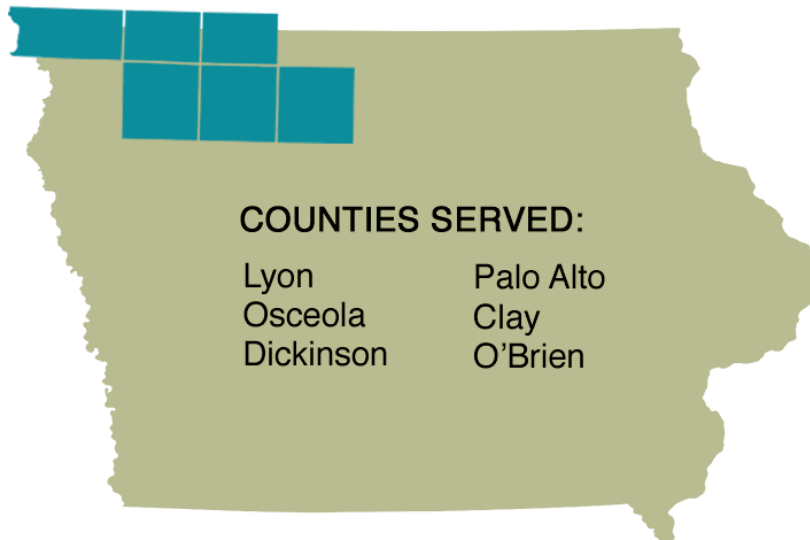


# NORTHWEST IOWA CARE CONNECTIONS

MENTAL HEALTH & DISABILITY SERVICES

## FY 2019 Annual Report



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

Approved by Northwest Iowa Care Connections Governing Board:  
November 19, 2019

# Table of contents

Introduction.....	3
A. Services Provided and Individuals Served .....	3
Table A. Number of Individuals Served for Each Service By Diagnostic Category.....	3
Table B. Unduplicated Count of Individuals by Age and Diagnosis Category .....	5
B. Regionally Designated Intensive Mental Health Services .....	5
C. Financials .....	7
Table C. Total Expenditures by Chart of Accounts Number and Disability Type.....	7
Table D. Revenues.....	11
Table E. County Levies.....	12
E. Outcomes.....	13
1. Service Progress by Core, Additional Core, and EBPs.....	13
2. Region Program Outcomes .....	21
Service Coordination.....	22
3. Other Community Living Support Services.....	24
4. Statewide Outcomes (Quality Service Development & Assessment, QSDA) .....	27
F. Collaboration.....	35
1. Regional collaboration with Department and medical assistance program	
2. Regional collaboration with Managed Care Organizations, community organizations	
3. Regional collaboration with Providers, stakeholders, and Regions	
Attachment A. Regional Access Points.....	36
Attachment B. Regional Provider Network.....	37

## Introduction

Northwest Iowa Care Connections Mental Health and Disability Region was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.

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

## A.Services provided and Individuals Served:

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

## Table A. Services Provided and Individuals Served:

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

FY 2019 Actual GAAP	Northwest Iowa Care Connection MHDS Region	MI (40)		ID (42)		DD (43)		BI (47)		Other		Total
		A	C	A	C	A	C	A	C	A	C	
<b>Core</b>												
	<b>Treatment</b>											
42306	Psychotherapeutic Treatment - Medication Prescribing	509	6									<b>515</b>
43301	Evaluation (Non-Crisis) - Assessment and Evaluation			3								<b>3</b>
71319	State MHI Inpatient - Per diem charges	6	1									<b>7</b>
73319	Other Priv./Public Hospitals - Inpatient per diem charges	37										<b>37</b>
	<b>Basic Crisis Response</b>											

44301	Crisis Evaluation	36	2																	<b>38</b>
	<b>Support for Community Living</b>																			
32325	Support Services - Respite Services			1																<b>1</b>
32329	Support Services - Supported Community Living	5		5																<b>10</b>
	<b>Support for Employment</b>																			
50367	Day Habilitation			8																<b>8</b>
50368	Voc/Day - Individual Supported Employment	4		4																<b>8</b>
	<b>Recovery Services</b>																			
45366	Peer Family Support - Peer Support Services	5																		<b>5</b>
	<b>Service Coordination</b>																			
	<b>Core Evidence Based Treatment</b>																			
	<b>Core Subtotals:</b>	<b>602</b>	<b>9</b>	<b>21</b>																<b>632</b>
<b>Mandated</b>																				
74XXX	Commitment Related (except 301)	163	2																	<b>165</b>
75XXX	Mental health advocate	146	1																	<b>147</b>
	<b>Mandated Subtotals:</b>	<b>309</b>	<b>3</b>																	<b>312</b>
<b>Core Plus</b>																				
	<b>Comprehensive Facility and Community Based Treatment</b>																			
44307	Mobile Response	12																		<b>12</b>
44313	Crisis Stabilization Residential Service (CSRS)	3																		<b>3</b>
44346	Crisis Services - Telephone Crisis Service	34	2																	<b>36</b>
	<b>Sub-Acute Services</b>																			
	<b>Justice System Involved Services</b>																			
25XXX	Coordination services	21																		<b>21</b>
46305	Mental Health Services in Jails	64	1																	<b>65</b>
	<b>Additional Core Evidence Based Treatment</b>																			
	<b>Core Plus Subtotals:</b>	<b>134</b>	<b>3</b>																	<b>137</b>

<b>Other Informational Services</b>													
<b>Community Living Support Services</b>													
22XXX	Services management	409	19										<b>428</b>
31XXX	Transportation	3											<b>3</b>
33340	Basic Needs - Rent Payments	4											<b>4</b>
41307	Physiological Treatment - In-Home Nursing	1											<b>1</b>
50399	Voc/Day - Day Habilitation	5											<b>5</b>
	<b>Community Living Support Services Subtotals:</b>	<b>422</b>	<b>19</b>										<b>441</b>
<b>Congregate Services</b>													
64XXX	RCF-6 and over beds	28	1										<b>29</b>
	<b>Congregate Services Subtotals:</b>	<b>28</b>	<b>1</b>										<b>29</b>
<b>Administration</b>													
<b>Uncategorized</b>													
<b>Regional Totals:</b>		<b>1495</b>	<b>35</b>	<b>21</b>									<b>1551</b>

### Table B. Unduplicated Count of Adults and Children by Diagnosis

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	25	964	989	40
Mental Illness, Intellectual Disabilities	0	14	14	40, 42
<b>Total</b>	<b>25</b>	<b>978</b>	<b>1003</b>	<b>99</b>

### B. Regionally Designated Intensive Mental Health Services

The region has designated the following provider(s) as an **Access Center** which has met the following requirements:

- Immediate intake assessment and screening that includes but is not limited to mental and physical conditions, suicide risk, brain injury, and substance use.
- Comprehensive person-centered mental health assessments by appropriately licensed or credentialed professionals.

- Comprehensive person-centered substance use disorder assessments by appropriately licensed or credentialed professional.
- Peer support services.
- Mental health treatment.
- Substance abuse treatment.
- Physical health services.
- Care coordination.
- Service navigation and linkage to needed services.

<u>Date Designated</u>	<u>Access Center</u>
	In Development

The region has designated the following **Assertive Community Treatment (ACT)** teams which have been evaluated for program fidelity, including a peer review as required by subrule 25.6(2), and documentation of each team’s most recent fidelity score.

<u>Date Designated</u>	<u>ACT Teams</u>	<u>Fidelity Score</u>
October 2017	Seasons Center for Behavioral Health	4.379

The region has designated the following **Subacute** service providers which meet the criteria and are licensed by the Department of Inspections and Appeals.

<u>Date Designated</u>	<u>Subacute</u>
	In Development

The region has designated the following **Intensive Residential Service** providers which meet the following requirements:

- Enrolled as an HCBS 1915(i) habilitation or an HCBS 1915(c) intellectual disability waiver supported community living provider.
- Provide staffing 24 hours a day, 7 days a week, 365 days a year.
- Maintain staffing ratio of one staff to every two and on-half residents.
- Ensure that all staff have the minimum qualifications required.
- Provider coordination with the individual’s clinical mental health and physical health treatment, and other services and support.
- Provide clinical oversight by a mental health professional
- Have a written cooperative agreement with an outpatient provider.
- Be licensed as a substance abuse treatment program or have a written cooperative agreement.
- Accept and service eligible individuals who are court-ordered.
- Provide services to eligible individuals on a no reject, no eject basis.
- Serve no more than five individuals at a site.
- Be located in a neighborhood setting to maximize community integration and natural supports.
- Demonstrate specialization in serving individuals with an SPMI or multi-occurring conditions and serve individuals with similar conditions in the same site.

<u>Date Designated</u>	<u>Intensive Residential Services</u>
	In Development

## C. Financials

**Table C. Total Expenditures by Chart of Accounts Number and Disability Type**

The annual budget and planning process are 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 services, Revenues, and County Levies

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

FY 2019 Accrual	NW IA Care Connections	MI (40)	ID (42)	DD (43)	BI (47)	Admin (44)	Total
<b>Core Domains</b>							
<b>COA</b>	<b>Treatment</b>						
42305	Mental health outpatient therapy						\$ -
42306	Medication prescribing & management	\$ 131,285					\$ 131,285
43301	Assessment & evaluation		\$ 920				\$ 920
71319	Mental health inpatient therapy-MHI	\$ 42,235					\$ 42,235
73319	Mental health inpatient therapy	\$ 32,333					\$ 32,333
	<b>Crisis Services</b>						
32322	Personal emergency response system						\$ -
44301	Crisis evaluation	\$ 55,325					\$ 55,325
44302	23-hour crisis observation & holding						\$ -
44305	24-hour access to crisis response						\$ -
44307	Mobile response	\$ 220,246					\$ 220,246
44312	Crisis Stabilization community-based services						\$ -
44313	Crisis Stabilization residential services	\$ 5,360					\$ 5,360
44396	Access Centers: start-up / sustainability						\$ -
	<b>Support for Community Living</b>						
32320	Home health aide						\$ -
32325	Respite		\$ 218				\$ 218
32328	Home & vehicle modifications						\$ -
32329	Supported community living	\$ 4,510	\$ 31,352				\$ 35,862

FY 2019 Accrual	NW IA Care Connections	MI (40)	ID (42)	DD (43)	BI (47)	Admin (44)	Total
42329	Intensive residential services						\$ -
	<b>Support for Employment</b>						
50362	Prevocational services						\$ -
50364	Job development						\$ -
50367	Day habilitation		\$ 39,679				\$ 39,679
50368	Supported employment	\$ 77,304	\$ 6,562				\$ 83,866
50369	Group Supported employment-enclave						\$ -
	<b>Recovery Services</b>						
45323	Family support						\$ -
45366	Peer support	\$ 11,700					\$ 11,700
	<b>Service Coordination</b>						
21375	Case management						\$ -
24376	Health homes						\$ -
	<b>Sub-Acute Services</b>						
63309	Subacute services-1-5 beds						\$ -
64309	Subacute services-6 and over beds						\$ -
	<b>Core Evidenced Based Treatment</b>						
04422	Education & Training Services - provider competency	\$ 23,993					\$ 23,993
32396	Supported housing						\$ -
42398	Assertive community treatment (ACT)	\$ 123,134					\$ 123,134
45373	Family psychoeducation						\$ -
	<b>Core Domains Total</b>	<b>\$ 727,425</b>	<b>\$ 78,731</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 806,156</b>
	<b>Mandated Services</b>						
46319	Oakdale						\$ -
72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	\$ 54,626					\$ 54,626
75XXX	Mental health advocate	\$ 60,511					\$ 60,511
	<b>Mandated Services Total</b>	<b>\$ 115,137</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 115,137</b>
	<b>Additional Core Domains</b>						
	<b>Justice system-involved services</b>						
25xxx	Coordination services	\$ 9,660					\$ 9,660



44346	24-hour crisis line**	\$ 36,000					\$ 36,000
<b>FY 2019 Accrual</b>	<b>NW IA Care Connections</b>	<b>MI (40)</b>	<b>ID (42)</b>	<b>DD (43)</b>	<b>BI (47)</b>	<b>Admin (44)</b>	<b>Total</b>
44366	Warm line**						\$ -
46305	Mental health services in jails	\$ 23,112					\$ 23,112
46399	Justice system-involved services-other						\$ -
46422	Crisis prevention training						\$ -
46425	Mental health court related costs						\$ -
74301	Civil commitment prescreening evaluation						\$ -
	<b>Additional Core Evidenced based treatment</b>						
42366	Peer self-help drop-in centers						\$ -
42397	Psychiatric rehabilitation (IPR)						\$ -
	<b>Additional Core Domains Total</b>	<b>\$ 68,772</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 68,772</b>
<b>Other Informatio nal Services</b>							
03371	Information & referral						\$ -
04372	Planning and/or Consultation (client related)						\$ -
04377	Provider Incentive Payment						\$ -
04399	Consultation Other						\$ -
04429	Planning and Management Consultants (non-client related)						\$ -
05373	Public education						\$ -
	<b>Other Informational Services Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>
<b>Communit y Living Supports</b>							
06399	Academic services						\$ -
22XXX	Services management	\$ 93,938					\$ 93,938
23376	Crisis care coordination						\$ -
23399	Crisis care coordination other						\$ -
24399	Health home other						\$ -
31XXX	Transportation	\$ 2,307	\$ 1,589				\$ 3,896

32321	Chore services						\$ -
<b>FY 2019 Accrual</b>	<b>NW IA Care Connections</b>	<b>MI (40)</b>	<b>ID (42)</b>	<b>DD (43)</b>	<b>BI (47)</b>	<b>Admin (44)</b>	<b>Total</b>
32326	Guardian/conservator						\$ -
32327	Representative payee						\$ -
32335	CDAC						\$ -
32399	Other support						\$ -
33330	Mobile meals						\$ -
33340	Rent payments (time limited)	\$ 1,693					\$ 1,693
33345	Ongoing rent subsidy						\$ -
33399	Other basic needs						\$ -
41305	Physiological outpatient treatment						\$ -
41306	Prescription meds						\$ -
41307	In-home nursing	\$ 1,036					\$ 1,036
41308	Health supplies						\$ -
41399	Other physiological treatment						\$ -
42309	Partial hospitalization						\$ -
42310	Transitional living program						\$ -
42363	Day treatment						\$ -
42396	Community support programs						\$ -
42399	Other psychotherapeutic treatment						\$ -
43399	Another non-crisis evaluation						\$ -
44304	Emergency care						\$ -
44399	Other crisis services						\$ -
45399	Other family & peer support						\$ -
46306	Psychiatric medications in jail						\$ -
50361	Vocational skills training						\$ -
50365	Supported education						\$ -
50399	Other vocational & day services	\$ 209					\$ 209
63XXX	RCF 1-5 beds (63314, 63315 & 63316)						\$ -
63XXX	ICF 1-5 beds (63317 & 63318)						\$ -
63329	SCL 1-5 beds						\$ -
63399	Other 1-5 beds						\$ -
	<b>Community Living Supports</b>	<b>\$ 99,183</b>	<b>\$ 1,589</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 100,772</b>
<b>Other Congregate Services</b>							
50360	Work services (work activity/sheltered work)						\$ -
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 513,489					\$ 513,489

64XXX	ICF 6 and over beds (64317 & 64318)						\$ -
<b>FY 2019 Accrual</b>	<b>NW IA Care Connections</b>	<b>MI (40)</b>	<b>ID (42)</b>	<b>DD (43)</b>	<b>BI (47)</b>	<b>Admin (44)</b>	<b>Total</b>
64329	SCL 6 and over beds						\$ -
64399	Other 6 and over beds						\$ -
	<b>Other Congregate Services Total</b>	<b>\$ 513,489</b>	<b>\$</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 513,489</b>
<b>Administration</b>							
11XXX	Direct Administration					214,051	\$ 214,051
12XXX	Purchased Administration					55,996	\$ 55,996
	<b>Administration Total</b>					<b>\$ 270,047</b>	<b>\$ 270,047</b>
	<b>Regional Totals</b>	<b>\$ 1,524,006</b>	<b>\$ 80,320</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 270,047</b>	<b>\$ 1,874,363</b>
(45XX-XXX) County Provided Case Management							\$ -
(46XX-XXX) County Provided Services							\$ -
	<b>Regional Grand Total</b>						<b>\$ 1,874,363</b>
13951	Distribution to MHDS regional fiscal agent from member county						\$ 431,632

**Table D. Revenue**

FY 2019 Accrual	N.W. Iowa Care Connections MHDS Region		
<b>Revenues</b>			
	<b>FY18 Annual Report Ending Fund Balance</b>		<b>\$ 4,081,903</b>
	<b>Adjustment to 6/30/18 Fund Balance</b>		<b>\$ (977)</b>
	<b>Audited Ending Fund Balance as of 6/30/18 (Beginning FY19)</b>		<b>\$ 4,080,926</b>
	<b>Local/Regional Funds</b>		<b>\$ 742,686</b>
10XX	Property Tax Levied	685,620	
12XX	Other County Taxes	900	
16XX	Utility Tax Replacement Excise Taxes	21,071	
25XX	Other Governmental Revenues		
4XXX-5XXX	Charges for Services	-	
5310	Client Fees	26,082	
60XX	Interest	8,281	
6XX	Use of Money & Property	-	
8XXX	Miscellaneous	732	
9040	Other Budgetary Funds (Polk Only)	-	
		-	

<b>State Funds</b>			<b>\$ 53,221.00</b>
21XX	State Tax Credits	38,879	
22XX	Other State Replacement Credits	14,169	
2250	MHDS Equalization	-	
24XX	State/Federal pass thru Revenue	-	
2644	MHDS Allowed Growth // State Gen. Funds	-	
29XX	Payment in Lieu of taxes	173	
		-	
<b>Federal Funds</b>			<b>\$ -</b>
2344	Social services block grant	-	
2345	Medicaid	-	
	Other	-	
<b>Total Revenues</b>			<b>\$ 795,907</b>

<b>Total Funds Available for FY19</b>	<b>\$4,876,833</b>
<b>FY19 Actual Regional Expenditures</b>	<b>\$1,874,363</b>
<b>Accrual Fund Balance as of 6/30/19</b>	<b>\$3,002,470</b>

**Table E. NWIACC County Levies**

County	2016 Est. Pop.	Regional Per Capita	FY19 Max Levy	FY 19 Actual Levy	Actual Levy Per Capita
Clay	16,333	30.30	494,890	163,330	10.00
Dickinson	17,243	30.30	522,463	172,000	9.98
Lyon	11,754	30.30	356,146	117,540	10.00
O'Brien	14,020	30.30	424,806	140,200	10.00
Osceola	6,064	30.30	183,739	60,640	10.00
Palo Alto	9,047	30.30	274,124	90,470	10.00
<b>Region</b>	<b>74,461</b>		<b>2,256,168</b>	<b>744,180</b>	

# OUTCOMES-PROGRESS ON GOALS

## UTILIZING THE SIX DOMAINS

<b>Access to Service</b>	<b>Life in the Community</b>	<b>Person Centeredness</b>	<b>Health and Wellness</b>	<b>Quality of Life and Safety</b>	<b>Family Natural Supports</b>
--------------------------	------------------------------	----------------------------	----------------------------	-----------------------------------	--------------------------------

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, Justice-Related Services, and Service Coordination. Subsequently, we have incorporated regional Justice-Related Services into the national model of the Stepping Up Initiative, and we have increased our focus on Integrated Care through our Crisis Prevention Services and Family Supports.

### **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.

### **Service Progress by Core, Additional Core, and EBPs**

As NWIACC addresses our region’s communities’ needs and legislative intent, we consistently offer funding for core services associated with life in the community. Our region has also embarked on opportunities to increase access to and delivery of crisis services. The following data reflects FY 19 information, including crisis services to meet the needs of individuals seeking services.

#### **Seasons Center Crisis Services Emergency Slots:**

Since 2016, there has been a total of 10 emergency time slots available each week in each of the county-based Seasons Center offices on a first come, first used basis. In the 2018 Fiscal Year, the emergency

slots this translates to a total of 40 slots available each month, and 480 slots available in a 12-month period of time. The slots allocated in Sioux Center have been included in this data as they were open to be used by any county in the region if necessary and we have no information that would support the not including in the regional data. The slots are allocated as follows for

**FY 16 and FY 17:**

Four in Spencer  
 One in Spirit Lake  
 Three in Sheldon  
 One in Rock Rapids  
 One in Sioux Center

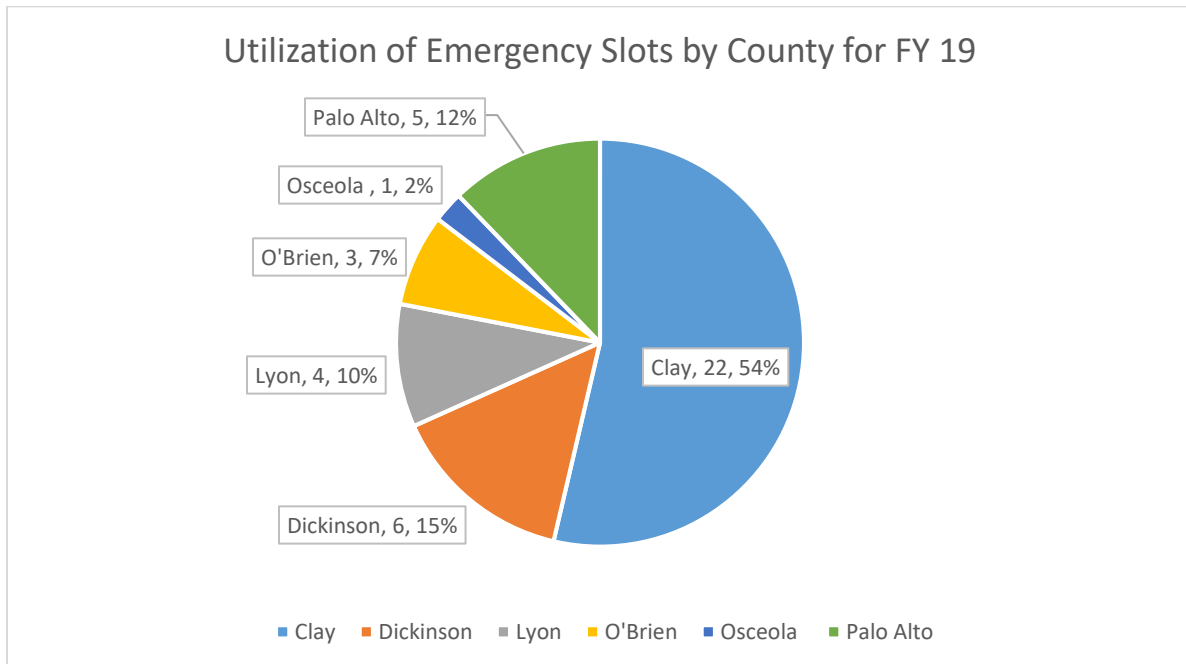
**FY 18 and FY 19**

12 in Spencer (4-Wed., 4 Fri. each month)  
 8 in Sioux Center (4-Mon., 4 Fri. each month)  
 4 in Spirit Lake (4 Tuesdays each month)  
 4 at Sheldon (4 Wed. each month)  
 4 at Autumn Center (4 Tuesdays each month)  
 4 in Emmetsburg (4 Thursdays each month)

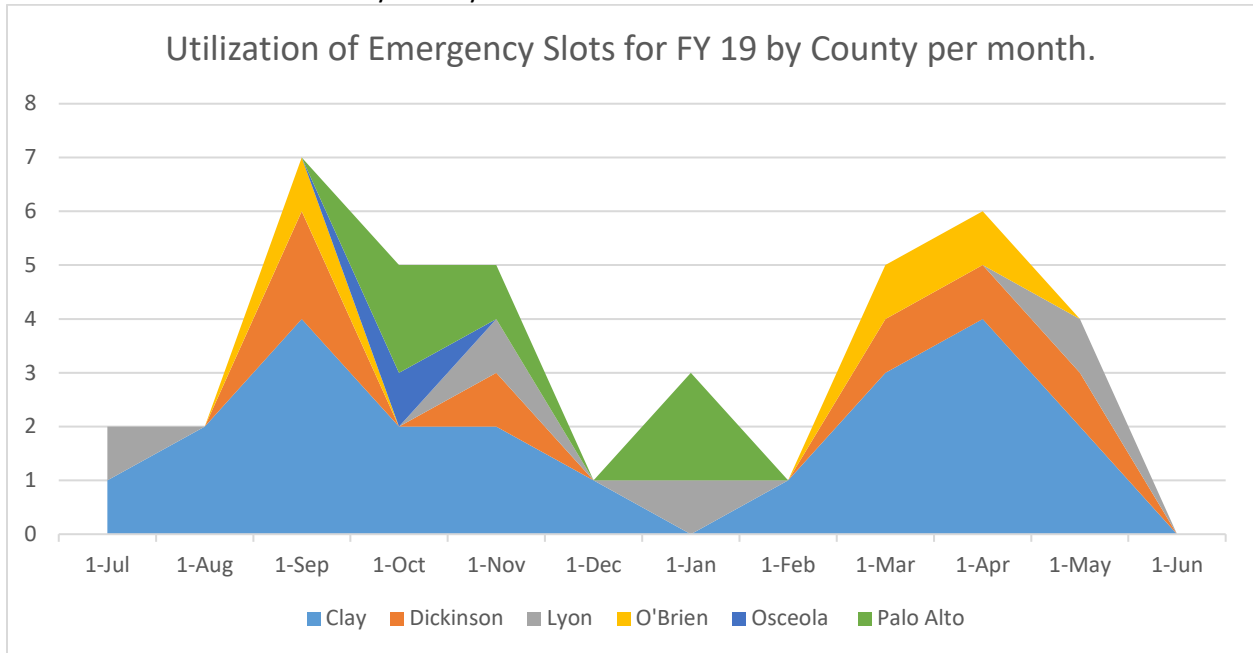
Utilization of Emergency Slots

	Clay	Dickinson	Lyon	O'Brien	Osceola	Palo Alto
FY 16	34	18	2	6	2	11
FY 17	32	24	1	9	4	9
FY 18	25	7	1	5	0	3
FY 19	22	6	4	3	1	5

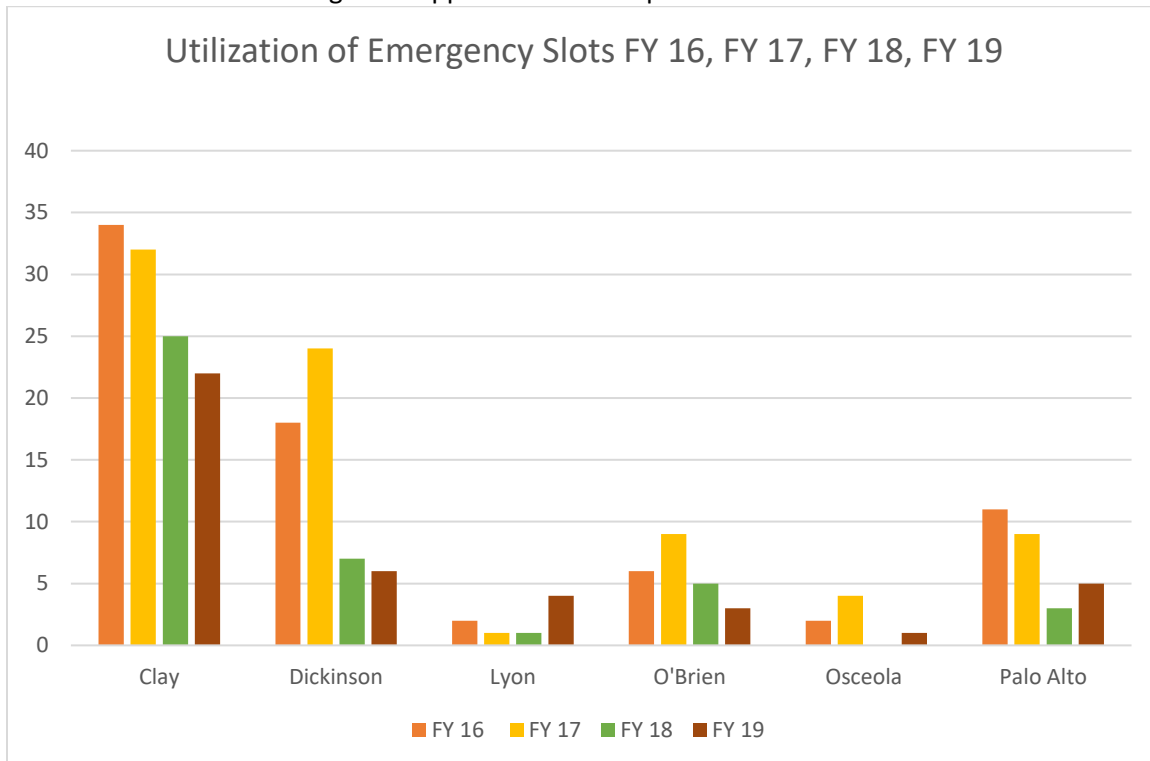
Below is a chart indicating the FY 2019 information only.



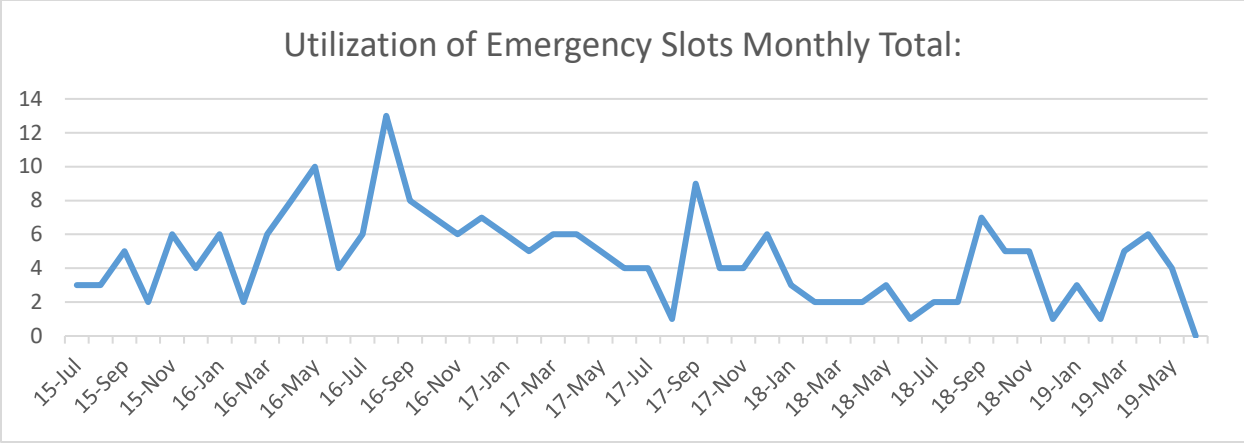
The same information sorted by County and Month for FY 19.



Below is a table that compares the stated in the table above by County for both the FY 16, FY 17, FY 18, and FY 19 which shows usage and opportunities to improve access.

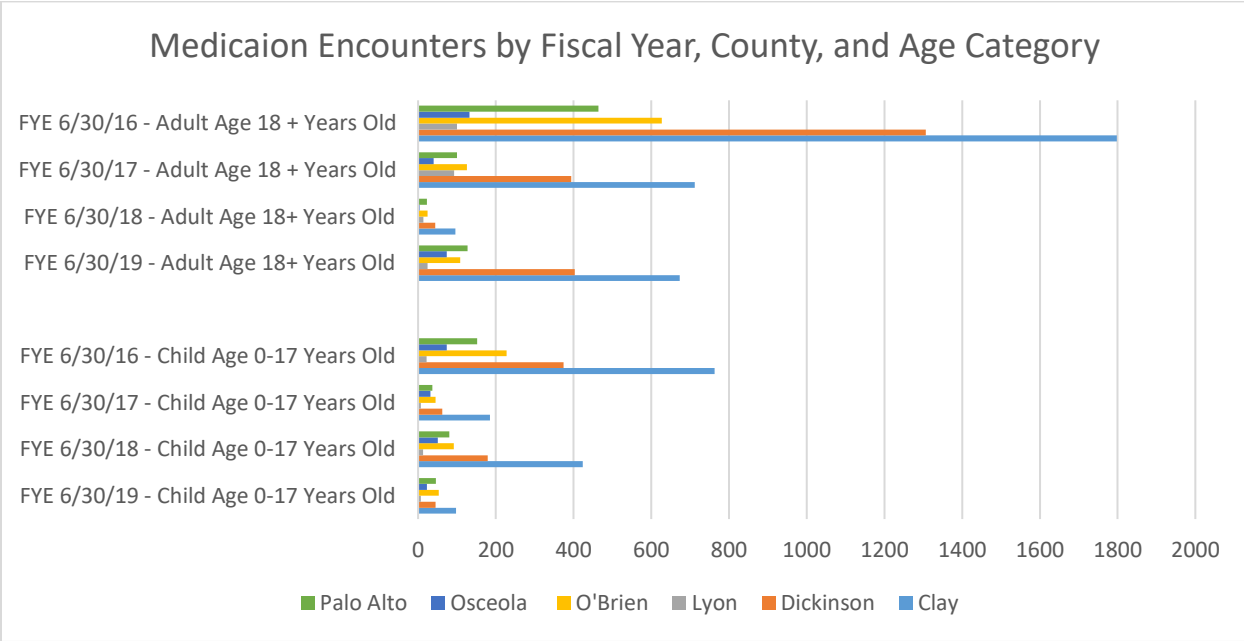


**Hope Haven Emergency Slots:** During FY 19, two emergency slots for crisis screening and assessment were accessed in the Region and both in Dickinson County.



**Seasons Center Medication Encounters:**

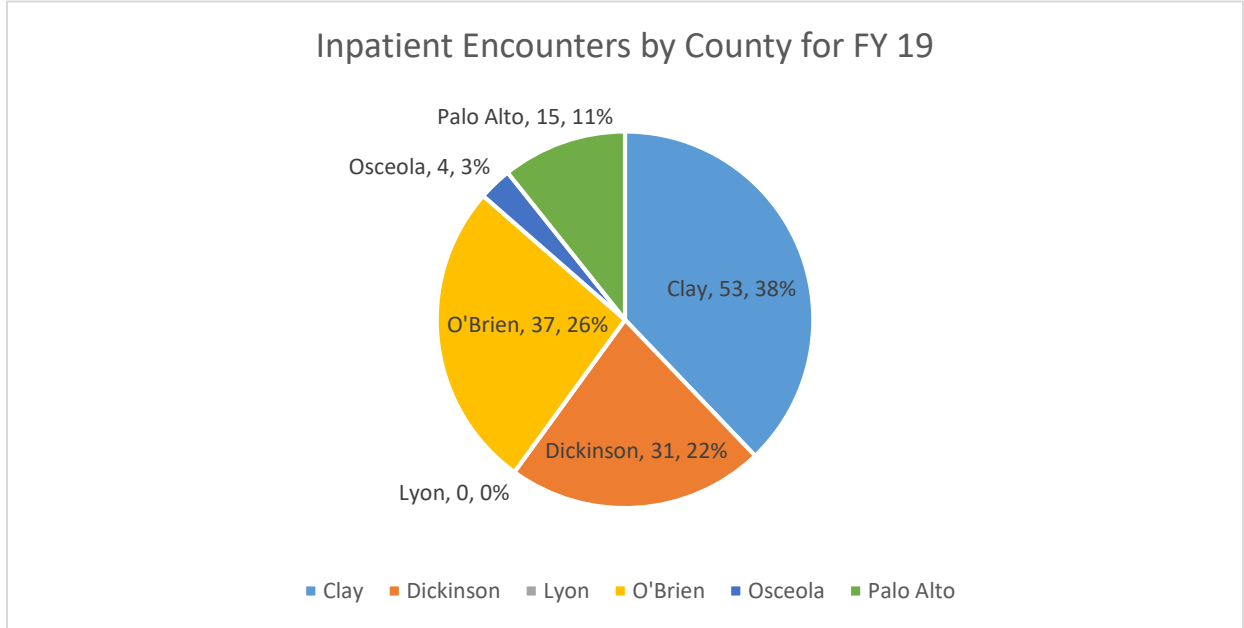
As part of the support for persons receiving nursing support and follow-up to assure medication compliance, the following two charts provides a picture to the number of individuals served by the regional block grant to each County for each age group:



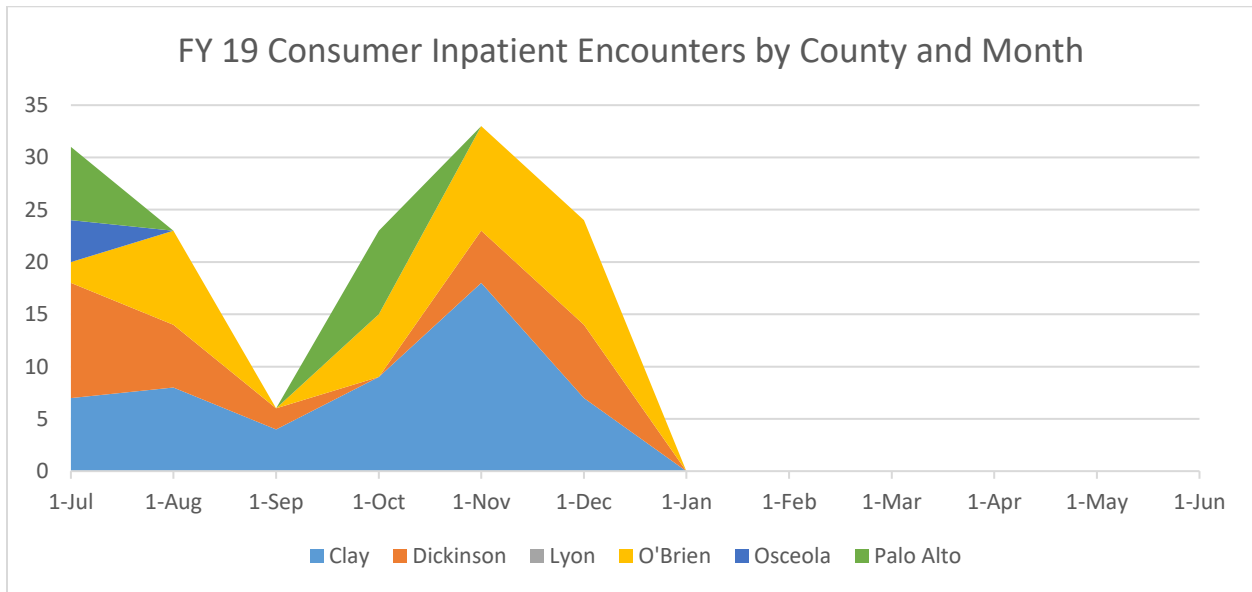


**NWIACC Consumer Inpatient Encounters:**

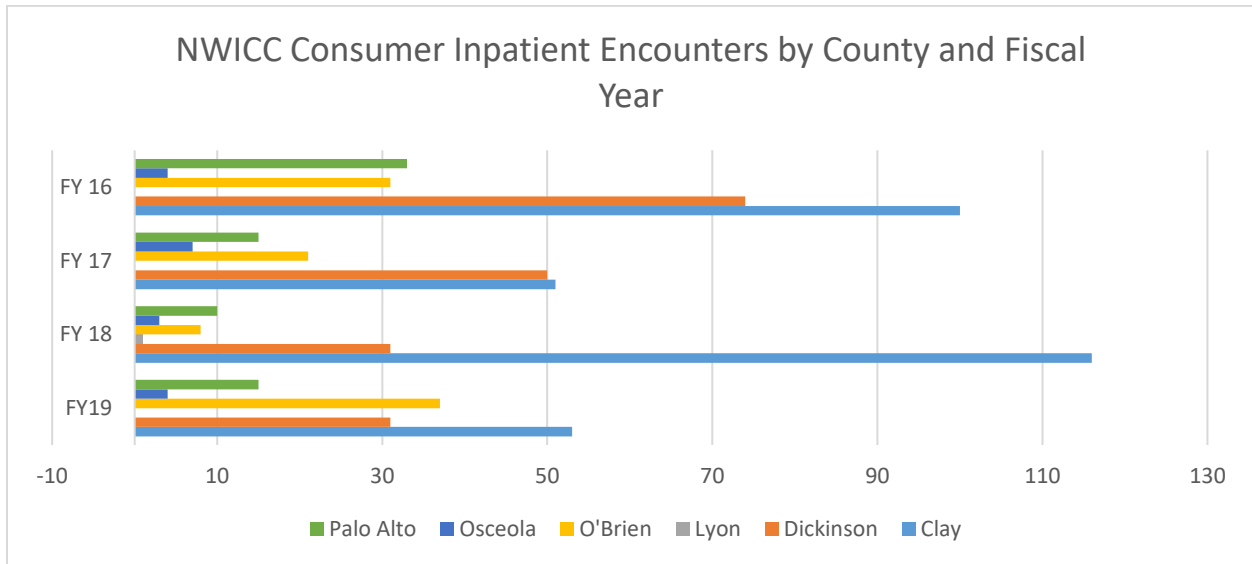
To assure access to rural psychiatric services, a block grant to Seasons Center reflects the totals for the per county of Inpatient Encounters through this funding stream because no other funding was available.



Consumer Inpatient Encounters:							
	Clay	Dickinson	Lyon	O'Brien	Osceola	Palo Alto	Total:
FY 16	100	74	0	31	4	33	240
FY 17	51	50	0	21	7	15	144
FY 18	116	31	1	8	3	10	169
FY 19	53	31	0	37	4	15	140



The table below shows the total number of individuals seen inpatient by county for the past four fiscal years. The funding was discontinued for this service in January 2019 due to changes in contracts between Seasons Center and the Spencer Hospital.



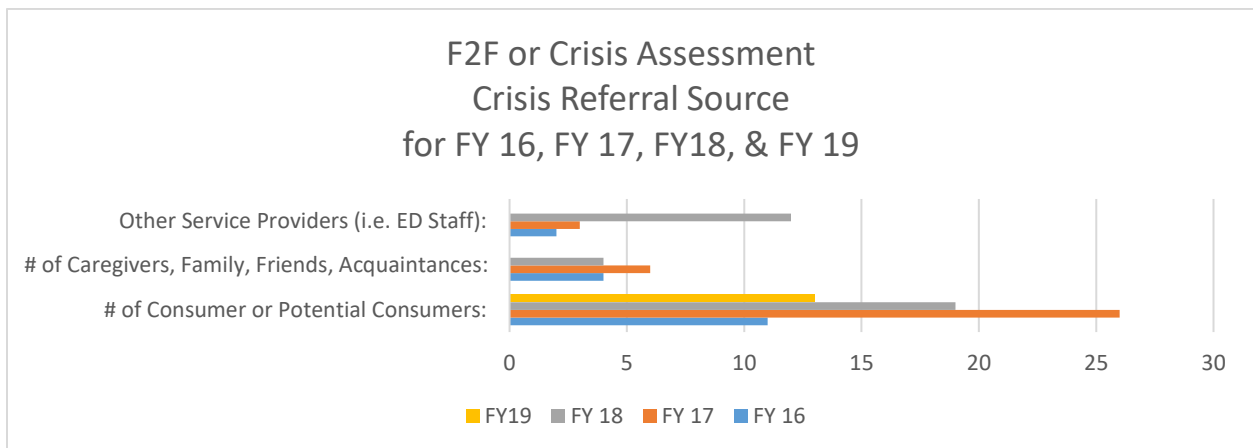
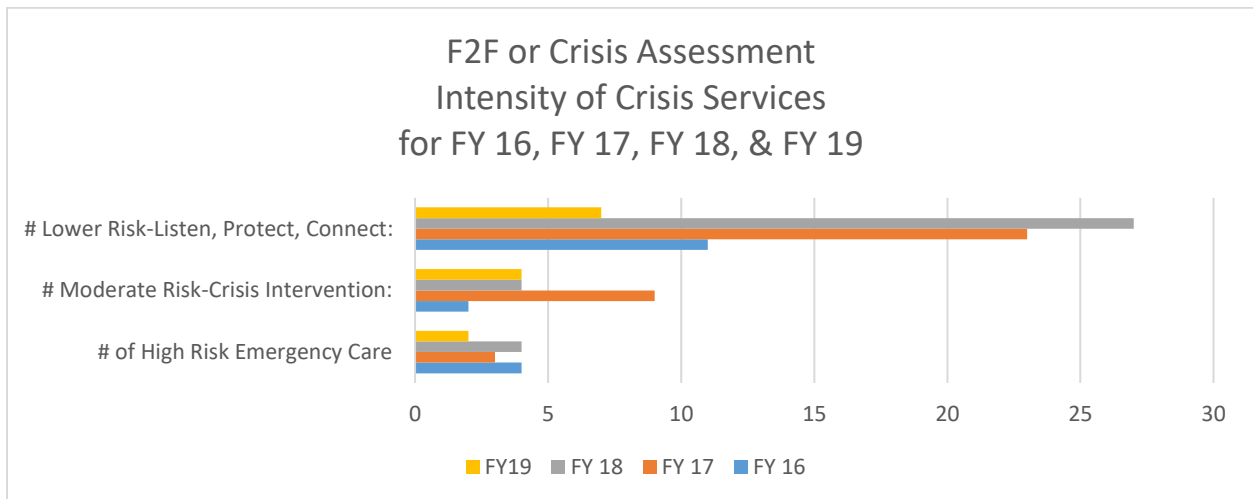
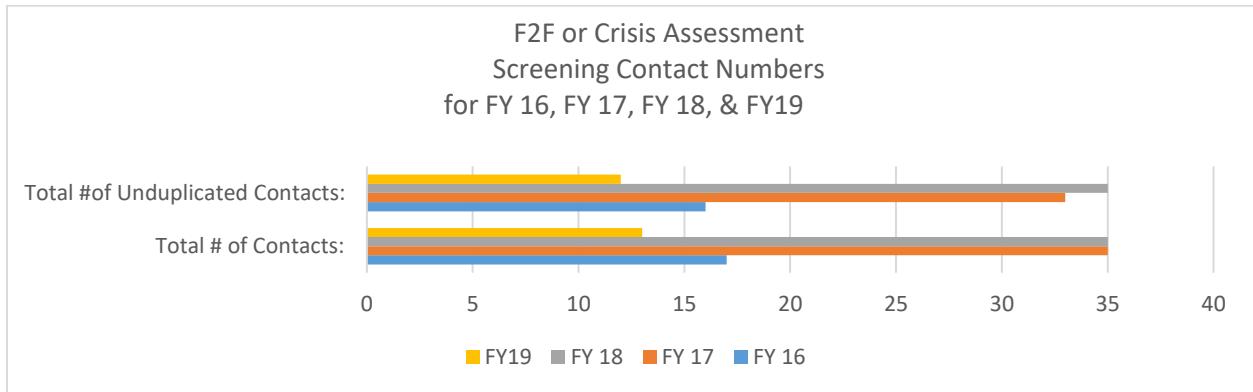
### Seasons Center for Behavioral Health Regional Crisis Call and Mobile Crisis Response

As part of the contract with Northwest Iowa Care Connections, Seasons Center for Behavioral Health managed a 24/7 mental health crisis call line that also deploys Mobile Response as needed. The following utilization information is presented in summary form as shared with the Region by Seasons Center. The intent to serve individuals as close to home as possible while attending to their needs when they need help is the focus of this service, which reflects the Region’s value regarding access to services.

	Hours	Units	Contacts	H
Crisis Call - Day	2.67		9	
Crisis Call - Night	1.15		8	
Mobile Crisis Deployment	1.15		2	
Talk Line	8.58		28	
July, 2018	13.55		47	1
Crisis Call - Day	1.90		3	
Crisis Call - Night	0.53		3	
Talk Line	13.58		51	1
August, 2018	16.02		57	1
Crisis Call - Day	2.70		7	
Crisis Call - Night	0.57		6	
Mobile Crisis Deployment	3.38		4	
Talk Line	9.48		31	
September, 2018	16.13		48	1
Crisis Call - Day	0.42		1	
Crisis Call - Night	1.18		3	
Mobile Crisis Deployment	8.10		7	1
Talk Line	8.83		34	
October, 2018	18.53		45	2
Crisis Call - Day	4.12		5	
Mobile Crisis Deployment	2.12		1	
Talk Line	5.98		26	
November, 2018	12.22		32	1
Crisis Call - Day	0.53		1	
Mobile Crisis Deployment	0.85		1	
Talk Line	4.50		27	
December, 2018	5.88		29	
Crisis Call - Day	0.13		1	
Crisis Call - Night	0.47		2	
Mobile Crisis Deployment	1.97		2	
Talk Line	3.97		19	
January, 2019	6.53		24	
	<b>Hours</b>	<b>Units</b>	<b>Contacts</b>	
Crisis Call - Day	0.58		4	
Crisis Call - Night	0.15		2	
Mobile Crisis Deployment	0.63		1	
Talk Line	6.05		28	
February, 2019	7.42		35	
Crisis Call - Day	0.62		2	
Crisis Call - Night	0.18		1	
Mobile Crisis Deployment	0.53		1	
Talk Line	8.98		46	
March, 2019	10.32		50	
Crisis Call - Day	3.28		6	
Mobile Crisis Deployment	5.22		3	
Talk Line	7.02		27	
April, 2019	15.52		36	
Crisis Call - Night	0.85		1	
Mobile Crisis Deployment	1.62		2	
Talk Line	6.33		19	
May, 2019	8.80		22	
Crisis Call - Day	1.85		4	
Crisis Call - Night	0.77		1	
Mobile Crisis Deployment	5.15		3	
Talk Line	6.63		34	
June, 2019	14.40		42	
	145.32		467	

### Face to Face and Crisis Assessment:

Finally, the following three graphs compares the Face to Face Crisis Assessments, Level of Risk, and category of Contacts reported through the contract with Seasons Center. If additional follow up is needed following a screening by crisis line and/or mobile crisis staff, access to this service is regionally funding to assure individuals can be seen quickly and as close to home as possible.



In addition, continued regional contracting with Avera McKennon Behavioral Health Services in Sioux Falls, South Dakota, provides a valuable connection to inpatient psychiatric services to our local hospital

Emergency Rooms for court-ordered and/or voluntary hospitalization. Through this partnership, NWIACC attempts to complement the affiliations of many of our local hospitals and clinics with Avera to support an integrated care model whenever possible. NWIACC especially sees the benefit of this arrangement in our western counties, whose proximity to Sioux Falls makes Avera's services a client and family friendly option to individuals requiring that level of care. Service coordination efforts between NWIACC staff and Avera affiliated centers continue to increase as "Familiar Faces" are being identified and person-centered plans are being developed to address the individual's needs.

Within this Access Center Services network array of services, the Region contracts for voluntary Crisis Residential Services at Turning Point through Plains Area Mental Health Center in Sac City or Sioux Rivers Crisis and Stabilization Center in Sioux City. The 3-5 day option assists individuals with stabilization and treatment in a lesser restrictive setting. Three (3) adult individuals were actually funded by regional dollars for these services but others accessed their Medicaid funding to receive this level of care.

### **Justice Related Services- FY 19 Hope Haven Jail Crisis Services**

For the fourth and final fiscal year, Northwest Iowa Care Connections held a contract with Hope Haven to provide psychiatric services to residents incarcerated within our regional jails. Jail staff in communication with Regional enrollment staff in Dickinson County helped to assist 65 unduplicated adults in law enforcement custody to seek treatment services including Psychiatric Evaluations, Individual Therapy, or Medication Management.

With the guidance of the Stepping Up Initiative Team, comprised of area law enforcement, corrections, service providers, and regional representatives, issues regarding the intersect between incarceration and community living for persons with disabilities served in this area was discussed to identify positive outcomes. Quarterly meetings helped to problem-solve and network to assist the areas of access and systemic response to the needs of individuals in this service.

### **Justice Related Services – FY 19 Hope Haven Jail Care Coordination Services**

FY 2019 was the second year that the Region has had information regarding Jail Coordination services for individuals followed up with by the current contract with Hope Haven, Inc. The purpose for this level of care is to provide support and assist offenders in transitioning successfully into the community, to access behavioral health services to continue stabilization, and to reduce recidivism. Twenty-one adults regionally benefitted from this service provided by Hope Haven staff in collaboration with regional service coordination.

### **Regional Program Outcomes**

**Employment:** NWIACC continues to work with clients, their families and service providers to provide more integrated, community-based employment in NWIACC's Region. NWIACC has provided funding in cooperation with the Sioux Rivers Region for training to certify employment specialists in APSE and Customized employment practices for both MHDS Regions to assure a qualified workforce when implementing this service for persons with disabilities.

Both Regions along with Central Iowa Community Services embarked on a collaboration to bring Individualized Placement Services (IPS) model as an evidence-based integrated employment option for persons with mental illness. Consultation was done with Minnesota Vocational Rehabilitation experts

and training was also provided by them for stakeholders, including mental health and employment providers, state agencies, MCO Representatives, and regional staff to develop this model over an 18-month pilot project. In FY 19, an average of 11 people were employed in NWIACC through this IPS model. Reference are made about this and other Evidence Based practices is found in the QSDA (Quality Service, Delivery and Assessment) section of this report on page 25.

We applaud the efforts of our Employment Specialists, who serve as job coaches as well as job developers to provide these opportunities to our regional workforce. Since the majority of direct care funding is provided through Medicaid, we work closely with our service and MCO partners. We continue to meet as a regional wide coalition through our quarterly Employment Initiatives group to address ongoing issues among stakeholders, including transportation, area schools and AEA, MCOs etc.

**Housing:** NWIACC continues to provide support to individuals in need of housing options, from residential care facilities to supported community living sites. Regional service coordinators match the preferences with available housing settings to resettle individuals as quickly and with as much comfort as possible. There have been initial conversations with two community-based entities regarding transitional housing options for homeless individuals with mental illness and/or substance use disorder needs.

The Regional Housing Team evolved into the regional Transitional Living Network as the focus of the group addressed the necessary components to improve referral processes and identification of resources for individuals in need of housing . This team worked together to produce a standard intake process to assure consistency among providers to gain necessary information at the time of referral.

To assure a successful warm hand-off, this team also identified the various procedures and business practices agency use that could affect successful client outcomes. By sharing this knowledge with one another, team members seem to have a better understanding of what necessary components must be in place for a successful client experience.

Lastly, this team developed a resource directory of network of regional contracted providers, complete with contact information for ease in referring. This directory will be updated semi-annually as needed and placed on the region's website for easy access.

In addition to service providers, our Transitional Living Network also includes faith-based providers as well as a large housing development group, Community Housing Initiatives, whose representative joined our group to work together to address consumer and systemic issues affecting housing. NWIACC will continue to work with service providers, landlords, community partners and other interested individuals to encourage least restrictive, safe, affordable community-based housing options for persons with disabilities.

Because workforce shortages and staff retention in residential services continues to be identified as a major challenge for access to services, the regional Governance Board endorsed the convening of a workforce shortage team to explore options for collaboration and development. This team, composed of Administrators and Human Resource Directors of various service providers, as well as economic development staff met two times to identify various strategies to address the shortage areas. We agreed that multiple levels of focus, from the federal, state, and local levels of political influence, law changes, grants, and the continued development of a regional training collaborative, will serve us well.

**5 Star Quality**-Regional service providers who participate in the Community Services Network (CSN) Portal to address outcomes in the four areas listed below. The table shows the comparison in FY 17, FY 18, and FY 19 data collection on clients' life in the community domains, including employment, housing, Inclusion, and somatic care.

Outcomes	FY 19 Statewide Average	FY 19 NWIACC Score	FY 18 Statewide Average	FY 18 NWIACC Scores	FY 17 Statewide Average	FY 17 NWIACC Scores
Inclusion	98.28%	99%	81%	71%	80%	76%
Employment	64.46%	75%	50%	50%	45%	46%
Housing	76.37%	77%	70%	74%	70%	65%
Somatic Care*	95.25%	98%	88%	96%	88%	87%

\*QSDA 5 Star Quality Somatic Care measure- Measures an individual's participation in an annual physical to address medical needs.

\*QSDA Community Integration- Measures opportunities to be in and of their home communities

**Education and Training:** In addition to certified employment trainings, NWIACC has invested in training on Motivational Interviewing to assist local care teams in developing and sustaining techniques to learn the basic clinical style of Motivational Interviewing (MI). Follow-up training was provided which taught 15 employees from a variety of service provider agencies the finer points of empathic listening skills, recognizing and responding to fundamental client language cues of change and to deconstruct resistance in the Sustain Talk and Discord Model.

**C-3 De-escalation** trainers from various providers, including Hope Haven, Seasons Center, Lakes Life Skills, Spencer Hospital and the Region to offer this research-based training to regional partners to build skills around crisis prevention and crisis intervention in a variety of settings to support community-based services. We want to impact staff turnover in facilities by increase competencies in staff to address difficult situations more confidently, reduce court commitments, and limit injury associated with persons who have disruptive but manageable behaviors.

**Zero Suicide Project Coalition** in Palo Alto County continued work and supported an A.S.I.S.T (Applied Suicide Intervention Skills Training) to nursing staff from the local hospital who are psychiatrically boarding patients for periods of time as well as other interested participants from the local school administration, service providers and regional staff. We brought a suicide prevention awareness event (Caring for the Inner You) to the community for an evening of education when we partnered with the American Foundation of Suicide Prevention as well as local presenters to address warning signs, coping skills, the need to reduce stigma to access services and the importance of community support to reduce isolation that limit reaching out for help.

**Powerful Tools for Care Givers:** In coordination with the Iowa State Extension, Sioux Rivers Region and NWIACC, maintained a partnership to provide the Powerful Tools for Care Givers evidence-based

family education program to assist families of children with disabilities to gain knowledge of parenting tools and resources.

**NAMI of NW Iowa** continues to develop its Board of Directors and the systemic structure to produce more outreach, awareness, and educational programming. In addition to the Region encouraging the expansion of Board membership, training on the Make it OK stigma reduction campaign, and the cultivating of facilitators for Family Support Groups are grass roots methods used to help clients, their families, and caregivers connect.

**Crisis Prevention Services-Mental Health First Aid:** NWIACC’s Adult Community Mental Health First Aid instructor and the Mental Health First Aid Public Safety instructors, continue to offer training options for community members and continuing education option for law enforcement and first responders.

**Assertive Community Treatment (ACT):** NWIACC contracted with Seasons Center for start-up costs which ended May 2019 to secure staff, equipment, and other needs when implemented in October 2017 for this evidence-based practice. Due to staff recruitment difficulties, there have been amendments to the start-up costs contract to assist Seasons Center in maintaining the program, working toward fidelity and full staffing.

**Project Alert:** NWIACC has reached out to first responders throughout the Region to develop this database for individuals with disabilities who may require emergency service visits to their home. Partners in this process include representatives from each county:

Clay	Dickinson	Lyon	O’Brien	Osceola	Palo Alto
Regional Staff	Regional Staff	Regional Staff	EMA	Osceola County Ambulance	ILCC/EMS

Outreach in each county continues to identify individuals to voluntarily participate in this opportunity to provide information in advance to first responders when they require emergency service.

**Intake and Referral and Service Coordination:** In addition to the active role Regional Service Coordination takes with the aforementioned housing needs and justice related services, the 330 individuals served in this capacity can be found in work done through inpatient hospitalization discharge planning, school outreach activities to identify students in need of various services and access to funding streams (i.e. applying for HCBS Waiver services etc.) as well as regional initiatives (Zero Suicide Project, Project Alert, etc.) that improve access to services. In many cases, regional service coordination is the only resource to the individual and/or their families until referrals can be made. Combined with extensive collaboration with fellow community partners, this linkage service provides a valuable service to individuals and their families to navigate a complex system.

### **Other Community Living Support Services**

**Transportation-**NWIACC partnered with the Spencer A.D.A. (Americans with Disabilities Act) Council, service providers and regional transportation providers to write and receive a D.O.T. grant to support persons with the community with extended after hours and weekend transportation for persons accessing supported employment and customized employment and essential needs (grocery shopping, laundry, and pharmacy) after hours and on weekends. Due to the proximity of drivers and vehicles, RIDES decided to run this 2-year pilot program in the Spencer area first to monitor success and address



sustainability. After one year, DOT changed the funding structure which was cost prohibitive for the Regions and RIDES to sustain.

**The Regional Website-nwiacareconnections.org** continues to be a source of information for regional constituents and other interested parties. We have seen a 28% increase in sessions and 18% increase in users since the last fiscal year.

<b>Website Activity</b>	<b>FY16 Totals</b>	<b>FY17 Totals</b>	<b>FY 18 Totals</b>	<b>FY 19 Totals</b>
Sessions	854	1,110	1,630	1,745
Users	726	1,002	1,220	1,263
New Users	-	-	-	1,246
Page Views	2,670	3.43	4,198	-
Pages/Sessions	3.35	3.43	2.58	2.42
Avg. Session Duration	1.72	2.41	1.54	1.54
Bounce Rate	53.28	45.5	52.52%	53.81%
% of New Sessions	83.9	75.14	87.9%	70.55%
Percent of Sessions Viewed from US	81.57	90	62.87%	70.94%

As part of compliance with Senate File 504, the Region produced a Community Services Plan. Within that document, which can be found at <https://dhs.iowa.gov/mhds-providers/providers-regions/regions/complex-needs>, NWIACC shared goals, action steps, and outcomes intended to pursue access, interventions, and treatment options, for persons with complex needs. Data has been collected from participating county jails, law enforcement, inpatient psychiatric hospitals and local hospital emergency rooms to quantify the scope and frequency of this limited number of individuals utilizing these services.

Within that framework, a Familiar Faces Pilot Project was initiated in Dickinson County to address frequent visitors to the local hospital emergency room who presented with psychiatric symptoms and behaviors. Creating a team of providers as well as other stakeholders is the goal of this group as the group develops a unified care plan to address needs which may result in less visits to the local ER.

A Behavioral Health Work Group consisting of hospital, primary care, and behavioral health care professionals are meeting in Clay County to address similar issues for clients with complex needs. Goals of the group are to reduce recidivism to the local ED, to promote coordination between services and providers, and support positive systemic response to critical patient needs.

Northwest Iowa Care Connections surveys consumers, their parent or legal guardian when applicable, and contracted service providers to gain input on their experience with the region, its staff, and the services the Region funds. As noted in the November 2019 survey results below, there were predominantly favorable reviews on services received by consumers and their families.

The Service Provider Survey reflected mixed reviews. Overall, the results were positive and areas of improvement noted include communication with the region at a variety of levels. Below are results from the November 2019 survey of these three groups.

**Consumer Satisfaction Survey (9 of 20 received 45%)**

<b>Survey Question</b>	<b>Agree</b>	<b>Agree month of the Time</b>	<b>Neither Agree or Disagree</b>	<b>Disagree Most of the Time</b>	<b>Disagree</b>
Are you able to easily get the services you want?	5	1	○	○	○
Are you given options for services?	6	○	○	○	○
Are the regional staff helpful in getting the services you want?	5	○	1	○	○
Do you believe you are included in the planning of your services?	6	○	○	○	○
If employed, are you satisfied with your current job and the supports you receive?	3	○	1	○	○
Are you satisfied with where you live?	5	○	○	○	1
<b>Comments:</b> I am very satisfied with my services. Thank You! I am hoping to get an apartment asap, ready to move on that's all.		○	○	○	○

**Family Member/ Guardian Satisfaction Survey**

<b>Survey Question</b>	<b>Agree</b>	<b>Agree month of the Time</b>	<b>Neither Agree or Disagree</b>	<b>Disagree Most of the Time</b>	<b>Disagree</b>
Are you able to easily get the services you want for your family member?	3	○	○	○	○
Are you given options for their services?	3	○	○	○	○
Are the regional staff helpful in getting the services you want for your family member?	3	○	○	○	○
Do you believe you are included in the planning of the services for your family member?	3	○	○	○	○
If your family member is employed, are you satisfied with their current job and the supports they receive?	1	○	1	○	○

Are you satisfied with where your family member lives? Comments: I thank you for the great care my son is receiving at his placement.	3	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>
---	---	-----------------------	---	-----------------------	-----------------------

**NWIACC Service Provider Satisfaction Survey (4 of 8 received 50%)**

Survey Question	Agree	Agree month of the Time	Neither Agree or Disagree	Disagree Most of the Time	Disagree
Are you satisfied with the communication with regional staff?	3	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>
Are you satisfied with the regional billing process?	2	1	1	<input type="radio"/>	<input type="radio"/>
Do you receive timely payment for NWIACC regionally funded services?	2	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>
Are additional services or changes to services approved when requested?	2	1	1	1	<input type="radio"/>
Have you, as a provider, received a copy of the Regional Management Plan or a link in which to retrieve it electronically?	3	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>
Overall, are you satisfied with the regional partnership	3	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>
<b>Comments:</b> Beth and Kim are always great to work with! I really appreciate the level of effort they give.					

**QSDA (Quality Service, Delivery and Assessment) FY 19 Annual Report**

**I. QSDA Scope**

The Regions, for FY 19 charged QSDA with the following responsibilities:

- Facilitate the implementation of service delivery models- Learning Communities, multi-occurring, culturally capable, evidence-based practices, research-based practices and trauma informed care.
- Work to ensure that Providers are utilizing Evidence Based Practices, Research Based Practices and Promising Practices.
- Identify and collect Social Determinant Outcome data.
- Work to create a Value Based Service Delivery System utilizing performance/value-based contracts.
- Participate/Develop a coordinated training process.

## II. QSDA Mission and Values/Guiding Principles

- **QSDA Mission Statement:** QSDA is a group of stakeholders facilitating a standardized approach to the development and delivery of quality MH/DS services measured through the utilization of outcome standards.
- **QSDA Values/Guiding Principles:**
  - All services should be the best possible.
    - Service Philosophy is based on the 5 Star Quality Model- will always strive to achieve the highest degree of community integration as possible.
    - 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 is defined by the person's unique needs, skills and talents. Where decisions are made through personal circles of support, with the desired outcome a high quality of life achieved by self-determined relationships.
    - We envision an 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).
    - Through the use of Evidence Based Practices, (EBP) and Research Based Practices, (RBP), Regions and Providers will continually strive to improve service quality.
  - Activities must be meaningful.
    - Any task or work completed must be meaningful which helps ensure Agency empowerment and the efficient use of staff time.
  - Will ensure the use of standardized/efficient practices.
    - Work to establish a single data entry process.
    - Will work to ensure that the outcome processes will be standardized.
    - Coordinated training process.
  - QSDA structure, projects and processes shall be based on a philosophy of accommodation and flexibility.
  - Utilize website to organize resource information, data, activities, training and process tracks.
  - QSDA will actively work to collect social determinant data and utilize it to help transition the service delivery system to a value-based model.

### III. Strategic Action Plan

The following projects and accomplishments define the FY 19 Strategic Action Plan. The FY 19 Plan in addition to identifying new tasks is also a continuation and expansion of a number of FY 18 projects. QSDA has undergone some structural changes for FY 20. The Social Determinants/Outcomes project was suspended effective 7/1/19 and the Outcomes and Training Committee, created by the CEOs, has assumed most of the functions of the Development and Delivery Work Group. As such, the full Committee is no longer meeting on a regular basis and QSDA functions are handled through the QSDA Executive Committee. The Strategic Action plan has not been developed/updated for FY 20. Projects are grouped within three Strategic Areas: Service Development/Environment and Delivery, Service Assessment/Social Determinant Outcomes and System Infrastructure.

#### Service Development/Environment and Delivery Work Group

For FY 19 the QSDA Service Development/Environment and Delivery Work Groups combined. What follows is a summary of those activities and an Executive Summary of the C3 project.

During FY 19, QSDA Service Development/Environment and Delivery Teams merged to support the development and implementation of Evidence-based Practices required by Iowa Code. Within this structure of committee work, there was progress on the following goals:

- 1) Development of Urban/Rural Learning Community
- 2) Development of a Statewide Trauma Informed Care Trainer Network
- 3) Development of an Integrated Co-Occurring Practice Model
- 4) Continued Development of an inclusive and comprehensive Training and Outcome website
- 5) Support Utilization of Evidence-based, Research-based, Best and Promising Practices
- 6) Measure Effectiveness of Evidence Based Practices, Research based, Best and Promising Practices in the areas of Permanent Supportive Housing, Supported Employment, and Integrated Co-Occurring Disorders

In FY 19, as Quality Service, Delivery, and Assessment (QSDA) teams met to meet the goals above, there was emphasis placed on developing a state-wide system that would be effective and sustainable moving forward. Because the representation on these teams included both urban and rural interests, plans brought forward identified steering committee structures that would address the needs of both constituencies in planning, development and implementation.

Our team became aware in January 2019 of an organization, Mid America Mental Health Technology Transfer Center (MHTTC) based in Omaha NE which had been awarded a five-year Substance Abuse Mental Health (SAMHSA) grant to promote the development and training of Evidence Based Practices within five states in the Midwest. The CEO Collaborative approved the planning and development of a “macro” Project to launch trainings on Permanent Supportive Housing in interested regions in this EBP throughout Iowa. Included in these trainings are fidelity reviews, policies, procedures, networking and coordination with housing entities as well as data collection, performance measures, and outcomes.

Simultaneously, the CEO Collaborative approved a “micro” project to address the criteria regions will utilize to designate staffing competencies for individuals with complex needs served in access centers or networks and intensive residential services. Through our continuing partnership with the MHTTC,

we have developed a plan to offer Evidence Based Practice trainings for Trauma-Informed Care, Cultural Competency, Integrated Co-Occurring Disorders, and Motivational Interviewing to develop and sustain competencies. Since each of these Evidence-Based Practices has their own fidelity review, the vision is to offer exemplary services utilizing these models while developing and utilizing comprehensive data systems that will support programming and service delivery decision making moving forward.

Within these efforts is the inclusion of work being done by seven regions regarding C-3 De-escalation trainings. This popular training model has been utilized in a variety of community sectors, and our team supports the use of these educational materials within our comprehensive staff orientation to provide skills that strive to maintain safety of clients and staff, reduce incidences, and support resiliency throughout our MHDS system.

Supported Employment's Evidence Based Practice, Individualized Placements and Supports (IPS) for person with mental illness, is currently being offered in three Regions in the state. Our team has continued to monitor and report work being done in these pilot projects in hopes that we can extend this learning community to other Regions as they are interested to participate. These pilot projects have engaged technical assistance and independent fidelity reviews from consultants from Minnesota, who through their work in Vocational Rehabilitation, have monitored successful programming there for many years. Their expertise and experience have guided these Regions to successful first year fidelity reviews and successful client outcomes. Our team has also been informed of consultation being provided by the IPS Center who has been contracted through the Iowa Department of Human Services to promote network development to address the establishment of resources to provide the IPS model in unserved areas of the state.

The Joint Training and Outcomes Team, which includes representatives of Regions, Managed Care Organizations, state agencies including the Department of Human Services, as well as the Iowa Association of Community Providers and the Iowa Behavioral Health Association, are meeting quarterly to inform each other of areas of practices, combining efforts to meet outcomes when possible, and develop mutual training opportunities that address outcomes, needs, and gaps in services in meaningful ways. This group is offering suggestions for the website, which we want to see be a notification site for state-wide training opportunities, a repository for resources, including but not limited to tool kits, and technical assistance teams to enhance the learning community experience, and support the work of Regions in collaboration with their partners.

### **C3 Executive Summary**

Year 2 of the C3 De-Escalation project adopted by 7 MHDS Regions, including NW IA Care Connections, was marked by supporting and developing instructors, new audiences, and new needs. There are excellent instructors in every region, providing a solid talent base. Instructor support and development with an eye to fidelity is critical as C3 develops with new research and success stories. Participant response has been extremely positive, with people actively seeking out C3 courses.

C3 reached:

- Mental health and disability professionals (residential and community);
- Hospitals & medical staff;
- School districts;
- Homeless shelters;
- Corrections; and

- County workers & public employees.

#### Highlights:

- Between July 1, 2018 and June 12, 2019, one hundred and ten workshops were completed and over fifteen hundred participants were taught.
- MidAmerica Mental Health Technology Transfer Center (MHTTC) began advising on evidence-based evaluation. The most promising approach may be to test for fidelity to the program. Additional evaluation includes expert endorsement and examining feasibility. Return on investment and safety are factors for both regions and providers.
- To help maintain fidelity to the program; there is now an online instructor resource, *C3 Central*. This provides searchable stories, science and teaching materials, as well checklists to standardize the new instructor process. *C3 Central* is still in beta, although it is being used by level 2 instructors.
- Administrative oversight and coaching instructors continued to be a priority, especially as C3 instructors branched into significant new areas and were invited to speak at conferences.

## Year 2 - Regional Developments

The initial target group for C3 was direct support professionals, but the initiative quickly spread to other groups. Regional developments and specialties can benefit other regions.

### Central Iowa Community Services (CICS):

CICS developed a solid protocol for working with large, out-of-town trainings. CICS additionally has a particularly strong set of level 2 instructors who facilitated some additional trainings outside CICS and the original pilot regions.

**Highlight: Schools.** CICS spearheaded a program for K-12 school staff that combined Trauma-Informed Care, Mental Health First Aid & C3. This was a two-day, twelve-hour training. One of CICS' trainer's background in the educational field was very helpful. The program offered CEUs through AEA, the main educational credit system in Iowa. The pilot took place in Newton, primarily with behavioral specialists. Newton then requested CICS C3 instructors return to offer the program to all school personnel.

CICS has since prepared outreach letters to all the educational districts in their region. The entire package, with credits, is suitable for use anywhere in Iowa with the approval of the local AEA.

### County Rural Offices of Social Services (CROSS):

CROSS will be included in two upcoming initiatives in southern Iowa: the South Iowa Crime Commission, offering training for law enforcement across south Iowa, and a level 2 trainer, who will provide trainings at Optimae across south Iowa.

**Highlight: Law enforcement.** Towards the end of year one, several of the CROSS C3 instructors trained reserve law enforcement officers in Osceola. In year two, stories on how those officers used C3 in their work were shared. One deputy became a supporter after he used C3 to calm a veteran with suicidal thoughts and later to de-escalate a large man arrested at a casino.

### Northwest Iowa Care Connections (NWIACC):

NWIACC focused efforts on several of the largest providers in the area: Spencer Hospital, Hope Haven, Lakes Life Skills, and Seasons Center. NWIACC's focus on large providers resulted in high rates of adoption in these providers with some mandating training for most staff.

**Highlight: Hospitals.** The implementation of C3 at Spencer Hospital’s Behavior Health Services night shift was so effective that an analysis of their implementation was conducted. Among other innovations, Spencer staff created a simple, one-page policy shift that may have played a key role in their success. Creating similar one-page policy summary sheets when C3 instructors are requested back to do follow-up coaching might be helpful.

**Polk County Region:**

Throughout the C3 project, Polk County has hosted a series of centralized train-the-trainer events as well as quarterly C3 trainings focusing on direct support professionals and frontline supervisors. In Year 2, Polk County hosted one training for level 1 instructors in November and another in April for level 2 instructors, who are qualified to train new trainers. The Polk Region also led a training for Dallas County Community Services, in the Heart of Iowa region.

**Highlight: Individuals with developmental disabilities.** C3 complements Polk County’s Positive Behavior Support Network with both aimed at understanding the “messages” found in interfering behaviors and ultimately avoiding angry or hostile incidents. Both Easter Seals and Candeo support a large number of individuals with developmental disabilities. This has provided an opportunity to fine-tune C3 and collect stories that expressly speak to the needs of individuals with developmental disabilities.

**Southeast Iowa Link (SEIL):**

SEIL sponsored Optima’s level 2 C3 instructor, who is qualified to train new trainers. Moreover, Optima’s territory for this C3 instructor stretches from SEIL through South Central and CROSS.

Meanwhile, SEIL instructors presented a 1.5-hour Intro to C3 at the Behavioral Health Summit on June 14<sup>th</sup>. As C3 instructors receive more conference invitations, standardized conference materials becomes increasingly important.

**Highlights: Corrections & CIT.** One of the SEIL instructors has a side job as a transport officer. She reached out the South Iowa Area Crime Commission. The contact provides training to law enforcement and corrections officers through much of the SEIL, CROSS and South Central regions.

There is interest from the SEIL and SWIA MHDS regions as well as the South Iowa Area Crime Commission in working to develop a specialized version C3 for corrections staff. Interest from corrections in other parts of Iowa is increasing as well.

Another of SEIL’s C3 instructors is also working with a Crisis Intervention Team officer on a 1.5-hour Introduction to C3 for CIT officers, focusing on self-care.

**South Central Behavioral Health Region (SCBHR):**

SCBHR’s lead C3 instructor plans to develop trainers in the mental health facilities in her region. South Central is sparsely populated, so staff turnover is a particular concern.

Like CROSS and SEIL, SCBHR will benefit from initiatives with the South Iowa Crime Commission and Optima’s level 2 instructor.

**Highlight: Issues of low population.** Nearly all providers are concerned with staff turnover, but this becomes more urgent in areas with fewer workers to start with. SCBHR and Optima instructors are exploring ways that C3 might result in better staff retention.

**Southwest Iowa MHDS (SWIA MHDS)**

SWIA MHDS’ level 2 instructor is based in Council Bluffs. She has been particularly helpful in working to standardize materials such as application forms, Level 2 training updates, and outreach materials.

**Highlight: Homeless Shelters:** A C3 instructor at New Visions Homeless Shelter has had excellent results at her own shelter and has been reaching out to other shelters. In the fall, New Visions



Homeless Shelter and SWIA MHDS C3 instructors will offer a full C3 workshop at a state-wide conference for directors of homeless shelters.

### **C3 Central Web-Based Resources**

To ensure fidelity to the program; *C3 Central*, an online instructional software, was created.

- **For Level 1 Instructors.** This section contains all materials a core C3 instructor would need to prepare for a class, including databases of C3 examples, research and articles; slide-by-slide research notes on all PowerPoint presentations; related papers like the Spencer Hospital analysis; and copies of all instructor materials.
- **For Level 2 Instructors.** Level 2 instructors train new C3 instructors; standardization is a must if in order to meet EBP fidelity standards. This section includes step-by-step checklists for coaching new trainees, along with all materials. This section also generates reports, so trainee progress can be tracked at a glance.

Because of the collaboration of these Regions around this effective Crisis Prevention and Intervention tool, NWIACC has developing additional tools and resources in which to benefit our local communities and agencies.

### **Service Assessment Work Group**

- Provide Outcomes training.
  - Provide Outcome Project Overview training
  - Train Regional Staff to perform data reviews
  - Train Regional Staff and Providers to utilize data to set goals.
- Generate Outcome reports from CSN and validate accuracy.
  - Survey Providers and CEOs to establish report content
  - Develop Provider report procedure manual
  - Generate Regional reports
  - Generate a state-wide reports
  - Generate Provider reports
- Implement Phase III, Targets, Goals and Supports
  - Train Providers and Regional staff
  - Establish monthly targets
  - Generate monthly Provider reports

### **System Infrastructure**

- Website – Populate Work Group data and resource information
  - Transition to new software base.
  - Expand Functionality
  - Create training listing
  - Populate Work Group info.
- Initiate and Coordinate training
  - Work with the Community Services Training Committee, IACP, MCOs, and DHS to develop training tracks.
  - Coordinate train the trainer functions.
- Participate in planning and developing Value Based Service Delivery system.

## IV. FY 19 Achievements

- Please note the listed accomplishments for the Service Development/Environment and Delivery Work Group listed in Strategic Action Plan section above.
- Maintained member participation.
  - QSDA has membership participation from the Regions, Providers, MCOs and DHS.
  - Continued to expand membership for the Service Assessment/Outcomes work group to include those Regional individuals that are doing reviews and those Providers who have participated in a review.
- Complete Social Determinant Process
  - Phase III, Targets, Goals and Supports was developed and implemented.
  - Monthly Provider and Regional reports were developed.
  - Created the FY 19 Annual report
  - Created a FY 19 vs 18 report looking at
- All Service Assessment Strategic Action Plan goals were met.
- Trained on the enhancements to the CSN Provider Portal.
  - CSN created a Provider Committee. This Committee scoped the CSN Provider/Outcome enhancements. CSN staff finished coding, testing and implemented by July 1, 2018.
- Training Process – Worked with the Iowa Community Services Affiliate, Regions and the Iowa Association of Community Providers to coordinate and fund training within the QSDA scope.
- Continued working with a multi-regional consortium looking at EBPs for supported housing and employment.
- Training
  - Trainings were conducted on Evidence Based Practices, 5-star quality, value-based contracting, Trauma Informed Care, Compassion Fatigue, MH first aid and C3 de-escalation.
- Presented Regional CEOs with updates and recommendations.
- All System Infrastructure Strategic Action Plan goals were met.
- Continued participation in the Outcomes and Training Committee. This Committee is responsible for coordinating outcome creation, outcome data collection, identifying training needs and facilitating training opportunities.
- The Service Development & Delivery workgroups, worked with the following Regions: Polk, CICS, NW Iowa Care Connection, CROSS, South East Iowa Link, South Central Behavioral Health and Southwest Iowa MHDS to establish a C3, (Calm-Circuit-Connection) De-escalation pilot project. Note detail in above section.
- Worked with IACP, MCOs and IME to establish a standardized Employment outcome reporting period.
- A Consultant, hired by the CICS and South-Central Behavioral Health regions, has looked at national research and presented an overview of value-based purchasing.
- Have been working with CSN staff to begin identifying ways to share information, collect and manage data.
- ISAC redeveloped and recoded the QSDA website so that it has improved functionality and clarity.

### Collaboration 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 Health Link Plan (fka Iowa 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. A Memorandum of Understanding (MOU) was entered into with the contracted Managed Care organizations to encourage positive working relationships. A “Red Line” communication procedure was adopted by the MCOs and Regions to address the complex needs of individuals who require more intensive and urgent care coordination.

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 and/or Health Link so works with local providers and consumers to access alternative options that can be funded through the Iowa Plan and/or Health Link 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 licensed 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.

## 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.	2400 Park Street, Suite 2 Sheldon, IA 51201-8506	Jamie Holmes: Work Cell: 712-540-5873
NWIACC Regional Offices	1802 Hill Ave. Spirit Lake IA 51360 215 W. 4 <sup>th</sup> St. Ste. 6 Spencer, IA 51301 315 1 <sup>st</sup> Ave. Suite 200 Rock Rapids, IA 51246	712-336-0775  712-262-9438  712-471-8240
Seasons Center	201 E. 11 <sup>th</sup> St. Spencer, IA 51301	712-262-2922 800-242-5101
Spencer Hospital	1200 1 <sup>st</sup> Ave. E. Spencer IA	712-264-6228

**Attachment B. Provider Network**

NWIACC Regional Network of Providers	Funded Programs in the NWIACC Region
Avera Behavioral Health Unit 4400 W. 69 <sup>th</sup> St. Sioux Falls, SD 57108 605-322-4005	Adult Inpatient Psychiatric Services
Broadlawns Regional Medical Center 1801 Hickman Road Des Moines, IA 50309 515-282-2200	Adult Inpatient Psychiatric Services
Cedar Valley Ranch 2591 61st St Ln, Vinton, IA 52349 Phone: (319) 472-2671	Adult Residential 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 <sup>th</sup> 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 <sup>th</sup> St. Rock Valley, IA 51247 712-476-5245	Adult Outpatient MH Services
Department of Human Services 2400 Park ST. Suite 2. Sheldon, IA 51201-8506	Targeted Case Management
<u>Hope Haven-Headquarters</u> 1800 19 <sup>th</sup> St Rock Valley, Iowa 51247 712-476-2737 -- <u>Hope Haven-Clay County</u> Box 225 Spencer, IA 51301 712-262-7805 -- <u>Hope Haven-Dickinson County</u> 1808 Jackson Spirit Lake IA 51360 712-336-4052 -- <u>Osceola County Work Services (OES)</u> 1206 11th Ave Sibley, IA 51249 712-754-2635 -- <u>Hope Haven-O'Brien County</u> 212 10 <sup>th</sup> St. Sheldon, IA 51201 712-324-3286 -- <u>Hope Haven- Palo Alto County</u> 968 Broadway Suite #2 Emmetsburg, IA 50536 Phone: 712-852-3101	Supported Community Living      Respite Employment and Day Services      MI Day Habilitation Crisis Services      Adult Outpatient Therapy Peer Support      Jail Multi-Occurring Disorders IPR      Screening & Therapy Services Jail Release Care Coordination
Horizons Unlimited 3826 460 <sup>th</sup> Ave. Box 567 Emmetsburg, IA 712-852-2211	Supported Community Living Employment and Day Services

Kathleen's RCF 1505 E. 5th St. Emmetsburg, Iowa 50536 712-852-2267	Residential Services Supported Community Living
Life Skills 1510 Industrial Rd. SW LeMars, IA 51031 712-546-4785	Employment and Day Services
Mercy Medical Center North IA 1000 4 <sup>th</sup> St. SW Mason City, Iowa 50401 641-428-7000	Inpatient Psychiatric Services
Mercy Medical Center 1111 6 <sup>th</sup> Ave. Des Moines, IA 50314 515-247-3121	Inpatient Psychiatric Services
Prairie View 18569 Lane Road Fayette, IA 52142 563-425-3291	Residential Services
Pride Group 214 Plymouth St SE Le Mars, IA 51031 712-546-6500 6059 390 <sup>th</sup> St. Primghar, IA 51245 712-757-6375	Residential Services Supported Community Living Habilitation Services
Seasons Center for Behavioral Health 201 E. 11 <sup>th</sup> St. Spencer, IA 51301 712-262-9438 1-800-242-5101	Inpatient Psychiatric Hospitalization-Evaluation and Treatment Outpatient MH Services – Psychiatric Evaluation & Medication Management Outpatient Therapy Services Community Based Services (CBS) Crisis Services Family and/or Peer Support Services Multi-Occurring Disorders Care
Spencer Hospital 1200 1 <sup>st</sup> Ave. E. Spencer IA 51301 712-264-6228	Inpatient Psychiatric Hospitalization
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

