

## **Program Plan for 2007 -2008**

**July 1, 2007 – June 30, 2008**

### **Introduction**

The 2007/2008 fiscal year is expected to see significant state and local attention to mental health system transformation. Six workgroups have been established to develop plans and recommendations for further legislative action in 2008. This year's program plan continues the work set out last year incorporating directions supported by this transformation process.

It is unlikely that there has been a time in the history of mental health care in Iowa where we have witnessed such significant and wide spread change. Change can be seen in nearly every aspect of mental health care. This plan has sought to identify and address these areas of change. As we face this fiscal year we will see changes in the following areas

- Alternative funding of community mental health centers
- Fiscal solvency issues in the sustaining the delivery of services
- County and state responsibilities for mental health
- Management information systems
- Accreditation standards
- Core mental health services across the state
- Evidence based practices
- Integration of mental health and substance abuse services
- Crisis in psychiatric resources and related professionals
- Emergency and urgent care services
- Mental health system for children, youth and their families
- Addressing continuing high service demand

The Center's program plan is guided by the idea that the actions taken over this and the next several years will likely go a long ways in determining the direction of mental health for the next generation. This program plan becomes especially important in this context.

### **Program Directions**

**Implement policy, procedure and practice actions ensuring for compliance as a community mental health center and complete re-accreditation with the state of Iowa. The Center will work closely with the state of Iowa to review and develop standards more specific to community mental health centers.**

Delays in re-accreditation have continued for the state of Iowa in the area of accreditation. The Center will continue to review internal operations in preparation for re-accreditation.

Participate in the states newly created standards work group on applicable standards for community mental health centers and help draft of recommendations that are to be made by October of 2007. The Center will include staff in an internal discussion of those recommendations as part of on-going continuous quality improvement.

The Center completed a revision to its operations and Chapter 24 manuals last year. Further review and updating is expected this year.

The Center will develop electronic access to both manuals in the 2007/2008 year. An original hard copy will be maintained by the Center's business office.

The Center adopted in May 2007 policies for pursuing co-occurring service capacity doing so in cooperation with Prairie Ridge. A inter-agency work group will be established this year to develop a base line assessment of our system and develop recommendations for further actions and initiatives that promote further service integration.

. The Center will participate with the state of Iowa in developing core standards for serving consumers with co-occurring conditions and incorporate those standards into its organizational review and update. This process may further amend changes made earlier in the fiscal year.

Conduct and complete one or more system wide chart reviews to review against documentation standards set by Chapter 24

**Provide for centrally located integrated out patient services and consider expansion of additional nursing resources**

From a main location setting provide for the services of:

- Psychiatry
- Social work
- Nursing
- Psychology
  
- Assessment
- Treatment
- Medication
- Education
- Emergency
- Consultation
- Community planning

The Center will explore opportunities to expand mobile counseling, mobile crisis services, as well as assertive community treatment. Further evolution of the peer helper program will also be pursued to support work with the community support services.

### **Provide for decentralized out patient community based services**

Ensure services for the consumer are safe, accessible, private and acceptable

Operate 7 satellite offices

- Floyd County – Charles City,
- Mitchell County – Osage
- Franklin County – Hampton consolidating out patient and css
- Hancock County – Garner
- Winnebago County – Forest City
- Worth County – Northwood

The Center will consider a downtown office location in Mason City to serve those consumers who have difficulty accessing the main Center location.

- Provide mobile psychiatry
  - Hampton
  - Charles City
  - Opportunity Village
- Provide mobile counseling and mobile crisis counseling
- Provide community support services
- Provide services at safe site locations including
  - Jail
  - Renew
  - School
  - Case management
  - Residential care setting
  - Nursing home

### **Provide services through a community partnership model of service delivery**

Operate Center services through the community involvement of:

- Board
- Advisory Council
- Community team participation meetings
- Consumer participation
- Joint projects with three or more organizations
- Community planning

Initiate the following specific collaborative and integrating projects planned for the 2007-2008 year:

- Mercy Hospital – Psychology internship, and Dialectical Behavioral Therapy program
- Juvenile Court and DHS – Child welfare mediation and family team conferencing
- DHS – Foster care transition planning
- Homeless shelter and mental health integration project for expanding focus to include women and families
- Columbia Teen Screen project
- Survivor of suicide conference
- SED project – DHS and consortium of community providers
- Dual Diagnosis – Prairie Ridge, Opportunity Village
- SED project redeploying elements of the Center/s community support services in a wraparound program.
- Explore assertive community treatment models applicable to our service area.

**Provide for movement towards increasing across organizational integration of services for the consumer**

Engage the Center’s planning, and services in ways that reflect the intention of fostering increased integration of services in the following areas.

- Mental health and substance abuse – including shared consumer coordination for css for safe continuous living for 15 or more adults (project MASS) and conduct one or more on-going dual dx groups
- Mental health and mental retardation/developmental disabilities providing psychiatry and psycho-education.
- Mental health and schools and explore use of consultation, education, out reach and clinical treatment
- Mental health and elderly
- Mental health and primary care
- Mental health and homeless with expansion to include women and families

**Provide services that demonstrate effectiveness in addressing consumer mental health needs, incorporating nationally recognized standards of practice and evidence based services.**

- Provide for staff training and development in nationally recognized mental health interventions
- Provide in-service training and include staff in special interest groups being developed by the state of Iowa
- Provide for staff understanding of current applications of research findings in mental health medications
- Expand psycho-educational resources by deploying a weekly nursing med group.

- Provide for staff participation in state initiated evidence based practice initiatives that includes an across organizational team to study local application.
- Provide for inter-disciplinary team case reviews for optimizing quality and effectiveness in consumer services
- Provide for departmental based supervision and case consultation to optimize quality and effective services for the consumer.
- Host or participate best practice work group meetings to advance specific service intervention models.
- Expand the use of Wellness Recovery Action Planning (WRAP) within the Center and the community.

**Provide services to meet a broad range of consumer presented mental health conditions across diagnostic and functional categories except those exempted by policy.**

- Provide services to children
  - Youth
  - Adults
  - Elderly
  - Families

Direct continuing education, training, supervision and in-service resources to advance staff expertise within the clinical services team

**Provide services that address a range of severity and intensity of consumer presented mental health conditions.**

- Provide for single episode visits and consultations
- Brief and episode based treatment of ten visits or less
- Longer term on going visits of ten visits or more
- Intensive out patient visits with multiple contacts weekly and integrated with community support, medication or other services.
- Emergency
- Urgent/priority
- Individual
- Group
- Family
- Support groups

Crisis and off site services will continue to be a focus of attention for possible expansion.

**Within the service offerings of the Center, provide emerging practices that include mediation, family conferencing, family team decision making, emdr.**

- Child welfare mediation
- Adult mediation
- Family conferencing
- Family team decision making
- EMDR
- WRAP
- Wraparound services for children and their families

**Incorporate evidence based practices relevant to the Centers services and in cooperation with the state of Iowa**

The designation of services meeting the test of an evidence based practice will be an initiative started this fiscal year and continuing over time. The Center will participate in this process and cooperate in service implementation.

The community support program has been revised for 2007/08 to incorporate evidence based practices for adults with co-occurring disorders and for children with a serious emotional disturbance. Both projects have been designed as much as system improvement projects that will have wider application over time. Specific to programmatic action for 2007/08 is the deployment of a core co-occurring screening tool for adults and a functional assessment tool for children. More specific attention will be paid to:

- Identification of system improvements actions in co-treatment
- Complete a baseline assessment of service readiness using Kenneth Minkoff's guidelines.
- Outcomes revised for Children's SED wraparound program using the University of Washington fidelity scales
- Incorporate primary software capable of tracking outcomes measures across out patient services in 2008/2009.
- Collect and report out come data on services to adults with serious and persistent mental illness in the community support and supported community living services
- The Center will direct staff development time towards services that reflect evidence based support and for evidence based initiatives specifically designated by the state of Iowa.

**Provide mental health service that are consumer directed and meet consumer developed desired outcomes.**

- Consumer identified and consumer developed service outcomes will be incorporated into services
- Consumer outcome and satisfaction studies will be undertaken
- Consumer focus groups will be hosted

- Continuous quality improvement studies will be developed through out the year.

**Ensure for community and consumer participation in the design, review and implementation of Center services**

Operate services through the use of the following community and consumer involvement processes:

- Board
- Advisory council
- Long term planning studies
- Annual plan review and revision meetings
- Focus groups
- Consumer participation meetings
- Consumer studies

**Provide for the efficient and effective security and privacy of protected health information gathered, stored, used and disseminated by the Center.**

Important on going actions incorporated into the Center's operations this coming year include:

- Record destruction project
- Record scanning project
- Paperless record project
- HIPAA privacy standards
- HIPAA standardized coding
- HIPAA security standards
- Child and Adult abuse and neglect training

Formal implementation of a major software change is expected in this fiscal year. A more specific implementation plan will be developed for this initiative including staff training and preparation.

The Center will explore the use of web based and internet transmission of protected health information which at present has been restricted.

**Provide for continued movement towards an integrated computer based record keeping system.**

- Review for the involvement of other interested community providers
- Identify needed changes to software for effective implementation
- Review accounting software
- Review and update needed hardware
- Update possible application of portable use of tablet PC
- Update possible application of voice recognition software

Implementation steps will rely on opportunities as they present themselves over the next twelve months. The intention is a thoughtful, organized movement in the direction of expanded computerization. A specific implementation plan will be developed as the Center reaches key decision points. October 1, 2007 has been designated as the intended go live date.

**Responsibly manage available resources to meet the Center's mission and the defined goals for the fiscal year.**

- Prepare for and complete annual audit operations for 2007 – 2008
- Deficit in operations managed through
  - Payments and reimbursement kept current
  - Consumer no show and failed visits reduced
  - Authorized services fully charged to third parties
  - Grant opportunities pursued
  - Make use when necessary of reserves
  - Operate the Center as close to a zero balance as possible with an acknowledged deficit at time of budget approval

Recommendations by the cost savings committee and approved at the June 13<sup>th</sup> 2007 board meeting are reflected in this plan:

- Payment at time of visit
  - Late payment statements
  - Administrative follow up with no show visits
  - Restriction, suspension or discontinuation of services for non payment
  - Referral to external collection resources
- Review and Develop budget for 2007-2008 to ensure continued operations of present service operations without expanding the operating deficit.

Legislation passed over a year ago to reimburse mental health centers for their “actual” costs has been delayed but still expected to occur in this fiscal year. The Center will prepare and submit a cost report for this purpose when this option is made possible.

**Provide for the consumer's timely access to mental health services**

- Provide for non medical clinical intakes
- Provide for medical intakes
- Consult clinic
- Develop support group/s
- Consumer education

Direct nursing time to support psychiatric services provided to consumers as a primary goal. This will likely restrict the important role of nursing in other community directed initiatives.

Consider options of funding a third nursing position.

Provide nursing services for a walk-in psychiatric clinic

Develop brief intervention resources for those consumers who are unable to meet full criteria for on-going out patient services-having a history of not being able to keep scheduled appointments.

**Provide on going support services for consumers with serious and persistent mental illness**

- Provide for individualized community based service supports
  - Provide for a drop-in center in downtown Mason City
  - Provide for peer helper program and expand its focus.
  - Explore one or more new support groups including for depression and for parents with serious emotional disturbance (SED) children.
  - Develop a medication education group
  - Explore the possible expansion of community support to those with legal and dual diagnoses.
  - Expand the use of WRAP conducting training with clinical staff an initiating at least one consumer group.
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- Further integrate mobile counseling, medication and community support in an assertive community treatment model engaging allied service organizations in a partnering initiative.
  - Review the possible application and consumer usefulness of a return to intensive out patient/day treatment program.

**Restore/expand the access to psychiatric resources offered through the Mental Health Center of North Iowa.**

For the better part of 2006/2007 our community has experienced a major crisis in the provision of psychiatric services. Termed the “perfect storm” we watched as our community already in short supply of psychiatry went from five to two psychiatrists. This is unmatched historically.

Psychiatric resources offered through the Mental Health Center of North Iowa are through a contractual agreement with Mason City Clinic. This past year the Center experienced a reduction in service time from 70 hours a week to less then 35 hours. The Center continued to have nearly 40% of referrals made for psychiatric services and served as nearly the only primary resource of out patient psychiatry. Actions to be taken this year include:

- Work closely with Mason City Clinic in recruitment of two or more psychiatrists

- Work closely with Mercy to coordinate what resources are available in both settings.
- Develop one or more consult clinics
- Limit nursing resources to clinic operations to maximize this resource
- Cooperate within the resources available to use temporary psychiatric resources offered through Mason City Clinic.
- Review recruitment initiatives to maximize the possibility of effective recruitment.
- Failing the ability to secure needed resources, the Center may need to review the capacity to continue to receive psychiatry only referrals. The option of providing these services to Center served consumers only will be considered. So too will be ways to screen and triage consumers with a co-occurring treatment needs. This and the implementation of co-occurring guidelines may result in further screening functions on psychiatry only referrals.  
Such actions would clearly represent drastic decisions- ones having substantial impact community wide for consumers and referral sources..

**Provide a prioritization in the use of available mental health resources through the more specific targeting of service hours and outcomes.**

### **Assessment**

- ❑ Provide 1,200 hours in initial assessment services
- ❑ Serve 1,000 consumers with initial assessments
- ❑ Achieve 80% or better consumer satisfaction scores with initial assessment
- ❑ Monitor and report progress of standards compliance through the Center's CQI process with one report prepared by January 30, 2008.
- ❑ Focus on the presence of developmental histories for referred children.
- ❑ Incorporate HIPAA into assessment functions conducted through the Center occurring through the clinical and community referral routes.
- ❑ Determine the efficacy of continuing the psychology internship program that currently provides for expanded evaluation services.

### **Specialized Assessment**

- ❑ Provide 5, 400 or more hours of specialized assessment in psychiatry, nursing, psychology and social work including that of assessing and managing of medication.
- ❑ Serve 800 or more consumers with psychiatric assessment
- ❑ Serve 50 or more consumers with psychological assessment
- ❑ Serve 500 or more consumers through a nursing/psychiatry consult clinic
- ❑ Achieve 80% or higher consumer satisfaction outcome.
- ❑ Provide expanded assessment resources to the homeless shelter and jail to assist with service needs of higher risk consumers.
- ❑ Continue consult clinic four or more days a week

- ❑ Incorporate functional assessment into specialized assessment function for reporting on service and complete 15 or more functional assessments on newly referred consumers June 30, 2008
- ❑ Offer assessment services for consumers to access services through resident county mental health plan
- ❑ Offer level II screenings as needed
- ❑ Offer post hospital follow up when referred by managed care

❑

### **Outpatient treatment**

- ❑ Provide 10, 500 or more service hours in outpatient treatment
- ❑ Serve 1,200 or more consumers
- ❑ Provide brief and extended out patient treatment
- ❑ Achieve a 80% or higher consumer satisfaction outcome.
- ❑ Review implementation of any new treatment and charting standards under Chapter 24 including revisions to treatment planning and cross walk with Medicare standards
- ❑ Complete at least one Medicare internal audit review
- ❑ Develop internal team to assist in computerized fiscal and clinical records with implementation in 2008
- ❑ Monitor and report progress through the Center's CQI process by December 2005 or sooner.
- ❑ Provide specialized treatment services to children/youth and their families with expansion of css to include SED children and their families
- ❑ Provide specialized treatment services to elders and their support systems
- ❑ Provide care management time in addition to direct service time to act on behalf of consumer needs.

### **Emergency Services**

- ❑ Provide 52 weeks of professional staff availability for emergencies after working hours
- ❑ Serve 300 or more consumers through after hour coverage
- ❑ Respond to 80% of all calls within fifteen minutes
- ❑ Sample one consumer population group served by the Center
- ❑ Achieve a 80% outcome where the consumer knows how to reach the Center's professional staff after hours, and report the resource to be helpful if used.
- ❑ Train staff in crisis intervention skills with at least one eight hour training for staff.
- ❑ Provide on call availability during the day by clinical staff
- ❑ Review crisis and organization safety plans at least once with staff during the reporting year.
- ❑ Provide expanded linkage to jail and law enforcement by developing of an emergency coordination linkage that will extend clinical and consultative resources
- ❑ Study ways to expand use of mobile crisis services

### **Consultation- Education- Community Planning**

- ❑ Provide 300 or more hours of indirect services
- ❑ Serve 15 or more organizations
- ❑ Provide service to 30 families and interested groups
- ❑ Achieve 80% or higher satisfaction with services from recipients of indirect services
- ❑ Prioritize the limited services by Targeting time to public and related not for profit organizations whose services and mission serve to foster advancement of mental health needs of consumers and fit within the county management plans.
- ❑ Provide hours to assist other organizations address high need mental health planning and indirect interventions including assisting with critical incidents, trauma, and high impact conditions.
- ❑ Provide hours to assist in prevention and reduction of risks to consumers with a special focus on assisting in publicly funded service organizations
- ❑ Provide hours to service interventions that are designed to promote positive consumer participation in the community reducing risk for restrictive placements.
- ❑ Consider specialized services for the department of corrections, court, schools, central point of coordination, case management, substance abuse and other providers serving dually diagnosed consumers.
- ❑ Expand consultative resources to the Mason City Public Schools with a focus on assisting high risk students in transition to adult hood and high risk groups.
- ❑ Expand service resources and system building options to SED children and youth with particular attention to partnering with the Department of Human Services SED project approved for funding this coming fiscal year.
- ❑ Expand service linkages to homeless shelter by appointing a liaison and who will provide a range of services to staff, consumers and board for more effectively linking mental health services to homeless adults.
- ❑ Expand service linkages to high risk elders directing a defined set of staff hours to implement an across agency staffing team and to provide resources to Elderbridge in responding to urgent referral issues of elders having mental health conditions.
- ❑ Expand service linkage to rural residents at risk in farm crisis.
- ❑ Expand service linkage to Prairie Ridge to better serve dual diagnosed consumers by providing for one on-going group, and foster where resources are available the expansion of community support to refine a specialized consumer following service involving the Mental Health Center of North Iowa and Prairie Ridge.

### **Day Treatment-Intensive Outpatient**

Presently an inactive service, these goals are established in the event we renew its operations in the next fiscal year.

- ❑ Serve 10 or more consumers with more intensive needs than out patient treatment can provide.
- ❑ Review use of day services as treatment and skill orientation for ARO
- ❑ Provide 460 or more hours
- ❑ Achieve a 80% or higher consumer reported satisfaction outcome.
- ❑ Transition from an inactive to an active service with at least one consumer served by October 12, 2009

### **Supported Community Living and Community Support**

- ❑ Provide 400 or more nursing hours in supported community living/ community support
- ❑ Provide 4,400 or more direct service hours to consumers in Cerro Gordo County
- ❑ Serve 150 or more consumers fitting admission criteria for service within Cerro Gordo County
- ❑ Serve 40 or more consumers fitting admission criteria for service within Franklin County
- ❑ Provide 2,200 or more service hours to consumers served in Franklin County
- ❑ Achieve a 80% or higher consumer satisfaction with service.
- ❑ Implement an outcomes study for consumers served by in Cerro Gordo County and evaluate and revise for possible inclusion of Franklin County by January of 2003.
- ❑ Expand and strengthen peer helping service and expand the total number of hours used by 10% and the number of evening and weekend hours available by 15%.
- ❑ Increase the number of service hours available to directly serve consumers in Franklin and Cerro Gordo County to provide for greater intensity to existing consumers and to increase the number of consumers served by 25% or more.
- ❑ Expand community awareness of service by increasing the number of talks documenting 10 or more and increase amount of public information distributed about the service by updating a distributing a brochure and a handout on services- distributing 300 or more copies.
- ❑ Explore option of expanding community support with special emphasis for consumers in corrections
- ❑ Explore option of expanding community support with a special emphasis for consumers with dual diagnosis.
- ❑ Complete transition from ARO to remedial skill services including that of groups.
- ❑ Support a survivor of suicide support group established in March of 2006

### **SUMMARY**

The Center expects to serve as an active partner in addressing high demand for mental health services. This plan reflects this level of demand while balancing increasingly limited resources. The plan calls for a focus on quality, access and accountability across the services of emergency coverage, out patient treatment, evaluation, supported

community living, consultation and education. Psychiatric rehabilitation and day treatment services have been placed on an inactive status in this plan.

## **Performance Improvement Planning for 2007/2008 July 9, 2007**

### Introduction

The Mental Health Center of North Iowa's performance improvement process engages all staff through various organizational functions that include administrative meetings with all staff as well as its administrative council with departmental leadership. It includes also team meetings by departments and professional practice, as well as a clinical team and fiscal management team each meeting regularly. A continuous quality improvement committee and a HIPAA committee (for privacy and security) also serve to facilitate performance improvement. Many of the targeted performance improvement projects are directly linked to organizational goals and will be reflected in the work of these various elements of organizational operation.

The Center has defined the following as priorities for guiding its performance improvement for 2007/2008.

### Performance improvement projects.

Develop an internal committee to work with Prairie Ridge in assessing our co-occurring capabilities and develop actions that move to closer more integration of services. Kenneth Minkoff's practice guidelines have been adopted to assist with this process.

Revise and implement protocols for reducing the number of consumer past due accounts

Monitor and adopt strategies to reduce the no show consumer rate by review across the organizational setting.

Explore ways to continue services for those consumers not prepared to commit to regular appointments – considering the implement an episode based group service. Explore ways to extend services through phone contact and by mobile counseling

Complete at least one consumer review of services and satisfaction

Complete at least one consumer chart review to measure documentation of consumer records.

Review all aspects of Center operations in preparation for a transition to electronic record keeping in this fiscal year.

Develop clinical service information in keeping with national standards and compliance with Chapter 24.

Incorporate revised outcomes for the Children's SED wraparound project.

Implement evidence based practices in the children's sed wraparound project incorporating fidelity scales and implementing a nationally recognized functional assessment tool

Support the implementation of evidence based practice in dialectical behavior therapy (DBT).

Introduce and expand the use of Wellness Recovery Action Plans (WRAP) or derivations of it in clinical services

Target staff development resources to evidence based practices and research based information in the delivery of services.