**Sioux Rivers Regional**

**Mental Health and Disability Services**

**Management Plan**



 **ANNUAL SERVICE AND BUDGET PLAN FY20**

**July1, 2019**

***Submitted 4/01/19***

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# ANNUAL SERVICE AND BUDGET PLAN FY20

**Introduction and Vision**

Sioux Rivers Regional Mental Health and Disabilities Services (Sioux Rivers MHDS or Sioux Rivers) was formed under Iowa Code Chapter 28E to create a mental health and disabilities service region in compliance with Iowa Code 331.390, and is comprised of Lyon, Plymouth and Sioux Counties in Northwest Iowa. This management plan is designed to provide access, information, and coordination of funding, while providing for the health, hope, and successful outcomes of the adults in our region who have mental health and intellectual/developmental disabilities, including those with multi-occurring substance use issues, health issues, physical disabilities, and other complex human service needs.

In accordance with the principals enumerated in legislative redesign of the mental health delivery system, Sioux Rivers Regional MHDS works in a quality improvement partnership with stakeholders within the region (providers, families, individuals, and partner health and human services entities) to develop a system of care approach that is characterized by the following principles and values:

• Welcoming and individualized

• Person and family driven

• Recovery focused

• Trauma-informed

• Service to individuals with multiple diagnoses

***This plan covers the period from July 1, 2019 through June 30, 2020 and is due to DHS on April1st of 2019, subsequent to approval from the Regional Governance Board (on March 26, 2019).***

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# A. Access Points & Care Coordination Agencies

An access point is an agency or entity within the Sioux Rivers Regional Mental Health and Disabilities Services (Sioux Rivers) regional service system that is trained to complete the MHDS regional application. Applications are forwarded to the Service Coordinator in each county for eligibility determination. Sioux Rivers has designated the following access points:

|  |  |
| --- | --- |
| **Access Point** | **What Services are provided and/or Functions performed by this Access Point?** |
| Sioux Rivers Regional MHDS-Lyon Co.315 1st Avenue, Suite 200Rock Rapids, IA 51246 Phone: (712) 472-8240 | Service CoordinationReferral ServicesEligibility DeterminationFunding Decisions  |
| Plains Area Mental Health Center 180 10th StreetP.O. Box 70Le Mars, Iowa 51031Phone: (712) 546-4624 | Outpatient Mental Health ServicesIntegrated Health Home Intensive Care CoordinationPsychiatric EvaluationMedication ManagementPrescreening for Commitment |
| Sioux Rivers Regional MHDS-Plymouth Co. 19 2nd Avenue NWLe Mars, Iowa 51031Phone 712-546-4352 | Service CoordinationReferral ServicesEligibility DeterminationFunding Decisions |
| Creative Living Center, PC1905 10th Street, Box 163Rock Valley, IA 51247Phone: (712) 476-5245 | Outpatient Mental Health ServicesPsychiatric EvaluationPrescreening for CommitmentMedication Management |
| Hope Haven, Inc.1800 19th StreetRock Valley, IA 51247Phone:(712) 476-2737 | Psychiatric RehabilitationSupported EmploymentJob DevelopmentCommunity LivingEmployment/Day Services |
| Sioux Rivers Regional Assessment & Stabilization Center4038 Division StreetSioux City, IA 51104Phone: (712)560-7996  | Service Coordination & Discharge PlanningCare Coordination to include Stabilization PlanCrisis Screening & Assessment Transitional residential servicesMedication Administration |
| Sioux Rivers Regional MHDS – Sioux County 210 Central Ave SW, P.O. Box 233Orange City, IA 51041Phone: (712)737-2999 | Service CoordinationReferral ServicesEligibility DeterminationFunding Decisions |
| Siouxland Mental Health Center 625 Court StreetSioux City, IA 51101Phone: (712) 252-3871 | Outpatient Mental Health ServicesIntegrated Health Home Intensive Care CoordinationPsychiatric Evaluation, 23 Hour Observation & StabilizationMedication ManagementPrescreening for Commitment |

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# B. Targeted Case Management

Sioux Rivers shall offer access to cost effective, evidence based, conflict free Targeted Case Management as described in IAC 441-25.21(1G). The majority of case management services to consumers in Sioux Rivers Regional MHDS are provided by the managed care organizations, however, targeted case management services are provided by DHS TCM, which is accredited by the Department of Human Services as defined in IAC 441, is appointed by the Board of Supervisors in their respective Counties and approved by the Regional Governing Board.

**DHS Targeted Case Management**

**19 2nd Avenue NW**

**Le Mars, Iowa 51031**

**Phone 712-546-4352**

**C. Crisis Planning**

Crisis prevention, response and resolution are as much a mindset as they are a continuum of strategies and services. In the Sioux Rivers Region, crisis prevention begins with proper training, for instance Mental Health First Aid (MHFA) training, which has been provided to Regional Service Coordinators and will be provided to regional mental health providers and law enforcement agencies again in FY 2020. Additionally, a Service Coordinator from Lyon, Plymouth and/or Sioux Counties will be certified as a trainer to deliver this valuable training to all interested parties and will build upon instruction provided to date to approximately 350 people. MHFA training focuses on best practices like recognition of the presence of mental illness and how to interface with individuals in a crisis. MHFA also helps participants assess risk of suicide or self-harm and provide appropriate responses while accessing immediate services. This training prepares staff to effectively create environments that prevent crisis and develop effective intervention techniques for response and resolution. Crisis prevention, response, and resolution are also embedded in the treatment and support plans that are prepared by regional providers, Targeted Case Management, MCO’s and Intensive Care Coordination & Service Coordination, which is usually provided in an Integrated Health Home setting (IHH). When these plans are developed, the goal is to discern an environment and support structure that works for a person to mitigate the triggers that lead to crisis. Much of the prevention, response, and resolution of crises are typically delivered through the services and supports people receive.

Services are directed to the assessment and rapid stabilization of acute symptoms of mental illness or emotional distress. During their normal office hours, emergency services are available from the designated local Mental Health Center clinical professionals and paraprofessionals. At all other times, emergency services shall be arranged via telephone linkage, or face-to-face intervention when needed with an on-call paraprofessional. The Assessment and Stabilization Center (ASC), located just outside the Region in Sioux City, is staffed 24/7 and is available accordingly. The ASC provides the following services: Crisis screening & assessment, Non-emergency medical services, Medication administration, Short-term therapeutic programming via group, individual and/or skill building, Care coordination to include stabilization and treatment summary, Referrals to community resources and Discharge planning & follow-up services. Outside of regular business hours, the Mental Health Centers maintain a recorded message that provides instructions and phone numbers of on-call staff, as follows:

**Lyon County: Creative Living Center (800)345-9724**

**Plymouth County: Plains Area Mental Health Center (888)546-0730**

**Sioux County: Creative Living Center (800)345-9724**

**Region: Assessment and Stabilization Center (712)560-7996**

If more specialized crisis response and resolution is required to meet a person’s need, the Sioux Rivers Regional MHDS has several options. The Community Mental Health Centers (CMHC’s) have trained mental health professionals available by phone 24 hours per day, as well as walk in during business hours. If a statewide crisis line is required via legislative action, Sioux Rivers will implement it as required. The primary goals of the crisis line(s) are crisis assessment, resolution, and screening for inpatient hospitalization. It is preferable to deal with mental health crises even when identified by law enforcement by way of a therapeutic intervention rather than a criminal justice intervention. For those individuals who have returned to their homes, but require additional stabilization services beyond inpatient treatment, ongoing outpatient therapy may be rendered by one of the regional behavioral hospitals or community mental health centers located within the region or adjacent to it.

There are varieties of services that have moved beyond the planning and development stage that complement the current service array. The purpose for these supplementary services is to engage people at an earlier stage of crisis to avoid services that are more intensive. Among the programs that have been implemented and are operating in the region are the following: Children’s mental health services, including school based therapy, Mental Health Court, Jail Diversion, specialized employment placement services for individuals with intellectual disabilities and mental illness, tele-health services provided in the jails and local hospitals, mobile crisis response provided via law enforcement and mental health clinicians, transitional beds in a residential setting, Assertive Community Treatment (ACT) which is available in 2/3 of the regional counties, peer support crisis aversion; 23-hour crisis stabilization and short term sub-acute care for individuals that require stabilization, assessment, intensive outpatient treatment and planning, all of which serve to divert consumers from inpatient hospitalization, emergency rooms and incarceration. The Sioux Rivers Regional Assessment and Stabilization Center began operations in April of 2016 and has to-date served more than 700 individuals in crisis. There are a myriad of new services being developed for implementation in 2020 or 2021, of note among them are an Access Center to be shared with one or more neighboring regions, a statewide 24 hour crisis line, and Intensive Residential Services Homes (IRISH) in one or more regional counties.

The Mental Health Centers are responsible to protect the confidentiality of all crisis calls and interventions. Crisis intervention services may include, but are not limited to, the provision of emotional support in collaboration with others to offer a continuity of care. It can also involve referrals and assistance with community and social services, notification of family members, determination of need for hospitalization, and facilitating the communication of information as necessary to protect you or another from harm.

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# D. Scope of Services and Projected Need

The annual budget and planning process facilitates the identification and implementation of core disability service improvements. The Sioux Rivers Regional MHDS collaborates with stakeholders each year in order to assess needs and ascertain funding for core and core plus services. There were a series of planning meetings held in Lyon, Plymouth and Sioux Counties in the fall and spring of this fiscal year, which contributed to development of this plan. Additional funding sources are sought after to empower individuals to reach their fullest potential, and may include a combination of Regional, State, Federal, and private funds. The Sioux Rivers Region is responsible to authorize services in accordance with the Regional Management Plan and within the constraints of budgeted dollars. Services funded by Sioux Rivers Regional MHDS are subject to change or termination with the development of the annual budget each fiscal year. While mandated services and access standards are summarized here, and in the Service Matrix, which follows, the Region’s Policies & Procedure Manual describes these subject areas in a more thorough manner.

As per SF504, passed into law by the Iowa Legislature in 2017, Sioux Rivers is collecting data in four outcome service areas, which are submitted to DHS on a quarterly basis. Those outcome service areas are as follows:

**MHDS Regions will report to DHS:**

1.The number of individuals who are in the emergency department over 24 hours because mental health, disability, or substance use disorder services are not available.

2. The number of individuals who are psychiatrically hospitalized 24 hours beyond the hospital determining them ready for discharge because community based mental health, disability, or substance use disorder services are not available.

3. The number of individuals with a mental illness, intellectual disability, or substance use disorder who could have been diverted or released from jail if appropriate community based services had been available.

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

**Outcome Time Frames:**

* MHDS Regions will collect outcome data on a monthly basis
* MHDS Regions will report on outcomes to MHDS on a quarterly basis from November 1, 2017 thru October 31, 2018

The Sioux Rivers Regional Chief Executive Officer and County MHDS Coordinators (Administrative Team) worked together to create the FY20 budget, which was reviewed and adopted by the Sioux Rivers Regional Governance Board as incorporated into the FY20 ASBP at their 3/26/19 meeting. The Sioux Rivers Regional CEO, with input from the MHDS Coordinators, is responsible for managing and monitoring the adopted budget and Annual Service & Budget Plan.

The MHDS Administrative Team 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. Each December this information is compiled, and subsequently submitted to the Department of Human Services for their consideration.

Sioux Rivers has developed a provider network based on projections of incidence and prevalence of need for the priority population groups discussed elsewhere in this plan.  As noted, Sioux Rivers consults with the provider network and community at large to develop plans and services to meet the need.  When comparing the current system of care with the Access Standards in IAC 441-25.3, it appears the requisite components are in place and are meeting the requirements for access with few exceptions.  Sioux Rivers Regional staff routinely work with providers when access is an issue to eliminate wait times, but as delineated in the following, there are several variables that influence access times. Some of the variables are within the region’s ability to affect change and some are not.

Sioux Rivers Regional MHDS has two Community Mental Health Centers, both of which service adults and children and three inpatient psychiatric units, including private hospitals and Cherokee Mental Health Institute located just outside the Region, but within a 45-minute drive of most consumers in the Sioux Rivers Region. Crisis services are available through the MHC’s 24-hour emergency lines, and the Assessment and Stabilization Crisis Center, 24 hours a day, seven days each week, 365 days per year.  The standard for meeting urgent care needs within one hour of presentation or within 24 hours of a call to a Community Mental Health Center is achieved when scheduling permits and if schedules do not permit, a person would be seen as quickly as possible or referred to any of the hospital emergency rooms.  With the implementation of a mobile crisis program, this access to services could be realized within minutes.

Typically, the elapsed time between first contact for outpatient services and first provided service does not exceed ten days.  The Mental Health Centers located within the region schedule consumers for therapy within two weeks from the time of contact and it is typically another one to two weeks before they are seen by a therapist. Plains Area MHC, located in Le Mars, is equipped to conduct emergency intakes at the hospitals located within the region and nearby Sioux City and while the time to get someone seen by a therapist or prescriber is sometimes longer than fifteen minutes, these emergency intakes are completed within 24 hours. Both of the mental health provider agencies located within the region operates an emergency crisis telephone line to support patients after hours in emergent type situations. On a routine basis, the wait time for a therapist is approximately one to three weeks and three to four weeks for an appointment with a psychiatrist. For emergency and urgent care needs, the hospitals utilize their crisis team to see people and triage to the appropriate service. When hospitalized, an LISW and a mid-level prescriber typically see the patient within seven days of discharge.

While our providers may not meet this standard in all cases, there are alternative services available to meet people’s emergency and urgent care needs that exceed the basic requirements of the State for emergency services. The fact is that in Iowa there is a shortage of LISWs and either mid-level or physician prescribers that affects access time. This is not just the case with our “safety net” providers but anecdotal reports indicate that even getting appointments with private prescribers exceed the benchmark of four weeks.  These benchmarks are tracked across the state, particularly in the larger communities, and the Sioux Rivers staff are working with our provider network to meet these benchmarks. While this is a challenge for a mid-sized region with limited resources, it can be undertaken as a collective effort between the State DHS, Regions, Managed Care Organizations, IME, Private Insurance Companies, University of Iowa, Regents and the Iowa Legislature.

Sioux Rivers has access to two private inpatient psychiatric facilities, Unity Point Health and Mercy Medical, in nearby Sioux City and Avera Behavioral in Sioux Falls.  Individuals in need of emergency inpatient treatment are typically able to access treatment within 24 hours.  There are times when a patient may be diverted from the private hospitals to the MHI in Cherokee, or more rarely, a private hospital located in a nearby county or region, but generally, that person does receive treatment within 24 hours.  While at present the number of individuals being diverted to private hospitals outside the area, the Cherokee Mental Health Institute notwithstanding is unknown, it appears to be an insignificant number. In rare instances, a person is held in a hospital without a psychiatric capability until a placement is secured elsewhere. In those cases, the person receives treatment in the Emergency Room.  The shortage of beds is not new.  It is the reason however, that we are developing an array of crisis services to support people in crisis outside the hospital and make the best use of our current capacity. Most of the hospitals within the region provide follow up outpatient care within seven days of discharge from the hospital or coordinates with the patient’s mental health service provider for follow up care.

Many supportive services are available in the Sioux Rivers Region including but not limited to the three classes of services noted in the Access Standards.  Consumers have access to service coordination and many community support services within thirty to forty five miles of where they live and within four weeks of the individual’s request for the service.  In many cases, the support services are delivered to the person, in the person’s home.  While the need for supportive services is being met, Sioux Rivers staff is working with network providers to expand service capacity to meet demand, as necessary.  We are fortunate to have multiple providers that offer the same or functionally equivalent types of services so if one provider has a waiting list another can provide the service.  For example, if a provider has a waiting list for Supported Community Living, we can refer to another provider of the service or offer an integrated wrap around service. If the person has Medicaid and meets criteria, the person shall be enrolled in a Waiver or Habilitation funded program.  With respect to Home and Vehicle Modifications, we follow Medicaid guidelines. Nevertheless, these are metrics we will add to our quality assurance program.

**E. Service Matrix**

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| --- | --- | --- | --- | --- |
| **Core Services** | **Description** | **Core Population MI ID** | **Core Plus** **DD** | **Access Standards/Criteria** |
| **Assessment and Evaluation** ( Psychiatric or Psychological Evaluations and Standard functional Assessment) | The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual’s situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care. | X |  | An individual who has received inpatient services will receive assessment and evaluation services within four (4) weeks Psychiatric Evaluation – Will pay for one per year |
| **Case Management** (Targeted Case Management and Service Coordination) | Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community. | X |  | Referral Medicaid Only for Targeted Case Management. |
| **Crisis Evaluation** | 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. | X |  | Available 24 hours per day, seven days per week, 365 days per year. Must be in crisis  |
| **Day Habilitation** |  Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual’s functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility. | X |  | Standardized functional assessment must support the need for services of the type and frequency identified in the individual’s case plan |
| **Family Support** | Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response. | X |  | Family Support services are accessed by referral from providers.Standardized assessment must support the need for services of the type and frequency identified in the individual’s case plan |
| **Health Homes** | A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate. | X |  | Referral Only, to Plains Area Mental Health Center which serves all counties. |
| **Home and Vehicle Modification** | A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence. | X |   | Must meet service need criteria as specified by Medicaid Waiver |
| **Home Health Aide Services** | Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician. | X |  | Must meet service need criteria as specified by Medicaid Waiver  |
| **Job Development**  | Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual’s skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes. | X |  | Must meet service need criteria as specified by Medicaid Waiver  |
| **Medication Management** | Services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders. | X |  | Medication management services are provided within four weeks of requested appointment (Outpatient Access Standards). Standardized assessment must support the need for services of the type and frequency identified in the individual’s case plan |
| **Medication Prescribing** | Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again. | X |   | Medication prescribing services are provided within four weeks of requested appointment (Outpatient Access Standards).Standardized Assessment must support the need for this service |
| **Mental Health Inpatient Treatment** | Acute inpatient mental health services are 24-hour settings that provide services to individuals With Acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms; address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.  | X |  | Inpatient services, in an emergency, are provided with 24 hours.Must follow Crisis Pre-screening procedure and inpatient access standards |
| **Mental Health Outpatient Therapy** | Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.  | X |  | Outpatient services are provided within four weeks of requested appointment. Standardized Assessment must support the need for this service . |
| **Peer Support Services** | A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community. | X |  | Available in all counties, with referrals only at this time. |
| **Personal Emergency Response System** | An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency. | X |  | Standardized assessment must support the need for services of the type and frequency identified in the individual’s case plan |
| **Prevocational Services** | Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task. | X |  | Standardized assessment must support the need for services of the type and frequency identified in the individual’s case planMust meet service need criteria as specified by Medicaid Waiver  |
| **Respite Services** | A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis. | X |  | Must meet service need criteria as specified by Medicaid Waiver  |
| **Supported Employment** | An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration. | X |  | Standardized assessment must support the need for services of the type and frequency identified in the individual’s case planInitial referral will take place within 60 days of request for support for employment.Must meet service need criteria as specified by Medicaid Waiver  |
| **Supported Community Living Services** | Services provided in a non- institutional setting to adult persons with mental illness, intellectual disability, or developmental disabilities to meet the persons' daily living needs. | X |  | Standardized assessment must support the need for services of the type and frequency identified in the individual’s case plan.Appointment shall occur within 4 weeks of request for community support |
| **Twenty-Four Hour Crisis Response** |  Psychiatric care delivered on an emergency basis to those in crisis, usually via phone | X |  X | 24 hour access to crisis response, 7 days week, 365 days a year.Available through Community Mental Health Centers & hospitals. |
| **Other Services** | **Description** | **Core Population MI ID** | **Core Plus****DD** | **Access Standards/Criteria** |
| **Information/ Referral Services** | Service that informs individuals of available services and programs | X |  X |   |
| **Public Education Services** | To educate the general public about the realities of mental health and mental illness.  | X |  X |   |
| **Homemaker Services** | Homemaking and personal care services | X |  | Standardized assessment must support the need for services of the type and frequency identified in the individual’s case planMust meet service need criteria as specified by Medicaid Waiver  |
| **Residential Care Facilities** | Community facility providing care and treatment | X |  | Standardized assessment must support the need for services of the type and frequency identified in the individual’s case plan. Court ordered: 90 day limit. |
| **Peer Drop In** | Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems. | X |  | Available to all residents of the region, with locations in all both counties. |
| **School Program** | Mental health services provided in schools (K-12) through multi-agency collaboration. Provides evaluation, assessment, referral, treatment modalities in the school setting as well as professional settings. | X |  | Available to all residents of the region, with services being delivered in school districts in both counties.  |
| **Mental Health****Court** | ID’s individuals within the criminal justice system experiencing mental illness contributory to involvement. Provides CM services to persons in lieu of jail time. Must participate in identified service to clear/drop charges. | X |  | The Chief Judge in the area has agreed to consideration of a Mental Health Court in Lyon, Plymouth & Sioux County. It is currently being explored for feasibility.  |

**F. SIOUX RIVERS REGIONAL MHDS FY2019/2020 BUDGET**

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| --- | --- | --- | --- |
| CONSULTATION & EDUCATION |  | 96,445 | **MENTAL ILLNESS** |
| SERVICE COORDINATION |  | 118,468 |  |
| GUARDIAN & CONSERVATOR |  | 7,500 |  |
| HOURLY SCL |  | 35,000 |  |
| PRESCRIPTION MEDICATION |  |  |  |
| OUTPATIENT |  | 10,000 |  |
| PSYCHOTHER SOCIAL SUPPORT SERVICE (Peer Support – Drop In Centers) |  | 100,000 |  |
| COMMUNITY SUPPORT PROGRAM |  | 224,000 |  |
| PSYCHIATRIC REHAB |  | 10,000 |  |
| EMERGENCY SERVICES |  | 126,020 |  |
| COMMUNITY BASED CRISIS INTERVENTION |  | 780,000 |  |
| FAMILY SUPPORT |  | 1,000 |  |
| JAIL SERVICES & MENTAL HEALTH COURT |  | 12,000 |  |
| DAILY SCL |  | 25,000 |  |
| SUPPORTED EMPLOYMENT |  | 70,000 |  |
| TRANSITIONAL RESIDENTIAL SERVICES |  | 25,000 |  |
| RESIDENTIAL CARE FACILITY |  | 165,000 |  |
| RESIDENTIAL CARE FACILITY PMI |  |  |  |
| STATE MENTAL HEALTH INSTITUE |  | 40,000 |  |
| DIAGNOSTIC (COMMITMENT) |  | 2,000 |  |
| SHERIFF TRANSPORTATION |  | 4,000 |  |
| LEGAL REPRESENTATION |  | 7,000 |  |
| MENTAL HEALTH ADVOCATES |  | 16,000 |  |
| SERVICE COORDINATION |  | 114,167 | **INTELLECTUAL DISABILITY** |
| GUARDIAN & CONSERVATOR |  | 7,500 |  |
| HOURLY SCL |  | 15,000 |  |
| SOCIAL SUPPORT SERVICES (ARC Program) |  | 50,000 |  |
| SUPPORTED EMPLOYMENT |  | 120,000 |  |
| SUPPORTED EMPLOYMENT |  | 8,000 | **DEVELOPMENTAL DISABILITY** |
| ADMINISTRATIVE |  | 167,105 | **ADMINISTRATIVE** |
|  |  | 2,356,205 |  |
|  |  |  |  |
| TOTAL REVENUES (Levy plus Rolling Hills Contribution): |  | 2,207,870 |  |
| Difference (Negative balance covered by fund balance): |  |  $(148,335)  |  |
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# G. Financial Forecasting Measures

Prior service utilization is the starting point for all financial projections. Throughout the year, Sioux River’s staff and stakeholders identify unmet needs and areas for service development, which are incorporated into subsequent strategic plans and budgets. Strategic plan priorities are identified in the areas of system infrastructure, community living, employment, and treatment. Provided adequate funding, Sioux Rivers will in turn provide funding for core and core plus services, delivered at current and subsequent access standards levels. Unencumbered funds and available fund balances beyond 25% of budgeted expenditures will be reinvested to fund projects that will impact the region. When/if funding is not sufficient to meet the service need; services may be reduced or placed on a waiting list, beginning with non-core and core plus services. As funding again becomes available, those services will be reintroduced.

Among the projects beyond core/core plus which have been implemented or are under consideration for this and subsequent fiscal years are the following: 1. Outcomes related to meaningful vocational alternatives to work activity, in its fourth year of funding and, 2. Job placement of individuals diagnosed with serious and persistent mental illness, or Individual Placement & Support (IPS), approved for a second year of funding in FY20. School based therapy programs, which will be expanded into additional school districts in Lyon, Plymouth and Sioux Counties, will serve dozens of children throughout the Region. Additionally, the regional planning team is exploring uses of the Crisis Center beyond the current service array, particularly its potential for use as an Access Center to satisfy recent legislation. The Regional Advisory Board is meeting quarterly, to determine what type of services and facilities are necessary to meet needs in the regional service area.

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# H. Provider Reimbursement Provisions

It is the intent of Sioux Rivers to offer a comprehensive system of care, assisting individuals regardless of their insurance status.  Services are developed based upon identified needs of individuals living within the region. The region will utilize funding approaches that identify and incorporate all services and sources of funding used by individuals receiving services, including insurance, medical assistance program and self-payment. Sioux Rivers shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the Regional Management Plan, and within the constraints of budgeted dollars.  Sioux Rivers shall be the funder of last resort and regional funds shall not displace funding that is available from other sources.  Regional staff will assist individuals to identify available funding sources and will encourage providers to develop services that are funded by Medicaid/Title 19 and Home and Community Based Services (HCBS).  There are additional resources available within the region for possible funding including the Iowa Department of Public Health, the University of Iowa Hospitals and Clinics, United Way funds, various grants and other sources of reimbursement.

Case Managers and Coordinators will ensure that all services and funding sources are identified and incorporated into each consumer’s plan.

Based upon contracting criteria, Sioux Rivers will contract with MHDS providers whose base of operations is generally within the region to meet the service needs of the population.  The region may also honor contracts that other regions have negotiated with their local providers and may choose to contract with providers outside of the region.  A contract may not be required with providers that provide one-time or as needed services. The region may utilize vouchers and other non-traditional means to fund services.  Sioux Rivers will make every effort to recruit and approve non-traditional providers as part of the service provider network and will utilize the criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards designated in the Regional Management Plan.

Sioux Rivers utilizes fee for service funding as well as limited block grants for specific activities where billing based on individuals is impractical (example: emergency services, drop-in center).   The region is contemplating a move toward outcomes-based funding and will examine ways to develop financial incentives for obtaining high performance individual outcomes and cost effectiveness.

Sioux Rivers encourages all providers to participate in the quality improvement partnership for system development within the region to become welcoming, person/family centered, trauma informed, and multi-occurring capable.  The region will explore opportunities for training, mentoring and support so that every provider who desires to increase their capabilities will be able to do so.  Services that are provided daily in the counties that comprise the region are well-regarded and providers take every opportunity to enhance the skills of their workforce. Consequently, it appears likely that the provider network that exists today will continue to exist in the future, although perhaps with a different focus.

Sioux Rivers Regional MHDS has contracted with the following agencies for service provision to consumers residing within the region:

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| **Sioux Rivers Regional Provider Network** | **Regional Funded Services** |
| Pride Group 214 Plymouth Street SELe Mars, IA 51031Phone: (712) 546-6500 | Residential Supports Residential Care FacilitySupported Community Living |
| Life Skills Training Center1510 Industrial RoadLe Mars, IA 51031Phone: (712) 546-9554 | Day ServicesSupported EmploymentJob Development |
| Plains Area Mental Health Center 180 10th Street, Suite 201; P.O. Box 70Le Mars, Iowa 51031Phone: (712) 546-4624 | Integrated Health Home Intensive Care CoordinationOutpatient mental health; Psychiatric EvaluationMedication ManagementPrescreen related to commitmentPeer Support Drop-in CenterSchool Based Therapy |
| Hope Haven, Inc.1800 19th StreetRock Valley, IA 51247Phone:(712) 476-2737 | Psychiatric RehabilitationRCF/RCF-ID, Residential servicesSupported Community LivingIPS/Day Services/Supported EmploymentPeer Support ServicesJail Coordination, In-Jail Therapy |
| Creative Living Center1905 10th Street, Suite 201; P.O. Box 163Rock Valley, IA 51247Phone: (712)476-5245 | Outpatient Mental HealthPrescreen related to CommitmentPsychiatric EvaluationMedication ManagementSchool Based Therapy |
| Iowa Department of Human Services TCM19 2nd Ave NWLe Mars, IA 51031Phone: (712) 546-4352 | Service CoordinationTargeted Case Management |
|  |  |
| Center for Financial Education (CFE) 334 N. Main Ave, P.O. Box 343Sioux Center, IA 51250Phone: (712)722-3527  | Financial CounselingRepresentative Payee |
| Shesler Hall 1308 Nebraska StreetSioux City, IA 51105Phone: (712) 258-8059 | Transitional Residential Services |
| ARC of Woodbury County3001 Malloy RoadSioux City, IA 51103Phone: (712) 258-5050 | Juvenile Support ServicesSummer recreational programming for juveniles with disabilities  |
| Siouxland Mental Health Center625 Court StreetSioux City, IA 51101Phone: (712) 252-3871 | Outpatient Mental Health ServicesIntegrated Health Home Intensive Care CoordinationPsychiatric Evaluation, 23 Hour Observation & Stabilization, Medication Management, Prescreening forCommitment |
| Goodwill of the Great Plains3100 West 4th StreetSioux City, IA 51103(712) 224-1315 | Employment Services |