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Charles City, IA 50616
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Winnebago County
Worth County
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Forest City, IA 50436
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205 2nd St E
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723 1st Avenue S
Fort Dodge, IA 50501
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Clarion, IA 50525
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December 14, 2012

Michael Marshall
Secretary of the Senate
State Capitol Building
Des Moines, Iowa 50319

Carmine Boal
Chief Clerk of the House
State Capitol Building
Des Moines, Iowa 50319

Enclosed please find the crisis stabilization program pilot project report. This report was prepared pursuant to 2012 Iowa Acts, SF 2315, Section 60 (2).

Respectfully submitted on behalf of the Community Mental Health Committee by,

Bob Lincoln
Administrator
County Social Services

Enclosed: Adult Crisis and Stabilization Center Pilot Project Report

Introduction: SF 2315 established a crisis stabilization program pilot project to be implemented by the regional service network. The purpose of the pilot project is to provide a prototype for the departments of human services, inspections and appeals, and public health to develop regulatory standards. The network in cooperation with the departments of human services, inspections and appeals and public health are to report findings and recommendations to the governor, general assembly, and legislative services agency. SF2315 identifies crisis services as one of the core services in Mental Health and Disability Services (MHDS) Redesign and comprehensive crisis services in the expanded core services. Crisis services can be offered in multiple ways, including but not limited to 24-hour access to services, evaluation and assessment, mobile response, 24-hour crisis hotline, and crisis stabilization beds.

Summary: The goal of the Adult Crisis and Stabilization Center (ACSC) is to provide short term support for adults who need 24 hour supervision for safety during a mental health crisis but do not require inpatient mental health services.

Opened in February of 2012, the ACSC is located north of Waterloo and shares a building with North Iowa Juvenile Detention Services and is located on the same campus as Country View and the Youth Shelter. Currently there are ten crisis beds to serve consumers who present at any of the identified access points across the County Social Service region. This includes five hospitals and four Community Mental Health Centers. The ACSC is funded by County Social Services with dollars from the Mental Health and Disability fund. Since opening in February the ACSC has served 156 consumers.

Cost: The cost settled per diem for the ACSC was $460.00 per day when limited to 2 beds between February, 2012 and May, 2012. After July 1, 2012 and the expansion to 10 bed capacity, the ACSC has been able to cover costs with a per diem of $225.00. The $225.00 rate may be sustainable with an average census of 5 to 7 and no mental health professional on staff.

Recommendations: We conclude that crisis stabilization is an essential and needed addition to the behavioral health system in Iowa. Our project also identified the need to improve integration of care and the need to give individuals in crisis another door that does not open into the Emergency Department of our hospitals.

Although the facility setting of our ACSC has provided a safe environment for individuals in crisis and made it possible to launch the service with minimal start-up cost, expansion of the service should focus on community settings and a bias to peer run and recovery focused environments.

Moving forward, we need to connect crisis stabilization to fully functioning Access Centers. This is a central intake for behavioral health services that integrates medical, psychiatric, and substance abuse services. We need to increase capacity in the community to support individuals with serious and persistent mental illness with Assertive Community Treatment Teams and individuals with chemical dependency with social detoxification and sober living settings.

History: The concept of a hospital diversion program had been considered for several years in Black Hawk County, and members of the local community representing area hospitals, law enforcement and community providers formed the Community Mental Health Committee to identify community needs and discuss solutions. The committee identified:

- Many consumers presenting in a mental health crisis at local emergency rooms did not need to be in the hospital, but had few options between their home and hospital for getting immediate access to the support they need in a time of crisis.
- Due to inpatient psychiatric beds in the area being full, consumers were being transferred to other hospitals out of the area, away from their home and providers.

The vision of the committee was to create a crisis center where individuals who did not require inpatient psychiatric services could get access to the support needed.

Admissions: The ACSC has adapted the Utilization Management Guidelines for Crisis Services found in Magellan's Iowa Plan for Behavioral Health Utilization Management Guidelines, 2012 as their admission guidelines. The ACSC chose to adapt these guidelines because they provided a reflection of type of need the ACSC seeks to address.

Consumers must present in a mental health crisis at an identified hospital or community mental health center in the region. A clinical exam is completed by a Licensed Practitioner of the Healing Arts (MD, DO, LISW, ANRP, PA-C) to determine the consumer meets the admission guidelines for the ACSC.

The consumer must have a valid principal DSM-IV TR Axis I or II diagnosis, and meet at least one of the following criteria:

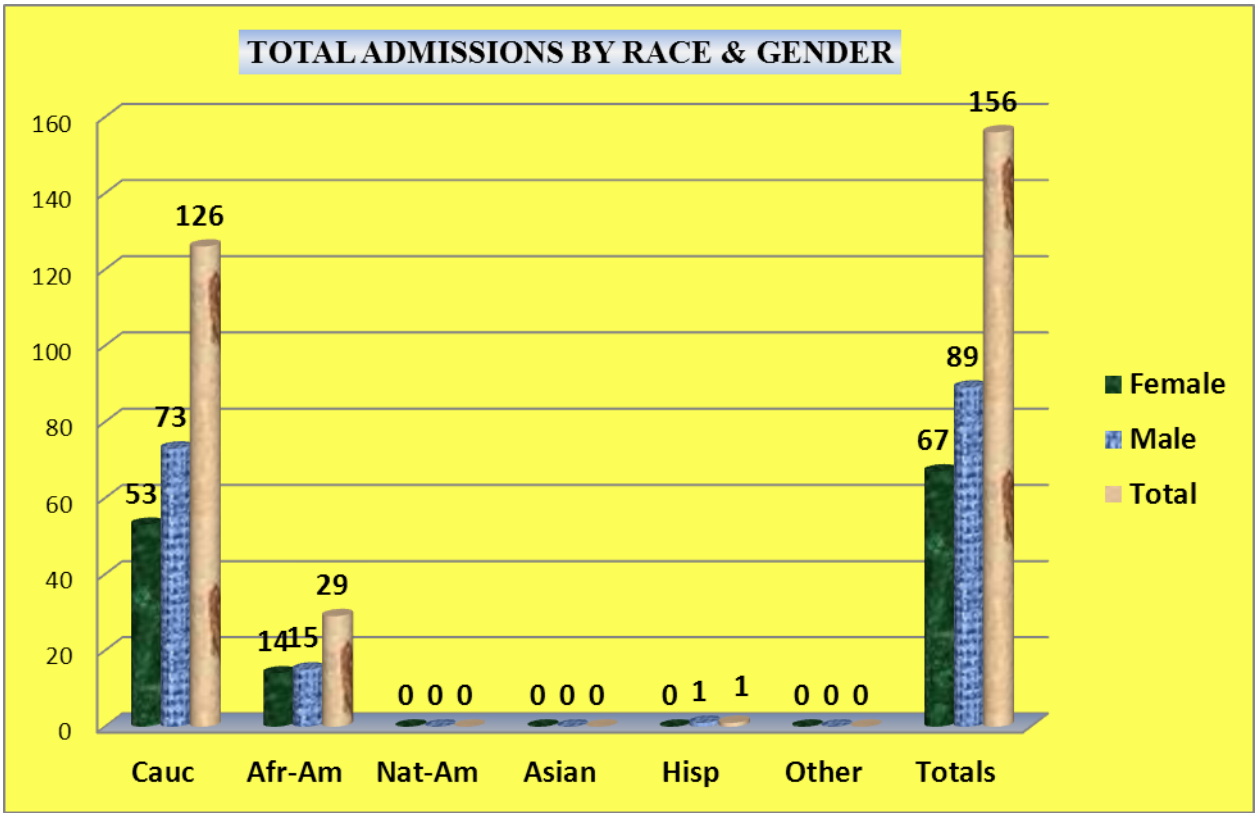
- *Must demonstrate a significant incapacitating or debilitating disturbance in mood/thought interfering with ADLs to the extent that immediate stabilization is required.*
- *The clinical evaluation of the consumer's condition must indicate a sudden decompensation with a potential for danger—but not imminently dangerous—to self or others, and the consumer has no available supports to provide continuous monitoring.*
- *The consumer requires 24 hour observation and supervision, but not the constant observation of an inpatient psychiatric setting.*
- *The clinical evaluation indicates the consumer can be effectively treated with short-term intensive crisis intervention services and returned to a less intensive level of care within a brief time frame.*

If the clinical exam identifies a consumer presenting with any of the following acute psychiatric symptoms as identified by Magellan's utilization and management guidelines they are not referred to the ACSC but rather inpatient psychiatry:

- *suicidal/homicidal ideation/intent with access and means*
- *pervasive psychosis with severe functioning impairment*
- *severe mania with impairment in functioning*
- *medical issues requiring a more intensive level of care*

After consumers are deemed appropriate for the ACSC by the LPHA, the ACSC is contacted and referrals are reviewed by staff with the referring agency to make sure consumers do not meet any

of the additional exclusion criteria. Additional exclusion criteria include: individuals that are under arrest, physically disabled, a registered sexual offender, have a history of self-injurious behavior, are at high risk for violence or are cognitively or physically impaired due to drug or alcohol use.



Length of Stay: The need for continued services is identified by using Magellan's Utilization Management Guidelines for continued treatment criteria for crisis stabilization services. If the service coordinator identifies any of the following during interviewing the client a consumer is eligible for continues services. The Magellan guidelines include:

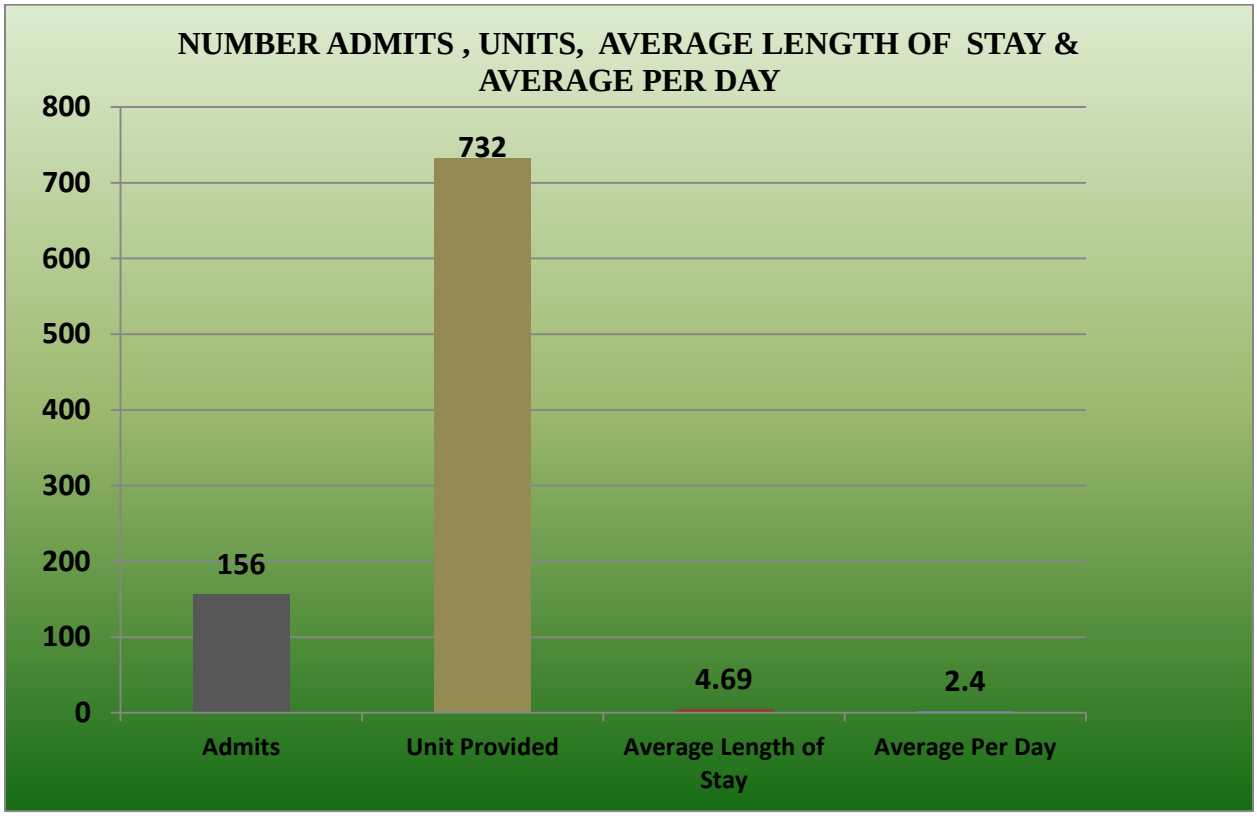
- *The persistence of problems that caused the admission to a degree that continues to meet the admission criteria*
- *The emergence of additional problems that meet the admission criteria*
- *The disposition planning and/or attempts at therapeutic re-entry into the community have resulted in—or would result in—exacerbation of the psychiatric illness to the degree that would necessitate continued crisis residential treatment*
- *The current or revised treatment plan can be reasonably expected to bring about significant improvement in the problems.*

If at any time during their admission a consumer experiences a decomposition in mental health, they are immediately transported to the local emergency room for evaluation by a physician to determine if they need inpatient psychiatric services

The average length of stays is 4.69 days, while the longest length of stay has been 56 days. Common factors that affect length of stay are:

- No availability of beds in local homeless shelters
- Waiting for referrals to community providers and residential care facilities
- Waiting for availability at a residential substance abuse treatment provider
- Monitoring individuals for medication adjustments

The consumer who had a length of stay of 56 days had a very unusual situation. That individual had a diagnosis of a mild intellectual disability as well as a chronic mental illness and required 24 hour supervision. The individuals was discharged from a provider and unable to return due to aggressive behaviors, did not meet the criteria for inpatient psychiatry, and had no supports in place that could assist with needs. An extensive search for a community based provider that could meet his needs was being done while at the ACSC.



Staffing Levels/Qualifications:
Staffing of the ACSC is achieved through Crisis Center Residential Counselors with a staff ratio of one Residential Counselor per five adults during prime hours, with a supervisor on call 24 hours a day. The crisis center also provides access to a master's prepared mental health service coordinator to assist with care planning. Currently the service coordinator is an employee of County Social Services and assists with care planning throughout the consumer's stay. The

service coordinator is not full time at the Crisis Center and is exempt from the 1:5 staffing ratio. The ACSC also has a psychiatric ANRP under contract to provide medical evaluations.

Qualifications for Crisis Center Residential Counselors are: a minimum of a high school degree while a Bachelor of Arts degree is preferred; experience working with adults who have a mental illness or developmental disability; and training within six months of hire in Mental Health First Aid, CPR, First Aid, Medication Management, crisis de-escalation, and Mandatory Abuse Reporting.

The crisis center is staffed by employees of the North Iowa Juvenile Detention Services; prior to the ACSC opening, management at the North Iowa Juvenile Detention Center identified current staffs that have experience working with adults with mental illness or developmental disabilities through previous employment. Those employees were selected as the core staff members for the ACSC.

Facility Service Components

The main components of the ACSC program are: medication management, transportation, supervision/support and care planning.

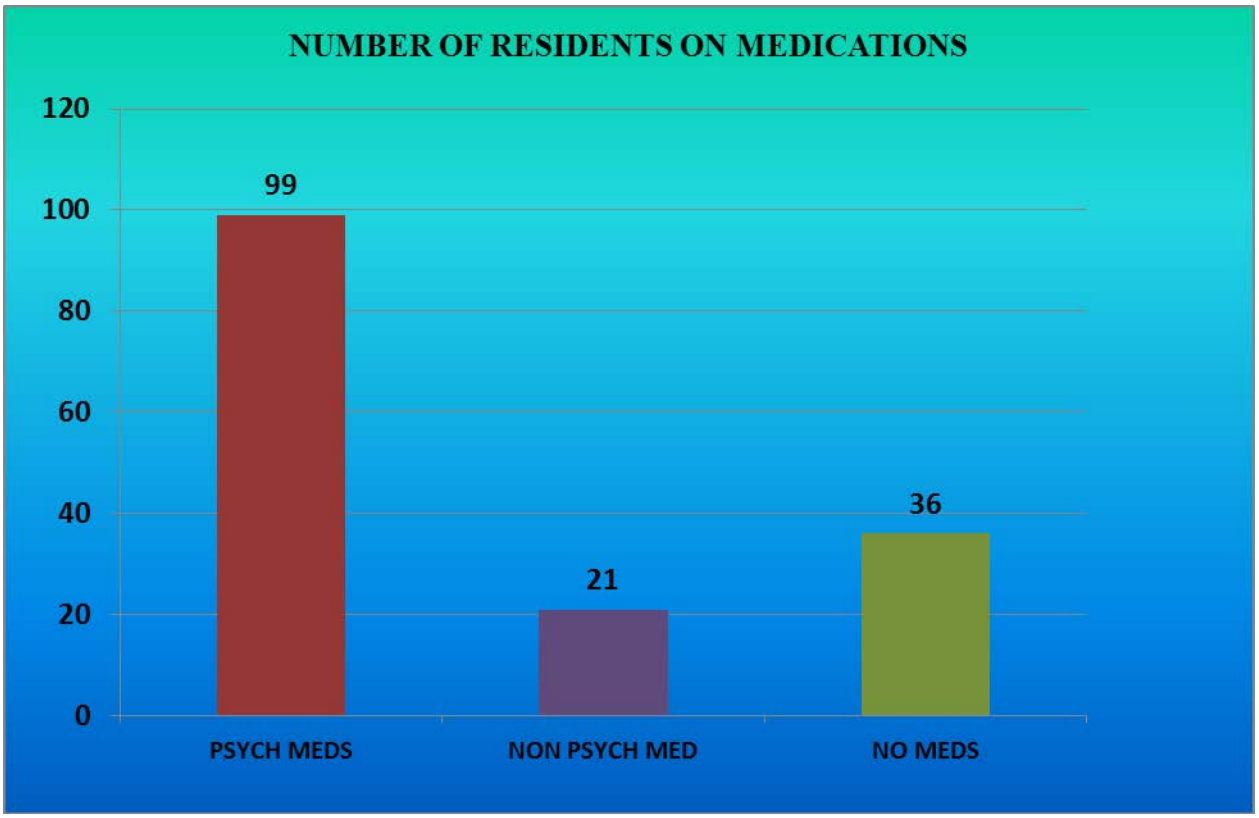
ACSC employs certified medication managers to dispense, account for, and arrange for refills of prescription meds. A nurse practitioner is under contract to provide health screenings and medication evaluations. All medications are kept double-locked in an area to which clients have no direct access. Medication control and dispensation is the full responsibility of the ACSC staff.

The ACSC transportation service allows clients to attend scheduled appointments when needed. The service also transports from the hospital to ACSC prior to admission and to a placement or back home upon discharge.

ACSC staff is available 24 hours a day to keep the clients safe and secure. The staff is also responsible for the daily meal preparation and keeping the unit clean. They are able to coordinate with other agencies under the direction of the service coordinator to assist clients in connecting with the necessary community resources.

After admission to the ACSC a mental health service coordinator is assigned to each consumer and meets with the consumer within 48 hours to complete a care plan that identifies problem areas, specific needs, and key goals.

Other key components of the ACSC program are that all admissions are voluntary, the center is unlocked, and consumers are able to discharge themselves at any time and the center does not use any type of restraints or control room. If a consumer discharges and the staff feel the person is a danger to their self or others law enforcement is notified. While the ACSC is unlocked, it is expected that a consumer stay on grounds at all times while they are at the ACSC with the exception of medical appointments which staff will provide transportation to and from.

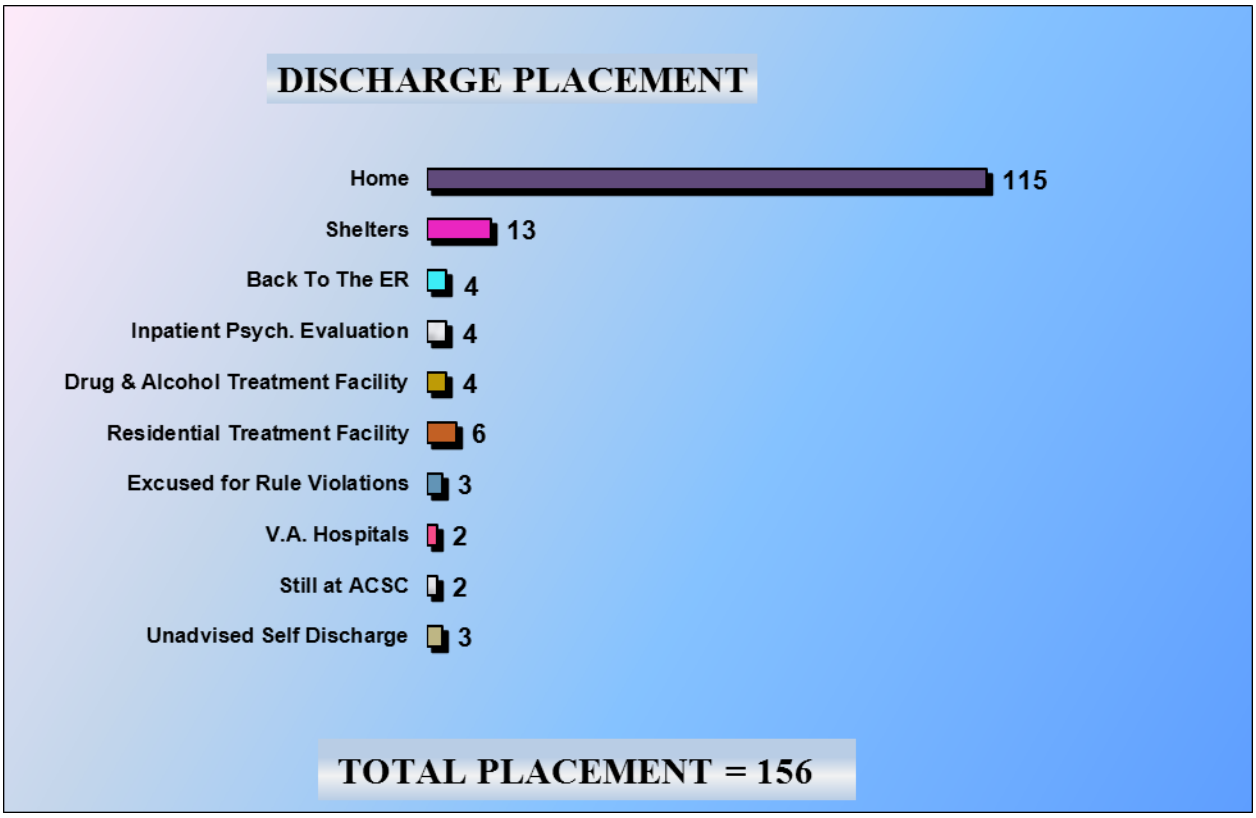


Transition between Services:

The majority of the consumers discharged from the ACSC returned home, most of the consumers returned home without needing additional community based services, excluding outpatient mental health services.

If the service coordinator identifies that a consumers lacks the necessary supports and skills to live in the community additional community based services are offered. These services are voluntary and if a consumer chooses to access additional community based services they are assigned to a service coordinator/case manager to set up monitor their services. All consumers who discharge from the ACSC are eligible for assistance with information and referral through their local County Social Service office.

Consumers connected with formal community supports are encouraged to have their support providers involved in creating the care plan. In the event the formal supports are not available to participate in creating the care plan contact is made to notify the provider of the care plan recommendations.



Success and Lessons Learned

The ACSC has had many successes but has also learned what needs to be adjusted in the current model. Moving forward, when working with consumers who have a diagnosis of intellectual disabilities there needs to be a structured setting and program in place to meet their needs. It is also recommended that any staff serving an individual with a diagnosis of intellectual disability have additional training in Positive Behavioral Interventions. Also moving forward it is essential to have the transportation services for consumers at the ACSC. This has proved to be an essential part of the services because it allows consumers the flexibility to attend doctor appointment or other necessary appointments and expedites the process of recovery and support in the community.

There have been many successes at the ACSC; the key success has been community collaboration with multiple private and public agencies. This preserves consumer connections in their local communities. Support provided by the staff and agencies working with the ACSC have made this pilot project a success for Iowa and its consumers of the mental health system.