with complex needs and Survey Clients receiving those services
Customized Processes: Address Court Commitment protocol-Provide Care Coordination Motivational Interviewing/ Stages of Change Training, Care Coordination
Assessment: Co-Occurring Capability: Regional Mobile Crisis Response Team, SUD Providers A.S.I.S.T InterRAI, SIS, Behavior Analyst contracted as needed</td>
</tr>
</table>

<table>
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<tr><td>A Continued Development of a regional detox option for individuals with co-occurring disorders of mental health and substance use disorder with reimbursement from Medicaid and Non-Medicaid funders.</td><td></td><td></td><td></td><td>Timeline
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<tr><td>B. Improvement in transfers from Hospital EDs to appropriate nursing home level of care for persons with complex needs exhibiting behaviors

Timeline:
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Funders: Medicare, Medicaid, MCOs, Private Insurance, Private Pay and/or MHDS Region. Those who present with other than regional funded services may be assisted with substance use disorder evaluation, tele-health services, medical detox and other medical interventions as prescribed, assessment and care coordination, along other supporting services deemed necessary, whose costs are subject to from these aforementioned third -party reimbursements through braided funding</td><td>6/30/19</td><td>$ 24, 000</td><td><u>Service Delivery Outcome Indicator</u>: Improvement in transfers from Hospital EDs to appropriate nursing home level of care for persons with complex needs exhibiting behaviors
<u>Access Outcome Indicator</u>: PASSR delays reduced; MHDS sub-acute services available
<u>Continuity of Care Outcome Indicators</u> Persons over 65 who lose their Medicaid receive services which meet their needs.
Timeline:
<table>
<tr><th>FY18 Goal
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<tr><td>X</td><td></td><td></td><td></td><td>X</td></tr>
</table></td><td><u>Service Delivery Process Indicators</u>: Development of a state-wide centralized intake process to assist admission to nursing home level of care for complex needs
<u>Access Process indicators</u>: Work with DHS to speed up process for complex needs individual to nursing home level of care
<u>Continuity of Care Process Indicators</u>: Identify Transition Needs of Patients 63 years old who will lose Medicaid at age 65.
Assessment: PASSR, InterRAI, SIS
<table>
<tr><th>FY18 Goal
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<td>C. Data Collection to document services to “familiar faces” (persons with complex needs) to better define complexity of needs, access to services and individual service delivery disposition

Timeline:
<table>
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<tr><td>18</td><td></td><td>X</td><td>X</td><td>X</td></tr>
</table>
Funders: Medicare, Medicaid, MCOs, Private Insurance, MHDS Region, Private Pay, and/or MHDS Region. Those who present with other that regional funded services may be assisted with other medical and support services, including but not limited to assessment and care coordination covered through braided funding.</td>
<td>June 30, 2018</td>
<td>$116,872</td>
<td><u>Service Delivery Outcome Indicator:</u> Data Collection to document services to “familiar faces” (persons with complex needs) to better define complexity of needs, access to services and individual service delivery disposition
<u>Access Outcome Indicators:</u> “Familiar Faces” (FF) Tracking Pilot Project developed
<u>Continuity of Care Outcome Indicators</u>: “Healthy Days” System of Care data measure used by Region to determine individual’s complex needs as it relates to inpatient MH hospitalization, Hospital ED visits, homeless days and Jail days.

Timeline:
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</table></td>
<td><u>Service Delivery Process Indicators:</u> Care Coordination and Peer Support provided following release from Hospital Emergency Department
<u>Access Process Indicators</u>: “Familiar Faces” Care plans and Care Coordination utilizing WRAP/Advanced Directives
<u>Continuity of Care Process Indicators</u>: Adopt “Healthy Days” measure to collect data for System of Care. Measure Family Engagement and Peer Support contact with Familiar Faces
Assessment: InterRai, SIS
Timeline:
<table>
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<tr><td>X</td><td></td><td></td><td>X</td><td>X</td></tr>
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2. Desired Outcome for Success:
The number of individuals who are psychiatrically hospitalized 24 hours beyond the hospital determining them ready for discharge because community based mental health, disability, or substance use disorder services are not available

<table>
<tr><th>Regional Strategy, Timeframes, and Financial Resources</th><th>Anticipated completion Date</th><th>Projected Cost to Region</th><th>Outcome Indicators for Delivery of, Access to, and Coordination and Continuity of Services for those with complex needs</th><th>Process Indicator/Assessment Tool</th></tr>
<tr><td>A.Local workforce shortage reduced to benefit clients with services closer to home.

Timeline:
<table><tr><th>FY</th><th>1st Quarter</th><th>2nd Quarter</th><th>3rd Quarter</th><th>4th Quarter</th></tr><tr><td>18</td><td></td><td></td><td>X</td><td>X</td></tr></table>Funders: Iowa Finance Authority, Iowa Legislature, Private Investors, MCOs-Community Re-investment, and/or MHDS Region. Assistance from third party entities in securing training, housing, and other supports to recruit and retain the workforce to assist persons with complex needs focuses additional resources to this need through braided funding options.</td><td>6/30/2020</td><td>$56,250</td><td><u>Service Delivery Outcome Indicators</u>: Local workforce shortage reduced to benefit clients with services closer to home.
<u>Access Outcome Indicators</u>: Availability of affordable housing for workforce
<u>Continuity of Care Outcome Indicators</u>: Student loan forgiveness for workforce shortage areas

Timeline:
<table><tr><th>FY18 Goal
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Increased Participation in Training to measure employee morale and competencies.
<u>Access Process Indicators</u>: Monitor Community Housing Availability for MH/SUD workforce
<u>Continuity of Care Process Indicators</u>:
State investment in professional/direct care MH/SUD workforce shortage needs
Customized Processes: Identify and budget for annual regional training needs to address workforce needs.
Assessment: Regional Training Collaborative and Provider HR needs, Iowa Finance Authority and NW IA Planning and Development, Legislative Policy Timeline:
<table><tr><th>FY18 Goal
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<tr><td>B. Collaborative Care Coordination available to all individuals at the time of dismissal from Inpatient Mental Health Treatment Units for transition to community based services.

Timeline:
<table><tr><th>FY</th><th>1st Quarter</th><th>2nd Quarter</th><th>3rd Quarter</th><th>4th Quarter</th></tr><tr><td>18</td><td></td><td>X</td><td>X</td><td>X</td></tr></table>Funders: Medicare, Medicaid, MCOs, MHDS Region, Private Pay, and/or MHDS Region. Assistance through reimbursed Care Coordination can be provided when third party payment is available using braided funding. Regional Service Coordination assists when there is a need and no other funded option is available to an individual with complex needs.</td><td>6/30/2018</td><td>$21,750</td><td><u>Service Delivery Outcome Indicators</u>: Collaborative Care Coordination available to all individuals at the time of dismissal from Inpatient Mental Health Treatment Units for transition to community based services.
<u>Access Outcomes Indicators:</u> Consumers have access to affordable and available transportation home upon discharge from Inpatient Mental Health Treatment. Legislative Advocacy from Consumers and Families for needed funding
<u>Continuity of Care Outcome Indicators</u>: Substitute Decision Making (Guardianship, Conservatorship, Representative Payee) available at time of discharge.
Person Centered Plan meetings completed at regular intervals to address client referral to services and progress and system of care effectiveness.
Timeline:
<table><tr><th>FY18 Goal
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<u>Access Process Indicators</u>: Transportation Plans and funding determined at time of discharge. Scheduled meetings with Legislators to address access to services
<u>Continuity of Care Process Indicators</u>: Guardians/Payees assigned. Scheduled meetings with Person Centered Care Team as needed
Customized Processes: “Warmer” hand-off process at discharge with family inclusion in plans when available.
Assessment: SIS, InterRAI
Timeline:
<table><tr><th>FY18 Goal
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3.Desired Outcome for Success:
The number of individuals with a mental illness, intellectual disability, or substance use disorder who the local or county police department report could have been diverted or released from jail if appropriate community based services were available.

Regional Strategy, Timeframes, and Financial Resources	Anticipated completion Date	Projected Cost to Region	Outcome Indicators for Delivery of, Access to, and Coordination and Continuity of Services for those with complex needs	Process Indicator/Assessment Tool
Maintain current Mental Health (MH) and Substance Use Disorder (SUD) Services in County Jails for individuals criminally charged **Timeline:** FY 18: 1st Quarter X; 2nd Quarter X; 3rd Quarter X; 4th Quarter X **Funders:** Medicare, Medicaid, MCOs, or Private Pay may pay for some medical services while in jail and support services following release from jail through braided funding opportunities when applicable. MHDS Region assists with service coordination and care coordination following release.	7/1/2017	$166,000	**Service Delivery Outcome Indicators**: Maintain current Mental Health (MH) and Substance Use Disorder (SUD) Services in County Jails for individuals criminally charged **Access Outcome Indicators:** 1) At time of complaint to law enforcement, determine medical emergency vs. psychiatric emergency and if psychiatric emergency requires inpatient mental Health treatment. 2) Alleviate workforce shortage to address client needs prior to court involvement **Continuity of Care Outcome Indicators:** Individuals with behavioral health disorders charged with simple misdemeanors receive assessed level of MH/SUD treatment, including inpatient MH.	**Service Delivery Process Indicators:** Address and track individual's MH symptoms with treatment. Address and track individual's SUD symptoms with treatment. **Access Process Indicators:** 1) When medical emergency is determined, law enforcement and hospital arrange security as needed for treatment 2) Contact with probation to determine required treatment. 3) Protocols identified to address custody needs. 4) Use of ED tele-health and/or Face to Face Contact with regional Mobile Crisis team and /or SUD provider to assess psychiatric/ co-occurring disorders needs. 5) Collaborative recruitment to fill Provider staff positions

Timeline table:

FY	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
18	X	X	X	X

<table>
<tr>
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<td>Continued Maintain current Mental Health (MH) and Substance Use Disorder (SUD) Services in County Jails for individuals criminally charged</td>
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</table>
</td>
<td><u>Continuity of Care Process Indicators:</u> Individuals with behavioral health disorders charged with simple misdemeanors receive assessed level of MH/SUD treatment, including inpatient psychiatric care.
Customized Processes: Co-Occurring Service Coordination in County Jails to address identified needs for treatment. Active Recruitment for staff that establishes a cooperative for hiring and training. Active Care Coordination at the time of entry into the regional system of care.
Assessment: Psychiatric Assessment and SUD Assessment from regional contracted jail service providers. Jail Release Care Coordination assessment, Hospital ED Tele-Health, Mobile Crisis Response assessment, ASAM

Timeline:
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4.Desired Outcome for Success:
The number of individuals involuntarily discharged from their community based mental health, disability, or substance use disorder provider without a new community based provider in place. This includes, individuals discharged to jail, homelessness, or hospital that are not returning to services with their current provider.

Regional Strategy, Timeframes, and Financial Resources	Anticipated completion Date	Projected Cost to Region	Outcome Indicators for Delivery of, Access to, and Coordination and Continuity of Services for those with complex needs	Process Indicator/Assessment Tool
4A Determination a single identifier for individuals with complex needs combined with less time spent on MCO funding re-authorization and specific progress indicators for level of care funding will assist service providers in working with individuals with complex needs. **Timeline:** **FY 18**: 1st Quarter –; 2nd Quarter –; 3rd Quarter X; 4th Quarter X **Funders:** Medicare, Medicaid, MCOs, Private Insurance, Private Pay, DHS, and/or MHDS Region. At this time (Oct, 2017) options for sub-acute and crisis residential services costs are covered by MHDS Regions because a modifier is not in place to support Medicaid billing and private insurance and Medicare do not pay for these services.	6/30/2019	$198,250	**Service Delivery Outcome Indicators:** 1) Determination a single identifier for individuals with complex needs; 2) Less time spent by service providers on MCO Funding re-authorizations; 3) Standardization of safety index criteria used in MCO funding reauthorization process; 4) Develop sub-acute and crisis residential coding modifiers to address Medicaid funding options when applicable.	**Service Delivery Process Indicators:** 1) Work with Iowa Medicaid Enterprise (IME) and Managed Care Organizations (MCO) to determine unique identifier and simplified service re-authorization. 2) Development of protocols to determine risk to staff and others present from individuals with complex needs.3) IME/DHS/MCO agreement on sub-acute and crisis residential coding modifiers for funding these levels of care for Medicaid members. **Access Process Indicators:** 1) Work with IME and MCOs to determine unique identifier.2) Payment delays report are given monthly in batches to providers to address questions/concerns. **Continuity of Care Process Indicators:** Work with IME and MCOs to determine unique identifier for individuals with complex needs for tracking and monitoring of services.

Timeline detail:

FY	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
18			X	X

Regional Strategy, Timeframes, and Financial Resources	Anticipated completion Date	Projected Cost to Region	Outcome Indicators for Delivery of, Access to, and Coordination and Continuity of Services for those with complex needs	Process Indicator/Assessment Tool
4A Continued Determination a single identifier for individuals with complex needs combined with less time spent on MCO funding re-authorization and specific progress indicators for level of care funding will assist service providers in working with individuals with complex needs.			**Access Outcome Indicators:** 1) Determine a single identifier for individuals with complex needs in system of care; 2) Analysis of IME/DHS/MHDS Regions for costs associated with serving individuals with complex needs; 3) MCOs payment delays are reduced up to 50% in first 6 months **Continuity of Care Outcome Indicators:** Determine a single identifier for individuals with complex needs in the system of care. **Timeline:** <table><tr><th>FY18 Goal Baseline</th><th>Jul-17 – Sept-17</th><th>Oct-17 – Dec-17</th><th>Jan-18 – Mar-18</th><th>Apr-18 – Jun-18</th></tr><tr><td>X</td><td></td><td></td><td>X</td><td>X</td></tr></table>	**Customized Processes:** Development of referral process to lower levels of care by necessity based on immediate needs. **Assessment:** Current monitoring tools. Develop a tool to determine progress milestones to be met to assure safety in working with individuals with complex needs. **Timeline:** <table><tr><th>FY18 Goal Baseline</th><th>Jul-17 – Sept-17</th><th>Oct-17 – Dec-17</th><th>Jan-18 – Mar-18</th><th>Apr-18 – Jun-18</th></tr><tr><td>X</td><td></td><td></td><td>X</td><td>X</td></tr></table>

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<tr><td>4B Reduction of incidents and injuries with Service Providers, Reduction in court-commitments, and reduction of inpatient MH hospitalizations provide an improved system of care for individuals with complex needs.

Timeline:
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Funders: Medicare, Medicaid, MCOs, Private Insurance, Private Pay and/or MHDS Region. Medical and support services are available through funders in addition to the MHDS Region funded services as braided funding options.</td><td>6/30/2018</td><td>$227,300</td><td><u>Service Delivery Outcome Indicators</u>: Reduction of incidents and injuries with Service Providers, Reduction in court-commitments, reduction of inpatient MH hospitalizations

<u>Access Outcome Indicators:</u> 1) Transition of Clients with complex needs does not result in involuntary discharges; 2) Transition of Clients with complex needs does not result in jail days; 3) Transition of Clients with complex needs does not result in inpatient mental health services with no return to previous placement.

<u>Continuity of Care Outcome Indicators:</u> 1) Individuals with complex needs maintain in their current placement for 6 months or longer; 2) Individuals with complex needs are served at the safest least restrictive environment possible; 3) Individuals with complex needs live and work independently in the community.</td><td><u>Service Delivery Process Indicators:</u> Development of a Service Provider System of Care response through a Training Collaborative, which offers education including but not limited to: C-3 De-escalation, Positive Behavior Supports, Mental Health First Aid, transitional skill-building, Peer Support options, and use of Mobile Crisis Response to address the complex needs of individuals.
<u>Access Process Indicators:</u> 1) Care Coordinators report incidents jeopardizing placement to Regional Service Coordination Team for review and develop care plan to reduce risk and alternatives to care; 2) Care Coordinators/Service Coordinators report jail/corrections re-entry to regional Service Coordination Team to review and develop care plan to reduce risk and alternatives to care; 3) Care Coordinators/Service Coordinators report risk to current placement and inpatient mental health services to review and develop care plan to reduce risk and alternatives to care.</td></tr>
</table>

<table>
<tr><th>Regional Strategy, Timeframes, and Financial Resources</th><th>Anticipated completion Date</th><th>Projected Cost to Region</th><th>Outcome Indicators for Delivery of, Access to, and Coordination and Continuity of Services for those with complex needs</th><th>Process Indicator/Assessment Tool</th></tr>
<tr><td>4B Continued Reduction of incidents and injuries with Service Providers, Reduction in court-commitments, and reduction of inpatient MH hospitalizations provide an improved system of care for individuals with complex needs.</td><td></td><td></td><td>Timeline:
<table><tr><th>FY18 Goal
Baseline</th><th>Jul-17 – Sept-17</th><th>Oct-17 – Dec-17</th><th>Jan-18 – Mar-18</th><th>Apr-18 – Jun-18</th></tr><tr><td>X</td><td></td><td>X</td><td>X</td><td>X</td></tr></table></td><td><u>Continuity of Care Process Indicators</u>: 1) Care Coordinators report incident patterns jeopardizing placement to Regional Service Coordination Team for review and develop care plan to reduce risk and alternatives to care; 2) Care Coordinators/Service Coordinators report jail/corrections re-entry patterns to regional Service Coordination Team to review and develop care plan to reduce risk and alternatives to care ; 3) Care Coordinators/Service Coordinators report risk to current placement and inpatient mental health services patterns to review and develop care plan to reduce risk and alternatives to care.
Customized Processes: Training Collaborative Service Provider survey on training needs
Assessment: Determined by Service Provider and/or SIS and InterRAI
Timeline:
<table><tr><th>FY18 Goal
Baseline</th><th>Jul-17 – Sept-17</th><th>Oct-17 – Dec-17</th><th>Jan-18 – Mar-18</th><th>Apr-18 – Jun-18</th></tr><tr><td>X</td><td></td><td>X</td><td>X</td><td>X</td></tr></table></td></tr>
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D. Plan for Regional Fund Balance Spend Down

The Northwest Iowa Care Connections Governance Board has identified the following priorities for funding to address the needs of individuals seeking services within our counties, including those with complex needs, whose specific estimated costs have been pro-rated in the projected costs in the tables above.

List new service investments with time frames for implementation.	**Projected Costs**
Mobile Crisis Response July 2017 with Pilot Project Oct 1, 2017 and full region-wide implementation by January 2018. 24 Hour Crisis Line Access included in this cost	$ 512,000
Assertive Community Treatment (ACT) includes start-up costs and direct service dollars for regionally funded individuals. Startup February 2016-October 2016 Amended contract for 6 additional months for startup (October 2017 –April 2018) Fee For Services October 1 ,2017	$ 304,888
Peer Support Network January –June 2018 Pilot Project with option for continued services	$ 95,195
Transitional Housing- Exploring options for contracting July 1, 2017-December 2017	$ 190,800
Jail Release Care Coordination November 2017	$ 104,189
Sub-Acute Option Explored through Contracting July 1, 2018 (estimated)	$ 121,000
Substitute Decision making Option November 1, 2018	$ 2,000
Additional Crisis Residential Bed Usage (per contract with Sioux Rivers and Pains Area MHC October 1, 2018	$ 48,000
Additional Training (C-3 De-Escalation, Motivational Interviewing (part 2) Stages of Change, Positive Behavior Supports (Part 2) Assessment, Persons Centered Planning with Health Days emphasis January 2018 Other trainings to be determined based on complex needs.	$ 50,000

In addition, the Northwest Iowa Care Connections' Governance Board has discussed options to lower per capita levies to a standardized rate in FY 19 but has not made a formal decision on this. Please see Appendix B for the proposed plan. The NW IA Care Connections Board will be monitoring actual expenditures along with developing services costs to determine the recommended per capita levy amount to regional counties in upcoming year to comply with fund balance target to 25% by 2020 as directed in Senate File 2315.

Appendix A.

The following individuals were invited to participate in the Stakeholder Workgroup Meetings to provide input into the development of this Community Service Plan. Meetings were held at the O'Brien County Courthouse Assembly Room.

(* denotes the participants attendance for workgroup meetings held July 25th, August 29th and September 13th)

NAME	TITLE	AGENCY/ORGANIZATION
Deb Broderson**	MH Inpatient Nurse Manager	Spencer Hospital
Chris Ingraham***	ED Nurse manager	Dickinson County Hospital
Rik Nordahl*	CEO	Sanford Sheldon
Tracy Schultz**	Nurse Manager	Sanford Rock Rapids
Mark Laddasaw	Judge	Court Services
David Larsen	Judge	Court Services
Jenny Winterfeld	Magistrate	Court Services
Shayne Mayer	County Attorney	Lyon County
Peter Hart	County Attorney	Palo Alto County
Kristi Kuester	County Attorney	Clay County
Chris Raveling	Sheriff	Clay County
Allen Schuknecht**	Sheriff	O'Brien County
Stewart Vander Stoep***	Sheriff	Lyon County
Lynn Schultes	Sheriff	Palo Alto County
Doug Weber	Sheriff	Osceola County
Greg Baloun	Sheriff	Dickinson County
Mark Warburton	Chief of Police	Spencer Police Department
Eric Hansen	Chief of Police	Emmetsburg Police Department
Lyle Bolkema	Chief of Police	Sheldon Police Department
Jill Cook/Kelley Pennington Jason Wagner**	Operations	Amerigroup
Dr. Steven Sehr Karen Walters Crammond*	Operations	AmeriHealth Caritas
Kim Murphy*	Representative	Iowa Hospital Association

NAME	TITLE	AGENCY/ORGANIZATION
Doug Smit***	Director Patient Services	Hope Haven
Kim Scorza	CEO	Seasons Center
Christina Eggink Postma**	VP Compliance	Seasons Center
JoAnn De Young**	CEO	Compass Pointe
Kasey Fear *	Treatment Supervisor	Compass Pointe
Ashley Miller	Crisis Services Director	Plains Area MHC Turning Point
Thomasina Hegg*	Board member and Chair	NAMI NW IA
Ilo Mae Meling	Board member	NAMI NW IA
Bill Kersting*	Board member	NAMI NW IA
Megan Jones *	State Representative	Iowa Legislature
John Wills	State Representative	Iowa Legislature
Dan Huseman	State Representative	Iowa Legislature
Randy Feenstra	State Senator	Iowa Legislature
David Johnson	State Senator	Iowa Legislature
Bill Leupold***	Supervisor	Dickinson County
Tom Farnsworth***	Supervisor	O'Brien County
Mark Behrens**	Supervisor	Lyon County
Barry Anderson***	Supervisor	Clay County
Craig Merrill**	Supervisor	Palo Alto County
Jayson Vande Hoef***	Supervisor	Osceola County
Barb Rohwer*	Fiscal Agent	NWIACC
Abby Wallin*	MH Advocate	NWIACC Counties
Beth Will *	Service Coordinator	NWIACC
Lisa Rockhill*	Qual Improv/ Contracting	NWIACC
Kimberly Wilson***	CEO	NWIACC

Appendix B.

	FY18 Tax Revenue from Levy	Regional Max per capita allowed $30.30	County Population	Population % of Region	FY 18 Levy Per Capita	Levy at $15 per capita	Levy at $20 per capita	Levy at $28 per capita	Levy at $29.50 per capita	Levy at $30.30 per capita
Clay			16,507	22	24.40					
Dickinson			17,111	23	24.10					
Lyon			11,745	16	21.12					
O'Brien			13,984	19	24.39					
Osceola			6,154	8	21.44					
Palo Alto			9,133	12	10.06					
Total	1,680,313	0	74,634	100		1,119,510	1,492,680	2,089,752	2,201,703	2,261,410

	FY 2018 Region Budget	FY 2019 Region Budget	FY 2019 Region Budget	FY 2020 Region Budget	FY 2021 Region Budget	FY 2022 Region Budget		
Beginning Balance	4,736,296	4,016,609	3,496,594	2,362,949	1,082,459	772,211		
Expenditures	2,400,000	2,400,000	2,400,000	2,400,000	2,400,000	2,400,000		
Taxes	1,680,313	746,340	1,119,510	1,119,510	2,089,752	2,261,410		
Projected Ending Balance	4,016,609	2,362,949	2,216,104	1,082,459	772,211	633,621	**26%**	of Expense
		$10 per capita	**$15 per capita**	**$15 per capita**	**$28.00**	**$30.30**		

Note: FY 2018 Taxes include reimbursements for services

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