



NORTHWEST IOWA CARE CONNECTIONS

MENTAL HEALTH & DISABILITY SERVICES

FY 20 ANNUAL SERVICE AND BUDGET PLAN

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

Approved by Northwest Iowa Care Connections Governing Board:
March 26th, 2019

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FY 20 ANNUAL SERVICE AND BUDGET PLAN

Northwest Iowa Care Connections exists to support improved access to behavioral healthcare and to promote full citizenship for people with mental illness and intellectual disabilities. This plan covers the period from July 1, 2019 through June 30, 2020.

A. Northwest Iowa Care Connections Regional Local Access points

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

<u>Access Point</u>	<u>Address</u>	<u>Phone</u>
Cherokee MHI	1200 W. Cedar Loop Cherokee IA	712-225-2594
Dept. of Human Services (DHS) Targeted Case Management (Clay and Dickinson County)	1251 W. Cedar Loop Suite 1. Cherokee, Iowa 51012	Pam Moldovan: Work Cell: 712-830-1509
Dept of Human Services (DHS) Targeted Case Management (Palo Alto County)	Box 71 Rockwell City, IA 50579	Pam Moldovan: Work Cell: 712-830-1509
DHS TCM Sheldon office (O'Brien, Osceola)	2400 Park Street, Suite 2 Sheldon, IA 51201-8506	Jamie Holmes: Work 712- 255-2913 ext. 2105 Cell: 712-212-1429
Northwest Iowa Care Connections Clay County office	215 W. 4 th St. Suite 6. Spencer, IA 51301	712-262-9438
Northwest Iowa Care Connections Dickinson County office	1808 Hill Ave. Suite 2502 Spirit Lake, IA 51360	712-336-0775
Northwest Iowa Care Connections O'Brien County office	Covered by NWIACC Staff from Dickinson County	712-336-0775
Northwest Iowa Care Connections Osceola County office	Covered by NWIACC Staff from Dickinson County	712-754-4209
Northwest Iowa Care Connections Palo Alto County office	Covered by NWIACC Staff from Dickinson County office	712-336-0775
Seasons Center for Behavioral Health with offices in Clay, Dickinson, Lyon, O'Brien, Osceola and Palo Alto Counties	201 E. 11 th St. Spencer, IA 51301	712-262-2922 or 800-242-5101
	1400 Hill Ave. Spirit Lake IA 51360	
	315 1 st Ave. Rock Rapids, IA 51246	
	118 N. 2 nd Ave/ Sheldon, IA 51201	
	110 Cedar Lane Sibley, IA 51249	
	3201 1 st St. Emmetsburg, IA 50536	
Spencer Hospital	1200 1 st Ave. E. Spencer IA 51301	712-264-6228

Northwest Iowa Care Connections Regionally Designated Targeted Case Management Agencies

Department of Human Services Targeted Case Mgt.	1251 W. Cedar Loop Cherokee Box 71 Rockwell City	Pam Moldovan: Work Cell: 712-830-1509
	2400 Park Street, Suite 2 Sheldon, IA 51201-8506	Jamie Holmes: Work Cell: 712-540-5873

Managed Care Organizations (MCOs) as contracted through the Department of Human Service/Iowa Medicaid Enterprise provide care coordination to regionally eligible Medicaid members within the scope of their contracted duties for persons with mental health and disability service needs.

B. Crisis Planning

Crisis prevention, response and resolution are as much a mindset as it is a continuum of strategies and services. Crisis services are available on a 24-hour basis for prevention, supportive counseling, and debriefing. Crisis prevention, response, and resolution are also embedded in the treatment and support plans that are prepared by Network Providers, Targeted Case Management, Integrated Health Homes, Managed Care Organizations (MCOs) Care Coordination, and regional Service Coordination, and regionally contracted Care Coordinators.

As these plans are developed, the goal is to explore options for an environment and support structure that works for a person to mitigate the triggers that lead to crisis and address areas of need within the domains of access to service, life in the community, person centeredness, health and wellness, quality of life and safety, and the utilization of family and natural supports.

Some agencies specifically use a Wellness Recovery Action Plan (WRAP) that complements the coordination plan. Much of the prevention, response, and resolution of crisis are handled through the normal services and supports people receive and is also reflected in access standards. Below is a table of current providers, contact information and crisis services they provide in the region.

Service	Accreditation Status	Provider	Location	Phone Number	Services offered
24 hour Crisis Line	Chapter 24 Emergency Services	NWIACC contract with Seasons Center	Spencer	844-345- 4569	24/7 phone crisis line to all ages that screens for mental health and co-occurring conditions and dispatches mobile crisis response when necessary.
	Chapter 24 Emergency Services	Seasons Center MHC	Spencer	800-242- 5101	24-7 phone line for access to outpatient psychiatric, therapy, and support services
Mobile Response	Chapter 24	Seasons Center	Spencer	844-345- 4569	24/7 Crisis Evaluation and Treatment Services provided by a team of professionals deployed into the community

Service	Accreditation Status	Provider	Location	Phone Number	Services offered
Crisis Evaluation	Chapter 24	Seasons Ctr. Hope Haven	Office sites within Region based on client access	800-242-5101 877-508-3281	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode
23 hour Crisis Observation and Holding	Chapter 24	Siouxland Mental Health Center	Sioux City, IA	712-560-7996	Twenty-three-hour crisis observation and holding services are designed for individuals who need short-term crisis intervention in a safe environment less restrictive than hospitalization.
Crisis Stabilization Community-based	In development	In development	In development	In development	a voluntary service for individuals in need of a safe, secure location that is less intensive and restrictive than an inpatient hospital
Crisis Stabilization Residential	Chapter 24 Chapter 24	Plains Area MHC Siouxland MHC	Sac City, IA Sioux City, IA	712-662-8055 712-560-7996	Short-term services provided in facility-based settings of no more than 16 beds. The goal of CSRS is to stabilize and reintegrate the individual back into the community

Through FY 20, community crisis teams, composed of local stakeholders, continue to work within the region on specific service needs that address gaps in service utilizing current resources whenever possible. The goal of this team is to address the needs for persons with multi-occurring disorders and/or those who have complex needs that require crisis services in community settings, including the region's hospitals' emergency rooms as well as in our region's county jails.

Our regional approach includes a 24 hour crisis line, mobile crisis response, community crisis options for housing and other essential needs, and crisis stabilization which includes contracting for beds in residential crisis service in neighboring regions at Turning Point, operated by Plains Area MHC in Sac City, IA and Sioux Rivers in Sioux City, IA.

Tiered crisis intervention service include the robust array of options to screen for routine, urgent and emergent needs. This model is designed to provide enhanced regional service coordination as needed and peer support services through our regional network to seamlessly transition individuals through various systems of care (MCOs, IHH, TCM etc.). This model is designed to assure immediate and timely response to an individual's initial and aftercare needs.

The presence of psychiatric services at our county jails as well as mobile crisis response to hospitals, including Emergency Departments, primary care clinics, and schools support an increase in timely access to prescribers, mental health professionals, and other service partners during regional business hours and after hours. Our

region's goal is to provide a menu of safe and appropriate crisis services options in lieu of more restrictive levels of care including inpatient psychiatric services when applicable.

In our region's tiers of service, we partner with natural supports and peer support services in the care of individuals in need. Providing a regionally contracted Peer Support Network, C-3 De-escalation Training, Mental Health First Aid training to interested community members through regionally funded trainers are designed to equip lay community members with information about mental health, mental illness, and challenging behaviors to address stigma and change culture. In addition Mental Health First Aid/Public Safety is offered to all first responders, including law enforcement and EMS, through regional sponsored trainers in cooperation with Iowa Lakes Community College. Our regional Training Collaborative offers Motivational Interviewing as well as Zero Suicide Projects currently in two counties to provide areas of emphasis to professionals to meet the needs of individuals in crisis and in their daily living.

Our Region looks at the many ways we can enhance our communities' resources through partnership with local faith-based organizations who provide housing, medical, dental, and counseling services to those in need. By working alongside our regional stakeholders, our local National Alliance on Mental Illness (NAMI) Affiliate, and our mental health and disability services partners, we continue to address stigma and enhance engagement with the least restrictive options for assistance for clients, families, and communities.

Developing supportive housing opportunities in our communities is being actively pursued by our Transitional Living Team and Service Coordination Team. We continue to connect to options that infuse supported housing for persons with disabilities into the plans of housing entities as we address that basic need. Along with actual structures, our teams have identified workforce shortage needs that affect access to community based services. We continue to assist providers in recruitment, training, and retention of staff through regional initiatives. Our region understands the value of cooperation within the private-public partnership as we all work together to transition persons displaced from their homes or their placements to affordable and integrated living options in the community.

As we work to stabilize individuals who have contact with law enforcement and the court system within their communities, our regional team is working closely with law enforcement, jail staff, and with Iowa's Third (3rd) Judicial District for those who are in need of behavioral health crisis services screening and assessment while in our regional county jails. Our Region's contracted Jail Release Care Coordination service is available to provide integrated care for individuals seeking housing, employment, community inclusion, and somatic care to assist with their jail diversion where possible.

C. Intensive Mental Health Services

Intensive Mental Health Services continue to be developed as part of the NWIACC array of available services on or before July 1, 2021. At this time, Assertive Community Treatment (ACT) Services are available through a regional contract with Seasons Center. With a continuum of care which includes access to intensive residential services, sub-acute services, and an access center services network, NWIACC continues to address the complex needs of individuals with mental illness and multi-occurring conditions regarding more intensive services.

D. Scope of Services & Budget

The annual budget and planning process is utilized to identify and implement core disability service improvements. The Northwest Iowa Care Connections Region collaborates with stakeholders to assess need and

to advocate adequate funding for services and supports in the core service domains and to expand as funds allow to extended core services as identified by the Governance Board, regional staff, and /or regional stakeholders. Northwest Iowa Care Connections is the funder of last resort as we search for additional funding sources to empower individuals to reach their fullest potential in the most integrated, cost effective setting available.

The Northwest Iowa Care Connections Region is responsible for services authorized in accordance with the Regional Management Plan and within the constraints of budgeted dollars and funding availability. As the region evolves, the NWIACC Governance Board will allow, with their prior authorization, flexible use of funds within the confines of the regional budget to address special projects and services brought forward for consideration. Services funded by Northwest Iowa Care Connections are subject to change or termination with the development of the annual budget each fiscal year. The Regional Management Plan Policy & Procedure Manual addresses mandated services access standards. The annual budget is prepared based on historical funding. It should be noted that NWIACC will fund core services to eligible individuals even if nothing is budgeted in that line item.

The Northwest Iowa Care Connections Chief Executive Officer and Administrative Team proposed the FY20 budget. On March 26th, 2019 the Northwest Iowa Care Connections reviewed and approved the Regional Budget. Northwest Iowa Care Connections is responsible for managing and monitoring the adopted budget.

As we move forward into FY 20, we are projecting the amount of services are based on access standards discussed in the region's management plan. We continue to work in cooperation with the Iowa Health Link Plans with Managed Care Organizations (MCOs) to share access points for evaluation and treatment as well as coordination of services for recipients of Medicaid and non-Medicaid funded services as part of their treatment and recovery oriented system of care. As we continue with MHDS Redesign and its many facets of integrated, community-based care, we prioritize legislative demands along with local needs to assure that any excess dollars will be used for reinvestment in community based services as these funds become available.

Core Service/Access Standards: Iowa Administrative Code

441-25.3

Northwest Iowa Care Connections is responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars. Northwest Iowa Care Connections is the service funder of last resort and regional funds cannot replace other funding that is available. Access Standards are reported quarterly where results can be found at https://dhs.iowa.gov/sites/default/files/MHDS_Statewide_Dashboard

Provider Competencies

IAC 441-25.4(2)

NWIACC maintains a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on the principles of: interagency collaboration individualized, strengths-based practices; cultural competency; community-based services; accountability; and full participation of individuals served at all levels of the system. These competencies are reported quarterly where results are found on the Iowa Department of Human Services' website at https://dhs.iowa.gov/sites/default/files/MHDS_Statewide_Dashboard.

A standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan as determined by service providers to the individual.

FY 20 Northwest Iowa Care Connections Budget

Annually, Northwest Iowa Care Connections reviews actual expenditures and services provided, stakeholder input and participation, quality assurance implementation findings, waitlist information, progress toward goals and objectives, and, if any, appeal type and resolution to determine if gaps in services or barriers to services exist. This review is submitted annually to the Department of Human Services.

FY 20 Budget	Northwest Iowa Care Connections MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total	State of Other Funding Sources to be used to meet Service Need
Core Domains								
COA	Treatment							
42305	Mental health outpatient therapy	\$ 3,000	\$ -	\$ -	\$ -	0	\$ 3,000	Medicare Medicaid Private Ins. Private Pay
42306	Medication prescribing & management	\$ 55,000	\$ -	\$ -	\$ -	0	\$ 55,000	Medicare Medicaid Private Ins. Private Pay
43301	Assessment & evaluation	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicare Medicaid Private Ins. Private Pay
71319	Mental health inpatient therapy-MHI	\$ 50,000	\$ -	\$ -	\$ -	0	\$ 50,000	Medicare Medicaid Private Ins. Private Pay
73319	Mental health inpatient therapy	\$ 50,000	\$ -	\$ -	\$ -	0	\$ 50,000	Medicare Medicaid Private Ins. Private Pay
	Crisis Services							
32322	Personal emergency response system	\$ 6,000	\$ -	\$ -	\$ -	0	\$ 6,000	Medicare Medicaid Private Ins. Private Pay
44301	Crisis evaluation	\$ 55,000	\$ -	\$ -	\$ -	0	\$ 55,000	Medicaid Private Ins. Private Pay
44302	23 hour crisis observation & holding	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
44305	24 hour access to crisis response	\$ -	\$ -	\$ -	\$ -	0	\$ -	Region
44307	Mobile response	\$234,000	\$ -	\$ -	\$ -	0	\$ 234,000	Medicaid
44312	Crisis Stabilization community-based services	\$125,000	\$ -	\$ -	\$ -	0	\$ 125,000	Medicaid Private Ins. Private Pay
44313	Crisis Stabilization residential services	\$ 20,000	\$ -	\$ -	\$ -	0	\$ 20,000	Medicaid Private Ins. Private Pay

FY 20 Budget	Northwest Iowa Care Connections MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total	State of Other Funding Sources to be used to meet Service Need
44396	Access Centers: start-up / sustainability	\$ -	\$ -	\$ -	\$ -	0	\$ -	
	Support for Community Living							
32320	Home health aide	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicare Medicaid Private Ins. Private Pay
32325	Respite	\$ 21,200	\$ -	\$ -	\$ -	0	\$ 21,200	Medicaid Private Pay
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
32329	Supported community living	\$ 5,000	\$80,000	\$ -	\$ -	0	\$ 85,000	Medicaid Private Pay
42329	Intensive residential services	\$ 50,000	\$ -	\$ -	\$ -	0	\$ 50,000	Medicaid Private Pay
	Support for Employment							
50362	Prevocational services	\$ -	\$ 12,000	\$ -	\$ -	0	\$ 12,000	Medicaid Private Pay
50364	Job development	\$ -	\$ 3,000	\$ -	\$ -	0	\$ 3,000	Medicaid Private Pay
50367	Day habilitation	\$ -	\$ 55,000	\$ -	\$ -	0	\$ 55,000	Medicaid Private Pay
50368	Supported employment	\$ 92,000	\$ 25,000	\$ -	\$ -	0	\$ 117,000	Medicaid Private Pay
50369	Group Supported employment-enclave	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
	Recovery Services							
45323	Family support	\$ 3,000	\$ -	\$ -	\$ -	0	\$ 3,000	Medicaid Private Pay
45366	Peer support	\$ 15,000	\$ -	\$ -	\$ -	0	\$ 15,000	Medicaid Private Pay
	Service Coordination							
21375	Case management	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
24376	Health homes	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicare Medicaid Private Ins. Private Pay
	Sub-Acute Services							
63309	Subacute services-1-5 beds	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
64309	Subacute services-6 and over beds	\$ 50,000	\$ -	\$ -	\$ -	0	\$ 50,000	Medicaid Private Pay
	Core Evidenced Based Treatment							

FY 20 Budget	Northwest Iowa Care Connections MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total	State of Other Funding Sources to be used to meet Service Need
04422	Education & Training Services - provider competency	\$ 60,000	\$ 30,000	\$ -	\$ -	0	\$ 90,000	Medicaid Private Ins. Private Pay
32396	Supported housing	\$ 52,000	\$ -	\$ -	\$ -	0	\$ 52,000	Region
42398	Assertive community treatment (ACT)	\$ 200,000		\$ -	\$ -	0	\$ 200,000	Medicaid Private Pay
45373	Family psychoeducation	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
	Core Domains Total	\$1,146,200	\$205,000	\$ -	\$ -	0	\$1,351,200	
Mandated Services								
46319	Oakdale	\$ -	\$ -	\$ -	\$ -	0	\$ -	DOC Counties
72319	State resource centers	\$ -	\$ -	\$ -	\$ -	0	\$ -	DHS/IME
74XXX	Commitment related (except 301)	\$ 54,500	\$ -	\$ -	\$ -	0	\$ 54,500	Region
75XXX	Mental health advocate	\$ 58,668	\$ -	\$ -	\$ -	0	\$ 58,668	Region
	Mandated Services Total	\$ 113,168	\$ -	\$ -	\$ -	0	\$ 113,168	DOC counties DHS
Additional Core Domains								
	Justice system-involved services							
25xxx	Coordination services	\$ 42,000	\$ -	\$ -	\$ -	0	\$ 42,000	Region
44346	24 hour crisis line**	\$ 36,000	\$ -	\$ -	\$ -	0	\$ 36,000	Region
44366	Warm line**	\$ -	\$ -	\$ -	\$ -	0	\$ -	Region
46305	Mental health services in jails	\$ 45,000	\$ -	\$ -	\$ -	0	\$ 45,000	Region
46399	Justice system-involved services-other	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
46422	Crisis prevention training	\$ 2,000	\$ -	\$ -	\$ -	0	\$ 2,000	Medicaid Private Ins. Private Pay
46425	Mental health court related costs	\$ -	\$ -	\$ -	\$ -	0	\$ -	
74301	Civil commitment prescreening evaluation	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay

FY 20 Budget	Northwest Iowa Care Connections MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total	State of Other Funding Sources to be used to meet Service Need
	Additional Core Evidenced based treatment							
42366	Peer self-help drop-in centers	\$ 500	\$ -	\$ -	\$ -	0	\$ 500	Medicaid Private Ins. Private Pay
42397	Psychiatric rehabilitation (IPR)	\$ 2,000	\$ -	\$ -	\$ -	0	\$ 2,000	Medicaid Private Ins. Private Pay
	Additional Core Domains Total	\$ 127,500	\$ -	\$ -	\$ -	0	\$ 127,500	
	Other Informational Services							
03371	Information & referral	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
04372	Planning and/or Consultation (client related)	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
04377	Provider Incentive Payment	\$100,000	0	0	0	0	\$ 100,000	Medicaid Private Pay
04399	Consultation Other	\$ -	\$ -	\$ -	\$ -	0	\$ -	
04429	Planning and Management Consultants (non-client related)	\$ 75,000	\$ -	\$ -	\$ -	0	\$ 75,000	Medicaid Private Ins. Private Pay
05373	Public education	\$ -	\$ -	\$ -	\$ -	0	\$ -	
	Other Informational Services Total	\$175,000	\$ -	\$ -	\$ -		\$ 175,000	
	Essential Community Living Support Services							
06399	Academic services	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
22XXX	Services management	\$133,409	\$ -	\$ -	\$ -	0	\$ 133,409	Medicaid Private Ins. Private Pay
23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
23399	Crisis care coordination other	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay

FY 20 Budget	Northwest Iowa Care Connections MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total	State of Other Funding Sources to be used to meet Service Need
24399	Health home other	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicare Medicaid Private Ins. Private Pay
31XXX	Transportation	\$ 10,000	\$ -	\$ -	\$ -	0	\$ 10,000	Medicaid Private Ins. Private Pay
32321	Chore services	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicare Medicaid Private Ins. Private Pay
32326	Guardian/conservator	\$ 1,000	\$ -	\$ -	\$ -	0	\$ 1,000	Medicaid Private Pay
32327	Representative payee	\$ 1,000	\$ -	\$ -	\$ -	0	\$ 1,000	Private Pay
32335	CDAC	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
32399	Other support	\$ -	\$ -	\$ -	\$ -	0	\$ -	
33330	Mobile meals	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
33340	Rent payments (time limited)	\$ 4,000	\$ -	\$ -	\$ -	0	\$ 4,000	Medicaid HUD Private Pay
33345	Ongoing rent subsidy	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid HUD Private Pay
33399	Other basic needs	\$ -	\$ -	\$ -	\$ -	0	\$ -	
41305	Physiological outpatient treatment	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicare Medicaid Private Ins. Private Pay
41306	Prescription meds	\$ 5,000	\$ -	\$ -	\$ -	0	\$ 5,000	Medicare Medicaid Private Ins. Private Pay
41307	In-home nursing	\$ 2,200	\$ -	\$ -	\$ -	0	\$ 2,200	Medicare Medicaid Private Ins. Private Pay
41308	Health supplies	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicare Medicaid Private Ins. Private Pay
41399	Other physiological treatment	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicare Medicaid Private Ins. Private Pay
42309	Partial hospitalization	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
42310	Transitional living program	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay

FY 20 Budget	Northwest Iowa Care Connections MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total	State of Other Funding Sources to be used to meet Service Need
42363	Day treatment	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
42396	Community support programs	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
42399	Other psychotherapeutic treatment	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicare Medicaid Private Ins. Private Pay
43399	Other non-crisis evaluation	\$ -	\$ -	\$ -	\$ -	0	\$ -	Private Pay
44304	Emergency care	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
44399	Other crisis services	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicare Medicaid Private Ins. Private Pay
45399	Other family & peer support	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Ins. Private Pay
46306	Psychiatric medications in jail	\$ -	\$ -	\$ -	\$ -	0	\$ -	Private Ins. Private Pay
50361	Vocational skills training	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
50365	Supported education	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
50399	Other vocational & day services	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
63XXX	ICF 1-5 beds (63317 & 63318)	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
63329	SCL 1-5 beds	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
63399	Other 1-5 beds	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
	Essential Comm Living Support Services Total	\$ 156,609	\$ -	\$ -	\$ -	0	\$ 156,609	
Other Congregate Services								
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay

FY 20 Budget	Northwest Iowa Care Connections MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total	State of Other Funding Sources to be used to meet Service Need
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$500,000	\$ -	\$ -	\$ -	0	\$500,000	Private Pay SSA
64XXX	ICF 6 and over beds (64317 & 64318)	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
64329	SCL 6 and over beds	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	0	\$ -	Medicaid Private Pay
	Other Congregate Services Total	\$ 500,000	\$ -	\$ -	\$ -	0	\$ 500,000	
Administration								
11XXX	Direct Administration					\$187,286	\$ 187,286	
12XXX	Purchased Administration					\$ 71,150	\$ 71,150	
	Administration Total					\$258,436	\$ 258,436	
	Regional Totals	\$2,227,900	\$205,000	\$ -	\$ -	\$258,436	\$ 2,681,913	
(45XX-XXX)County Provided Case Management						\$ -	\$ -	
(46XX-XXX)County Provided Services						\$ -	\$ -	
	Regional Grand Total						\$ 2,681,913	
Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)								
13951	Distribution to MHDS regional fiscal agent from member county						\$ -	
14951	MHDS fiscal agent reimbursement to MHDS regional member county						\$ -	
** 24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.								

Anticipated Revenues

Anticipated revenues for the Northwest Iowa Care Connections result from each member county's MHDS Fund 10 that includes their annual property tax funds, any other allowable funding, and FY 18 County Fund 10 balance brought forward. The funds listed below are available to client services and administration provided for purposes of the Region.

FY 2020 Budget	NWIACC MHDS Region		
Revenues			
	Projected Fund Balance as of 6/30/18		\$ 2,879,203
	Local/Regional Funds		\$ 919,322
10XX	Property Tax Levied	870,065	
12XX	Other County Taxes	1,060	
16XX	Utility Tax Replacement Excise Taxes	29,197	
5310	Client Fees	14,000	
60XX	Interest	5,000	
	State Funds		\$ 53,091
21XX	State Tax Credits	35,513	
22XX	Other State Replacement Credits	17,171	
29XX	Payment in Lieu of taxes	407	
	Federal Funds		\$ 0
	Total Revenues		\$ 972,413

Total Funds Available for FY20	3,851,616
FY20 Projected Regional Expenditures	2,681,913
Projected Accrual Fund Balance as of 6/30/20	1,169,703

County	2017 Est. Pop.	Regional Per Capita	FY20 Max Levy	FY20 Actual Levy	Actual Levy Per Capita
Clay	16,170	30.30	489,951	242,550	15.00
Dickinson	17,199	30.30	521,130	257,985	15.00
O'Brien	13,801	30.30	418,170	207,015	15.00
Osceola	6,045	30.30	183,164	90,960	15.00
Palo Alto	9,092	30.30	275,488	136,380	15.00
Region	62,307		1,887,902	934,890	15.00

D. Financial Forecasting Measures

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

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

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

Strategic Plan Priority Area	FY20 Strategy	Projected Cost
Community Crisis Services / Mobile Crisis	Partner with Stakeholders to develop Crisis Aversion with mobile response team for the region's hospital Emergency Departments.	\$ 270,000
Crisis Services and Ongoing MH Services in the Jail	Partner with Stakeholders for screening and Treatment options for Incarcerated Adult Individuals with Multi-Occurring Disorders	\$ 45,000
Community Crisis Stabilization Services	Provided in a community base setting to de-escalate and stabilize an individual following a mental health crisis	\$ 125,000
Integrated Practice Units for Complex needs	Develop and enhance Integrated Practice Model for complex needs to assure multidisciplinary approach to client care, provider and regional outcomes. Includes critical access and subacute service investment along with community resources.	\$ 50,000
Community Crisis Services Residential	Partner with Plains Area Mental Health Center and Sioux Rivers region to contract for a Residential Crisis Beds for regional access	\$ 20,000
Intensive Residential Services	Community based services provided 24 hours a day, 365 days a year to individuals with a severe and persistent mental illness or multi-occurring disorders per IAC 441.25.6 (7)	\$ 50,000

Strategic Plan Priority Area	FY20 Strategy	Projected Cost
Community Living	Partner with Stakeholders to develop community living alternatives for individuals for transition services, short term and longer term 24 hour Residential Care within the Northwest Iowa Care Connections region as we build capacity for additional community based residential options and supported housing initiatives.	\$ 552,000
Employment and Day Services	Partner with Stakeholders to develop Individualized Outcome Based Supported Employment (APSE and IPS models) and Customized Employment Opportunities in the Region through a certified workforce.	\$ 132,000
Transportation	Partner with RIDES and other vendors for employment and essential Services	\$ 10,000
Provider Competencies	Education and Training for service providers to address Evidence Based Practices, Improved Client Outcomes	\$ 90,000
Provider Incentives	Enhance Adoption of Redesign Priorities to address Access to Quality Services, Evidence Based Practices, Planning and Management Consultation, and Work Force Shortage	\$ 175,000
Family Support	Education of Family members of persons with disabilities through the ISU Caregivers Connections and NAMI to provide support and assistance as needed	\$ 3,000
Service Management	Regional Service Coordination to support linkages between clients, their families, service providers, and community resources to improve access, identify and mitigate gaps in service when applicable.	\$ 88,830
Transition to Adult Services	Regional Service Coordination with Schools to ID, screen and assist with transition plan with students who have disabilities	\$ 8,600
Mental Health First Aid C-3 De-escalation	Training for Employers, Agencies, and interested community members	\$ 5,000
Trauma Informed Care	In-services with local providers to encourage mastery of trauma informed care with persons presenting with complex needs	\$ 1,000
Total Anticipated Projected Costs of Regional Priorities	These opportunities reflect the ongoing investment of Northwest Iowa Care Connections to address in a sustainable manner, the needs of individuals in our communities	\$ 1,625,430

ACCESS POINTS and SERVICE PROVIDER NETWORK

Our region's local access points and our network of providers assist our region to use its contracting capacity to implement a series of strategies to move toward these teams' goals. Our region's designated Targeted Case Management Provider, regionally contracted care coordinators, and regional service coordination assist with person centered planning to clients provided services.

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

Northwest Iowa Care Connections service contracts require that all providers meet all applicable licensure, accreditation, or certification standards. However, Northwest Iowa Care Connections makes serious efforts to stimulate access to more natural supports in its service provider network. Successful attainment of positive outcomes, consumer and family satisfaction, and cost effectiveness measures are in the most important factors in continued network participation.

NWIACC also works in tandem with residential and vocational services providers. IVRS, and AEA for school based Integrated Community Employment for high school students with disabilities in many schools in our region. This initiative will assist us all to address strengths and areas of improvement for our transition services to students entering the adult disability system of care.

NWIACC continues to participate in the County Care Coordination Team meetings in Osceola and Clay Counties to address client somatic care needs, social determinants of health, and other factors, i.e. transportation, housing, nutrition etc. This is an intentional method for the region and its partners to assist clients with their goals for wellness and increased well-being. In addition, with the Zero Suicide Project model in Palo Alto County and the Coalition in Osceola County, we are working with primary and emergent care to address integrated service delivery needs regarding suicide prevention.

NWIACC has adopted an Integrated Practice Unit Model (Source: Harvard Business School Institute for Strategy & Competitiveness <http://www.isc.hbs.edu/health-care/vbhcd/Pages/integrated-practice-units.aspx>) to be utilized as a platform to organize and sustain a consistent system of care.

Regions are subject to state-wide measures to deliver more value with plans to incentivize a focus on quality of service—on deepening service provider expertise, and expanding their ability to serve the complex and interrelated needs of each patient over the full course of care. The greatest improvements in health care outcomes and efficiency will come from sustained, team-based focus on a carefully defined set of medically integrated services and practices. Integrated practice units will achieve scope and scale by growing locally and geographically in their areas of strength, rather than expanding the breadth of their service.

Key Attributes of an Integrated Practice Unit	Individual Patient Outcomes	Provider Outcomes	NWIACC Value Added Response/Assistance
1. Organized around the patient medical condition or set of closely related conditions (or patient segment in primary care)			
2. Involves a dedicated, multidisciplinary team who devotes a significant portion of their time to the condition			
3. Providers involved are members of or affiliated with a common organizational unit			
4. Takes responsibility for the full cycle of care for the condition, encompassing outpatient, inpatient, and rehabilitative care as well as supporting services (e.g. nutrition, social work, behavioral health)			
5. Incorporates patient education, engagement, and follow-up as integral to care			
6. Utilizes a single administrative and scheduling structure			
7. Co-located in dedicated facilities			
8. Care is led by a physician team captain and a care manager who oversee each patient's care process			
9. Measures outcomes, costs, and processes for each patient using a common information platform			
10. Providers function as a team, meeting formally and informally on a regular basis to discuss patients, processes and results			
11. Accepts joint accountability for outcomes and costs			

NWIACC, in cooperation with the Service Provider Network, adopted the ISAC and ICAP endorsed 5 star Quality Performance Measures to produce an outcome based, trauma informed, multi-occurring capable, positive behavior supports system of care model to provide all the domains. Combined with our local Motivational Interviewing learning community and working more closely with Managed Care Organizations (MCO), we continue to explore options to determine what models we can use to assure a collaborative approach to client driven care.

Quality Services Development and Assessment (QSDA) IC 225C.6A

Because of Iowa Code requirements to identify and collect social determinant outcome data, the QSDA process is Region specific. Most regions are identifying with the QSDA scope and conclude that to fulfill the QSDA requirement continues to require building capacity, developing priorities and implementing in phases. The initial effort to look at a statewide standardized approach centers on targeted outcomes, based on a successful model developed by Polk County that supports a service delivery model, regardless of the type, that is evaluated by looking at outcomes. The process continues to develop between ISAC, regional CEOs, and the Iowa

Association of Community Providers (IACP) to meet the objectives for Provider Agencies and Regions to work collaboratively as partners, develop one set of standardized outcomes statewide, establish a single point for data entry and data retrieval, and establish a set of core values utilizing the 5 star model as a framework.

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

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

NWIACC (through representation on the Outcomes, EBP and Trauma Informed/Co-Occurring Capable Work Groups) is working closely through ISAC, ICAP, and CSN to utilize the Polk County model that has 16 measurable outcomes: Community Housing, Homelessness, Jail Days, Employment: Working toward self-sufficiency, Employment: Engagement toward employment, Education, Participant Satisfaction, Participant Empowerment, Somatic Care, Community Inclusion, Disenrollment, Psychiatric Hospital days, ER visits, Quality of life and Administrative Utilization. Below is FY 19 Strategic Action Steps that began in FY 18 and continues forward.

Strategic Area Projects	Action Steps
Urban/Rural Learning Community Development	<ol style="list-style-type: none"> 1. Facilitate development of Learning Communities for legislated EBPS, including TI/COD/CC, with Service Delivery Team 2. Coordinate with ISCA Training Committee on state-wide trainings involving QSDA Initiatives 3. Support collaboration among CEOs and Regions to address mutual interests where possible. 4. Work in collaboration with statewide QSDA Service Assessment Team for mutually beneficial service outcomes
Statewide Trauma Informed Care Trainer Network	<ol style="list-style-type: none"> 1. Develop a TI Training Network with the Lincoln NE model to support a unified, consistent, and sustainable TI training model state-wide 2. Identify costs and funders for this model state-wide. 3. Work collaboratively with CEOs and providers to support this model in regions.
Integrated Co-Occurring Practice Model	<ol style="list-style-type: none"> 1. Coordinate efforts with CEOs, ITAIC, DHS and IDPH 2. Develop a state-wide training in cooperation with the Service Delivery Team 3. Populate the QSDA website with Integrated Co-Occurring Care resources

Strategic Area Projects	Action Steps
QSDA Website development of Service Environment tab	<ol style="list-style-type: none"> 1. Continue to develop tool kit/resource directory for Trauma Informed Care 2. Develop tool kit/resource directory for Integrated Co-Occurring Disorders 3. .Develop tool kit/resource directory for Cultural Competency
Support utilization of Evidence Based Practices, Research Based Practices, Best Practices and Promising Practices	<p>Coordinate training and supports, including in house expertise for Supported Employment, Permanent Supportive Housing, and Integrated Co-occurring Disorders.</p> <ul style="list-style-type: none"> • Complete Train the Trainer C3 Champion Training • Support C3 Champions in Regional C3 Trainings • Provide TA Support as needed for C3 Champions
Measure effectiveness of Evidenced Based Practices, Research Based Practices, Best Practices, and Promising Practices, including but not limited to: Supported Employment, Permanent Supportive Housing and Co-occurring.	<ol style="list-style-type: none"> 1. Emphasis through training and supports on Outcomes- positive results with clients. 2. Assist agencies in determination of fidelity process, such as in house review, outside fidelity review, and funding considerations.
Develop a statewide EBP provider list and populate to QSDA website.	<ol style="list-style-type: none"> 1. Gather provider list from Region CEO's. 2. Validate provider list. 3. Populate QSDA website with information.

Provider Outcome Training	Provide Phase training. (Look at data & establish goals)
Generate Outcome Reports from CSN & Validate Accuracy	<ol style="list-style-type: none"> 1. Survey Providers and CEOs to establish report content, 2. Develop Provider report procedure manual, 3. Generate Regional report and validate data, 4. Generate Statewide report
Implement Phase II (Review 1st. 12 months of data input)	<ol style="list-style-type: none"> 1. Conduct reviewer training, 2. Review 1st 12 months of Provider data
Implement Phase III (Analyze 12 month reviewed data, set goals and create supports)	<ol style="list-style-type: none"> 1. Create Agency Summary from 12 month data review. 2. Establish outcome targets and goals. 3. Create Provider supports to maintain and improve performance.

Participate in Planning and Developing a Value Based Service Delivery System.	<ol style="list-style-type: none"> 1. Create/Participate Planning Committee. 2. Incorporate Social Determinate Outcome data into value based system.
QSDA Website	<ol style="list-style-type: none"> 1. Populate Work Group, Data and Resource info.
Initiate and Coordinate Training	<ol style="list-style-type: none"> 1. Work with the Community Services Training Committee, IACP, MCOs and DHS to develop joint training tracks. 2. Coordinate train the trainer functions.

The Complex Needs Community Services Plans, along with training and system development, are addressing antecedents to services, including but not limited to diversion to treatment options, extensive use of care coordination to assist with treatment engagement, compliance, and monitoring of social determinants, including housing, employment, and access to medical care, and opportunities

to engage natural support systems in detection of symptoms and access to crisis services and care coordination through the required domains. There will be continued discussion on developing web-based portals which will be collecting data for these and other services, including but not limited to critical access centers and intensive residential services.

ISAC's CEO Collaborative and QSDA representatives are collaborating at a state level with a MHDS Outcomes and Training Team with MCOs, Provider Networks, and state departments to identify priorities. Included in this work is support for services that are trauma informed and address the complex needs of those with co-occurring disorders through integrated care. By working together, we see the 5 Star Quality model reflecting the importance of social determinants for wellness and recovery. We will continue to work toward access to services that is available consistently statewide. These and other practice areas will support ongoing development of evidence based and best practices for the various community-based settings in which we provide services.

REGIONAL ADMINISTRATIVE STRUCTURE ENHANCEMENTS

In accordance with our regional Management Plan, NWIACC's Governance Board, our regional administrative structure, which include departments within specific county Community Services offices for functions including: Enrollment, Service Authorization, and Service Coordination, Claims Processing, and Quality Improvement, Contracting, Cost Recovery, and HIPAA compliance. NWIACC's Fiscal Agent's interface better assists our communication with our counties' information systems. Our State Auditor's audit assists us in identifying strength and areas for improvement. We will continue these practices for optimal response to client and system needs.

Our regional 28 E Agreement for our regional Mental Health Advocate position continues to offer a team approach to assist clients and the court system with integrated care opportunities that supports better client outcomes and compliance with court-ordered care.

NWIACC offers Health Insurance Accountability and Portability Act (HIPAA) compliance training is completed annually to the Governance Board, Fiscal Agent, and regional staff. Recent revisions of Federal Law (2013), updates provided by ISAC, along with recommendations provided by a regionally contracted risk assessment, provide the region with input on best practices.

NWIACC's regional website, nwiaccareconnections.org offers an online resource to access information for consumers, our partners, and our communities to address behavioral health and disability service's needs. We continue to work at enhancing our on-line service directory and posting pertinent information about NWIACC.

NWIACC, through its Memorandum of Understanding with all MH/DS regions, the Area Agencies on Aging and with the Managed Care Organizations (MCOs), we focus our efforts to meet the needs of individuals in our region at the least restrictive level of care possible. By collaborating, we hope to reduce exposure to third party payers in primary and specialty healthcare, including behavioral health by providing information and referral and options counseling to individuals seeking help. By working collaboratively within our communities, we predict a positive impact on the use of hospitals, law

enforcement, and the court system by providing this resource that assists individuals with their needs prior to circumstances being crisis driven.

Provider Reimbursement Provisions

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

Over the past several years, Northwest Iowa Care Connections plans to use its contracting capacity to implement a series of strategies for moving towards outcome-based payments. Northwest Iowa Care Connections uses a mix of fee-for-service, fee-for-service and capitated case rates for most of its services. It provides block grants only for specific population based activities where billing by individual served is impossible or impractical. Non-traditional provider contracts are used in instances when services are provided by individuals or families.

Northwest Iowa Care Connections service contracts require that all providers meet all applicable licensure, accreditation or certification standards; however Northwest Care Connections makes serious efforts to stimulate access to more natural supports in its service provider network. Successful attainment of positive outcomes, consumer and family satisfaction, and cost effectiveness measures are the most important factors in continued network participation. Northwest Iowa Care Connections (NWIACC) has identified access points within the provider network (in the table below) to assist individuals or their representatives to apply for services.

NWIACC Regional Network of Providers	Funded Programs in the NWIACC Region
Avera McKennon Hospital 4400 West 69th Street Sioux Falls, SD 57108 605-322-4000	Adult Inpatient Psychiatric Services
Broadlawns Regional Medical Center 1801 Hickman Road Des Moines, IA 50309 515-282-2200	Adult Inpatient Psychiatric Services
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 th Ave. N. Sibley, Iowa 51249 712-754-3608	Supported Community Living

NWIACC Regional Network of Providers	Funded Programs in the NWIACC Region
Compass Pointe 1900 Grand Ave. N. Suite A. Spencer, IA 51301 712-262-2952	Multi-Occurring Disorders Crisis Care Jail Multi-Occurring Disorders Screening Services
Creative Living Center 1905 10th St. Rock Valley, IA 51247 712-476-5245	Adult Outpatient MH Services
Hope Haven 1800 19 th St. Rock Valley IA 51247 712-476-2737 1808 Jackson Ave. Spirit Lake, Iowa 51360 712-336-4052 Box 225 Spencer, IA 51301 712-262-7805 OES Sibley IA	Supported Community Living Respite Employment and Day Services MI Day Habilitation Crisis Services Adult Outpatient Therapy Peer Support Jail Multi-Occurring Disorders Screening & Therapy Services
Horizons Unlimited 3826 460 th Ave. Box 567 Emmetsburg, IA 712-852-2211	Supported Community Living Employment and Day Services
Kathleen's RCF 1505 E. 5th St. Emmetsburg, Iowa 50536 712-852-2267	Residential Services
Mercy Medical Center North IA 1000 4 th St. SW Mason City, Iowa 50401 641-428-7000	Inpatient Psychiatric Services
Mercy Medical Center 1111 6 th Ave. Des Moines, IA 50314 515-247-3121	Inpatient Psychiatric Services
Plains Area Mental Health Center 180 10th St. SE, Suite 201 P.O. Box 70 Le Mars, Iowa 51031 Phone: 712-546-4624 Fax: 712-546-9395 Toll Free: 800-325-1192	Integrated Health Services Outpatient Mental Health Services
Prairie View 18569 Lane Road Fayette, IA 52142 563-425-3291	Residential Services

2019 Annual Federal Poverty Guidelines

Household Size	150%	200%
1	\$18,211	\$21,246
2	\$24,691	\$28,806
3	31,171	\$36,366
4	\$37,650	\$43,926
5	\$44,130	\$51,486
Each additional individual, add	\$6,480	\$ 8,640