Southwest Iowa MHDS Region

FY 2018 Annual Report

Geographic Area: Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie and Shelby counties.

Report approved by the Southwest Iowa MHDS Regional Governing Board on December 3, 2018.

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Introduction

The Southwest Iowa MHDS Region (SWIA MHDS) formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390. In compliance with IAC 441-25 the SWIA MHDS Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

This Annual Report provides an analysis of data regarding services managed for the fiscal year including July 1, 2017 through June 30, 2018.

As SWIA MHDS has successfully completed its fourth year of operations, it is important to reflect on the initial vision of the region. As stated, it is the vision of SWIA MHDS to mindfully, creatively and responsibly serve the residents of our region. With respect and dignity for all people being the center of our approach to providing and funding services, we will strive to offer choice based on individual need. As funding is available, we will develop services for unmet needs working closely with stakeholders to enhance people's options within the region.

The region continued to work diligently building and continuing to adjust its Crisis Stabilization System during FY18. With new service implementation, the region has continued to gather data on program usage, and are working toward information on outcomes. This legislative session added requirements for furthering our Crisis Stabilization System. Many of the services are already in place, however, there are more to plan, build and fund. As we do this, we must be mindful of building the system to meet the needs of our communities in a manner that can be sustainable for years to come.

We continue to work closely with all of our stakeholders including the individuals and families we serve, the MH/DS service providers, law enforcement, jails, hospitals and other human service agencies. We believe in building systems around the input of stakeholders, therefore as we move forward with new requirements surrounding crisis service implementation, we plan to continuously build on our strong community collaboration from the last several years.

Individuals Served in Fiscal Year 2018

Persons Served by Age Group and by Primary Diagnosis

FY 2018 Actual GAAP	Southwest Iowa MHDS Region	MI (40)		ID(42)		DD(43)		Total
		A	C	A	C	A	C	
Core								
	Treatment							
42305	Psychotherapeutic Treatment - Outpatient	136	4					**140**
71319	State MHI Inpatient - Per diem charges	3						**3**
73319	Other Priv./Public Hospitals - Inpatient per diem charges	11						**11**
	Support for Community Living							
32320	Support Services - Home Health Aides	5						**5**
32329	Support Services - Supported Community Living	36		15		2		**53**
	Support For Employment							
50362	Voc/Day - Prevocational Services	8		43		1		**52**
50367	Day Habilitation	1		3		1		**5**
50368	Voc/Day - Individual Supported Employment	54		72		4		**130**
50369	Voc/Day – Group Supported Employment			2				**2**
	Core Evidence Based Treatment							
42398	Assertive Community Treatment (ACT)	16						**16**
	Core Subtotals:	**270**	**4**	**135**		**8**		**417**
Mandated								
46319	Iowa Medical and Classification Center (Oakdale)	5	1					**6**
74XXX	Commitment Related (except 301)	293	17					**310**
75XXX	Mental health advocate	303	2					**305**
	Mandated Subtotals:	**601**	**20**					**621**
Core Plus								
	Comprehensive Facility and Community Based Treatment							
44313	Crisis Stabilization Residential Service (CSRS)	58						**58**
	Sub-Acute Services							
	Justice System Involved Services							
25XXX	Coordination services	175	1					**176**
	Additional Core Evidence Based Treatment							
42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	1						**1**
	Core Plus Subtotals:	**234**	**1**					**235**
Other Informational Services								
04372	Planning and/or Consultation Services (Client Related)	1						**1**
	Other Informational Services Subtotals:	**1**						**1**
Community Living Support Services								
	Service Coordination							
22XXX	Services management	342	22					**364**
31XXX	Transportation	138		11		1		**150**
32326	Support Services - Guardian/Conservator			2	1			**3**
33340	Basic Needs - Rent Payments	27						**27**
41305	Physiological Treatment - Outpatient	2						**2**
41306	Physiological Treatment - Prescription Medicine/Vaccines	1						**1**
42310	Psychotherapeutic Treatment - Transitional Living Program	90						**90**
42399	Psychotherapeutic Treatment - Other	2						**2**
63329	Comm Based Settings (1-5 Bed) - Supported Community Living	6						**6**
	Community Living Support Services Subtotals:	**608**	**22**	**13**	**1**	**1**		**645**
Congregate Services								
50360	Voc/Day - Sheltered Workshop Services	7		10				**17**
64XXX	RCF-6 and over beds	84	1	7		1		**93**

	Congregate Services Subtotals:	91	1	17		1		110
Regional Totals:		1805	48	165	1	10		2029

Unduplicated Count of Adults and Children by Diagnosis

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	44	1223	1267	40
Mental Illness, Intellectual Disabilities	0	32	32	40, 42
Mental Illness, Other Developmental Disabilities	0	4	4	40, 43
Intellectual Disabilities	1	110	111	42
Other Developmental Disabilities	0	3	3	43
Total	45	1372	1417	

Financials

County Levies

County	2015 Est. Pop.	Regional Per Capita Maximum	FY18 Max Levy	FY18 Actual Per Capita Levy	Actual Levy Per Capita
Cass	13,427	$45.51	$ 611,063	$22.74	$305,371
Fremont	6,906	$45.51	$ 314,292	$28.46	$196,524
Harrison	14,265	$45.51	$ 649,200	$23.00	$328,095
Mills	14,844	$45.51	$ 675,550	$29.78	$441,987
Monona	8,979	$45.51	$ 408,634	$23.00	$206,517
Montgomery	10,234	$45.51	$ 465,749	$23.00	$235,382
Page	15,527	$45.51	$ 706,634	$23.00	$357,121
Pottawattamie	93,671	$45.51	$ 4,262,967	$23.00	$2,154,433
Shelby	11,927	$45.51	$ 542,798	$23.00	$274,321
Region	**189,780**	**$45.51**	**$ 8,636,888**	**$23.00**	**$ 4,499,751**

Note - Cass. Fremont and Mills miscalculated their levies. Intention was for all to be at $23.00 per capita

Revenue

FY 2018 Actuals	SWIA MHDS Region		
Revenues			
	FY17 Annual Report Ending Fund Balance		$ 16,083,651
	Adjustments to 6/30/17 Fund Balance		$ 19,293
	Accrual Audited Regional Fund Balance as of 6/30/17		**$ 16,102,944**
	Local/Regional Funds		**$ 4,425,102**
10XX	Property Tax Levied	4,075,581	
12XX	Other County Taxes	3,652	
16XX	Utility Tax Replacement Excise Taxes	183,488	
25XX	Other Governmental Revenues		
4XXX-5XXX	Charges for Services	10	
5310	Client Fees		
60XX	Interest	71,357	
6XXX	Use of Money & Property		
8XXX	Miscellaneous	66,303	
92XX	Proceeds /Gen Fixed assets sales		
90XX	Other Budgetary Funds	24,711	
	State Funds		**$ 341,782**
21XX	State Tax Credits	234,686	
22XX	Other State Replacement Credits	94,979	
2250	MHDS Equalization		
24XX	State/Federal pass thru Revenue	476	
2644	MHDS Allowed Growth // State Gen. Funds		
2645	State Payment Program	9,644	
29XX	Payment in Lieu of taxes	1,997	
	Federal Funds		**$ -**
2344	Social services block grant		
2345	Medicaid		
	Total Revenues		**$ 4,766,884**

Total Funds Available for FY18	$ 20,869,828
FY18 Regional Expenditures	$ 6,168,408
Region's Accrual Fund Balance as of 6/30/18	$ 14,701,420

Total Expenditures by Chart of Accounts Number and Disability Type

FY 2018	SWIA MHDS REGION	MI (40)	ID (42)	DD (43)	Admin (44)	Total
Core						
	Treatment					**$ 104,830.38**
42305	Psychotherapeutic Treatment - Outpatient	$ 104,830.38				
71319	State MHI Inpatient - Per diem charges	$ 5,177.86				**$ 5,177.86**
73319	Other Priv./Public Hospitals - Inpatient per diem	$ 33,537.00				**$ 33,537.00**
	Basic Crisis Response					
44305	24 Hour Crisis Response	$64,000.00				**$ 64,000.00**
	Support for Community Living					
32320	Support Services - Home Health Aides	$ 9,547.09				**$ 9,547.09**
32329	Support Services - Supported Community	$96,534.53	$ 36,461.00	$ 8,424.00		**$ 141,419.53**
	Support For Employment					
50362	Voc/Day - Prevocational Services	$ 21,495.00	$ 148,297.50	$ 4,162.50		**$ 173,955.00**
50367	Day Habilitation	$ 480.00	$ 13,478.50	$ 5,862.50		**$ 19,821.00**
50368	Voc/Day - Individual Supported Employment	$ 132,500.00	$ 175,413.00	$ 10,910.50		**$ 318,823.50**
50369	Voc/Day - Group Supported Employment		$ 2,089.72			**$ 2,089.72**
	Core Evidence Based Treatment					
04422	Consultation – Education and Training	$ 76,389.30				**$ 76,389.30**
42398	Assertive Community Treatment (ACT)	$ 67,412.40				**$ 67,412.40**
45373	Peer Family Support – Family Psycho-	$ 8,061.00				**$ 8,061.00**
	Core Subtotals:	$ 619,964.56	$ 375,739.72	$ 29,359.50		**$ 1,025,063.78**
Mandated						
46319	Iowa Medical and Classification Center	$ 74,918.76				**$ 74,918.76**
74XXX	Commitment Related (except 301)	$ 68,310.97				**$ 68,310.97**
75XXX	Mental health advocate	$ 104,568.98				**$ 104,568.98**
	Mandated Subtotals:	$ 247,798.71				**$ 247,798.71**
Core Plus						
	Comprehensive Facility and Community Based Treatment					
44307	Mobile Response	$ 200,000.02				**$ 200,000.02**
44313	Crisis Stabilization Residential Service	$ 508,740.00				**$ 508,740.00**
44346	Crisis Services - Telephone Crisis Service	$ 171,000.00				**$ 171,000.00**
	Justice System Involved Services					
25XXX	Coordination services	$ 167,424.52				**$ 167,424.52**
46305	Mental Health Services in Jails	$ 9,900.00				**$ 9,900.00**
46425*	Mental Health Court	$ 26,250.00				**$ 26,250.00**
74301	Civil Commitment Prescreening	$ 18,000.00				**$ 18,000.00**
	Additional Core Evidence Based Treatment					
42366	Psychotherapeutic Treatment - Social Support	$ 34,000.00				**$ 34,000.00**
42397	Psychotherapeutic Treatment - Psychiatric	$ 1,440.50				**$ 1,440.50**
	Core Plus Subtotals:	$ 1,136,755.04				**$ 1,136,755.04**
Other Informational Services						
04372	Planning and/or Consultation Services (Client	$ 850.50				**$ 850.50**
05373	Public Education Services	$ 500.00				**$ 500.00**
	Other Informational Services Subtotals:	$ 1,350.50				**$ 1,350.50**
Community Living Support Services						
	Service Coordination					
22XXX	Services management	$ 603,815.35				**$ 603,815.35**
31XXX	Transportation	$ 66,874.37	$ 5,835.50	$ 271.50		**$ 72,981.37**
32326	Support Services - Guardian/Conservator		$ 4,788.10			**$ 4,788.10**
33340	Basic Needs - Rent Payments	$ 30,680.34				**$ 30,680.34**
41305	Physiological Treatment - Outpatient	$ 1,520.67				**$ 1,520.67**
41306	Physiological Tx - Prescription Medicine/Vaccines	$ 3,729.89				**$ 3,729.89**
42310	Psychotherapeutic Tx-Transitional Living Program	$ 650,556.00				**$ 650,556.00**
42399	Psychotherapeutic Treatment – Other	$ 6,300.00				**$ 6,300.00**

63329	Comm Based Settings (1-5 Bed) - SCL	$ 38,218.50				**$ 38,218.50**
	Community Living Support Services Subtotals:	$ 1,401,695.12	$ 10,623.60	$ 271.50		**$ 1,412,590.22**
FY 2018	**SWIA MHDS REGION**	**MI (40)**	**ID (42)**	**DD (43)**	**Admin (44)**	**Total**
Congregate Services						
50360	Voc/Day - Sheltered Workshop Services	$ 13,651.88	$ 28,310.58			**$ 41,962.46**
64XXX	RCF-6 and over beds	$ 1,551,001.18	$ 98,195.50	$ 21,717.50		**$ 1,670,914.18**
	Congregate Services Subtotals:					
Administration						
11XXX	Direct Administration				$ 567,935.94	**$ 567,935.94**
12XXX	Purchased Administration				$ 64,037.26	**$ 64,037.26**
	Administration Subtotals:				$ 631,973.20	**$ 631,973.20**
	Regional Totals:	$ 4,972,216.99	$ 512,869.40	$ 51,348.50	$ 631,973.20	**$ 6,168,408.09**
*** Mental Health Court salaries $114,055.48 are shown in 22XXX instead of 46425.**						

Outcomes

Service Progress by Core, Additional core, and EBPs

SWIA MHDS Region continues to provide all of the required core services and has worked to continue to expand additional services to help fill service gaps and create programs that are welcoming and least intrusive into people's lives. We are most interested in meeting people where they are and providing services as close to their home as possible. In that spirit, we have created a Crisis Service System that is mobile, brought as close to a person's community as possible. Bringing services to people instead of someone needing to worry about transportation or for law enforcement to have to transport to a facility-based service provides a better opportunity for people to get the help they need.

During FY18, the Mental Health Crisis Response Team (MHCRT) continued to expand its services through utilization of a secure application on mobile devices. Recommendations made to law enforcement using the telehealth assessment include the need for hospitalization or other community-based options that can prevent such hospitalization. The MHCRT also follows up with everyone they assess to make sure they have all the information they need to successfully seek services. MHCRT is available to every law enforcement entity in the 9-county region. This fiscal year we were able to expand the number of law enforcement agencies utilizing these services and continue our efforts to include every agency in our region. The feedback on the quality of this service by our law enforcement partners has been positive. They find it not only saves them time, but also most importantly provides a quality service to individuals and families.

The Crisis Service System works to utilize a process of warm handoffs from one service to the next. The Hope4Iowa Crisis Call line, MHCRT, and Crisis Stabilization Residential Service communicate regularly to continue to enhance the handoff process. Other community providers are also involved in these systems discussions working toward an effective response system for people.

The region encourages every new service discussed or created in the region be based in Evidence Based Practice (EBP). Providers throughout the region are trained and practicing to varying extents in a Trauma Informed Care agency culture. We have some agencies also trained in the integrated treatment

of co-occurring substance abuse and mental health disorders. The ACT program in the region has met fidelity for this EBP.

Six of the counties in the region have signed onto the national Stepping Up Initiative and SWIA MHDS has also signed a commitment to participate in creating new ways to help people with mental health needs stay out of the county jails through this initiative. We continue our efforts through the Southwest Iowa Mental Health Court as well as our transitional housing program that began to assist those leaving jails, amongst others, to have a successful housing experience and establish services after release. Our Jail Based Service Coordinators are a critical component of assisting people with these transitions.

Training is available in the region for Adult, Child, and Public Safety Mental Health First Aid through Region trainers. Crisis Intervention Training (CIT) for law enforcement is also available on a quarterly basis in Omaha, NE.

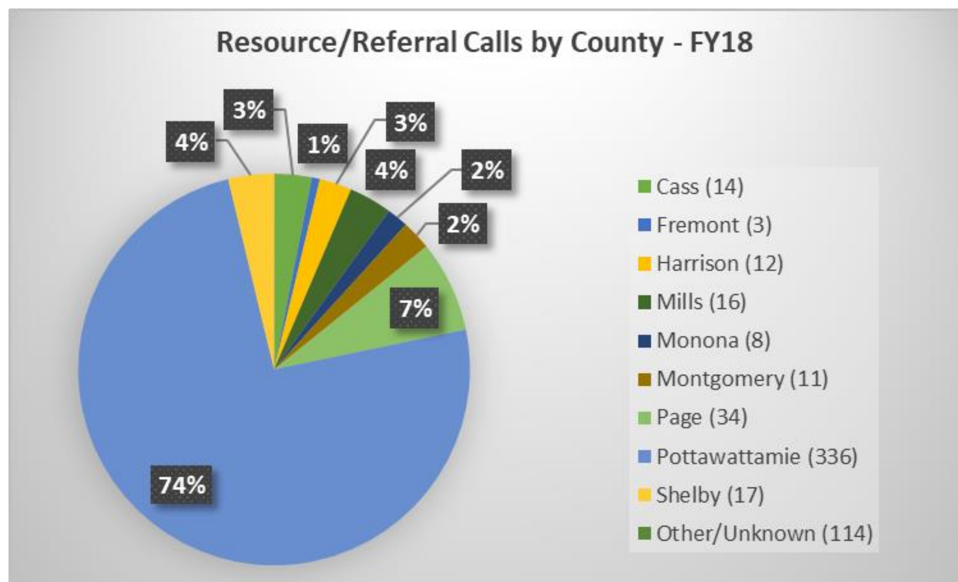
Region Program Outcomes

Intake and Referral

In FY18, the region received a total of 945 documented resource/referral and service coordination initial contacts through the Central Intake office. This was 221 more calls, an overall call volume increase of 31%, than received during FY17. Of those, 380 required assignment to region service coordination. Referrals were received from all nine region counties as well as other surrounding counties and states. Referrals came from a variety of sources, including but not limited to: advocate, case worker, crisis response, HOPE4IOWA, corrections, DHS, group care, family, hospitals, Integrated Health Home, mental health center, medical provider, school, Mental Health Court, in home provider, SOAR wait list, and clients themselves.

The remaining 565 contacts, a 19% increase from FY17, were for resource and referral and did not require assignment to service coordination. Referrals came from within all 9 region counties as well as surrounding counties and states. Calls averaged 47 per month with a range from 23 to 63. Calls were initiated by a variety of sources, some of which include the client’s advocate, corrections, crisis

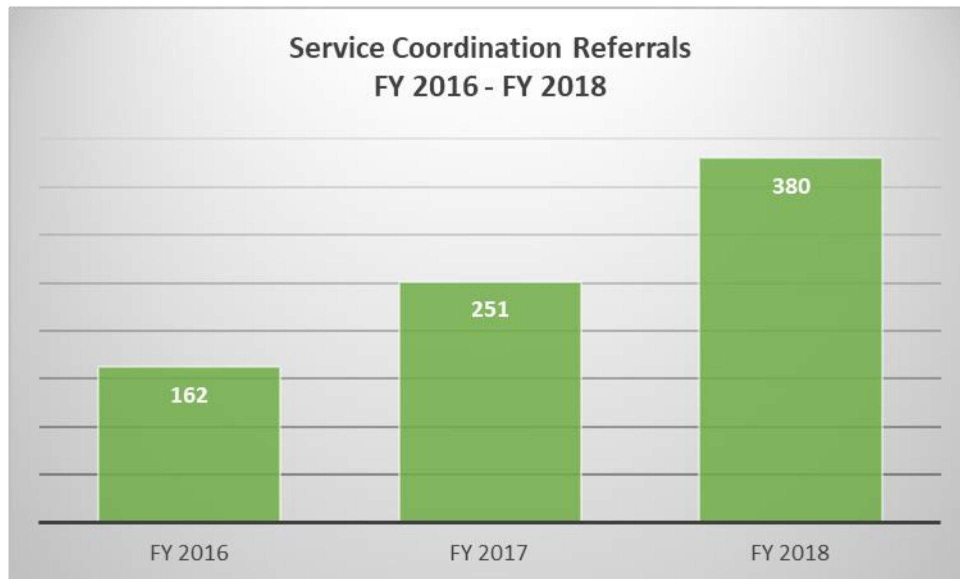
response, DHS, family, friend, group care, HOPE4IOWA, hospitals, IHH, legal counsel, MCO, medical provider, mental health provider, school, case worker, and clients themselves. Callers also expressed a variety of needs, including but not limited to: advocacy, benefits/Medicaid/SSA, case management/service coordination questions, community resource questions, financial issues, food, funding issues, guardianship services, housing, in-home supports, IHH questions, legal issues, MCO questions, outpatient mental health, rent subsidy, placement, waiver questions, transition services, SOAR wait list, and vocational services. The top 5 resource/referral calls came from case workers, families, Crisis Response, HOPE4IOWA and individual callers with questions re: their own needs. The top five reasons for calls were to discuss benefits, community resources, mental health/substance use treatment, support services and housing.

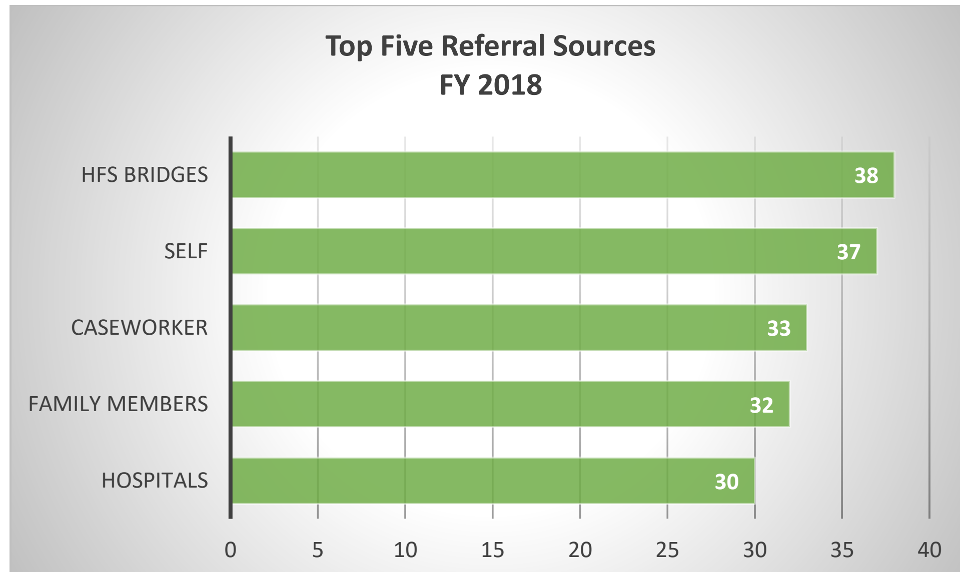


Service Coordination

SWIA MHDS had five Service Coordinators (4 FTE) that served the 9 county region in FY18. Referrals for service coordination come directly from the region's intake/referral coordinator. Once the Initial Contact Report is provided to the Region's Service Coordinator Supervisor, the supervisor assigns the new referrals to the appropriate service coordinator based on location and caseload. The service coordinator contacts the new referral within 24 hours to set up an initial meeting.

The Region received 380 referrals for service coordination, a 51% increase from FY17. This was an average of 32 referrals each month.



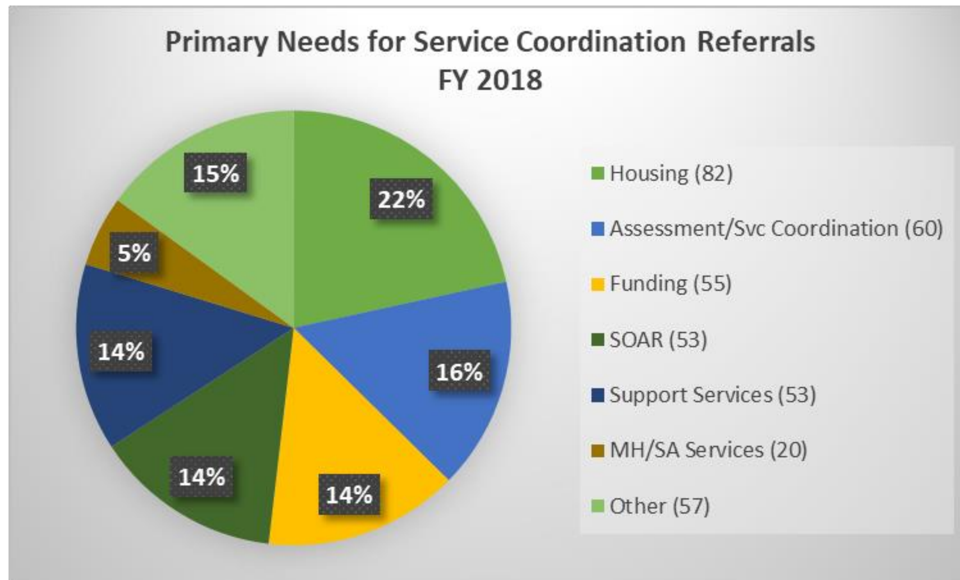


The top five referral sources shown above came from HFS Bridges program (38), Self (37), Case Worker (33), Family (32) and Hospitals (30).

Of the 380 clients referred, the top five primary needs for service coordination were Housing (82), Assessment/Service Coordination (60), Funding (55), SOAR (53) and Support Services (53).

The region Service Coordinators continue to work closely with Integrated Health Homes (IHH) and MCOs for clients with Medicaid. The region supports the IHH and MCO case managers with regular communications and reminders about things such as funding requests and reauthorizations. The region's intake/referral coordinator directed people who were eligible for these two services to the appropriate agencies as needed.

The region also worked with the Connections Area Agency on Aging and local school systems on mutual clients when it was appropriate.



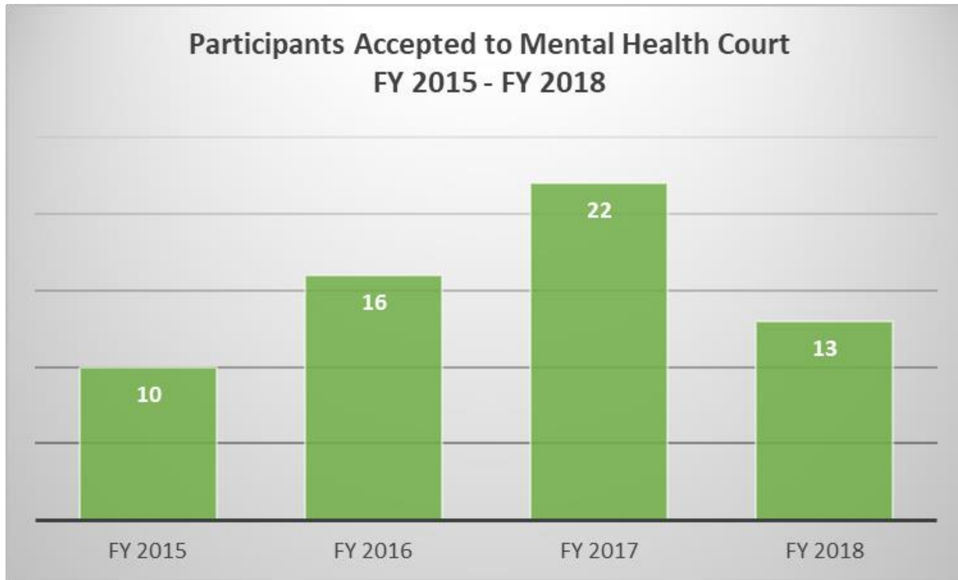
Mental Health Court

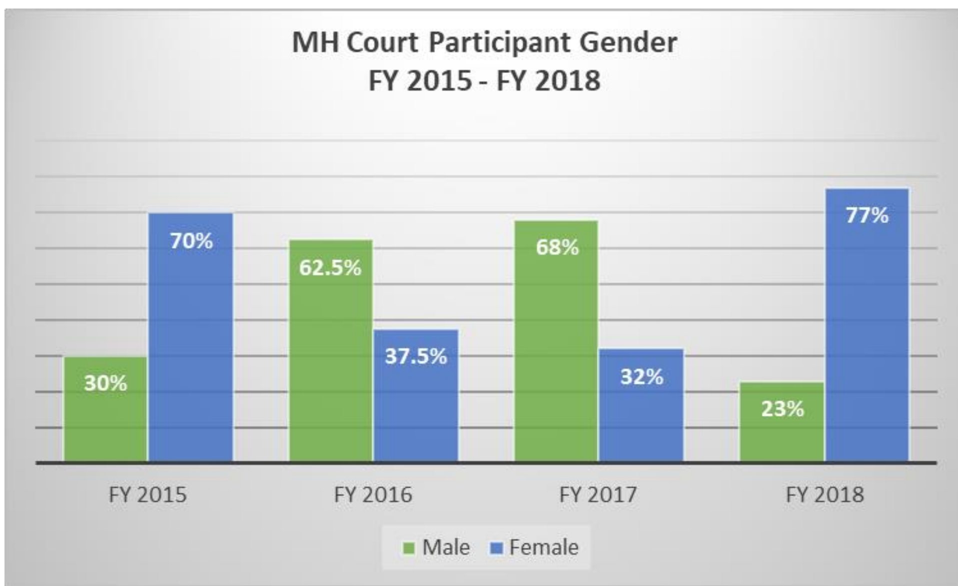
The Southwest Iowa Mental Health Court provides an alternative to jail for persons with chronic mental health needs who commit crimes meeting the criteria set by the mental health court policies and procedures. Mental Health Court, through intensive individualized services, help these offenders with chronic mental health needs treat their illness, take their medication as prescribed, meet their basic food and shelter needs, and avoid expensive incarceration or hospitalization. The goal of Mental Health Court is to impose a sentence that provides maximum opportunity for the rehabilitation of the defendant, the protection of the community from further offenses by the defendant and consideration of the victim's rights and safety.

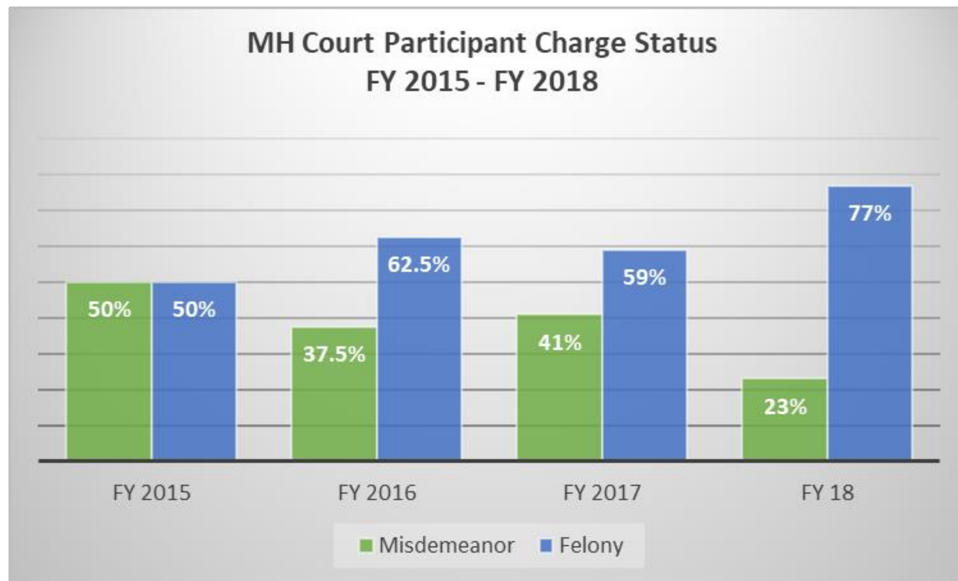
In FY16, Southwest Iowa MHDS Region assumed the cost of the MH Court case manager, mental health service contract, and management of the program. Since January 2015, the Mental Health Court team has accepted 61 participants into the program. This is a 12 to 24 month program for most participants. The program has successfully graduated 5 participants in FY18 for a total of 15 since the program started in January of 2015. In FY18, Mental Health Court had 40 participants (including both active and discharged cases).

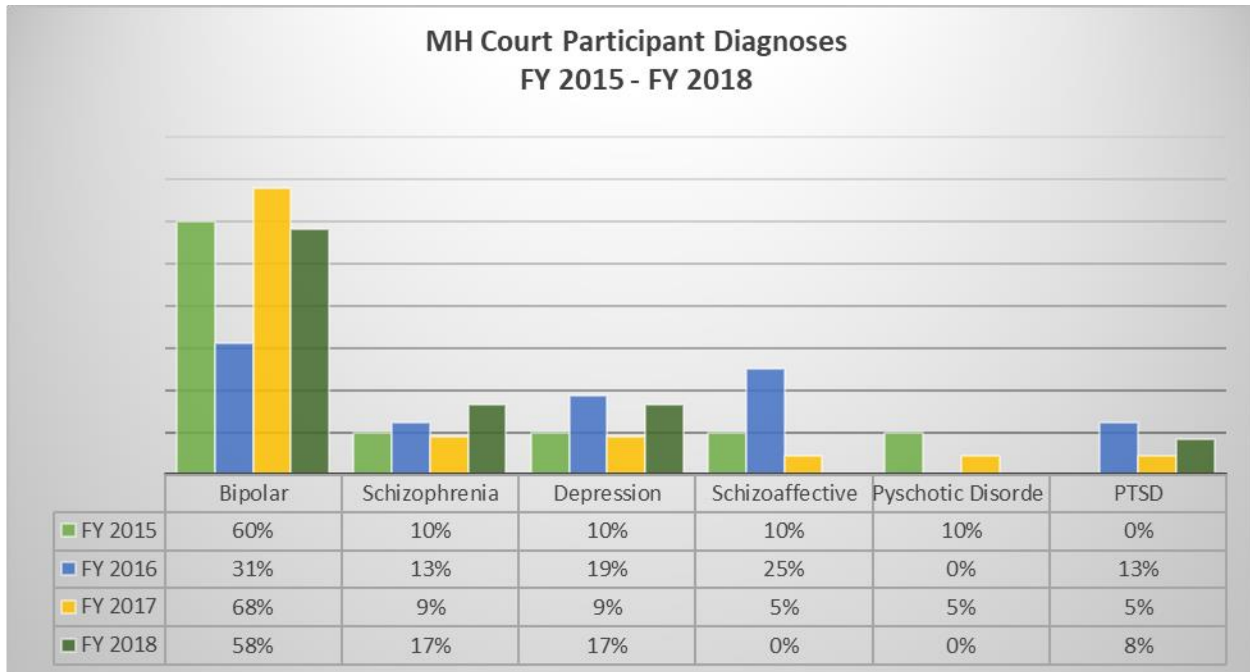
The Mental Health Court program is fortunate to have high-level involvement from multiple community stakeholders. The Mental Health Court team is comprised of a 4th District Judge, Assistant County Attorney, Defense Attorney, Mental Health/Substance Abuse Therapists, Mental Health Court Case Manager, Integrated Health Home worker, local jail personnel, local police officer and probation officer. A Peer Support Specialist joined the team in FY18. The Mental Health Court team meets once a week in

staffing to discuss potential new referrals as well as progress of current mental health court participants. Mental Health Court typically holds court twice a month at the Pottawattamie County Courthouse.









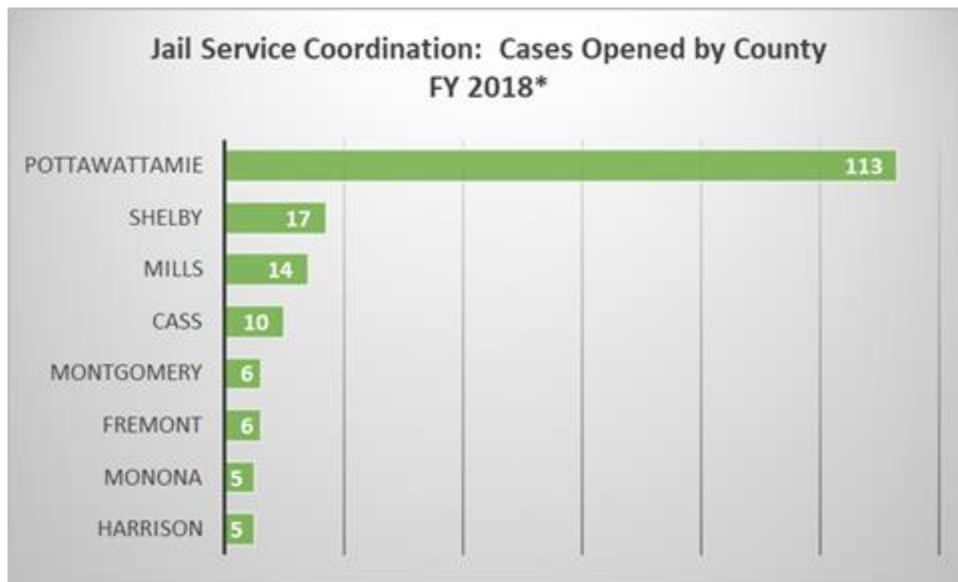
	Bipolar	Schizophrenia	Depression	Schizoaffective	Pyschotic Disorde	PTSD
FY 2015	60%	10%	10%	10%	10%	0%
FY 2016	31%	13%	19%	25%	0%	13%
FY 2017	68%	9%	9%	5%	5%	5%
FY 2018	58%	17%	17%	0%	0%	8%

Jail Based Service Coordination

The Region continued its Jail Based Coordination program in FY18. The program, which began in July 2016, assists in reducing recidivism in our nine county jails. The region employs two full-time service coordinators who office at the Pottawattamie County Jail, the largest jail facility in the region. While housed in Pottawattamie county, staff travel throughout the region to all jails as needed. The program assists individuals with mental health or co-occurring conditions to connect with needed services and supports prior to release from incarceration. The region believes assisting individuals in getting the help they require increases their ability to meet personal needs and be successful once back in the

community.

The Jail Based Service Coordination program received 446 inquiries for service coordination over the course of its second year. Of those, 176 clients were accepted and opened for service coordination. The graph below shows a breakdown of referrals per jail.



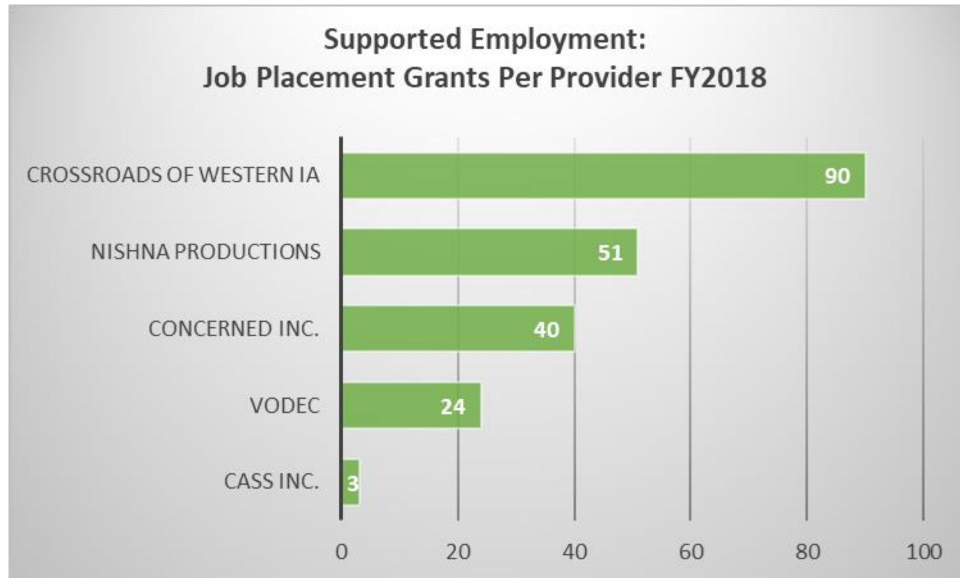
*No cases were opened in Page County in FY 2018.

Of those whose files were not opened, some were discharged before seen by staff, some did not meet criteria, and others needed basic needs information only that could be given out to them rather than opening a case file. In addition, in early 2018, revisions to program criteria at the region's largest jail was an effort targeted at serving those individuals with the most significant mental health needs. This resulted in a smaller number of opened cases in FY18 than FY17. Making referrals to numerous services and supports in the community for individuals served is fundamental. Key referral areas include: outpatient mental health services, inpatient and outpatient substance abuse treatment services, basic needs services (i.e. food stamps, Medicaid, housing, medications), Mental Health Court, Drug Court, residential supported community living programming, and Bridge Housing program services. Through their work in the jail, the service coordinators also continued to develop connections with entities that before had not been widely established, including relationships with jail staff, attorneys and probation officers throughout the region as well as service providers.

Supported Employment Development

Supported Employment development efforts for FY18 focused on continuance of Vocational Grants for providers. Incentives for vocational providers to secure employment for individuals included a $1,000 reimbursement, as long as the client remained employed for at least 2 weeks. After 3 months of employment, the provider received $1,500. The final incentive, $2,000, was available upon 6 months of employment. The Job Placement Grant is a highly valued program by providers. The region awarded 208 individual grants totaling $302,500.

A variety of employment opportunities included sales associate, food service crewmember, housekeeping and janitorial assistants, grocery stockers, office assistants, packagers and assemblers. Hours worked per week ranged from 2 to 40 in numerous restaurants, banks, hotels, nursing homes, churches, veterinarian clinics, and manufacturing organizations. Since the beginning of the grant program in 2015, the average number of hours worked per week continues to be 15 hours.



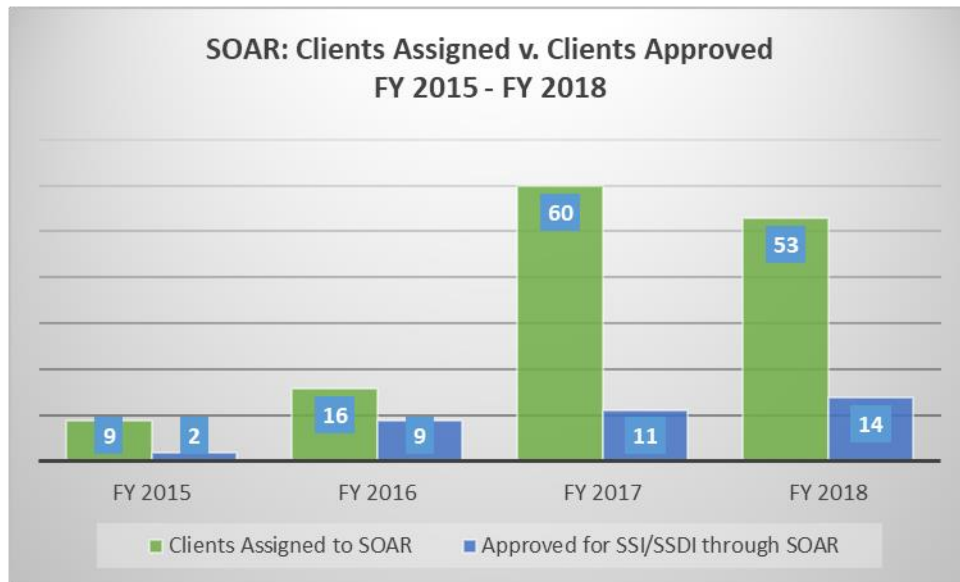
SOAR

The SOAR process assists a person with their Social Security disability determination process. The individual must be diagnosed with a mental illness and be homeless or at risk of being homeless. The SOAR Service Coordinator assists by providing guidance on accessing mental health or medical services, completing assessments, reminders for appointments and checking on the status of their case. By presenting the application information to the Social Security Administration in an organized and complete package, the decision process is much timelier.

SWIA MHDS has two Service Coordinators (1.5 FTE) that focus on SOAR referrals. One coordinator who attended the SOAR Leadership Academy also acts as the local lead for Southwest Iowa. She provides answers to questions from other SOAR trained staff, works toward strengthening the relationship with SSA/DDS (Social Security Administration/Disability Determination Services) as well as coordinates and facilitates the SOAR Community Initiative meetings in an effort toward increasing the number of agencies with SOAR trained staff.

Not all cases receive approval for SSA, however, the person still benefits from the additional support and work through participating in the SOAR process. SWIA MHDS served 53 new cases and had 19 Active/Open Cases pending decision in SOAR during FY18. Sixteen (16) cases were approved for SSI/SSDI FY18. The Region benefits from successful SOAR determinations as Medicaid covers services previously

paid by the region. In turn, the stability and security of having financial resources and insurance that comes with a disability determination is invaluable to the people assisted by the program.



Other Community Living Support Services

Block Grant Information

The region utilizes Block Grants where traditional fee for service type payment do not make fiscal sense or because it is a crisis service, where prior funding authorization is not feasible. The region has utilized block grants this fiscal year for the following services. Look for much of the data surrounding number of people served in these programs under Crisis Stabilization System later in this report.

- Operating costs that exceed the daily client rate at the transitional living program “Heartland Bridges”
- Operating costs that exceed the daily client rate paid by Medicaid and regions for the Crisis Stabilization Residential Service “Turning Pointe”
- Hope4Iowa Crisis Call Line
- Mental Health Crisis Response Team for mobile crisis and pre-screening
- 24 Hour Crisis Response through the community mental health centers
- Peer Self-Help drop in centers

Transitional Living Program

The Region opened Heartland Bridges, a housing initiative, in March 2017. The program developed due to a recognized need of housing for mentally ill clients leaving our region jails as well as lack of housing for participants in the region's Mental Health Court program. The Bridge program focuses on preventing crises due to housing needs. It is a short-term (up to three months) model to work on permanent housing solutions for people in a temporary housing crisis due to their mental health or complex needs. While housing is the focus, the setting is recovery oriented and MHDS services can be provided within the 15-bed setting by other community providers.

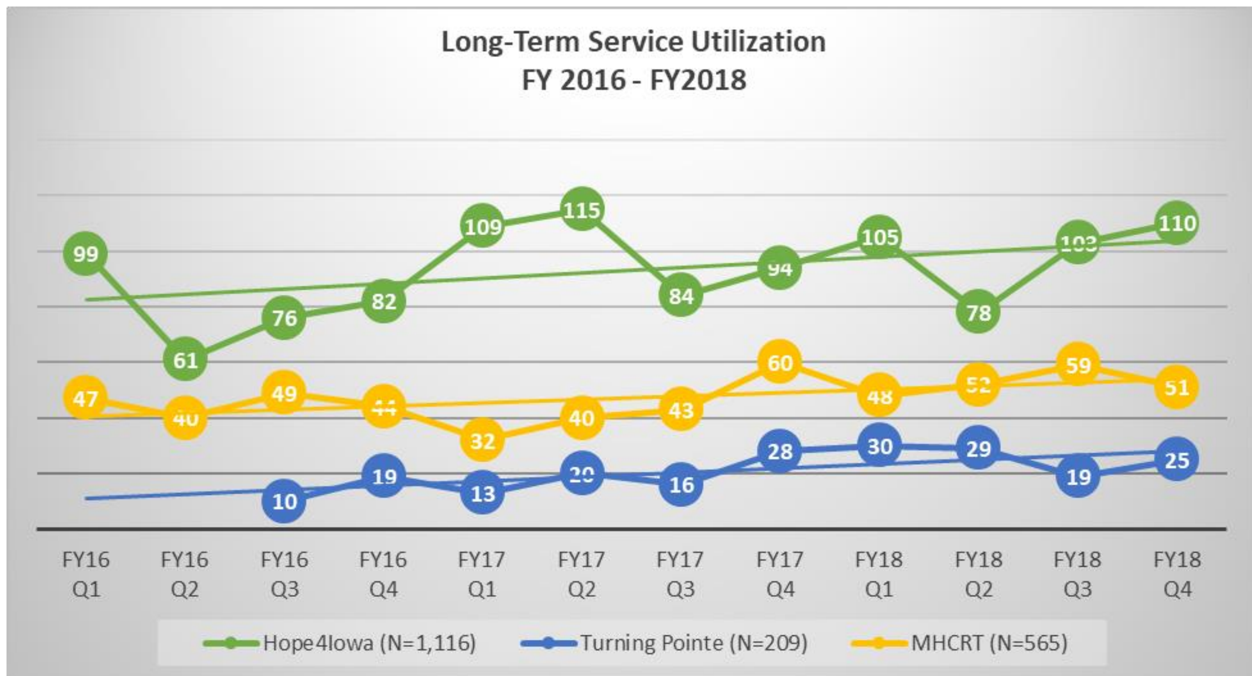
The program received 191 referrals in FY18. Of those referrals, 88 admitted into the program. Of those not admitted, 18 individuals were accepted but for various reasons chose not to participate, 42 referrals were denied, and 43 were never interviewed or withdrew their application (unable to establish intake appointment and other factors). The majority of program referrals (35 individuals) came from the region's Jail Based Service Coordination program. The second largest source with 33 referrals was the Caring for Our Communities Program through Jennie Edmundson Hospital. The rest of the top five sources included the region's Service Coordination program referring 23 individuals, self-referrals by 20 individuals and 12 referrals from the Mental Health Court.

The occupancy rate for the program was over 90% during all months of the fiscal year except February 2018 (82%), and March 2018 (79%) respectively. The program began the fiscal year with a 90% occupancy rate in July 2017 and ended the year in June 2018 with a 95% occupancy rate. Of those served throughout the year, 31 were successful. Successful discharges occurred when individuals secured housing and had needed services in place to support their success. There were 11 neutral discharges. The discharges that were neutral were due to clients making progress from where they started prior to program engagement but not fully establishing housing and/or services and supports upon discharge, for various reasons. Of the 41 unsuccessful discharges, reasons included clients not following program rules, leaving the program without returning, or refusing to engage in programming.

Crisis Stabilization System

Utilization Across Fiscal Years

Service utilization data are presented for FY16 through FY18. The inclusion of long-term data allows for the observation of trends in utilization over time. The services examined include the Hope4Iowa Crisis Call Line, the Turning Pointe CSRS facility, and the Mental Health Crisis Response Team (MHCRT).

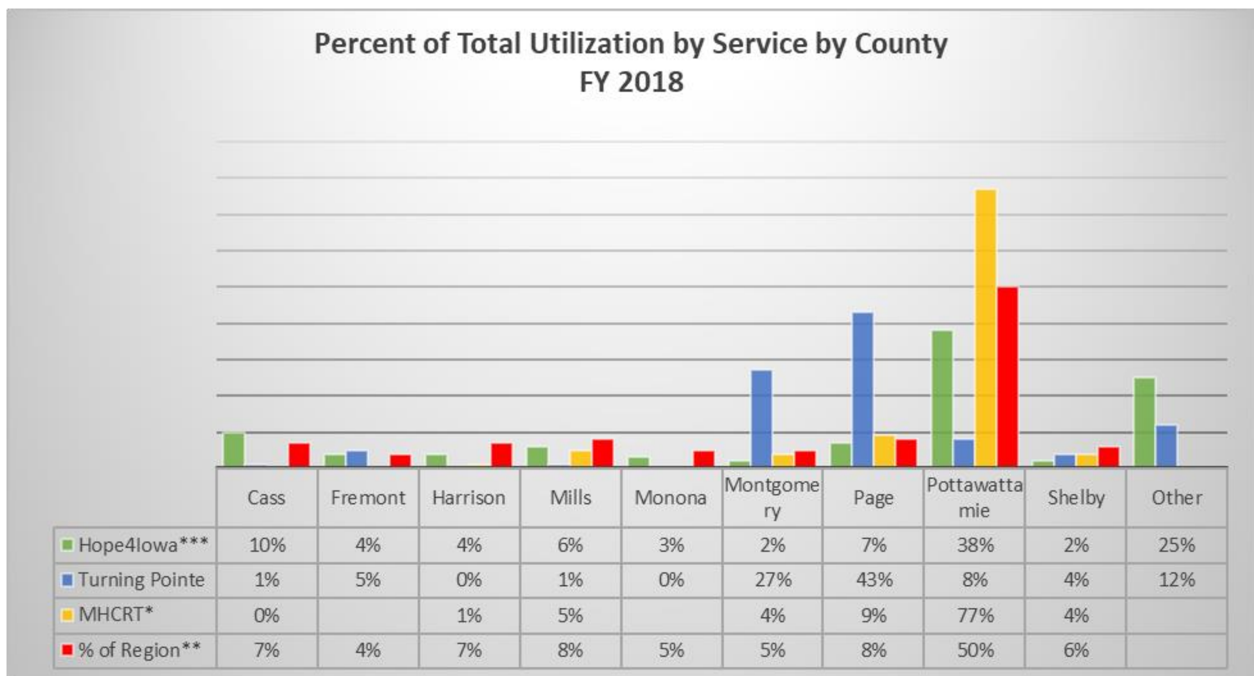


Each data point includes the total utilization of a specific service for the three months that make up the quarter.

- Hope4Iowa Crisis Call Line data represent the total number of documented calls that occurred during the first three fiscal years of operation. As the graph above indicates, Hope4Iowa Crisis Call Line provided services to 1,116 callers during the first three fiscal years of operation.
- Turning Pointe data include the total number of persons admitted from time the facility opened in January 2016 through the fourth quarter of FY18. Turning Pointe admitted 209 individuals to the Crisis Stabilization Residential Services (CSRS) house.
- Mental Health Crisis Response Team (MHCRT) data represent the total number of assessments completed by the Mental Health Crisis Response Team. From FY16 through FY18 the MHCRT completed 565 assessments. At the end of FY18, the MHCRT responded to requests for assessments from five sources.
  - Mobile Crisis Response assessments result from requests made by law enforcement officers. The service began in Pottawattamie County in January 2011 and has been available to all law enforcement agencies in the Region since the second half of FY16. By the end of FY18, Mobile Crisis Response had been implemented in at least one law enforcement agency in seven counties, including Cass, Harrison, Mills, Montgomery, Page, Pottawattamie, and Shelby Counties. Between FY16 and FY18, the MHCRT completed 311 assessments initiated by law enforcement.
  - MHCRT assessments in jails began in Pottawattamie County in February 2011 and were made available to all jails in the region during the second half of FY16. By the end of FY18, crisis response in the jails had been implemented in Mills, Montgomery, Pottawattamie and Shelby Counties. Between FY16 and FY18, Mobile Crisis Response completed 99 assessments in county jails.

- Pre-committal assessments occur when citizens who are considering filing civil commitment paperwork contact the MHCRT to request an assessment to determine the appropriate level of care in an attempt to avoid unnecessary civil commitments. While available to all counties in the region, pre-committal assessments were implemented in Mills, Montgomery, Page and Pottawattamie Counties by the end of FY18. Between FY16 and FY18, MHCRT completed 72 pre-committal assessments.
- Court-ordered assessments occur when a judge is concerned that a civil commitment may not be the appropriate course of action in cases brought before them. While available to all counties in the Region, court-ordered assessments were implemented in Mills, Montgomery, Page and Pottawattamie Counties by the end of FY18. Between FY16 and FY18, MHCRT completed 82 court-ordered assessments.
- During the last quarter of FY18, the Region and MHCRT implemented a pilot project offering telehealth MHCRT assessments in the Clarinda Regional Health Center Emergency Department. During the first three months of operation, MHCRT completed one emergency department assessment. The Region will begin efforts to expand this service to all emergency departments in FY19.

Utilization in Fiscal Year 2018



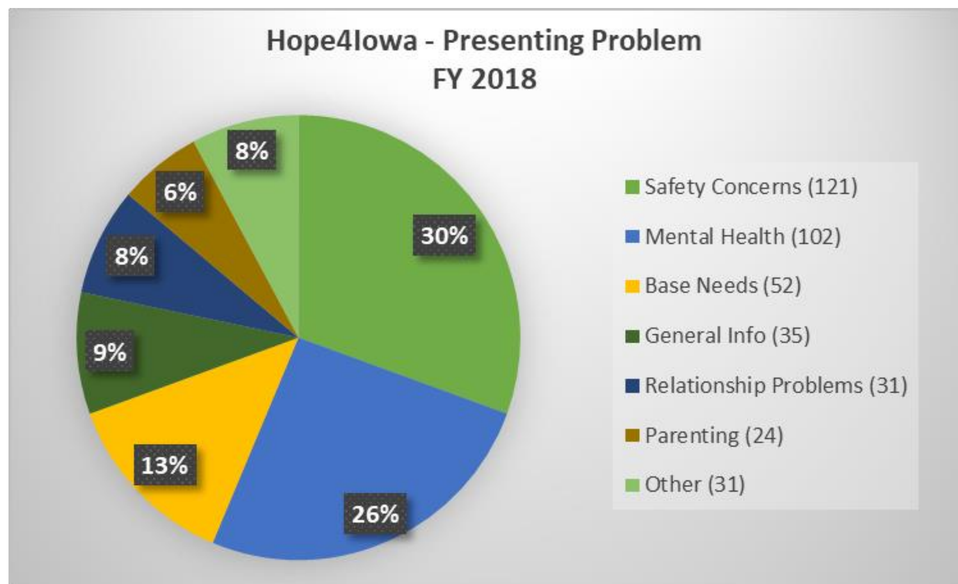
* For MHCRT blank cells indicate the service was made available by the Region but has not been implemented within the county; 0% indicates the service has been implemented but was either not utilized or utilization represented less than .05%.
**U.S. Census Bureau population estimates July 1, 2017. Rounded to the nearest percent.
***Percentages across rows in the data table may not add to 100 percent due to rounding.

During FY18, the geographic distribution of service utilization throughout the region varied by service type.

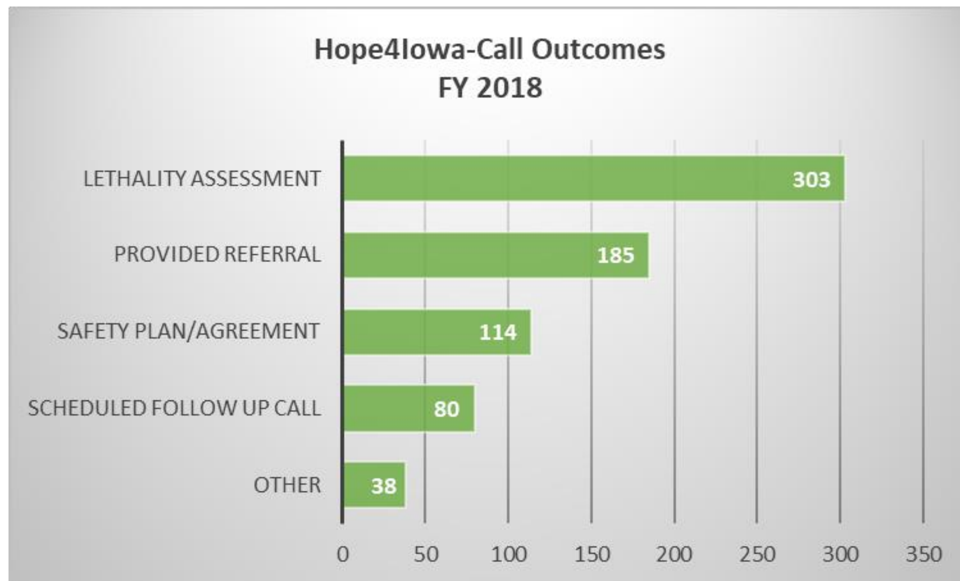
- Residents from each of the nine counties utilized the Hope4Iowa Crisis Call Line. As indicated in the graph above, the greatest percentage of documented calls, thirty-eight percent, originated in Pottawattamie County. Of the three services, the distribution of calls to Hope4Iowa most closely reflects the distribution of the population throughout the region.
- Individuals admitted to Turning Pointe CSRS resided in seven counties within the region. This represents an expansion in geographic reach over FY17. Moreover, all three areas of the region, north, central and south, utilized the CSRS in FY18. The majority of persons admitted, seventy percent, reside in Montgomery and Page Counties.
- By the end of FY18, some or all of the MHCRT assessment services had been implemented in seven counties: Cass, Harrison, Mills, Montgomery, Page, Pottawattamie and Shelby Counties. The counties represent the northern, central and southern portions of the region. During fiscal year 2018, the majority of assessments, seventy-seven percent, occurred in Pottawattamie County. Assessments completed in Pottawattamie County decreased from 87 percent of total assessments in FY17 to 77 percent in FY18.

Hope4Iowa Crisis Call Line

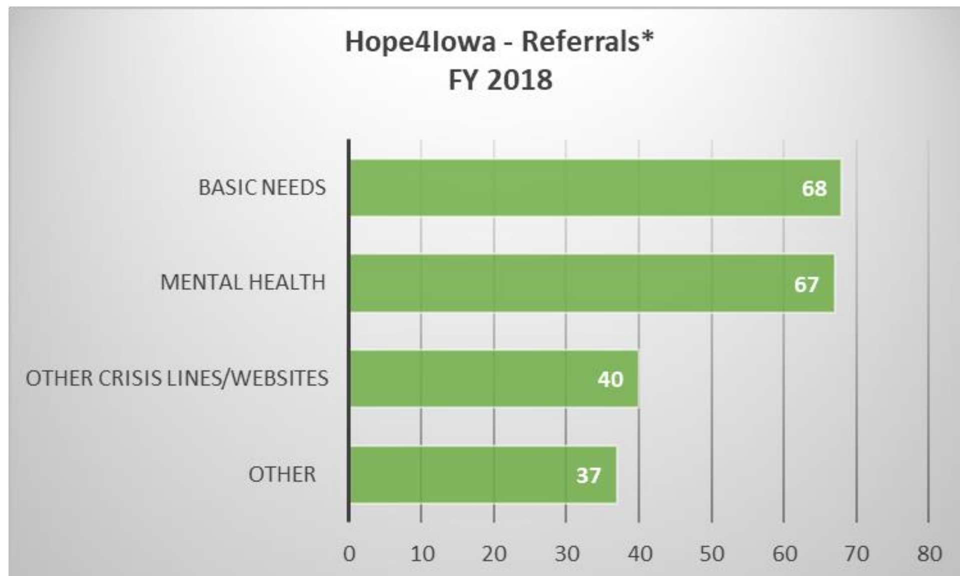
During FY18, Hope4Iowa Crisis Call Line received 396 documented calls compared with 402 in FY17. This represents a 1.5 percent decrease in call volume. The Hope4Iowa website experienced an increase in page views from 16,290 in FY17 to 23,437 in FY18, a 44 percent increase.



- With regard to presenting problem, the category most frequently identified by the caller, making up 30 percent of calls, involved safety concerns. Calls pertaining to mental health, base needs and requests for general information combined to make up 48 percent of all calls.



- The most frequent call outcome involved the completion of a lethality assessment. In FY18, Hope4Iowa staff conducted 303 lethality assessments, one less than FY17. Completion of a lethality assessment was followed by providing referrals, completion of a safety plan and scheduling a follow up call in terms of frequency.

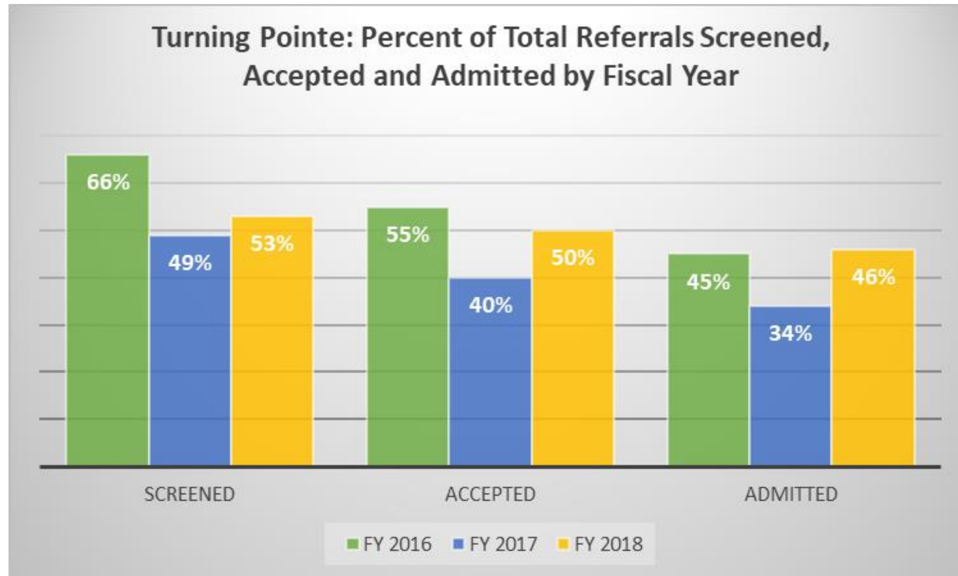


*The difference between total number of referrals (n=212) in the table above and the number of individuals to whom referrals were provided (n=185) in the Outcomes table is due to the fact that an individual caller may receive multiple referrals.

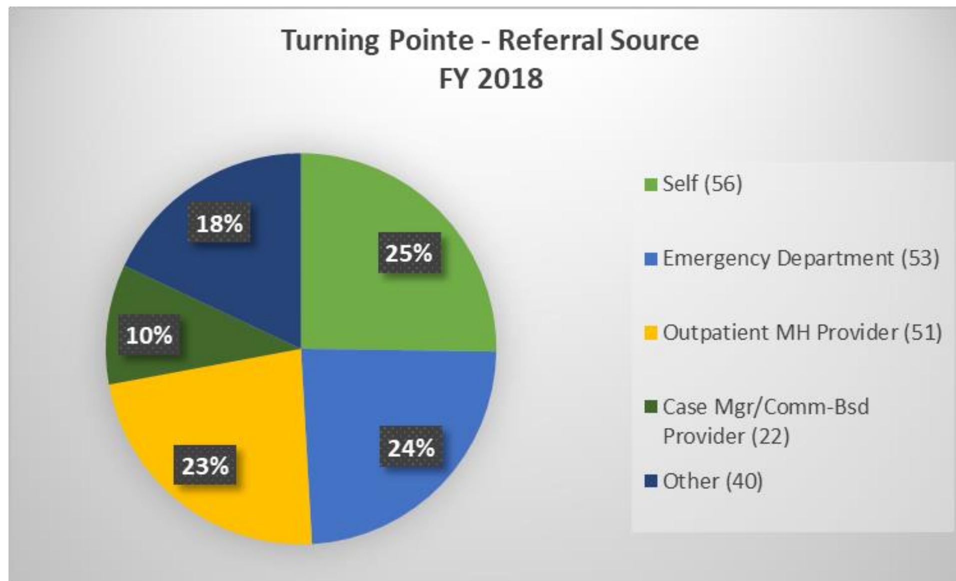
- In FY18, Hope4Iowa staff made 212 referrals. The majority (64 percent) of referrals involved base needs and mental health.
- The total number of outbound calls increased by 52.6 percent from 38 in FY17 to 58 in FY18. The percent of outbound calls resulting in a referral to the SWIA MHDS Region remained consistent at 72 percent.

Turning Pointe Crisis Stabilization Residential Services

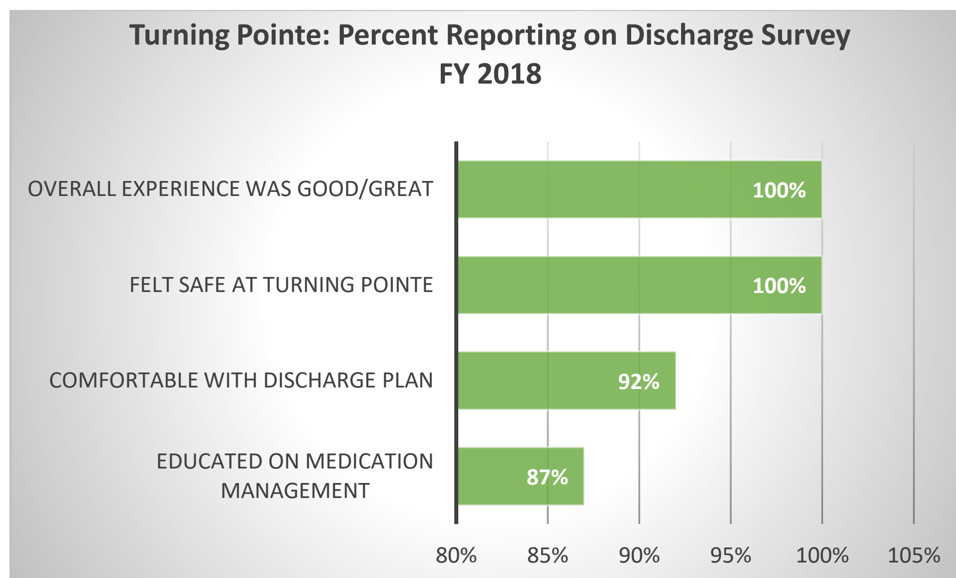
Turning Pointe opened its doors on January 18, 2016 during the third quarter of FY16. In comparing data from fiscal years 2016, 2017 and 2018 it is important to keep in mind FY16 data only represent the third and fourth quarters of the fiscal year.



- During FY18, Turning Pointe received 222 referrals, a 3.5 percent decrease from the previous year. A referral consists of any request to have a person admitted regardless of whether the individual meets the eligibility criteria for the program.
- The rate of face-to-face screenings of referrals increased from FY17 to FY18. Of the 222 referrals received during FY18, 53 percent resulted in face-to-face screenings in which a recommended level of care was identified. In the previous year, 49 percent of all referrals resulted in a face-to-face screening.
- Of the 118 face-to-face screenings completed in FY18, 94 percent were identified as appropriate for the CSRS level of care. This group represents the total number of persons accepted for admission to the Turning Pointe house. During FY17, 83 percent of those screened were accepted for admission.
- During FY18, 103 individuals were admitted to the Turning Pointe house. The 103 individuals admitted to the facility represent 46 percent of all referrals, 87 percent of those screened, and 93 percent of those accepted. In FY17, 77 individuals were admitted representing 34 percent of all referrals, 69 percent of those screened, and 83 percent of those accepted for admission.



- Self-referrals, emergency departments and outpatient mental health providers accounted for nearly three quarters of all referrals to Turning Pointe during FY18. This is consistent with the previous year. However, self-referrals replaced outpatient mental health providers as the top referral source in FY18.
- Among those admitted during the fiscal year, 69 percent were female, 98 percent were white, and 76 percent were between 18 and 49 years of age.
- Ninety-seven percent of individuals admitted in FY18 reported having received mental health treatment in the past.
- Thirty-nine percent indicated they had previous mental health committals.
- Approximately 37 percent of those admitted in FY18 had been admitted to the Turning Pointe house in the past. Only 19 percent reported previous admissions in FY17.



- Upon discharge from Turning Pointe, 100 percent indicated their overall experience was great/good, 100 percent reported feeling safe during their stay, 92 percent were comfortable with their discharge plan and 87 percent were educated on medication management.

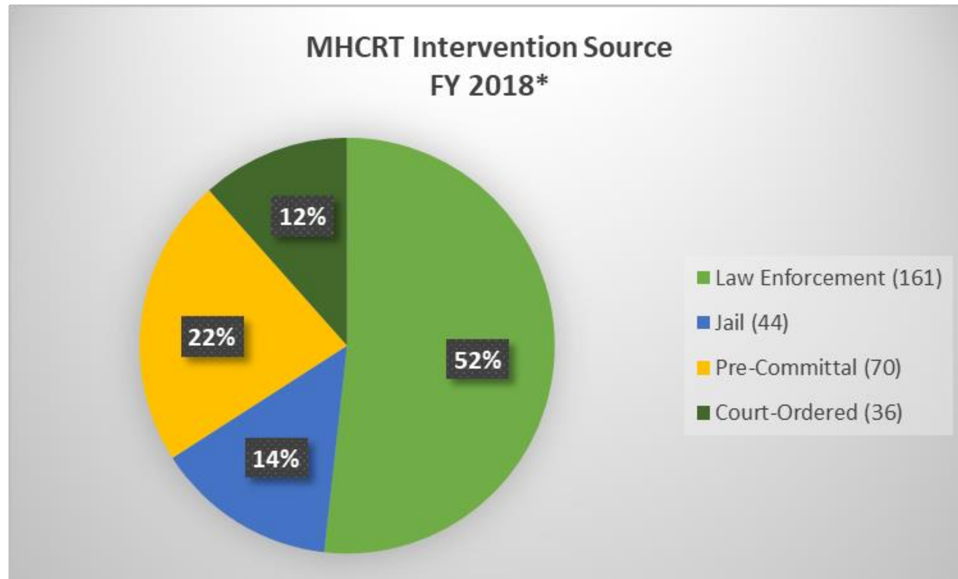
Mental Health Crisis Response Team

By the end of FY18, at least one type of MHCRT assessment was implemented in seven out of nine counties in the Region. The table below lists the availability of services by county at the end of the FY.

MENTAL HEALTH CRISIS RESPONSE TEAM EXPANSION STATUS*				
	LAW ENFORCEMENT	JAIL	PRE-COMMITTAL	COURT-ORDER
POTTAWATTAMIE	1/11	2/11	11/12	8/15
PAGE	1/17	Not Utilizing	12/16	1/17
MILLS	12/16	5/17	1/17	2/17
MONTGOMERY	3/17	3/17	12/16	5/17
SHELBY	9/16	3/17	Not Utilizing	Not Utilizing
HARRISON	5/17	Not Utilizing	Not Utilizing	Not Utilizing
CASS	1/18	Not Utilizing	Not Utilizing	Not Utilizing
FREMONT	Not Utilizing	Not Utilizing	Not Utilizing	Not Utilizing
MONONA	Not Utilizing	Not Utilizing	Not Utilizing	Not Utilizing

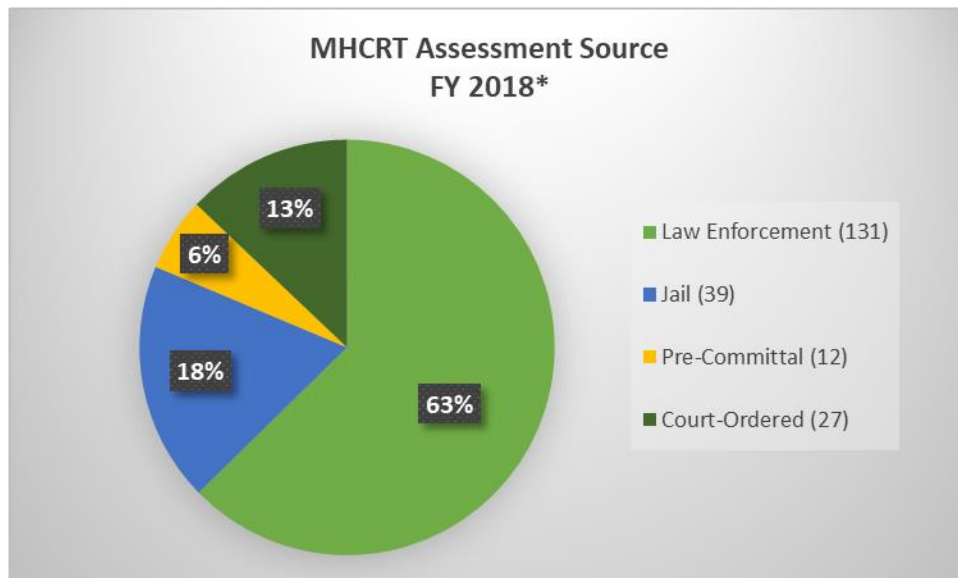
*In April 2018, the Region and MHCRT initiated a pilot project offering telehealth assessments in the Clarinda Regional Health Center Emergency Department. One assessment was completed by the end of the FY. The Region plans to initiate expansion of the service in FY 2019.

- By the end of FY18, law enforcement-initiated assessments, also known as Mobile Crisis Response, were utilized by the following Sherriff's Offices (SO) and Police Departments (PD): Pottawattamie County SO, Shelby County SO, Mills County SO, Montgomery County SO, Cass County SO, Council Bluffs PD, Carter Lake PD, Avoca PD, Harlan PD, Glenwood PD, Shenandoah PD, Clarinda PD, Red Oak PD, Woodbine PD, and Dunlap PD.
- Jail-based assessments were utilized in the following locations: Pottawattamie County Jail, Residential Correctional Facility in Council Bluffs, Juvenile Detention Center in Council Bluffs, Shelby County Jail, Montgomery County Jail, and Mills County Jail.
- Pre-Committal and Court-Ordered assessments were utilized in Mills, Montgomery, Page and Pottawattamie Counties during the fiscal year.
- In April 2018, the MHCRT launched a pilot project offering telehealth assessments in the Emergency Department of Clarinda Regional Health Center.



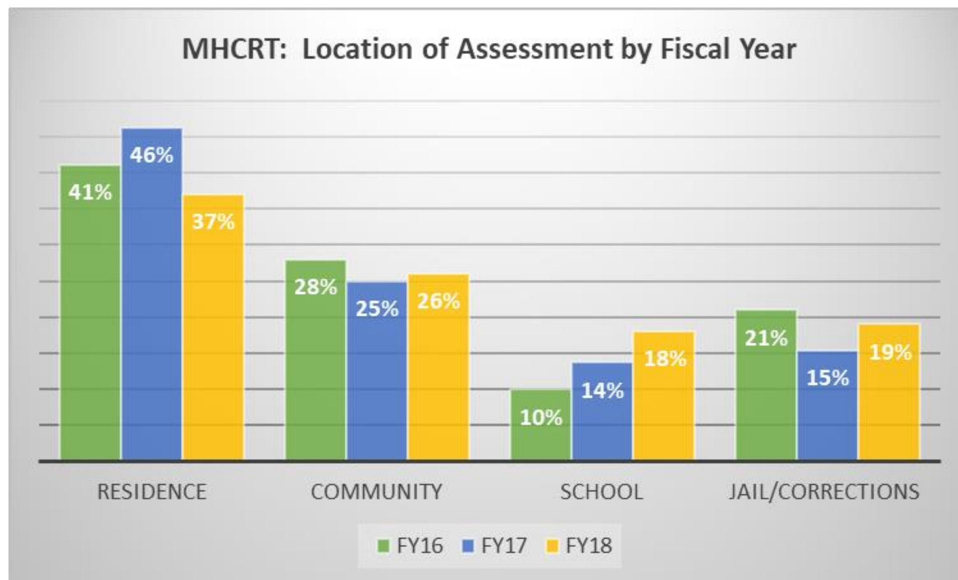
*During the last quarter of FY 2018, MHCRT telehealth assessments were implemented in the Clarinda Regional Health Center Emergency Department. One intervention occurred in April resulting in a telehealth assessment.

- There were 312 interventions in FY18 compared with 285 interventions in the previous year, which represents a 9.5 percent increase. Approximately half (52 percent) of all interventions were law enforcement-initiated.
- Interventions outcomes include face-to-face or telehealth assessments (n=210), telephone consultations (n=54), cancelled calls (n=10), refusal to participate (n=3), unable to reach (n=5), unique inquiries not assessed (n=29), and court order withdrawn (n=1).



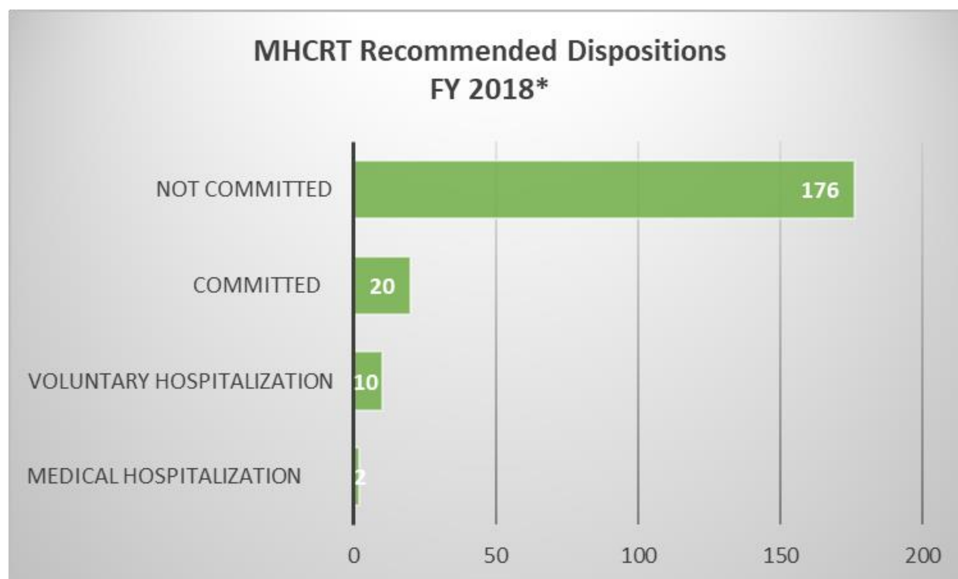
*During the last quarter of FY 2018, MHCRT telehealth assessments were implemented in the Clarinda Regional Health Center Emergency Department. One assessment was completed in April.

- Of the 312 total interventions in FY18, approximately 67 percent (n=210) resulted in the completion of an assessment. In FY17, 61 percent of the 285 total interventions resulted in completed assessments (n=175).
- Nearly two-thirds of all assessments (63 percent) were law enforcement-initiated.
- Jail-initiated assessments accounted for 18 percent of the total.
- Pre-committal and court ordered requests combined accounted for 19 percent of all assessments completed by the MHCRT.



*One assessment was completed in a hospital and does not appear in the graph.

- Of the 210 assessments completed during the fiscal year, 63 percent were conducted in a residence or in the community.
- Assessments completed in schools have increased steadily over the past three fiscal years.



- Of the 210 assessments completed by the MHCRT during FY 2018, the recommended disposition in 84 percent of cases involved no committal. Ten percent of assessments resulted in a recommendation of civil commitment.
- Six percent of assessments resulted in either voluntary or medical hospitalizations.

Statewide Outcomes (Quality Service Development & Assessment) QSDA

The SWIA MHDS region continues to work toward making sure providers are multi-occurring and culturally capable, utilizing evidence based practices and focusing on trauma informed care in their organizations. The region recognizes that it has providers in all stages of development, implementation and full integration of best practice delivery models. Over the next several years, SWIA MHDS will work closely with providers in continuing to assess their needs, provide training where applicable, encourage and implement new models of care, and provide support and financial incentives where necessary to encourage enhancement of care. All new services developed within the region have an expectation to be implemented utilizing the most up-to-date, recommended and proven models of care and practices.

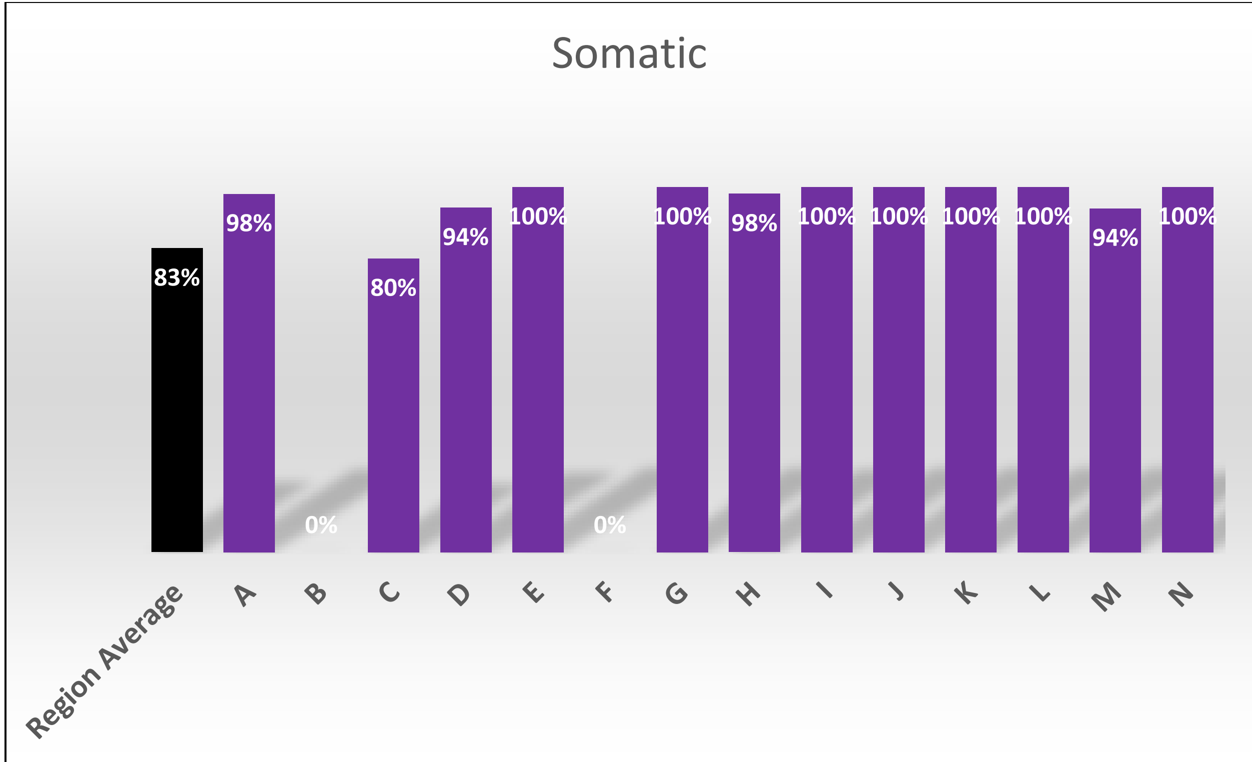
The region intends to phase out any practices not meeting its expectations and models of care through the annual contracting process. Providers receive an opportunity for education and support in recognition that these transitions to new models of care do not happen overnight. The region may eventually move to a pay for performance method within SWIA MHDS, however, the current focus will remain on the education and support component in order to lay a proper foundation for future funding which is more highly dependent on outcomes. In order to facilitate greater understanding of a value based payment process and outcomes based system, the region sent a leadership staff to the 2018 Open Minds Performance Management Institute in February 2018.

In addition, to ensure our region is as up to date as possible on outcome efforts and is fully able to support our providers as they move into a value-based system with multiple insurance systems and payers, SWIA MHDS continued to be a member of the QSDA Committee for FY18. Statewide efforts included the following:

- Maintained member participation.
  - QSDA has membership participation from the Regions, Providers, MCOs and DHS.
  - Expanded membership for the Service Assessment/Outcomes work group to include those Regional individuals that are doing reviews and those Providers who have participated in a review.
- Increased participation in the Outcomes Project
  - Currently outcomes are being entered by 80 Providers.
  - Completed 15 Agency reviews.
  - Began working on a draft of Phase III, Goals, Targets and Supports**.**
  - Provided training on the Outcomes Project
  - The CROSS region working with the Polk County Region, added 5 additional measures, and moved into Phase III. Additionally they created an incentive fund and contracted with the Univ. of Ia. to develop an independent evaluation which provided the foundation for incentive distribution.
- Maintained and enhanced the CSN Provider Portal.

    - CSN created a Provider Committee. This Committee scoped the CSN Provider/Outcome enhancements. CSN staff finished coding, testing and implemented by July 1, 2018.
- Training Process – Worked with the Iowa Community Services Affiliate, Regions and the Iowa Association of Community Providers to coordinate and fund training within the QSDA scope.
- Continued working with a multi-regional consortium looking at EBPs for supported housing and employment.
- Training
    - Trainings were conducted on Evidence Based Practices, 5 star quality, value based contracting and Trauma Informed Care.
- Met regularly with Regional CEOs providing updates and recommendations.
- Worked with Regional CEOs, Providers and MCO representatives in the formation of an Outcomes and Training Committee. This Committee is responsible for coordinating outcome creation, outcome data collection, identifying training needs and facilitating training opportunities.
- The Service Development & Delivery workgroups, worked with the following Regions: Polk, CICS, NW Iowa Care Connection, CROSS, South East Iowa Link, South Central Behavioral Health and Southwest Iowa MHDS to establish a C3, (Calm-Circuit-Connection) De-escalation pilot project.
- Worked with IACP, MCOs and IME to establish a standardized Employment outcome reporting period.
- A Consultant, hired by the CICS and South Central Behavioral Health regions, has looked at national research and presented an overview of value based purchasing.
- Five QSDA Executive Committee members attended the Open Minds Conference on Value Based Service Delivery.
- Have been working with CSN staff to begin identifying ways to share information, collect and manage data.
- QSDA facilitated a meeting with Simply Connect, a company that offers a way to access and manage health information. One of their projects is in Minnesota, where all 87 counties/Providers are connected so that Care Teams can share information and generate alerts.
- Reprogrammed the QSDA website so that it can now be populated with project and program information.

SWIA MHDS attended all QSDA committee meetings and worked with providers in the region on obtaining baseline outcome data through the CSN portal. The region had good participation from the majority of its providers. The graphs below indicate outcomes met in the four identified areas of Somatic, Housing, Employment, and Community Integration. Providers are de-identified.


Somatic
83%
98%
0%
80%
94%
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100%
98%
100%
100%
100%
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100%
Region Average
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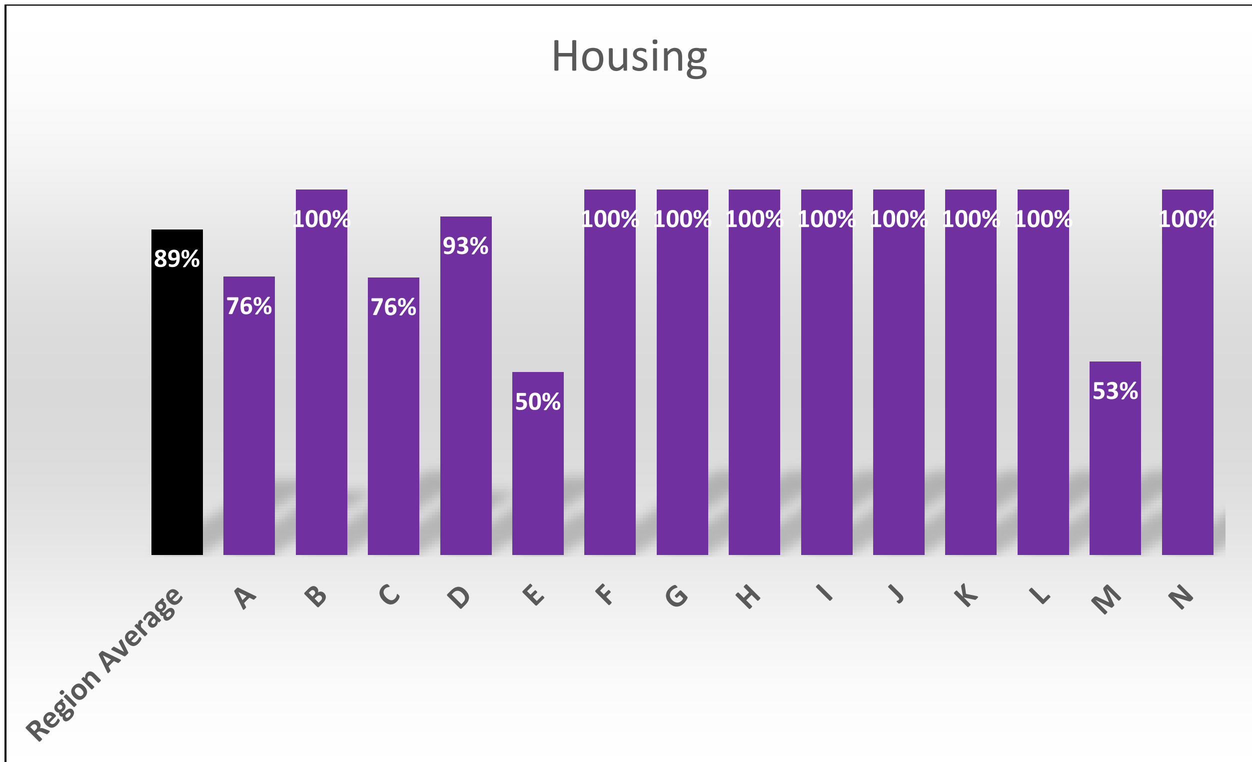
Housing
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76%
93%
50%
100%
100%
100%
100%
100%
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Region Average
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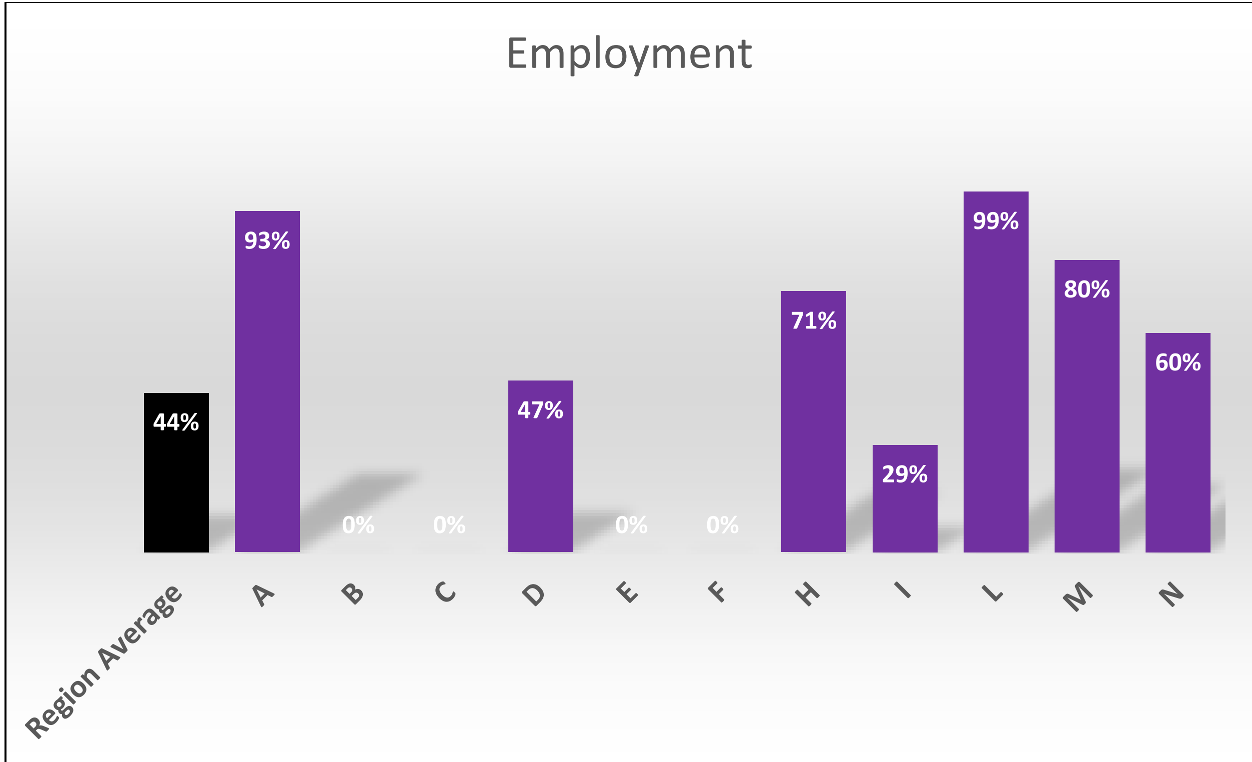
Employment
44%
93%
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0%
47%
0%
0%
71%
29%
99%
80%
60%
Region Average
A
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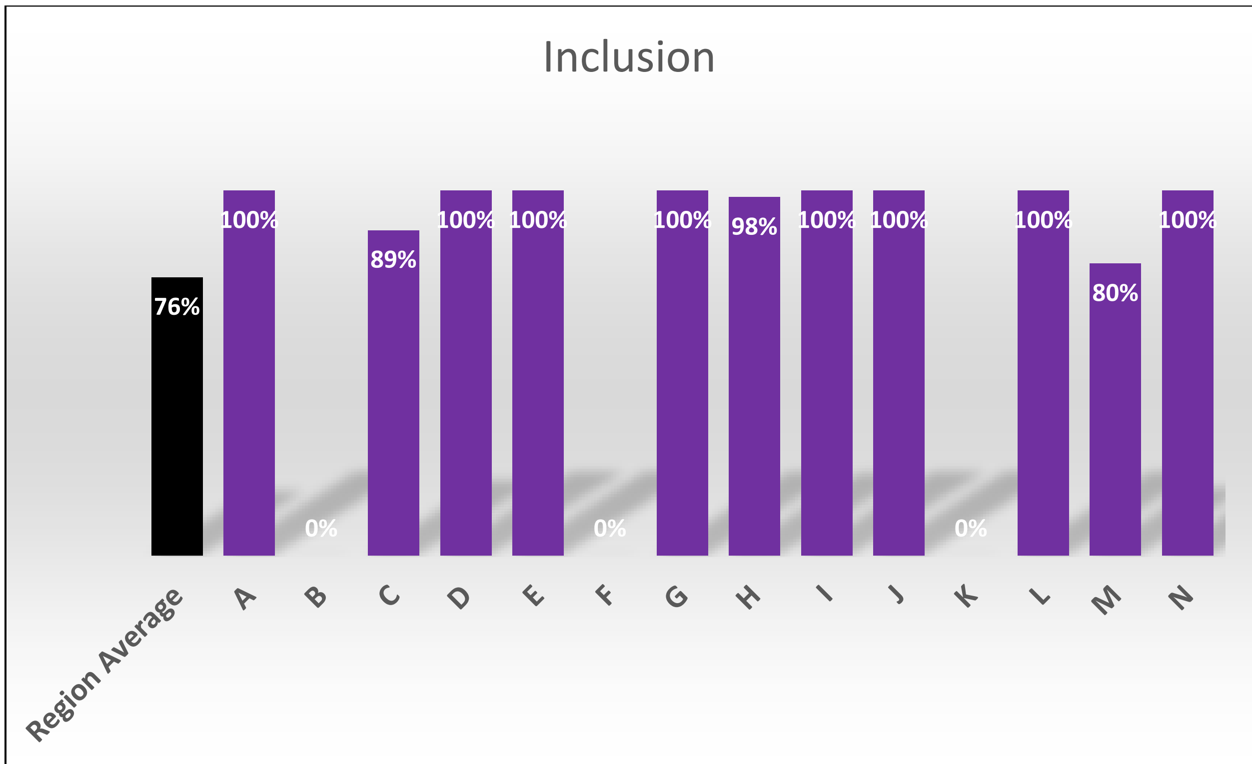
Inclusion
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100%
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89%
100%
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Region Training Opportunities

The Region continues to provide community-training opportunities offered region-wide and without a fee to attend. The staff who initially began offering Mental Health First Aid in 2009, continue to maintain a training team in Adult, Youth, and the Public Safety versions of Mental Health First Aid in the region. Due to the need for better service to individuals with complex needs, in 2018 through a pilot project with other MHDS regions in Iowa, service providers began receiving training to be facilitators of C3 de-escalation. Six individuals from the SWIA MHDS Region initially trained to facilitate C3 de-escalation. Trainings began in March 2018. Course evaluations requests at the end of every training session monitor quality of trainings as well as obtain feedback about other desired areas of training interest and need. Evaluations have been overwhelmingly positive for all listed trainings. The following trainings were specifically around the region's models of care focus and widely attended by front line staff, supervisors and directors of agencies and numerous human service agencies within the region.

07/24/17	*Mental Health First Aid- Youth*	Region Training Team	Council Bluffs IA
11/07/17	*Mental Health First Aid*	Region Training Team	Council Bluffs, IA
02/27/18	*Mental Health First Aid*	Region Training Team	Clarinda, IA
03/08/18	*Mental Health First Aid-Public Safety*	Region Training Team	Harlan, IA
03/09/18	*Mental Health First Aid-Public Safety*	Region Training Team	Harlan, IA
03/28/18	*C3 De-escalation*	C3 training Team	Council Bluffs, IA
05/10/18	*Borderline Personality Disorders*	H. John Lehnhoff PhD	Council Bluffs, IA
05/15/18	*Mental Health First Aid*	Region Training Team	Clarinda, IA
6/04/18	*Autism*	Adam M. Briggs, PhD	Council Bluffs, IA
06/05/18	*C3 De-escalation*	C3 training Team	Council Bluffs, IA
06/08/18	*C3 De-escalation*	C3 training Team	Atlantic, IA
06/12/18	*Mental Health First Aid-Youth*	Region Training Team	Council Bluffs, IA
06/18/18	*C3 De-escalation*	C3 Training Team	Council Bluffs, IA
06/19/18	*C3 De-escalation*	C3 Training Team	Clarinda, IA
06/28/18	*Mental Health First Aid- Youth*	Region Training Team	Harlan, IA
06/29/18	*Mental Health First Aid*	Region Training Team	Council Bluffs, IA

Collaboration

The SWIA MHDS Region regularly collaborates with the Department of Human Services MHDS Division for assistance and guidance regarding state policy and direction. The Service Coordinators for the region work with the DHS income maintenance workers to help assure clients are receiving appropriate benefits and to coordinate or trouble shoot when there are benefit questions or eligibility concerns.

Managed Care Organizations (MCOs) began managing services for Iowa Medicaid recipients in April 2016. The region has worked to increase MCO knowledge of services created by the region that will help keep clients out of hospitals and provide better services within the community. While there is still frustration with the amount of time it is taking to receive payment for crisis services such as the Crisis Stabilization Residential Service, we continue to assist in moving this process along. SWIA MHDS will continue to work on partnerships with the MCOs as much as possible in order to utilize Medicaid and local dollars to create and preserve valuable services. Medicaid funds should cover services for Medicaid covered individuals while the region funds those individuals not eligible or in the process of becoming eligible for Medicaid.

The SWIA MHDS encourages stakeholder involvement by having a Regional Advisory Committee (RAC) that assists in developing and monitoring the plan, goals and objectives identified for the service system. It also serves as a public forum for other related MH/DS issues. The SWIA MHDS Regional Advisory Committee represents stakeholders, which include individuals, family members, and providers. The Region held two RAC meetings this fiscal year. Twelve (12) member appointments make up the RAC with two voted to represent the RAC on the Governing Board.

The SWIA MHDS also utilized the local advisory groups known as the Local Advisory Councils (LAC) as the foundation to the Regional Advisory Committee. This is an easy way to give input to the region, ask questions and learn about new programs. The LACs give consumers and providers the opportunity to voice ideas and play a role in shaping the region's future mental health and disability service programs. The SWIA MHDS divides into three LACs: North, Central and South. The three Local Advisory Councils each vote four members onto the RAC.

The LACs meet approximately every six months. The community including consumers and providers are encouraged to attend the LAC public meeting nearest to them to provide input, receive updates and build relationships and interest. In FY18, the focus continued to be around collecting information from people in attendance and highlighting information about new programs and changes in the region.

SWIA MHDS has also been involved with several community meetings through collaboration with the CHI Missions and Ministries grant. This grant targets the communities where CHI hospitals are located, Missouri Valley and Council Bluffs. The region became the Coalition Leader this year and has a staff who is dedicated part-time to this project. This has provided another opportunity for stakeholders to work on community planning around mental health and substance abuse needs and provides input and direction in region planning. The committees have looked at 23:59 crisis stabilization opportunities, behavioral health coaching for direct support staff, awareness of community resources, substance abuse specific service needs and gaps and warm hand-off community development. It has been a good partnership and the region plans to sustain the programs once the grant ends at the end of FY19.