Southwest Iowa MHDS Region

Mental Health and Disability Services

Management Plan

Annual Service and Budget Plan Fiscal Year 19/20 July 1, 2019 - June 30, 2020



ANNUAL SERVICE AND BUDGET PLAN FOR FY19/20

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ANNUAL SERVICE AND BUDGET PLAN FOR FY19/20

Geographical Area: Serving the Counties of Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, and Shelby counties. 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 (Iowa Administrative Code) 441-25, the Southwest Iowa MHDS Plan includes three parts: *Annual Service and Budget Plan, Annual Report* and *Policies and Procedures manual*. The Annual Service and Budget Plan includes the services to be provided and the cost of those services, local access points, Targeted Case Management agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions.

The Annual Service and Budget Plan, approved by the SWIA MHDS Governing Board, is subject to approval by the Director of Human Services. The Southwest Iowa MHDS Region management plan is available in each local SWIA MHDS office, on the region's website at www.swiamhds.com and on the Iowa Department of Human Services website at https://dhs.iowa.gov/mhds.

The SWIA MHDS works to improve health, hope, and successful outcomes for people with mental illness and intellectual disabilities. This plan covers the period from July 1, 2019 through June 30, 2020.

Access Points

An access point is a part of the Southwest Iowa MHDS regional service system trained to complete MH/DS regional applications for persons with a disability. SWIA MHDS has designated the following access points.

| Access Point | Address | Phone number |
|---|---|--------------|
| Burgess Mental Health | 1600 Diamond Street Onawa, IA 51040 | 712-423-9160 |
| CHI Health Missouri Valley Psychiatric Associates | 704 North 8th Street Missouri Valley, IA 51555 | 712-642-2045 |
| | Wilder Valley, IV 31333 | |
| CHI Health Mercy Hospital | 800 Mercy Drive Council Bluffs, IA 51503 | 712-382-5000 |
| CHI Health Psychiatric Associates | 801 Harmony Street, Suite 302 Council Bluffs, IA 51503 | 712-328-2609 |
| Cass County Memorial Hospital | 1501 E. 10 th St. Atlantic, IA 50022 | 712-243-3250 |
| Handland Fred Control | E45 Feet Breed | 742 222 4407 |
| Heartland Family Service | 515 East Broadway Council Bluffs, IA 51503 | 712-322-1407 |
| Jennie Edmundson Hospital | 933 East Pierce Street Council Bluffs, IA 51501 | 712-396-6000 |
| Southwest Iowa Mental Health Center | 1500 E. 10 th St. Atlantic, IA 50022 | 712-243-2606 |
| | | |
| Myrtue Medical Center-Behavioral Services | 1303 Garfield Ave Harlan, IA 51537 | 712-755-5056 |
| Waubonsie Mental Health Center | 216 W. Division Clarinda, IA 51632 | 712-542-2388 |

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Targeted Case Management

The following legal requirements denote the need to address Targeted Case Management services in this Annual Service and Budget Plan. However, at the time of the writing of these laws, Managed Care Organizations (MCOs) were not a part of the Medicaid system in Iowa.

The SWIA MHDS shall offer access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. Further, designated Case Management agencies serving SWIA MHDS must be accredited according to the rules of the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441.

Targeted Case Management and Service Coordination services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service.
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g, which may include the use of electronic recording keeping and remote or internet based training.

Prior to the implementation of MCOs in Iowa, the Governing Board of the SWIA MHDS designated certain Case Management programs to work within the region. The MCOs now provide the Community Based Case Management programs. The region continues to provide Service Coordination to people who are not eligible for a Community Based Case Manager or an Integrated Health Home. The region has 4 FTE designated Service Coordinators providing this service as well as 1.5 FTE Service Coordinators working specifically with the SOAR program, 2 FTE Service Coordinators working in the jails and 1 FTE Mental Health Court Case Manager.

Crisis Planning

There is available a continuum of crisis prevention strategies and services which will continue to be designed, implemented and enhanced throughout the region in order to meet needs of people in crisis. HF2456 passed in 2018. This law required an enhanced crisis service array, several offered already in this region. However, there are additional services to add by July 1, 2021.

In SWIA MHDS, crisis prevention begins with community education through Mental Health First Aid (MHFA) training for the public. Embedded in crisis prevention, response, and resolution are treatment and support plans prepared by contracted network providers, Integrated Health Homes, Community Based Case Managers and Region Service Coordination. When these plans are developed, the goal is to determine an environment and support structure that works for a person to mitigate the triggers that lead to crisis. The region's website www.swiamhds.com hosts a "Resource Connection" page for information regarding mental health, substance use and many other community services and resources that people can utilize for quick access to information.

Law enforcement agencies in the region continue to receive education in Crisis Intervention Training (CIT), offered at least twice a year in the Omaha, NE/Council Bluffs, IA metropolitan area. Several officers have received training and promotion will continue with law enforcement agencies throughout the SWIA MHDS Region.

Mobile Crisis Response Team is available throughout the region to assist law enforcement in making decisions for people experiencing a mental health crisis in the community. This experienced team makes a recommendation to officers on the level of care a person needs in order to be safely in the community. To avoid unnecessary civil commitments of people who are not familiar with services or do not know how to access a more appropriate level of crisis service, pre-commitment as well as court ordered assessments are also offered through the mobile crisis team to help families avoid this hardship. This is a valuable service for families who may seek help for their loved one but are unsure of the appropriate level of care. The team can also make recommendations to a Judge when the court does not feel they have enough information to make a decision on a potential civil commitment. The Mobile Crisis Response Team continues to engage critical access hospitals throughout the region to utilize their services in providing telehealth assessments within their emergency departments. This is a welcome addition to the services in these hospitals because they normally do not have access to mental health professionals.

The Collaborative Support Team (CST) is available in the region with a task to create an interagency team to support individuals that have multiple hospitalizations, incarcerations, and multi-occurring issues affecting their care. The goal is to provide coordination of care with providers in order to reduce the frequency of hospitalization and disruption of placement. Agencies, case managers and Service Coordinators are welcome to bring consumers with challenging behavior to this team to receive assistance with ideas for approaches to care.

C3 De-escalation is a training offered by the region and is free to its participants. The intended audience for this training is direct support staff; however, it is open to anyone interested. The region has also engaged a Behavioral Health Coach to work with direct service providers, such as Habilitation and Home and Community Based Service providers, as a support for their staff. The intent is that the C3 De-escalation training and staff coaching will help alleviate crises of individuals served in the community which often lead to hospitalization, arrest and discharge from service.

The SWIA MHDS region has some programs that while not completely crisis focused, do work toward preventing additional crises for people with whom it works. The SWIA Mental Health Court began January 2015. The goal of this problem solving court is to coordinate services and direct low-level offenders to appropriate treatment in order to avoid future legal problems and acute hospitalization due to mental health symptoms and behaviors and to gain the supports they need to be successful in their community. The Southwest Iowa Mental Health Court is available to all counties in the region. The region plans to continue to finance the mental health court through providing the case manager and funding for the mental health agency.

In addition, SWIA MHDS began a Jail Based Service Coordination program in 2016. The Region utilizes two of its Service Coordinators to work within all region county jails. The staff members are located in the Pottawattamie County jail and travel throughout the region to the other jails as needed. Coordination and referral of inmates to needed supports and treatment prior to their release is the focus of the program in order to improve client outcomes and decrease jail recidivism. The SWIA MHDS region also offers telehealth

psychiatry services at all region jails, with the goal of assisting inmates in obtaining and/or maintaining mental health stability while incarcerated and upon release from jail.

A housing initiative, Heartland Bridges, opened March 2017. This program focuses on preventing crises due to housing needs. The program 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.

Development of an enhanced crisis stabilization system continues in accordance with the crisis stabilization administrative rules. The focus for this past year has been to assure communication and coordination amongst the current pieces of the system. The center of our approach to crisis services is a dynamic system that works together. Due to geographic reasons, it makes most sense for our region to have services spread throughout the region, but easily accessible to everyone. Collaboration is a key to the success of this crisis stabilization system, therefore, it takes much care to involve stakeholders, continually receive feedback, measure outcomes, and build a system of care responsive to the needs of Southwest Iowa. New services are in development to enhance the current system and meet the new requirements in 2018 law from HF2456 and adopted in Administrative Rules 441.25.

The SWIA MHDS contracts with Boys Town National Hotline to provide a 24 hour Crisis Hotline. This service is the HOPE 4 IOWA Crisis Call Line (844)673-4469 (84-Hope4Iowa). The crisis call line is for people who are experiencing a mental health crisis or a crisis of any kind that could lead to possible hospitalization or need for emergency treatment if no intervention is provided. The hotline works closely with local providers and crisis services by having staff present within the region. The focus is on immediate crisis counseling assistance, referral information, and "warm hand-offs" to other services including outpatient treatment, crisis stabilization residential services, law enforcement and acute behavioral services when needed. Many referrals come directly to the region for service coordination follow up, preventing further crises for the individual.

Crisis Stabilization Residential Services (CSRS) became available in January 2016. "Turning Pointe" is located in Clarinda, IA. CSRS is available to people in crisis that do not need an acute level of care and focuses on recovery, prevention and peer support. The goal is to restore the individual to their pre-crisis functional level during a short-term alternative living arrangement.

Communication and training about additional services continues to be important in making the region system run smoothly. Input regularly gathered from the Local Advisory Councils and Regional Advisory Committee as new services are developed and as current services change is shared with the Governing Board. As part of the Crisis Stabilization System (CSS) in SWIA MHDS, a bi-monthly conference call is held for all CSS providers and interested parties to discuss issues, problems, successes, and to continually plan and improve the efforts around this collaborative partnership.

The following chart is a listing of current SWIA MHDS crisis services.

| SERVICE | CRISIS FUNCTION | PROVIDER | CONTACT INFORMATION |
|--|--|--|------------------------------|
| Mental Health First Aid and Youth Mental Health First Aid | Mental Health training for the community | Pottawattamie County Community Services | 712-328-5645 |
| Mental Health First Aid and Youth Mental Health First Aid | Mental Health training for the community | CHI Health Missouri Valley and Council Bluffs offices | 712-642-2784 712-328-2609 |
| Mental Health First Aid | Mental Health training for the community | Burgess Mental Health Center, Onawa | 712-423-9160 |
| 24 hour access to crisis response and evaluation | Hospital Emergency Departments and/or behavioral health units | CHI Mercy Hospital 800 Mercy Drive Council Bluffs, IA 51501 | 712-328-5230 |
| 24 hour access to crisis response and evaluation | Hospital Emergency Departments and/or behavioral health units | Jennie Edmundson Hospital 933 E. Pierce St. Council Bluffs, IA 51503 | 712-396-6044 |
| 24 hour access to crisis response and evaluation | Hospital Emergency Departments and/or behavioral health units | Cass County Memorial Hospital 1501 E. 10 th St. Atlantic, IA 50022 | 712-243-3250 |
| 24 hour access to crisis response and evaluation | Hospital Emergency Departments | Myrtue Medical Center 1213 Garfield Ave. Harlan, IA 51537 | 712-755-5161 |
| 24 hour access to crisis response and evaluation | Hospital Emergency Departments | Clarinda Regional Health Center 220 Essie Davison Dr. Clarinda, IA 51632 | 712-542-8330 |
| 24 hour access to crisis response and evaluation | Hospital Emergency Departments | CHI Health Community Memorial Hospital 631 N. 8 th St Missouri Valley, IA 51555 | 712-642-2784 |
| 24 hour access to crisis response and evaluation | Hospital Emergency Departments | Montgomery County Memorial Hospital 2301 Eastern Ave. Red Oak, IA 51566 | 712-623-7226 |
| 24 hour access to crisis response and evaluation | Hospital Emergency Departments | Shenandoah Medical Center 300 Pershing Ave. Shenandoah, IA 51601 | 712-246-7400 |
| 24 hour access to crisis response and evaluation | Hospital Emergency Departments | George C. Grape Community Hospital 2959 US Hwy 275 Hamburg, IA 51640 | 712-382-1515 |
| 24 hour access to crisis response and evaluation | Hospital Emergency Departments | Burgess Memorial Hospital 1600 Diamond St. Onawa, IA 51040 | 712-423-2311 |
| 24-hour Crisis Hotline | Mental Health Crisis Line | Boys Town National Hotline | 844-673-4469 84HOPE4IOWA |
| 24 hour crisis phone response | Telephone crisis information and referral line | CHI Health | 402-717-HOPE |
| 24 hour crisis phone response | Telephone crisis information and referral line | Waubonsie Mental Health Center | 712-542-2388 |
| 24 hour crisis phone response | Telephone crisis information and referral line | Southwest Iowa Mental Health Center | 712-243-2606 |
| Crisis Intervention Training - CIT | Training for law enforcement personnel | CHI Health | 402-572-2255 |
| Web based information tool – Resource Connection | Community tool to locate available resources | SWIA MHDS Region | www.swiamhds .com |
| Mobile Crisis Response Team | Assessment support for law enforcement | Heartland Family Service Crisis Response Team | Law officer activated |
| Pre-commitment Screening | screening of individuals who families recommend for commitment | Heartland Family Service | 402-978-7684 |
| Crisis Stabilization Residential Service | Short-term residential support | Turning Pointe, Waubonsie | 712-542-2388 |

Intensive Mental Health Services

The SWIA MHDS Region has not designated any of the new services required by Administrative Rule 441-25.6(331). Once the service designation takes place, the region will include in this plan the provider name, contact information, and location of each service. The following services require implementation by July 1, 2021. Community planning meetings are underway to determine the rollout and development of these new services.

- Access center(s)
- ACT services
- Intensive residential services
- Subacute mental health services

Scope of Services & Budget and Financing Provisions

The annual budget and planning process is a tool to identify and implement core disability service improvements. The Southwest Iowa MHDS Region collaborates with stakeholders to assess need and to advocate adequate funding for services and supports. Significant time given to stakeholders takes place through Local Advisory Council "input meetings" held in various areas throughout the SWIA MHDS Region. Over the past budget year the goal was to capture input and feedback of professionals, individuals and their families as the region addressed service need gaps as identified by stakeholders. Although most of the focus will be on adding the new required core services over the next two years, input from our local stakeholders remains the region's effort.

The SWIA MHDS provides funding for services not otherwise covered by insurance and Medicaid programs. By combining regional (pooled county tax dollars), state and federal dollars, individuals can be empowered to reach their fullest potential by accessing a combination of available supports. SWIA MHDS is responsible for services authorized in accordance with the Regional Management Plan and within the constraints of budgeted dollars. Services funded by SWIA MHDS are subject to change, including reduction or termination with the development of the annual budget each fiscal year. The Regional Management Plan Policy & Procedure Manual addresses mandated services access standards.

The Southwest Iowa MHDS Region executive team proposed the FY20 budget on February 4, 2019 to the Governing Board and then adopted the complete Annual Service and Budget Plan on April 1, 2019. The SWIA MHDS Region CEO is responsible for managing and monitoring the adopted budget.

Annually, the CEO for SWIA MHDS 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. Annually, in December, this review submission to the Department of Human Services is via the *SWIA MHDS Annual Report*.

The following chart represents the core services as described in 441-25.1(331) and additional services offered in SWIA MHDS. The projected funding need for Fiscal Year 2020 is indicated. When there is a "\$0 or \$-" projection, this indicates that the region does not expect any expenses in this area since they are covered by other funding sources, however should a need arise in these service domains, funding will be made available for those core services not covered. Access standards in IAC 441-25.3(331) have been considered in the formation of the budget and are based on the projected need in the region. The region meets prescribed access standards based on the number of providers, their locations, historical data and input from stakeholders. SWIA MHDS is the funding body of last resort. An individual expectation is to utilize all other federal, state, and private insurance coverage before the region considers funding for any available service. By utilizing all available funding sources, it is the intention of SWIA MHDS to effectively, responsibly and efficiently utilize its resources in order to cover as many individuals as possible and provide a wide range of MH/DS services.

Funding for the disability category of Developmental Disabilities is provided based on the past provision of services for member counties in the SWIA MHDS that previously funded individuals in this disability category prior to becoming a region. Services were provided based on an assessed need that was similar to a person diagnosed with an Intellectual Disability. Therefore, SWIA MHDS will consider a full scale IQ between 70-78, along with significant adaptive functioning needs when considering eligibility for a person with a developmental disability as defined in the SWIA MHDS *Policies and Procedures* Manual.

Expenditure Budget

| FY 2020 Budget | Southwest Iowa MHDS Region | | MI (40) | ı | D(42) | DD | 0(43) | BI (47) | Admin (44) | | Total | State or Other Funding Sources to be Used to Meet Service Need |
|-------------------|--|-------------|-----------|------------------|---------|-------------------|-------|------------|---------------|----------|----------------------------|---|
| Core Doma | ins | | | | | | | | | | | |
| COA | Treatment | | | | | | | | | | | |
| 42305 | Mental health outpatient therapy | \$ | 80,000 | \$ | 200 | \$ | - | \$- | | \$ | 80,200 | |
| 42306 | Medication prescribing & management | \$ | - | \$ | - | \$ | - | \$- | | \$ | - | Medicaid/insurance |
| 43301 | Assessment & evaluation | \$ | - | \$ | - | \$ | - | \$- | | \$ | - | Medicaid/insurance |
| | Mental health inpatient therapy-MHI | \$ | 100,000 | \$ | - | \$ | - | \$- | | \$ | 100,000 | |
| 73319 | Mental health inpatient therapy | \$ | 50,000 | \$ | - | \$ | - | \$- | | \$ | 50,000 | |
| | Crisis Services | | | | | | | | | | | |
| | Personal emergency response system | \$ | - | \$ | - | \$ | - | \$- | | \$ | - | Medicaid/private |
| | Crisis evaluation | \$ | 5,000 | \$ | - | \$ | - | \$- | | \$ | 5,000 | |
| | 23 hour crisis observation & holding | \$ | - | \$ | - | \$ | - | \$- | | \$ | - | Medicaid/insurance |
| | 24 hour access to crisis response | \$ | 64,000 | \$ | - | \$ | - | \$- | | \$ | 64,000 | |
| | Mobile response | \$ | 300,000 | \$ | - | \$ | - | \$- | | | 300,000 | |
| | Crisis Stabilization community-based services | \$ | 500 | \$ | - | \$ | - | \$- | | \$ | 500 | |
| | Crisis Stabilization residential services | _ | 1,000,000 | \$ | - | \$ | - | \$- | | | ,000,000 | |
| 44396 | Access Centers: start-up / sustainability | \$ | 250,000 | \$ | - | \$ | - | \$- | | \$ | 250,000 | |
| | Support for Community Living | _ | | _ | | _ | | _ | | _ | | |
| | Home health aide | \$ | 10,000 | \$ | - | \$ | - | \$- | | \$ | 10,000 | |
| | Respite | \$ | - | \$ | 500 | | L,000 | \$- | | \$ | 1,500 | |
| | Home & vehicle modifications | \$ | - | \$ | - | \$ | - | \$- | | \$ | - | Medicaid/other |
| | Supported community living | \$ | 140,000 | · | 50,000 | | 3,000 | \$- | | \$ | 198,000 | |
| 42329 | Intensive residential services | \$ | - | \$ | - | \$ | - | \$- | | \$ | - | |
| 50262 | Support for Employment | _ | 20.000 | Ċ. | 200,000 | Ć 1 | | | | ć | 224 000 | |
| - | Prevocational services | \$ | 30,000 | | 200,000 | | L,000 | ć | | \$ | 231,000 | |
| - | Job development | - | - | \$ | | \$ | - | \$- | | \$ | - | other lines in budget |
| | Day habilitation | \$ | 5,000 | _ | 10,000 | | 0,000 | \$- \$- | | \$ \$ | 25,000 | |
| | Supported employment | \$ | 180,000 | _ | 4,000 | \$15 | 5,000 | \$- \$- | | \$ | 445,000 | |
| 50369 | Group Supported employment-enclave | Ş | 1,000 | Ş | 4,000 | Ş | _ | Ş- | | Ş | 5,000 | |
| 45222 | Recovery Services | ć | | ć | | ۲ | | ċ | | ć | | A 4 - 12 2 1 / 1 1 1 1 |
| | Family support | \$ | - | \$ | | \$ | - | \$- \$- | | \$ | - | Medicaid/IHH |
| 45300 | Peer support | Ş | - | Ş | | Ş | _ | Ş- | | Ş | - | Medicaid/MH Court |
| 21275 | Service Coordination | ۲. | | ć | | \$ | | خ | | ć | | 1460 |
| | Case management | \$ | - | \$ | - | \$ | - | \$- \$- | | \$ \$ | | MCOs |
| | Health homes Sub-Acute Services | Ş | - | Ş | - | Ş | - | Ş- | | Ş | - | MCOs |
| | | \$ | | \$ | _ | \$ | | \$- | | \$ | _ | ACT/Modisoid |
| | Subacute services-1-5 beds Subacute services-6 and over beds | \$ | 20,000 | \$ | | \$ | | \$- \$- | | \$ | 20,000 | ACT/Medicaid |
| 04309 | Core Evidenced Based Treatment | Ş | 20,000 | Ş | | ې | _ | پ - | | Ş | 20,000 | |
| | Education & Training Services - provider competency | | | | | | | | | | | |
| 04422 | | ċ | 170,000 | \$ | _ | \$ | _ | \$- | | ć | 170,000 | |
| | Supported housing | \$ | 170,000 | \$ | - | \$ | - | \$- \$- | | \$ | 170,000 | other lines in budget |
| | Assertive community treatment (ACT) | | 300,000 | \$ | | \$ | _ | \$- | | _ | 300,000 | other filles fil budget |
| | | - | | | | | | | | | | |
| 453/3 | Family psychoeducation Core Domains Total | \$ | 20,000 | \$ ¢ E | - | \$ ¢2 E | - | \$- | | _ | 20,000 3,275,200 | |
| Mandatada | | \$ 4 | 2,725,500 | Ş | 14,700 | Ş35 | ,000 | \$- | | Ş | ,275,200 | |
| Mandated 9 | | ^ | 00.000 | ^ | 2.000 | 4 | | ċ | | ^ | 02.000 | |
| | Oakdale | \$ | 80,000 | | 2,000 | \$ | - | \$- | | \$ | 82,000 | |
| | State resource centers | \$ | | \$ | - | \$ | - | \$- | | \$ | - | state dollars |
| | Commitment related (except 301) | \$ | 80,000 | \$ | - | \$ | - | \$- | | \$ | 80,000 | |
| /5XXX | Mental health advocate | \$ | 150,335 | | - 2 000 | \$ | - | \$- | | | 150,335 | |
| | Mandated Services Total | Ş | 310,335 | Ş | 2,000 | \$ | • | \$- | | Ş | 312,335 | |

| | Justice system-involved services | | | | | | | | | |
|------------|---|----|-----------|----|--------|----|-------|------------|-------------|--|
| | Coordination services | \$ | 319,451 | \$ | - | \$ | _ | \$- | \$ 319,451 | |
| | 24 hour crisis line** | \$ | 154,000 | \$ | - | \$ | _ | \$- | \$ 154,000 | |
| | Warm line** | \$ | 134,000 | \$ | _ | \$ | _ | \$- | \$ 154,000 | |
| | Mental health services in jails | \$ | 15,000 | \$ | - | \$ | | \$- | \$ 15,000 | |
| | | \$ | 13,000 | \$ | - | \$ | - | \$- \$- | \$ 13,000 | |
| | Justice system-involved services-other | \$ | - | \$ | - | \$ | - | \$- \$- | \$ - | |
| | Crisis prevention training Mental health court related costs | \$ | | \$ | - | \$ | | \$- \$- | | |
| | | \$ | 80,000 | | | \$ | - | \$- \$- | | |
| | Civil commitment prescreening evaluation Additional Core Evidenced based treatment | Ş | 30,000 | Ş | - | Ş | _ | Ş- | \$ 30,000 | |
| | | ۲. | 90,000 | ć | | ć | | \$- | ¢ 90,000 | |
| | Peer self-help drop-in centers | \$ | 80,000 | \$ | - | \$ | - | | \$ 80,000 | |
| 42397 | Psychiatric rehabilitation (IPR) | \$ | 3,000 | \$ | - | \$ | - | \$- | \$ 3,000 | |
| Otherslade | Additional Core Domains Total | \$ | 681,451 | \$ | - | \$ | - | \$- | \$ 681,451 | |
| - | mational Services | ć | | ć | | ć | | ć | Å | |
| , | Information & referral | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| _ | Planning and/or Consultation (client related) | \$ | 500 | \$ | - | \$ | | \$- | \$ 500 | |
| | Provider Incentive Payment | \$ | - | _ | | _ | | _ | \$ - | |
| _ | Consultation Other | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| _ | Planning and Management Consultants (non-client) | _ | 10.000 | \$ | - | \$ | - | \$- | \$ - | |
| 053/3 | Public education | \$ | 10,000 | | - | \$ | - | \$- | \$ 10,000 | |
| | Other Informational Services Total | Ş | 10,500 | Ş | - | \$ | - | \$ - | \$ 10,500 | |
| | ommunity Living Support Services | | | | | | | | | |
| | Academic services | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| - | Services management | \$ | 654,549 | \$ | - | \$ | - | \$- | \$ 654,549 | |
| 23376 | Crisis care coordination | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| - | Crisis care coordination other | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| 24399 | Health home other | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| 31XXX | Transportation | \$ | 85,200 | | 15,000 | | 2,000 | \$- | \$ 102,200 | |
| 32321 | Chore services | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| 32326 | Guardian/conservator | \$ | - | \$ | 4,000 | \$ | - | \$- | \$ 4,000 | |
| 32327 | Representative payee | \$ | - | \$ | 1,000 | \$ | - | \$- | \$ 1,000 | |
| 32335 | CDAC | \$ | 1 | \$ | 1 | \$ | - | \$- | \$ - | |
| 32399 | Other support | \$ | | \$ | - | \$ | - | \$- | \$ - | |
| 33330 | Mobile meals | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| 33340 | Rent payments (time limited) | \$ | 35,000 | \$ | 6,000 | \$ | - | \$- | \$ 41,000 | |
| 33345 | Ongoing rent subsidy | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| | Other basic needs | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| 41305 | Physiological outpatient treatment | \$ | 3,000 | \$ | - | \$ | - | \$- | \$ 3,000 | |
| | Prescription meds | \$ | 4,000 | \$ | 200 | \$ | - | \$- | \$ 4,200 | |
| 41307 | In-home nursing | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| | Health supplies | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| | Other physiological treatment | \$ | - | \$ | - | \$ | _ | \$- | \$ - | |
| | Partial hospitalization | \$ | _ | \$ | - | \$ | _ | \$- | \$ - | |
| | Transitional living program | | 1,200,000 | \$ | - | \$ | _ | \$- | \$1,200,000 | |
| - | Day treatment | \$ | - | \$ | _ | \$ | _ | \$- | \$ - | |
| | Community support programs | \$ | _ | \$ | _ | \$ | - | \$- | \$ - | |
| | Other psychotherapeutic treatment | \$ | 2,000 | \$ | - | \$ | _ | \$- | \$ 2,000 | |
| | Other non-crisis evaluation | \$ | 2,000 | \$ | _ | \$ | - | \$- | \$ 2,000 | |
| | Emergency care | \$ | | \$ | | \$ | - | \$- | \$ - | |
| | Other crisis services | \$ | | \$ | | \$ | - | \$- | \$ - | |
| | Other crisis services Other family & peer support | \$ | - | \$ | | \$ | - | \$- \$- | \$ - | |
| | Psychiatric medications in jail | \$ | - | \$ | | \$ | - | \$- \$- | \$ - | |
| | | \$ | | \$ | - | \$ | | \$- \$- | | |
| | Vocational skills training | | - | | | | - | | | |
| | Supported education | \$ | - | \$ | - | \$ | - | \$- ¢ | \$ - | |
| | Other vocational & day services | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| | RCF 1-5 beds (63314, 63315 & 63316) | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| | ICF 1-5 beds (63317 & 63318) | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| | SCL 1-5 beds | \$ | 50,000 | \$ | - | \$ | - | \$- | \$ 50,000 | |
| 63399 | Other 1-5 beds | \$ | - | \$ | - | \$ | - | \$- | \$ - | |
| | Essential Comm Living Support Services Total | \$ | 2,033,749 | \$ | 26,200 | \$ | 2,000 | \$ - | \$2,061,949 | |

| Other Cong | regate Services | | | | | | | |
|------------|--|--------------|-----------|----------|-----|-----------|-------------|--|
| 50360 | Work services (work activity/sheltered work) | \$ 5,000 | \$ 20,000 | \$ 1,000 | \$- | | \$ 26,000 | |
| 64XXX | RCF 6 and over beds (64314, 64315 & 64316) | \$ 1,500,000 | \$100,000 | \$25,000 | \$- | | \$1,625,000 | |
| 64XXX | ICF 6 and over beds (64317 & 64318) | \$ 200,000 | \$ - | \$ - | \$- | | \$ 200,000 | |
| 64329 | SCL 6 and over beds | \$ - | \$ - | \$ - | \$- | | \$ - | |
| 64399 | Other 6 and over beds | \$ - | \$ - | \$ - | \$- | | \$ - | |
| | Other Congregate Services Total | \$1,705,000 | \$120,000 | \$26,000 | \$- | | \$1,851,000 | |
| Administra | tion | | | | | | | |
| 11XXX | Direct Administration | | | | | \$664,102 | \$ 664,102 | |
| 12XXX | Purchased Administration | | | | | \$221,000 | \$ 221,000 | |
| | Administration Total | | | | | \$885,102 | \$ 885,102 | |
| | | | | | | | | |
| | Regional Totals | \$7,466,535 | \$662,900 | \$63,000 | \$- | \$885,102 | \$9,077,537 | |
| | | | | | | | | |
| (45XX-XXX) | County Provided Case Management | | | | | | \$ - | |
| (46XX-XXX) | County Provided Services | | | | | | \$ - | |
| | | | | | | | | |
| | Regional Grand Total | | | | | | \$9,077,537 | |

County Levy Information

| County | 2017 Est. Pop. | Regiona Per Capit | | FY20 Actual Levy | Actual Levy Per Capita |
|--------------------------------|-------------------|----------------------|-------------------|---------------------|------------------------------|
| Cass | 13,145 | \$ 45.53 | \$ 598,229 | \$ 328,625 | \$ 25.00 |
| Fremont | 6,948 | \$ 45.53 | \$ 316,203 | \$ 173,700 | \$ 25.00 |
| Harrison | 14,136 | \$ 45.53 | \$ 643,329 | \$ 353,400 | \$ 25.00 |
| Mills | 15,068 | \$ 45.53 | \$ 685,745 | \$ 276,125 | \$ 18.33 |
| Monona | 8,740 | \$ 45.53 | \$ 397,757 | \$ 218,500 | \$ 25.00 |
| Montgomery | 10,137 | \$ 45.53 | \$ 461,335 | \$ 253,426 | \$ 25.00 |
| Page | 15,224 | \$ 45.53 | \$ 692,844 | \$ 380,600 | \$ 25.00 |
| Pottawattamie | 93,386 | \$ 45.53 | \$ 4,249,997 | \$2,334,650 | \$ 25.00 |
| Shelby | 11,628 | \$ 45.53 | \$ 529,190 | \$ 290,700 | \$ 25.00 |
| Region | 188,412 | \$ 45.53 | \$ 8,574,630 | \$4,609,726 | \$ 24.47 |
| | | | | | |
| Mills County mistakenly levied | l more than la | st year's ag | reed upon levy pe | er cap, adjusting | g this year. |

Revenue Budget

| FY 2020 Budget | Southwest Iowa MHDS Region | | |
|-------------------|--|------------------|------------------|
| Revenues | | | |
| | Projected Fund Balance as of 6/30/19 | | \$ 11,886,210 |
| | Local/Regional Funds | | \$ 4,395,266 |
| 10XX | Property Tax Levied | 4,198,704 | |
| 12XX | Other County Taxes | 3,700 | |
| 16XX | Utility Tax Replacement Excise Taxes | 192,862 | |
| 25XX | Other Governmental Revenues | | |
| 4XXX-5XXX | Charges for Services | | |
| 5310 | Client Fees | | |
| 60XX | Interest | | |
| 6XXX | Use of Money & Property | | |
| 8XXX | Miscellaneous | | |
| 92XX | Proceeds /Gen Fixed assests sales | | |
| | State Funds | | \$ 295,214 |
| 21XX | State Tax Credits | 217,388 | |
| 22XX | Other State Replacement Credits | 77,326 | |
| 2250 | MHDS Equalization | | |
| 24XX | State/Federal pass thru Revenue | 200 | |
| 2644 | MHDS Allowed Growth // State Gen. Funds | | |
| 2645 | State Payment Program | | |
| 29XX | Payment in Lieu of taxes | 300 | |
| | Federal Funds | | \$ - |
| 2344 | Social services block grant | | |
| 2345 | Medicaid | | |
| | Other | | |
| | Total Revenues | | \$ 4,690,480 |
| | | | |
| | Total Funds Available for FY20 | \$ 16,576,690 | |
| | FY20 Projected Regional Expenditures | \$ 9,077,537 | |
| | Projected Accrual Fund Balance as of 6/30/20 | \$ 7,499,153 | |

The deficit amount between expenditures and revenues is expended from the region fund balance. The region is projecting based on a 5-year budgeting plan to utilize the fund balance while gradually increasing the property tax per capita levy to a sustainable, fiscally responsible and steady amount.

County Property Taxes are pooled into a single region fund. Counties employing region personnel retain in their Mental Health fund enough money to cover payroll expenses including payroll of the mental health advocates.

Financial Forecasting Measures

Historical service utilization is the starting point for all financial projections. The SWIA MHDS has been operating under one single region budget since beginning operations July 1, 2014. There continue to be changes in the system leading to some unpredictability in forecasting. New people continue to access the Iowa Health and Wellness Plan and a waiting list continues for HCBS ID Waiver. The Iowa Medicaid system became managed by Managed Care Organizations beginning April 2016. This continues to bring additional changes to the system. Lack of, or slow payments to providers has caused the region to pay higher costs than anticipated for some services. The region forecasts any new services it is creating based on cost estimates from other similar programs in the state. The new crisis and intensive services mandated by the legislature remain difficult to forecast since they include services never before offered.

The Governing Board recommended a county tax collection rate based on a per capita amount for FY20 which was constructed on a number of factors including 1) the need for predictable, stable tax levies in each county, 2) continued positive relationships between counties based on an equal dollar investment into the region system of fully pooled funds, 3) the need for utilizing fund balance for the creation and startup of new services, and 4) recognition of the legislature's desire to have lower fund balances. The Governing Board developed a 5-year plan to achieve these things and will continue to assess each year because of the unpredictability in state and federal funding and programs.

Throughout the year, Southwest Iowa MHDS regional staff and stakeholders have identified unmet needs and areas for service development, incorporated into subsequent service plans and budgets. SWIA MHDS gathers information through Local Advisory Councils and the Regional Advisory Committee at least twice a year in order to assess community priorities, begin planning for development of additional service needs and costs, and forming the ongoing advisory groups which will continually provide input on needs and service strategies for our communities. The region will use this information to effectively and responsibly plan for use of available financial resources.

Beyond the historical information used for budget development, the region will continue to advance the use of Evidenced Based Practices and Quality Service Development and Assessment. Regular assessment in staff need considerations, specifically around Service Coordination, takes place as services and management of Medicaid continues to change.

Provider Reimbursement Provisions

The SWIA MHDS will contract with MH/DS providers whose base of operation is in the region. SWIA MHDS may also honor contracts other regions have with their local providers or 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. A fee for service approach in most provider contracts outlines the service provision and the rate of reimbursement. All payments issued are on a pre-authorized request for service authorization with the exception of court ordered payments, such as civil commitment costs. As described above in Scope of Service and Budget Financing Provisions, SWIA MHDS provides funding by incorporating all available funding and insurance resources in its system of care.

The region may also utilize block grant payments when a service does not fit the traditional methods of payment based on a pre-approved individual service request. An example of this is Mobile Crisis Response services. Grant funding opportunities may also be offered by SWIA MHDS based on an assessed community need in order to engage providers in Evidence Based Practices.

When a non-traditional provider arrangement is more appropriate than a fee for service approach with a contracted provider, Service Coordinators will work with the region's CEO to request such arrangements. These arrangements are based on a fee according to the individual's need with written expectations of goals and outcomes for the individual.

Southwest Iowa MHDS Region service contracts require that providers meet all applicable licensure, accreditation or certification standards; however, the SWIA MHDS makes serious efforts to stimulate access to more natural supports through use of nontraditional providers in its service provider network. Successful attainment of positive outcomes, consumer and family satisfaction, and cost effectiveness measures are the most important factors in continued network participation. SWIA MHDS has identified its Network Providers in brochures available throughout the regional offices. Reimbursement to providers is described in the SWIA MHDS Policy and Procedure Manual "J. Service Provider Payment Provisions".

This Plan approved by the Southwest Iowa MHDS Region Governing Board on April 1, 2019.