

Sieda Behavioral Health and Treatment Services Performance Analysis

History

Sieda Behavioral Health and Treatment Services, an Iowa based non-profit agency (under section 501 (c) (3) of the Internal Revenue Code), is licensed to provide substance abuse treatment for Adult and Adolescent services by the State of Iowa. The alcohol and drug treatment program was conceived as the Sieda Alcohol Project in September 1976, under the auspices of the Southern Iowa Economic Development Association. A project director was hired in September 1976. A data coordinator secretary was hired to assist the director. In November 1976, a senior counselor was taken on board. In December 1976, two additional counselors were employed as outreach counselors; one counselor to serve the central Ottumwa office and one in Centerville to serve Appanoose, Lucas, and Wayne Counties. In January 1977, a third counselor was hired to serve Jefferson and Van Buren Counties. Offices were established in Centerville and in Fairfield for those areas. In the fall of 1977, a contract was entered into between the Project and St. Joseph Hospital in Ottumwa, to provide therapy treatment in an inpatient basis at that hospital.

From the onset, the Sieda organization was to be the administrative vehicle to get the program started. When the time arrived and financing was arranged, the program was to "spin off" from Sieda control and become a separate nonprofit corporation with its own governing authority to administer the program. Articles of Incorporation were filed with the state of Iowa and on November 7, 1977 the South Central Council on Alcoholism and Drug Abuse assumed legal responsibility for the management of the project. The project director was named Executive Director, the hospital program continued and additional staff was hired to take care of administrative work, as well as expansion of services to all counties on to permanent basis. Therefore two more counselors were added as directed by the new Governing Authority of the Corporation.

In July 1978, the Board of Directors requested an on-site survey by the Department of Substance Abuse for the purpose of giving the board some idea of how the agency was progressing. The Board accepted the resignation of the Director on July 25, 1978 and appointed an Acting Director until a new one could be hired. A new Executive Director was hired on October 23, 1979. In the interim period, new quarters were secured and the central office of the agency moved from 211 East Second to Suite 302 at 106 North Market Street in Ottumwa.

On January 22, 1980 the Executive Director submitted his resignation to the Board of Directors. The Agency was reorganized and on June 24, 1980 the Board of Directors voted to change the agency name to Drug and Alcohol Services, Incorporated; however, this name was unacceptable due to its similarity to another agency. The "Incorporated" was dropped and after filing the change with the Secretary of State, the agency official became known as "Drug and Alcohol Services, Corporation".

Following the resignation of the current Director in March 1981, the Board of Directors of Drug and Alcohol Services Corporation approached Southern Iowa Economic Development Association (the original "parent" organization of the program) with a proposal to reestablish the program under the Sieda Corporate structure. Following discussions with both Boards and the Iowa Department of Substance Abuse, Drug and Alcohol Services Corporation entered into a management contract with Sieda to manage the program until the completion of the current contract year, effective April 1, 1981. An Interim Director was appointed from the Sieda staff. An Application to administer the program was submitted to and subsequently approved by the Iowa Department of Substance Abuse for Fiscal Year 1982.

Effective July 1, 1981 Articles of Dissolution were filed with the Secretary of State on behalf of Drug and Alcohol Services Corporation and Southern Iowa Economic Development Association became the legal entity responsible for the management of Sieda Drug and Alcohol Services. A permanent Program Director was appointed on August 1, 1981. On October 4, 1982 the central Drug and Alcohol Services office was relocated to 226 West Main Street in Ottumwa, to join the central administrative complex of Sieda. The program continues to function under the auspices of Sieda and its Board of Directors.

In January 1999 the Division Director left Sieda. The organization subsequently entered into a management contract with the Mid-Eastern Council on Chemical Abuse (MECCA) to provide management of the Drug and Alcohol Division of Sieda. In March 2006, Sieda Substance Abuse Services ended their management contract with Mecca and has returned to employing a full-time Director. In September 2013, the Board approved changing the name to Sieda Behavioral Health and Treatment Services.

Locations

Sieda Behavioral Health and Treatment Services operates out of ten locations in southeast Iowa. Our home office is located at 310 West Main in Ottumwa, Iowa 641-683-6747. Sieda Behavioral Health and Treatment Services operates at the following locations:

Centerville: 111 North Main, Suite 2 (641-856-3112)
Fairfield: 201 South 23rd (641-472-5834)
Oskaloosa (owned): 114 North Market Street (641-673-8609)
Albia: 1801 South B Street (641-932-5960)
Chariton: 115 South Main Street (641-774-8279)
Corydon: 203 North Franklin (641-872-2200)
Keosauqua: 902 4th Street (319-293-3958)
Sigourney: 114 West Washington, PO Box 228 (641-622-3410)
Bloomfield: 300 E. South street (641-664-3251)

Philosophy (Theories) and Approach (Staff Training and Supervision)

It is the philosophy of this agency that substance abuse and multi-occurring disorders entail psycho/social/behavioral aspects of persons served' lives and our services must therefore address each of the persons served with establishing goals for each aspect of their lives. Furthermore, it is the philosophy of this agency that the needs of our community in the area of substance abuse treatment and multi-occurring disorders, prevention and education can best be met by utilizing a diversified approach that encompasses, but is not limited to, Assessment/Evaluation, OWI evaluation, Continuing Care, Individual Outpatient Treatment (English and Spanish), Outpatient Group Treatment at the IOP and EOP level,

Problem Gambling Service (Mahaska and Keokuk offices, Multi-occurring, Seeking Safety Group, Access to Recovery Services.

Sieda Behavioral Health and Treatment Services encourages persons served to voice their choices regarding their care and referrals to linked resources that sustain their recovery. All professional staff have training in evidence based practices along with annual training in cultural competence, health and safety, critical incident prevention and reporting and remedial actions, non-violent safety training, rights of persons served, person and family centered services, confidentiality and expectations regarding professional conduct.

Services Offered

Over the past year Sieda Behavioral Health and Treatment Services as provided services to approximately 1500 individuals for addiction, and mental health co-occurring conditions. Services provided include assessment, treatment planning and individual and group therapies.

We offer services in each county within our 10 county area. All of our offices are located with regard to persons served accessibility. We also attempt to make appointments for persons served in a timely manner. We have a walk-in evaluation/assessment day in Ottumwa to enhance our accessibility. Persons served are evaluated and placed in treatment at the least restrictive ASAM level of care (efficiency). Clients are monitored weekly in IOP and every 30 days in EOP to assess their on-going appropriate placement (efficiency). Within each ASAM level of care services are offered to target the persons served needs with the minimum amount of time spent in that level of care. Effective services are shown when clients meet treatment goals and are either able to transition to a lower level of care or discharge from the program. Effectiveness is also shown through updated ASAMS as level of risk and level of care numbers decrease. Transition/discharge plans also document the effectiveness of services. Further person served surveys are used to obtain information from clients about effectiveness, efficiency and accessibility of services. We continuously seek to improve our services in these areas.

Our staff is comprised on 23 employees. We have a Unit Director who holds a LMHC, LMSW and IADC, a Clinical Supervisor who holds a LMHC, LMSW, an IADC, an Assistant Clinical Supervisor with and IADC, and a counseling staff with a LMHC. All of our counselors hold either a mental health or social work license, are certified alcohol or drug counselors or are in training to become certified alcohol and drug counselors. We have 4 prevention staff. Three are Certified Prevention Specialists. We have an Access to Recovery staff and 2 support staff, a Financial/Support Specialist, and a Billing Support Specialist. We all work well together to ensure best practices and philosophies and tailor and effective plan for each individual client as well as family members in certain cases. Sieda Behavioral Health and Treatment Services provides intensive, extended, and continuing care outpatient services.

Sieda Behavioral Health and Treatment Services programs are designed for substance abusers and their families to receive treatment services in the least restrictive environment. No person served is denied admission on the basis of gender, race, creed, religion, sexual orientation, physical or psychological disability and level of literacy, nation of origin, education level, or socioeconomic status.

Sieda Behavioral Health and Treatment Services obtained CARF accreditation and provide the following services:

Intensive Outpatient Treatment: Integrated: AOD/MH

Outpatient Treatment: Integrated: AOD/MH (Adults, Children and Adolescent)

Prevention: Alcohol and other Drugs/Addictions (Children and Adolescents).

Below are descriptions of the programs Sieda Behavioral Health and Treatment Services offers.

Intensive Outpatient Treatment (ASAM Level 11.1)

Persons served must meet ASAM criteria for Level 11.1. Persons served appropriate for this level of care meet diagnostic criteria for substance abuse or dependence, have significant histories of substance use, have multiple need areas related to their substance use, but demonstrate sufficient motivation and environmental support to suggest they can remain abstinent during their involvement with treatment. All persons served will also be screened for potential problem gambling, mental health symptoms, physical health symptoms or other multi-occurring disorders. This program includes individual counseling, group counseling, family counseling as needed, referrals as needed, treatment planning and review and discharge planning.

Hours of programming: At least nine hours per week. Normally 12 hours of group services per week and weekly individual or family sessions.

Length of Stay: Normally 21 days of IOP services followed by 91 days of EOP and up to one year of Continuing Care.

Treatment plan review schedule: Every seven days.

Outpatient Treatment (ASAM Level I):

EOP (ASAM Level I)

Persons served meet diagnostic criteria for abuse or dependency, but have limited histories of substance use and report sufficient environmental support to believe the persons served can remain abstinent while involved in treatment services. All persons served will also be screened for potential problem gambling, mental health symptoms, physical health symptoms or other multi-occurring disorders. This program includes individual counseling, group counseling, family counseling as needed, referrals as needed, treatment planning/reviews, discharge planning.

Hours of Programming: Less than nine hours of services per week.

Length of stay: Normal length of stay is 91 days.

Treatment plan review schedule: Every 30 days.

Continuing Care Admission (ASAM Level I)

Persons served must meet ASAM criteria for Level I and have completed primary treatment in one of Sieda's treatment programs or be referred from another treatment resource following completion of primary treatment. All persons served will also be screened for potential problem gambling, mental health symptoms, physical health symptoms or other multi-occurring disorders. This program includes individual counseling, group counseling, family counseling as needed, referrals as needed, treatment planning/reviews, discharge planning.

Hours of programming: weekly group meeting and for a minimum of monthly individual sessions

Length of stay: Normal length of stay is up to one year

Treatment plan review schedule: Every 30 days

Within our Intensive Outpatient Treatment and Outpatient Treatment, we also offer specialty groups. They are the following:

Co-Occurring Group

This group educates on both substance abuse and mental health issues and deals with problems specific to those suffering from both conditions. Education, individual and group therapy are available. Any persons served who have a mental health diagnosis and/or who meet criteria based on MHSF-III is eligible.

We also offer a second Co-occurring Group for those persons served with substance abuse and chronic mental health issues.

Hours of Programming: 1.5 hours/week

Length of stay: Normal length of stay is 3-6 months

Treatment plan review schedule: Based on current of care (see above).

Seeking Safety Group

This group educates on both substance abuse and past trauma and deals with problems specific to those suffering from both conditions. Any persons served who have experience trauma are eligible.

Hours of Programming: 1.5 hour weekly

Length of stay: Normal length of stay is 3-6 months

Treatment plan review schedule: Based on current level of care (see above)

Prevention Services

Sieda Substance Abuse Prevention Services views substance abuse as a health problem and utilizes the conceptual foundation of the Public Health model that recognizes the Host, the Agent and the Environment as three distinct factors that are impacted by our prevention efforts. The host is the individual using the substance, the agent is the substance itself and the environment is the influences that affect decisions regarding use of substances. It is important to address all three factors (Host, Agent, and Environment) in an effective, comprehensive substance abuse prevention strategy.

Prevention services will be coordinated with other levels of care on the continuum of substance abuse services. These substance abuse services range from primary prevention, early intervention, treatment, and aftercare. Services must be provided in multiple settings that access community members of all ages. Schools, churches, business/employment fairs, community meetings, work place settings and healthy fairs are all appropriate locations to deliver the prevention message. Sieda Behavioral Health and Treatment Services promotes low risk choices regarding the use of alcohol and other drugs in our prevention programming. The result is that the clients first exposed to Sieda in a prevention program then who subsequently access treatment service will recognize messages that they have encountered in other settings.

Sieda's prevention program will include the Public Health model for disease prevention, multi-strategic approach, risk and protective factors developed to influence substance use, and emphasize abstinence and low risk choices in our prevention program. Sieda will outline specific community based goals and objectives involving each county plan and involving all community stakeholders.

Early Intervention {ASAM Level 0.5/Prevention}

The person served must meet ASAM criteria for level 0.5. Persons served appropriate for this level of care include those individuals who have limited history of substance use problem gambling, mental health symptoms, physical health symptoms or other multi-occurring disorders, combined with significant risk factors that place them at high risk for development of substance abuse/multi-occurring related difficulties in the future.

Hours of Programming: Twice monthly
Length of stay: Two 1.5 hour groups
Treatment Plan Review Schedule: NA

Children and Adolescents

Persons served must meet ASAM criteria for Level I and Level II.I . These persons served meet diagnostic criteria for abuse or dependency, but have limited histories of substance use and report sufficient environmental support to believe the persons served can remain abstinent while involved in treatment services. All persons served will also be screened for potential problem gambling, mental health symptoms, physical health symptoms or other multi-occurring disorders. This program includes individual counseling, group counseling, family counseling as needed, referrals as needed, treatment planning/reviews, discharge planning.

Hours of Programming: Level I: Less than 9 hours of service weekly
Length of stay: Normal length of stay is 91 days
Treatment plan review schedule: Every 30 days

Hours of Programming: Level II.I: At least nine hours per week.
Length of stay: Normally 21 days of IOP services followed by 91 days of EOP and up to one year of Continuing Care.
Treatment plan review schedule: Every 7 days.

Mission, Vision and Values

Sieda Behavioral Health and Treatment Services performed the yearly review of the Mission, Vision, and Values. This is conducted for the purpose of improving the quality of programs and services.

Mission: Sieda Behavioral Health and Treatment Services mission is to improve mental health and reduce substance abuse and multi-occurring issues within the communities we serve by providing quality comprehensive prevention and treatment services that encompass all aspects of persons served life.

Vision: Sieda Behavioral Health and Treatment Services will be a preferred provider of prevention and treatment services. We are dedicated to improving the quality of life of individuals, families, and communities in Southern Iowa affected by substance abuse, gambling, mental and physical health concerns through a recovery oriented system of care, including strengths, needs, abilities, and preferences of persons served.

Values: Sieda Behavioral Health and Treatment Services values include:

- Continuously provide a welcoming, hopeful, and empathic environment
- Treating everyone with dignity, honesty, and respect
- Promoting a team environment
- Promoting a culture of change
- Promoting professional development and personal growth of our staff
- Responsive to the needs of our community
- Continuously improving all aspects of our unit

Strategic Planning: things needing improvement

In the development of the 2015-2016 strategic plan input was received from staff, persons served, board, and outside agencies. The plan is comprehensive and several goals and objectives were identified. See below for our Written Strategic Plan. The Strategic Plan is ongoing and will be updated yearly.

Agency Wide Goals

Goal # 1 Prepare for Healthcare Reform

- a. Support ROSC; ongoing
- b. Verify payment source working with Iowa Workforce Development; ongoing
- c. Maintain CARF accreditation; ongoing
- d. Continue to development relationships, collaborate and develop referral agreements with community agencies; ongoing
- e. Update existing software that will meet standards of EMR; ongoing
- f. Continue collaboration between our prevention, Treatment and Mental Health programs; ongoing

Goal #2 Incorporated programming that encompasses all aspects of the persons served lives (multi-occurring)

- a. Survey persons' served to determine the need for additional services; ongoing
- b. Improve Treatment, Prevention and referral abilities for Multi-Occurring (Substance Abuse Services, Gambling, Mental Health and Physical Health); ongoing
- c. Maintain no wait time for assessments or treatment; ongoing
- d. Continue to provide Co-Occurring, Seeking Safety and Co-Occurring for chronically mentally ill persons groups; ongoing
- e. Ensure persons served information and resource list is current; ongoing
- f. Continue to utilize employee orientation process that provides education for Multi-Occurring issues; ongoing

Goal #3 Ensure quality workforce (Developed New Hiring Process) Ongoing Goal

- a. All applicants must meet all job requirements and qualifications identified in the job description
- b. The selection and interview process will be completed by a search committee
- c. Search committee consists of the direct supervisor of the position, Unit director, Supervisor from another unit and member of executive team.
- d. Search committee will designate a Chair
- e. Assistant to the Executive Team will monitor and download applications, resumes, and cover letter letters and provide to the Chair
- f. The search committee selects applicants for interviews based on natural breaks displayed in the applicant matrix.
- g. Search committee makes recommendation for hire.

Goal #4 Increase the number of co-payments received from persons served

- a. Educate Support Specialists and Treatment Counselors on the importance of the collection of co-pays from persons served; Completed and ongoing
- b. Include financial responsibilities for Treatment as goal for Treatment plan; on going
- c. Obtain report of the amount of write offs that are done each month.; ongoing
- d. Monitor the amount of co-pays that are collected each month. We do this monthly; ongoing
- e. Person served will meet with Financial Counselor when is having difficulties paying their bill; ongoing
- f. Treatment Counselor will refer Person served to Financial Counselor if is part of their Treatment Plan; ongoing

Goal #5 Obtain an EHR that is compatible for substance abuse treatment, mental health counseling and gambling treatment

- a. Unit Director will work with a group of providers who are searching for the same goal (currently working with FEI developing an EHR, IAWITS)
- b. Unit Director will attend conference calls and meetings; ongoing
- c. Ensure the EHR is substance abuse treatment, mental health counselor and gambling compliant; on going
- d. Ensure the EHR is HIPPA and 42CFR compliant; ongoing
- e. Explore billing with IAWITS and cost effectiveness; ongoing
- f. Clinical Training will be provided; ongoing
- g. Go live the first of November

Goal #6 Write grant proposal for the RFP (substance abuse treatment, Comprehensive Prevention, and Gambling) that will be coming out for competition this year. We don't gave a completion date as the RFP hasn't been released.

- a. Unit Director will take the lead on the proposal and ensure completeness.
- b. Clinical Supervisor will assist in writing the grant
- c. Prevention Supervisor will assist in writing the grant

Goal #7 Ensure Sieda Behavioral Health and Treatment Services is financially sound.

- a. Unit Director meets with Executive Director and Fiscal Office and reviews financials monthly and ongoing
- b. Unit Director follows up with Clinical Supervisor and Prevention Supervisor; monthly and ongoing
- c. Unit Director will share any financial issues with Medical Director; ongoing
- d. If financial distress occurs, a course of action will take place with all involved; ongoing

Administrative Program Goals

Goal #1 Ensure well-educated Support Specialists in order to provide quality service for Staff and persons' served

- a. Provide a financial orientation at time of evaluation; ongoing
- b. Include financial responsibilities for Treatment as goal for Treatment plan ; ongoing
- c. Train Support Specialists to verify insurance benefits; ongoing
- d. Train Support Specialists to be welcoming, empathetic and hopeful when greeting all persons served; ongoing
- e. Mental health insurance will be verified by our Medical Billing/Support; ongoing

Treatment/Prevention Goals

Goal #1 Expand Mental Health Service

- a. Employ more Masters level clinicians (on going)
- b. Advertise specifically master's level mental health or social work when it is financially smart; ongoing
- c. Building a PCIT room for play therapy in our new location

Goal #2 Develop and Implement Family Program

- a. Clinical Supervisor and Prevention Supervisor will work together on developing Family Program; 3/1/16
- b. Clinical Supervisor and Prevention Supervisor will Implement Family Program 7/1/16
- c. Clinical Supervisor and Prevention Supervisor will monitor program and make changes as needed; ongoing

Goal #3 Explore coordination of primary healthcare and substance abuse services

- a. Explore tele-health possibilities (on going)
- b. Counselor housed at River Hills with our SBIRT pilot project

Accessibility Plan FY16

Architectural

- A. Goal: As needed relocation of Behavioral Health and Treatment Services to new facility in order to increase accessibility and aesthetics for persons served
 - 1. Objective: Relocate to 310 West Main by September 1, 2015
Goal: Renovation of Behavioral Health and Treatment Services sites to enhance architectural accessibility and aesthetics
Objective: Purchase Centerville office.
 - a) Responsible Party: Executive Director/Unit Director
 - b) Target Date: 06/2016
 - c) Completion Date: Pending
 - d) Ownership of the building will allow for minimal renovation for Sieda's multiple units needs at the site.

Environmental

- A. Goal: Improve safety
 - 1. Objective: Training on space heaters
 - a) Responsible Party: Unit Director, Clinical Supervisor, Assistant Clinical Supervisor
 - b) Target Date: 2/2016
 - c) Completion Date: 2/2016
- B. Goal: Increase appearance of environment in all offices to promote feelings of comfort and belonging
 - 1. Objective: Improved appearance by painting, cleaning, equipment and newer furniture to sites in outlying service area.
 - a) Responsible Party: Unit Director, Clinical Supervisor, Assistant Clinical Supervisor
 - b) Target Date: 6/2016

- c) Completion Date: Pending

Attitudinal

- A. Goal: Maintain staff training programs regarding cultural competency, ethics, accessibility issues to assist in recognizing and eliminating barriers associated with addiction treatment and co-occurring issues
 - 1. Objective: Send staff to Diversity training
 - a) Responsible Party: Clinical Supervisor
 - b) Target Date: 04/2016
 - c) Completion Date: Pending
 - 2. Objective: Send staff to Governor's Conference
 - a) Responsible Party: Clinical Supervisor
 - b) Target Date: 04/2016
 - c) Completion Date: Pending
 - 3. Objective: Update brochure to present as all inclusive for Persons Served
 - a) Responsible Party: Executive Director/Unit Director
 - b) Target Date: 06/2016
 - c) Completion Date: Pending
- B. Goal: Increase person served, family members, significant other, staff involvement and input regarding addiction treatment
 - 1. Objective: Implement a "Family Group Session"
 - a) Responsible Party: Clinical Supervisor
 - b) Target Date: 06/2016
 - c) Completion Date: On-going
 - 2. Objective: Provide quarterly surveys and analysis
 - a) Responsible Party: Unit Director, Clinical Supervisor, Assistant Clinical Supervisor
 - b) Target Date: On-going
 - c) Completion Date: On-going
 - 3. Objective: Include family members in family sessions with person served as requested
 - a) Responsible Party: Unit Director, Clinical Supervisor, Assistant Clinical Supervisor
 - b) Target Date: On-going
 - c) Completion Date: On-going
- C. Goal: Policies and Procedures will relate to persons served and staff surveys, family and significant other involvement
 - 1. Objective: Revise Policy and Procedures as necessary
 - a) Responsible Party: Unit Director, Clinical Supervisor and QA committee
 - b) Target Date: Annually/on-going
 - c) Completion Date: Annually/on-going
- D. Goal: Offer mental health therapy
 - 1. Objective: Hired a Medical Director for consultations. We offer mental health services one day a week and will add services as needed.
 - a) Responsible Party: Unit Director
 - b) Target Date: On-going
 - c) Completion Date: On-going
- E. Goal: Continue Co-Occurring programming
 - 1. Objective: We offer mental health services and will add services as needed.
 - a) Responsible Party: Unit Director
 - b) Target Date: On-going
 - c) Completion Date: On-going
 - 2. Objective: Provide co-occurring integrated services.
 - a) Responsible Party: Unit Director
 - b) Target Date: On-going
 - c) Completion Date: On-going
- F. Goal: Explore physical care healthcare programming
 - 1. We are not going to go in the direction of physical health care
 - a) Responsible Party: Unit Director
 - b) Target Date: 06/2014
 - c) Completion Date: NA
- G. Goal: Tele-Health programming
 - 1. Objective: We are still exploring Tele-Health programming
 - a) Responsible Party: Unit Director
 - b) Target Date: On-going
 - c) Completion Date: On-going

Financial

- A. Goal: Review agency's sliding fee scales for continued use and revise as needed
 - 1. Objective: Update sliding fee scale when Poverty Guidelines become available
 - a) Responsible Party: Unit Director/Board of Directors
 - b) Target Date: On-going
 - c) Completion Date: On-going

Employment

- A. Goal: Increase ability of persons served to access employment opportunities as desired
 - 1. Objective: Work with Vocational Rehabilitation, Iowa Work Force and pay for persons served GEDs at Indian Hills Community College
 - a) Responsible Party: ATR Staff, Counseling Staff
 - b) Target Date: On-going
 - c) Completion Date: On-going

Communication

- A. Goal: Educate public to the availability of addiction services for the hearing impaired, visually impaired, LGBT and Hispanic persons served. Ensure availability and/or access to these resources and to be all inclusive.
 - 1. Objective: Putting information regarding our services on our website and brochures
 - a) Responsible Party: Unit Director, Supervisors
 - b) Target Date: 06/2016
 - c) Completion Date: On-going

Transportation

- A. Goal: Behavioral Health and Treatment Services will provide options for persons served with transportation barriers
 - 1. Objective: Distribute gas cards to persons served so they are able to use their own vehicles
 - a) Responsible Party: ATR Staff, Clinical Supervisor
 - b) Target Date: On-going
 - c) Completion Date: On-going
 - 2. Objective: Explore transportation opportunities with local community authorities and resource entities
 - a) Responsible Party: ATR Staff, Clinical Supervisor
 - b) Target Date: On-going
 - c) Completion Date: On-going

- B. Goal: Increase service provisions in areas of greatest need such as, homeless shelters, jails, hospitals, etc.
 - 1. Objective: Provide evaluations at the jail
 - a) Responsible Party: Clinical Supervisor
 - b) Target Date: On-going
 - c) Completion Date: On-going
 - 2. Objective: Communicate with ORHC to provide mental health and substance abuse evaluations at the emergency room
 - a) Responsible Party: Unit Director
 - b) Target Date: On-going
 - c) Completion Date: On-going
 - 3. Objective: Work with Crisis Intervention Services in all areas we serve to make services more available
 - a) Responsible Party: Clinical Supervisor
 - b) Target Date: On-going
 - c) Completion Date: On-going

Community Education

- A. Goal: Maintain and increase where needed participation in community events, community education and outreach to increase community awareness of addiction treatment and aid in alleviating the associated stigma
 - 1. Objective: Recovery Rally
 - a) Responsible Party: Unit Director, Prevention Supervisor
 - b) Target Date: 11/2015
 - c) Completion Date: On-going
 - 2. Objective: Kidtoberfest
 - a) Responsible Party: Unit Director, Prevention Supervisor
 - b) Target Date: 10/2015
 - c) Completion Date: On-going
 - 3. Objective: Town Hall meetings. Provide information and educate employers about the signs and symptoms of substance abuse
 - a) Responsible Party: Unit Director, Prevention Supervisor
 - b) Target Date: 2016
 - c) Completion Date: On-going

Staff Recruitment and Retention

- A. Goal: Hire qualified staff to perform clinical supervision activities at Behavioral Health and Treatment Services and continually recruit and hire the most qualified individuals to fill all employment positions
 - 1. Objective: Retain qualified Unit Director, Supervisors and support staff and continue to recruit qualified staff
 - a) Responsible Party: Unit Director, Clinical Supervisor, Prevention Supervisor
 - b) Target Date: On-going
 - c) Completion Date: On-going

Policy Review

- A. Goal: Keep up to date policy and procedures to accessibility
 - 1. Objective: Continue to review and revise as appropriate all policies related to accessibility
 - a) Responsible Party: Unit Director
 - b) Target Date: Annually/on-going
 - c) Completion Date: Annually/on-going

Cultural Competency and Diversity Plan - 2016 Sieda Community Action Behavioral Health & Treatment Services

The cultural competency and diversity plan for Sieda Behavioral Health & Treatment Services is contained in the organization's Policy and Procedures Manual. This plan outlines the specific steps to be taken by the organization to attain and maintain a staff that is culturally diverse and competent to provide services to a divergent patient population. We have three specific areas of training.

1. Working with GLBT clients. We focused training fiscal year 2015 around Gays, Lesbians, Bi-Sexual, Trans-Sexual.
2. Working with Spanish speaking clients. Fiscal year 2015 we didn't focus on this population, although fiscal year 2016 we are focusing on working with Spanish speaking clients.
3. Transitioning from prison back to the community. We are focusing on this population fiscal year 2016.

Step 1: Identify any staff training relevant to cultural competency and diversity that has been conducted in the past 12 months at the agency:

Sieda Behavioral Health and Treatment Services' counseling and prevention staff to the Diversity Conference in April 2015.

Sieda Behavioral Health and Treatment Services provided trainings on Gay, Lesbian, Bi-Sexual and Transgender. The trainings were held on the following dates:

August 26, 2014 Gay, Lesbian, Bi-Sexual and Transgender- Part 1
September 23, 2014 Gay, Lesbian, Bi-Sexual and Transgender- Part 2

Step 2: Insert name of person who conducted the training:

There were several presenters at the Diversity Conference in April 2015. Key speaker was Michael Kutcher

August 26, 2014 Gay, Lesbian, Bi-Sexual and Transgender Training- Part 1, Adam Stark
September 23, 2014 Gay, Lesbian, Bi-Sexual and Transgender Training- Part 2, Adam Stark

Step 3: Insert organizational affiliation of person who conducted the training, if applicable:

Presenters at the Diversity conference had various affiliations.

Adam Stark is affiliated with the Coalition.

Step 4: Insert date of next scheduled staff training pertaining to cultural competency and diversity:

Gay, Lesbian, Bi-Sexual, Transsexual trainings are completed.

Working with Hispanic Culture is scheduled for February 23, 2016

Transitioning from Prison Back to the Community is scheduled for March 22, 2016

Step 5: Insert title of next scheduled staff training session pertaining to cultural competency and diversity:

February 23, 2016 Work with Hispanic Culture

Step 6: Insert name and organizational affiliation of person who will conduct the next staff training session on cultural competency and diversity, if known:

Himer Hernandez, Iowa State University Extension

Lindsey Epperson, Department of Correction Services

Step 7: Identify any additional, cultural competencies or skill sets required by staff to provide quality services to the clinic's current patient population:

We continue to reevaluate our client population to assess if there are and additional cultural competencies or skill sets required and seek information or trainings, as needed.

Having had the trainings on Gays, Lesbians, Bi-Sexual and Transsexuals has enabled us to work effectively with persons served.

Step 8: Describe your plan to help the staff acquire/develop these competencies or skill sets, i.e., attendance at workshops, correspondence courses, self-directed reading/study, etc:

We will have two trainings around cultural diversity. One "Working with the Hispanic Culture" and "Transitioning From Prison Back to the Community."

Staff will also attend the yearly Diversity Conference at Indian Hills Community College. It is a very valuable training resource.

Staff will also attend the Governor's Conference, as there are break out session around cultural diversity.

Step 9: Insert the "target date" for completion of Step 8:

Cultural competency training is on-going. When opportunities of cultural diversity trainings come up unexpected, we like to take advantage of them. Staff receive cultural diversity training/assistance during their supervision meetings.

Target date for Working with the Hispanic Culture is February 23, 2016

Target date for Transitioning from Prison Back to Community is March 22, 2016

Target date for the year Culture Diversity Conference is April 15, 2016

Target date for the Governor's Conference is April 30, 2016

Step 10: List any organizations, associations or individuals in the immediate area that specialize in chemical dependency treatment/counseling for minority populations or persons with unique treatment needs:

We offer Spanish speaking services through translation for our substance abuse treatment and mental health therapy. There are no services in the area that offer anything in addition to this.

Step 11: Have you previously made contact with the organizations, associations, or individuals listed in Step 10 to introduce them to Sieda Behavioral Health and Treatment Services?

As there are none, this is not applicable.

Step 12: If "no", list the date that you will make contact with the organizations, associations, or individuals listed in Step 10:

This does not apply in this area.

Step 13: Identify any special competencies or skill sets relative to cultural competency and/or diversity held by current staff members:

We have one specific counselor who works with most of our Hispanic clients and has developed a relationship with the interpreters and has an understanding of the Hispanic culture. We also have a mental health therapist who is now working with the Hispanic population with an interpreter. We also have counselors have had training on the "cultural of poverty" and the "substance abuse culture." In addition, we have counselors who are trained to work with GBLT, Domestic Violence, Sexual Assault population.

Step 14: List the ways that these competencies or skill sets could be used to improve the clinic's cultural competency/diversity "readiness":

This readies us to meet the clients where they are motivationally with also taking into account the cultural norms that are influencing them.

Step 15: List any ongoing efforts to recruit minority staff members and/or staff members with special skill sets relative to cultural competency/diversity:

Although it is difficult in this area, we are always looking for culturally diverse counseling staff who offer special skill sets to persons served.

Step 16: List the target date for completion of this recruiting effort:

This is on-going.

Unit Director's Signature

Date

Risk Management Plan (Assessment)

Sieda Behavioral Health and Treatment Services preserves the assets for the institution and protects the physical well-being of students, employees, volunteers and the general public involved in activities occurring both on and off Sieda Behavioral Health and Treatment Services sites. Preservation of assets and protection of personnel is a responsibility of each employee. Employees must, therefore, learn to manage those exposures to risk which could destroy or deplete their assets or cause harm to persons.

Objectives

1. Identify any potential or current loss exposures by maintaining an oversight function for all facilities and program operations.
2. Analyze and evaluate these risk and loss exposures in terms of severity.
3. Devise techniques and plans to handle each risk and to minimize loss exposure.
4. Implement action plans to reduce ongoing risks.
5. Monitor all ongoing risks and action plans for achieving the goal of risk reduction.
6. Report results of actions taken to reduce to risks to the Risk Management Committee
7. Provide continuing education and training for all personnel concerned in order to provide performance improvement.

The Risk Management Committee will meet on a quarterly or an emergent basis, depending on the nature and severity of the identified risk.

Duties

The Risk Management Committee duties are to:

1. Identify any potential risks or current loss exposures
2. Analyze and evaluate these risks and/or loss exposures in terms of severity; making sure that "Significant Events" are handled promptly and that pertinent information-by way of an Incident Report-is completed promptly
3. Help to devise techniques and plans to handle each risk and to minimize loss exposure
4. Implement action plans to reduce ongoing risks
5. Monitor and trend all ongoing risks and action plans for achieving the goal of risk reduction
6. Periodically, but at a minimum quarterly, review all of the Facility's incidents to ensure that they are accurate, current and reported in a timely and appropriate fashion; trend all incidents to ensure identification of risk areas, implementation of appropriate interventions, follow up and timely completion of all required action plans
7. Provide for ongoing education for all employees in risk identification, prevention, and reporting while documenting these Risk Management activities in compliance with state licensing and national accreditation guidelines

As part of risk management plan, the insurance package of the organization is reviewed on an annual basis for adequacy, therefore protects assets. It includes property and liability coverage.

CONFIDENTIAL

Annual Risk Management Assessment

Background: Sieda Behavioral Health and Treatment Services is committed to long range planning to ensure service continuity and therefore, to a formal and periodic risk management process as a way to (1) identify any potential loss exposures, (2) analyze and evaluate any identified loss exposures, (3) identify a strategy (including techniques and/or actions) to be taken to counter any potential loss exposures or liabilities, (4) implement the most effective risk reduction strategy, (5) provide ongoing leadership oversight of the efficacy of decisions made regarding risk management/loss prevention activities, (6) ensure appropriate reporting (both internally and externally, as required) of risk management initiatives and activities and (7) implement any necessary changes as may be dictated by a changing service and/or business environment. The Executive Director/Division Director is responsible for conducting an annual Risk Management Assessment (RMA) and reporting the findings of that assessment to the appropriate levels of organizational leadership. The assessment will be done annually or as directed by leadership.

Current Assessment:

This document provides documentation of a formal Risk Management Assessment conducted this date in accordance with the organization's risk management plan and national accreditation standards that require risk assessment procedures as a condition for accreditation.

Assessment Findings:

1. **Does the organization anticipate significant changes in the types of clients the organization currently serves? (For example, is it anticipated that the organization will need to serve more patients who do not speak English as their primary language? It is anticipated that the organization will need to see more patients with special needs? If "yes", describe the impact of these anticipated needs in terms of fiscal and human resources and the projected impact on service delivery.)**

The area in which Sieda Behavioral Health and Treatment Services is located has seen an influx of Spanish speaking population in the last few years with the total Hispanic population being about 10% of the general population at the last census. We have adapted to these changes by hiring an interpreter that allows us to provide substance abuse services to this population. One clinician has been identified to work with the Hispanic population and works well with the translator to provide quality treatment services. Currently, we do not have any bi-lingual employees. Sieda Behavioral Health and Treatment Services continues to seek employees that have the qualifications for open career opportunities and who are bi-lingual. Although this could potentially impact service provision, we have made accommodations to reduce this impact. Sieda Behavioral Health and Treatment Services has begun mental health treatment this has brought a new aspect to the services we have provided in the past. One clinician has completed training in Parent Child Interaction Treatment (PCIT) and continues with education. We have seen increased number of children with behavior disturbances and some children with severe behaviors disturbances. Play therapy for children is now being offered as well as Parent consultations for the children with identified behavior disturbances. The relocation of the unit to 310 West Main Ottumwa the counselor will have a room with a one way mirror. The use of the one way mirror will increase the fidelity of the model (PCIT) and Children's play therapy. Both children and families will benefit with the update of the environment.

Assessment of Current Risk Level: 0 X 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

- X Degradation of quality of care/client services
- Fiscal impact on organization
- Negative publicity for organization
- Potential legal liability/adverse legal action

2. **Does it appear that the organization's primary funding sources are secure for the next 18 to 24 months? Over the past 12 months, have all funding sources been consistent in providing the organization with**

adequate compensation for services rendered? If “no”, identify a plan to address any potential changes that would negatively impact the organization’s fiscal position over the longer term.

During the past 12 months funding sources have been consistent in providing the organization with adequate compensation. It does appear that our primary funding sources are secure for the next 6 to 8 months. The RFP for the Iowa Department of Public Health Prevention, Treatment and Gambling Block Grant will be available in November, 2015. This will be a competitive RFP for the first time. Iowa Medicaid is transitioning to a managed care style of reimbursement. There have been four MCO’s selected to provide services for Medicaid. We are unsure at this time how this will impact our clinical delivery and reimbursement. Sieda was the first agency in Iowa to obtain the initial IDPH Block Grant and have held the Block Grant since. We have a good reputation for providing quality service to our 10 county service area. With Healthcare reform, there may be some changes to our funding sources in the future. We are involved with state associations in the planning for healthcare reform and keep abreast of the current knowledge We have expanded our services and are providing mental health services to Adults, Adolescents and children. We have established a unique code for persons served receiving mental health services. Mental health services will be monitored closely for the number of persons served vs cost vs revenue to assure that it is cost effective.

Assessment of Current Risk Level: 0 1 2 X 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

- Degradation of quality of care/client services
- X Fiscal impact on organization
- Negative publicity for organization
- Potential legal liability/adverse legal action

3. Does it appear that the organization’s inventory and accountability system for office equipment, computers and other “high value” items is sufficient to protect against loss, theft, or inappropriate use? If “no”, identify a course of corrective action.

Yes the agency has an effective inventory and accountability system for high value items that protects against theft and inappropriate use. Annually, each Unit in Sieda Agency completes an inventory report of all equipment, computers and other high value items.

Assessment of Current Risk Level: 0 X 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

- X Degradation of quality of care/client services
- X Fiscal impact on organization
- X Negative publicity for organization
- X Potential legal liability/adverse legal action

4. Does the organization’s physical plant at all clinics provide reasonable security for clients and staff members? If “no”, identify improvements and/or changes needed to rectify the problem.

The agency has a variety of security for persons served and staff depending on the location. All seem to meet minimal security needs. We attempt to anticipate and prevent and security issues and also reevaluate these needs as necessary. Annually a safety inspection is done by an outside entity which provides us with recommendations for improvements. Our staff performs safety self inspections biannually. The Deputy Executive Director provides follow up on issues found with these inspections. Key pad locks have been installed on the entry doors of the unit at the Central Office to provide a more secure work area Ottumwa site will be relocating to 310 West Main, which is owned by Sieda and previously occupied by other Sieda units. An outside agency will audit the building for safety after the relocation. Sieda will follow up with any recommendations found.

Assessment of Current Risk Level: __0 __1 X2 __3 __4 __5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

- Degradation of quality of care/client services
- Fiscal impact on organization
- Negative publicity for organization
- X Potential legal liability/adverse legal action

5. Does the organization’s outreach and marketing efforts appear to be producing positive results in terms of increased census and revenue generation? If “no”, identify a plan of corrective action.

Sieda Behavioral Health and Treatment Services has served its current communities for many years. The general population and also referral sources are knowledgeable of Sieda’s services. We also keep the community and referral sources apprised of any changes in services. Our census remains consistently high and revenues remain sufficient. We conduct an annual survey of all stakeholders. Identified opportunities for improvement are addressed.

Assessment of Current Risk Level: X0 __1 __2 __3 __4 __5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

- X Degradation of quality of care/client services
- X Fiscal impact on organization
- X Negative publicity for organization
- X Potential legal liability/adverse legal action

6. In the past 12 months, has the organization experienced significant staff turnover? If “yes”, identify the reasons for the turnover and identify a plan of action to address the problem and reduce the turnover rate to an acceptable level (5 to 10%).

During the past 12 months our staff turnover has decreased significantly. We have seen a 5% turnover rate. This is a huge decrease since last year at 25%. We believe this is due to increasing wages, having a flexible schedule and the agency now pays for a license and certification, and continued education conferences. We remain an agency that hires usually uncertified counselors with the expectation that they gain their certification within six months of employment.

Assessment of Current Risk Level: __0 X1 __2 __3 __4 __5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

- X Degradation of quality of care/client services
- X Fiscal impact on organization
- X Negative publicity for organization
- Potential legal liability/adverse legal action

7. Does it appear that the organization’s senior leadership/management team is stable and likely to remain with the organization for the next 18 to 24 months? If “no”, describe any anticipated changes in the team and describe the organization’s plan for dealing with those changes.

Sieda Behavior Health and Treatment Services senior leadership/management works very well together. There is no anticipation of any changes. The Executive Director was offered and accepted a five extension to his contract with Sieda at the August 2015 Board meeting.

Assessment of Current Risk Level: 0 X 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

X Degradation of quality of care/client services

X Fiscal impact on organization

X Negative publicity for organization

X Potential legal liability/adverse legal action

8. Does the organization have a board-approved succession plan for the organization's key leadership positions? If "no", when will the plan be developed? Who will be responsible for development of the plan? What is the impact on the organization if the plan is not developed and unanticipated losses in key leadership staff occur?

A succession plan does exist for key leadership positions. All Sieda Behavior Health and Treatment Services leadership staff have been with the agency for at least one year. Review the succession plan and update as needed.

Assessment of Current Risk Level: 0 X 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

 Degradation of quality of care/client services

 Fiscal impact on organization

X Negative publicity for organization

 Potential legal liability/adverse legal action

9. Are significant changes in the licensing/regulatory standards for the organization anticipated in the next 12 to 18 months? If "yes", identify the anticipated changes and describe how they will impact the organization and, identify a plan for responding to the anticipated changes.

With Healthcare Reform, there is the possibility that substance abuse counselor may be going from a status of "Certification" to "Licensure". The state entities have been discussing this, however no firm plan has been established. If this occurs, our staff would have to adjust. Most staff with bachelor's/master's education level would probably meet the requirements. This is approximately 98% of our staff. Our Prevention Specialists are certified. We have updated the Policy and Procedure and were approved by the Board August 2015. CARF will be making a site visit in June 2016.

Assessment of Current Risk Level: 0 X 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

X Degradation of quality of care/client services

X Fiscal impact on organization

 Negative publicity for organization

 Potential legal liability/adverse legal action

10. Have the licenses/certifications of all professional staff been verified with the primary source of the credential? Have all required background checks been completed with appropriate documentation on file in personnel or other administrative records? If "no", identify which licenses, credentials or background checks have not been completed and a timeline for completing the checks.

Yes this is current for all staff.

Assessment of Current Risk Level: X 0 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

Degradation of quality of care/client services

Fiscal impact on organization

Negative publicity for organization

Potential legal liability/adverse legal action

11. Does it appear that the organization's governance authority (Board of Directors, ownership group, corporate leadership, etc.) is effective in its oversight of the organization? If "no", list specific problem areas and identify a plan of correction.

The Sieda Board of Directors meet monthly and seems effective in its oversight of the organization. The Executive Director communicates with Board members on a regular basis. The Unit Directors for Sieda Programs and Fiscal submit a monthly written report which is placed in the Board of Directors packet. Clinical Supervisor and Prevention Supervisor presented information regarding the services provided during the August 2015 meeting.

Assessment of Current Risk Level: 0 X 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

Degradation of quality of care/client services

Fiscal impact on organization

Negative publicity for organization

Potential legal liability/adverse legal action

12. Does the organization's health and safety program appear effective in identifying possible risks and hazards? If "no", list all problem areas and a plan of corrective action.

The health and safety program appears to be effective in identifying possible risks and hazards. We follow all the CARF standards.

Assessment of Current Risk Level: 0 X 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

Degradation of quality of care/client services

Fiscal impact on organization

Negative publicity for organization

Potential legal liability/adverse legal action

13. Does the organization have an adequate oversight system in place to minimize the risk of misappropriation of funds? If “no”, what plans does the organization have to address that situation?

Yes the agency has annual audits and follows all recommendations of the auditing body. Sieda Behavioral Health and Treatment Services remains rated as a “low risk” agency by our auditing body. We continue to have auditing performed within our unit by Magellen. The Assistant Clinical Supervisor performs random file audits to ensure all services billed are accurate.

Assessment of Current Risk Level: 0 X 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

 X Degradation of quality of care/client services

 X Fiscal impact on organization

 X Negative publicity for organization

 X Potential legal liability/adverse legal action

14. Does the organization’s corporate compliance program appear to be effective in preventing fraud, waste and abuse? Does the organization’s corporate compliance plan contain the If “no”, what changes need to be made?

Yes the agency seems to have an effective corporate compliance program that prevents fraud, waste, and abuse. Sieda has a agency wide policy that is abided by each employee.

Assessment of Current Risk Level: 0 X 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

 Degradation of quality of care/client services

 X Fiscal impact on organization

 X Negative publicity for organization

 X Potential legal liability/adverse legal action

15. Does it appear that the organization will face increased business competition in the next 18 months? If “yes”, provide an estimate as to how that competition could affect the organization’s revenue generation efforts and patient base.

Sieda Behavioral Health and Treatment Services also currently holds the IDPH funded Substance Abuse Block Grant and has for many years. We also are an agency that cooperates and collaborates with other community agencies to bring the best quality services community wide. IDPH Block Grant will be competitive for the first time this year.

Assessment of Current Risk Level: 0 1 X 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

 Degradation of quality of care/client services

 X Fiscal impact on organization

 Negative publicity for organization

 Potential legal liability/adverse legal action

16. Does it appear that the organization has sufficient insurance coverage to protect the organization's assets in the event of an emergency situation?

Yes the agency has sufficient insurance coverage to protect its assets. The agencies insurance coverage is obtained by the Executive Director and approved by the Board.

Assessment of Current Risk Level: 0 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

Degradation of quality of care/client services

Fiscal impact on organization

Negative publicity for organization

Potential legal liability/adverse legal action

17. Have all employees completed all training required by the organization's licensing entity and accrediting body? If "no", describe a plan to insure that staff receive all required training immediately and on a continuing basis.

We are currently licensed to provide substance abuse treatment and prevention by IDPH and meet all staff training requirements for our license. We also met or have a plan to meet all CARF training requirements for our staff. We are now CARF accredited and have been awarded a deemed status from the state of Iowa. We will continue to update training scheduled to meet the change with all CARF's requirements.

Assessment of Current Risk Level: 0 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

Degradation of quality of care/client services

Fiscal impact on organization

Negative publicity for organization

Potential legal liability/adverse legal action

18. Does the organization have administrative and clinical screening procedures in place to minimize the possibility that patients/clients who may be impaired due to alcohol and/or other drugs (including psychotropic medications) do not drive or operate machinery immediately after receiving services at the organization? Does the organization have "safe transportation" procedures in place to ensure that impaired patients/clients do not pose a safety risk to the general population after leaving the organization?

Yes any client who appears to be "under the influence" would be "breathalyzed" or STAT drug tested. They would not be allowed to leave if tests are positive. They would need to call for a ride. The police would be called for assistance if necessary.

Assessment of Current Risk Level: 0 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

Degradation of quality of care/client services

Fiscal impact on organization

Negative publicity for organization

Potential legal liability/adverse legal action

19. Describe the organization's most significant challenge in the next 18 months; include an assessment of how that challenge will impact the organization and more critically, how the organization will meet that challenge.

The most significant change for the agency in the next 18 months will be meeting the challenges of implementing changes of Healthcare reform. We currently are keeping abreast of the knowledge available at a state and national level. This could impact payment for services, the numbers of clients seeking services. The licensure/certification or education requirements of our staff, and perhaps other changes that we are not aware of at this time. We continue to seek high level of staff and masters prepared staff. We require certification. We are involved in state organizations and are kept abreast of changes. We will expand services and necessary and implement a new EMR. We continue to use ISMARTS. We are in collaboration with other agencies who provide like services to research software that is affordable and has meaningful use to enhance our EMR. We also currently offer ROCS and Co-Occurring services. We expanded our services and are offering Mental Health services to Adults, Adolescents and Children. We will closely monitor the cost effectiveness and the person served perception of success of the treatment. We are focused on improving the clinical environment in which we provide services for both the staff and person served.

Assessment of Current Risk Level: 0 1 X 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

 X Degradation of quality of care/client services

 X Fiscal impact on organization

 X Negative publicity for organization

 Potential legal liability/adverse legal action

20. Describe any immediate action(s) that needs to be taken to ensure the viability of the organization.

Sieda Behavioral Health and Treatment Services is a very viable organization. We have motivated leadership and staff who desire to provide the best quality services to persons served. We are financially solvent. We keep abreast of evidence based practices and best practices and seek to implement all changes needed. We have been experts in the community in providing substance abuse services for many years. We continue to be involved in collaborative relationships on the local, state and national levels. We have developed a web site that is maintained with current news of the agency. We have a Facebook account which allows us another avenue to reach the community and the person served.

Assessment of Current Risk Level: X 0 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

 X Degradation of quality of care/client services

 X Fiscal impact on organization

 X Negative publicity for organization

 X Potential legal liability/adverse legal action

21. Does the organization monitor matters pertaining to corporate compliance, conduct corporate compliance risk assessment and reports on matters pertaining to corporate compliance: Does the training of personnel on corporate compliance include the role of the compliance officer, procedures for allegations of fraud, waste, abuse and other wrongdoing? Do the clinical file reviews reflect compliance with federal and state regulations?

Beginning July 1, 2014 Sieda Behavioral Health and Treatment appoints Medical Director, Rhonda Northup as the Corporate Compliance Officer. The Corporate Compliance Officer will gather the following documents: file review audits at 90% or above, insurance audit, internal auditing by Fiscal Officer and Financial/Support fiscal duties, financial audits and file reviews. After documents are gathered the Corporate Compliance Officer will share information with the Risk Management Team and analyze. The Corporate Compliance Officer will

conduct trainings of personnel on corporate compliance, including the role of the compliance officer, procedures for allegations of fraud, waste, abuse and other wrong doing.

Assessment of Current Risk Level : 0 1 2 3 4 5

LOW

HIGH

Potential impact on organization if not addressed (check all that apply):

Degradation of quality of care/client services

Fiscal impact on organization

Negative publicity for organization

Potential legal liability/adverse legal action

Date: _____

Signature of Risk Management Officer

Analysis of Critical Incidents in Behavioral Health and Treatment FY15-16

Causes:

During the past year no Critical Incidents have occurred in Behavioral Health and Treatment to our persons served while in our care.

We had 1 client die while they were participating in services at Sieda Behavioral Health and Treatment Services, although was not in our care when they died. We didn't received information about the official cause of the person served death. We completed Magellan Behavioral Care of Iowa, Iowa Plan Critical Incident Reports for the person served. The form was submitted to the appropriate official at Magellan. Case notes requested were also submitted.

We had two accidents that involved employees that occurred on 7/3/14 and 9/2/14. One employee fell and the other hurt his back lifting a desk. The employees filled out a critical incident form and was provided to Unit Director and Human Resources. Human Resources followed up on providing the "First Report of Injury" to United Heartland, Sieda's workman's comp insurance company.

Trends:

We have not noticed any trends. We have recognized that we have prevented accidents happening through training, supervision, consultation with working with an outside health and safety inspector.

Actions for Improvement:

We will continue to provide the following:

- 1) Staff receive training on critical incidents.
- 2) Emergency drills are provided at all 10 locations biannually.
- 3) The Emergency Phone call numbers was developed and will be updated as necessary.
- 4) Fire safety and fire extinguisher training is provided to staff by the Ottumwa fire department annually.
- 5) A self-assessment has been developed for safety and is conducted biannually.
- 6) Blood borne Pathogen training is provided to staff annually.
- 7) An outside agency conducts a safety inspections at all sites and provides recommendations for improvements of the facility to reduce the risk of critical incidents. Deputy Director was given the areas of improvements that were suggested to be improved with collocated Sieda units. Deputy Director has followed up with the recommendations at each site.
- 8) Clinical staff are trained annually regarding clinical critical incidents.
- 9) Clinical staff attend case staffing and clinical supervision to discuss suicidal ideation, etc.
- 10) Written procedures concerning hazardous materials is documented in Behavioral Health and Treatments Service's Policy and Procedure Manual.

Results of Performance Improvement Plans:

The continuation of Actions for Improvement is working. All incidents appear to be handled appropriately with supervision and peer supervision being utilized to generate the appropriate handling of critical incidents.

Necessary Education and Training of Personnel:

We have yearly trainings in the following: Reduce Identified Physical Risks, Health and Safety Practices, Identification of unsafe Environmental Factors, Emergency Procedures, Evacuation Procedures, Identification of Critical Incidents,

Reporting of Critical Incidents, Reducing Physical Risks, Infections, and Communicable Diseases. Our plan is to add more trainings if needed and appropriate.

Prevention of Recurrence:

We will continue to do what we are doing, monitor our plans and make necessary changes to our plans.

Internal Reporting Requirements:

“Our Policy” When a perceived crisis situation occurs at Sieda staff must adhere to the following plan of action:

1. If an individual is experiencing a personal crisis situation (emotional, medical, substance, etc.) staff will work with the person served to develop a personal safety plan and ensure that the person served is stable before supporting allowing them to leave the facility or send them to seek another referral service.
2. If a crisis occurs that involves other people in the office/community (injury, death, other act of violence/violation, etc.) staff will arrange for a Critical Incident Stress Debriefing (CISD) to be conducted in a timely manner. The CISD will be available to any person impacted the crisis event and will allow for individual processing of traumatic experiences.
3. If a natural/community disaster occurs (flooding, tornado, fire, etc.), staff will work with the administration to arrange for needed disaster recovery services (debriefing, counseling, referral, etc.) for all persons affected.

Sieda Community Action has its own form for critical incidents. See attachment. Sieda states “an incident is any happening which is not consistent with the operations of a facility.” Sieda staff are instructed to fill out Sieda’s critical incident form for persons served, staff and others who are in our premises. The form is given to Amber Sloan in Fiscal when an accident is an employee. The form is given to our Fiscal Officer when the accident is a non-staff member.

Precautions will be taken to avoid the occurrence of critical incidents.

External Reporting Requirements:

Magellan Behavioral Care of Iowa has an “Iowa Plan Critical Incident Report” form. Sieda staff complete the form and fax the form to Magellan’s Quality Improvement Department within 24 hours of incident. See attachment.

Analysis of Formal Complaints FY16

Trends:

During the past year no Formal Complaints have occurred in Behavioral Health and Treatment Services. We have notice that we have avoided complaints by having updated rights of clients served, and employees and make them known.

Areas needing Performance Improvement:

At this time there are no areas for improvement, although we believe it is important that we continue to monitor this area.

Actions to Be Taken:

We will continue to provide the following:

- 1) Update Policies and Procedures as needed.
- 2) Gathered and keep documentation of formal complaints received.
- 3) Update our Personnel Policies and Procedure manual, orientation materials, and information regarding rights.
- 4) Update policies addressing the rights of the persons served.
- 5) Complete a yearly Analysis of Formal Complaints

Technology and Systems Plan (TSP) – 2016

Sieda Community Action Behavioral Health and Treatment Services

Ottumwa, Iowa

This Technology and Information Systems Plan was developed in response to a national accreditation standard that requires accredited organizations to formally document their plans regarding technology and information systems. For clarification, the formal plan was developed as an “after the fact” initiative; since Sieda Community Action Behavioral Health and Treatment Services has been involved in installing, maintaining and upgrading its electronic information management system for several years prior to the CARF requirement to have a formal TSP.

The plan was developed to reflect ongoing initiatives as well as future projections regarding both hardware and software acquisitions and installation and, has been approved by the leadership of Sieda Community Action Behavioral Health and Treatment Services. The TSP serves as an information and planning document for technological improvement but does

not represent a commitment for funding. Funding will be incorporated into the organization's normal budgeting process. It is emphasized that the plan may be modified at any time as a result of other corporate needs, changes in client population, emerging business trends or changes in the general economy. The following describes the organizations current and future planning initiatives relative to technology and information systems:

PHILOSOPHY: The leadership of Sieda Community Action Behavioral Health and Treatment Services recognizes that staff productivity can be enhanced through the use of technology for information management and record keeping. The organization is committed to maintaining a state of the art computer system to enhance record keeping and improve both the quality and speed of client-related documentation. The Executive Director is in charge of all technology services at Sieda. The organization utilizes contracted computer/management information services through Professional Computer Solutions (PCS).

HARDWARE: The organization utilizes an internal network that consists of a dedicated server and individual, workstations (desktop PCs) throughout the organization. A new file server, Microsoft Exchange server, and terminal server were installed in April of 2013.

SOFTWARE: Sieda Community Action Behavioral Health and Treatment Services uses Microsoft Office Windows XP through Windows 13 for individual workstations. All software is installed by the organization's computer consultant and no other software can be installed without his permission. Strict management control and oversight of software installation is viewed as a critical element of the organization's efforts to maintain confidentiality of all stored information. Sieda's current EMR is I-SMART, a web based server developed by the State of Iowa. All security and maintenance of this system falls to the State. Training for access and utilization of this site is conducted through State training programs and updates. There are also internal agency trainings as technological and procedural updates are made in the state site.

SECURITY: Security is provided through (1) password protection for each individual PC/workstation, (2) password protection for the server itself, and (3) "need to know" access to system documents and files based solely on job title and individual responsibilities. When employees leave the organization, their accounts – and accessibility to the system – is immediately terminated by the computer consultant. Each agency staff member has a user identifications and passwords in accordance with the state procedure for these.

CONFIDENTIALITY: The system contains protected health information as defined by HIPAA. Confidentiality of information is maintained through the security provisions identified above and by the fact that all workstations are password protected. EMR, itself, is also password protected. More important, those PCs used by clinical staff are located in a secure area where clients must be escorted by a staff member. The agency's email service is also provided through Professional Computer Solutions. Each staff member has a confidentiality statement included in their outgoing email.

BACK-UP POLICIES: Sieda Community Action uses a Barracuda system to back up the server on a nightly basis. This back-up is housed off site.

ASSISTIVE TECHNOLOGY: At present, the organization has had no requests for accommodations relative to assistive technology. However, a number of bigger, flat screen monitors have already been purchased and installed to enhance the "readability" of computer generated data. In the event that employees need special accommodations such as glare screens, voice recognition software, etc., the organization's leadership will consider and fund such requests on a case by case basis and as organizational finances allow.

DISASTER RECOVERY PREPARATIONS: Prevention is the cornerstone of the organization's disaster recovery preparations. Our internal back-up is housed off site. Our EMR is also housed off site, as provided by the state of Iowa. Precautions would be taken if any impending disaster were predicted.

VIRUS PROTECTION: The organization utilizes has virus protection software which is kept updated and current.

USE OF THIS PLAN: This plan will be reviewed annually by the Executive Director or designee to insure that the plan and all system resources are used to support information management and performance improvement activities. On a day to day basis, staff provides feedback regarding the utility of the organization's computer system to support clinical documentation and billing procedures.

By my signature below, I affirm that this plan has been approved by the management authority of Sieda Community Action Behavioral Health and Treatment Services and will remain in effect until revised and or cancelled in writing

Sieda Community Action, Executive Director

Date

Revenue

Behavioral Health and Treatment Services is a financially sound unit. Total support and revenues in fiscal year 2015 for treatment totaled 1,349,992.32. These dollars consist of state and federal funds and client fees. Client fees are charged on a sliding fee scale as individual programs dictate. Programming expenses were 1,007,608.03 for a net increase in net assets of \$342,384.29 The Prevention program's total support and revenues in fiscal year 2015 was \$148,680 and programming expenses were \$148,680 Under accounting standards published by the United states Office of Management and Budget in Circular 133, Sieda Behavioral Health and Treatment Services is rated as a "low risk" auditee.

Data Collection (ISMART)

Sieda Behavioral Health and Treatment Services currently collects data on clients as part of the Iowa Service Management and Reporting Tool (I-SMART). The State of Iowa uses I-SMART to collect outcome data regarding substance abuse treatment services in the state. The I-SMART instrument is used to collect data to determine outcomes related to health, employment, mental health, physical health and criminal justice status. I-SMART data are collected at admission, discharge and a 6-month follow-up interview that is conducted by the Iowa Consortium on a statewide sample (8) of all publicly-funded clients.

I-SMART also includes multiple data management capabilities. Data obtained from the I-SMART system includes: client data regarding screening and assessment, treatment length and types of modalities; admission and discharge (outcome data); cost data, and agency data (Le., number of eligible clients screened, assessed and treated). The Sieda Behavioral Health and Treatment Services staff access and obtain data from I-SMART on an ongoing basis to allow timely feedback regarding activities and services related to all projects.

We also collect data through our Magellan Provider Monitoring Reports, as well as, our Person Served Satisfaction Surveys.

Performance Goals and Measure Indicators and Results:

Results from Magellan Behavioral Care of Iowa and Sieda Behavioral Health and Treatment Services:

Persons served complete treatment: Goal: >52% Actual: 46.2%

Objective: Increase the number of person served successfully completing treatment.

Indicator: Percentage of successful discharges

Target: Increase successful discharges >52%

To whom the indicator will be applied: Person Served

Person(s) responsible for collecting the data: Magellan's Monitoring Report/Unit Director and Clinical Supervisor

Source from which data will be collected: Magellan Monitoring Reports

Performance Target: Magellan's Monitoring Report Goal of >52

Sieda Behavioral Health and Treatment Services wants to increase the percentage of persons served completing treatment. Our trend has been around 40% and have had difficulty increasing the percentage. We were to increase our percentage 40.2% to 46.2%. We are still striving to increase this goal to 52%. Before discharge we attempt to reengage clients by phone and mail. We also contact our collaterals and make

every effort to reengage. Our plan to increase persons served completing treatment is to continue to make every effort to reengage and never close a case without attempting to reengage.

Satisfaction Survey: Goal: 85% Actual: >85%

Objective: Increase/maintain person served satisfaction with treatment services

Indicator: Increase/maintain person served satisfaction >85

Target: >85 person served satisfaction

To Whom the Indicator will be applied: Person Served

Person(s) responsible for collecting the data: Clinical Supervisor

Source from which data will be collected: Person Served surveys

Sieda Behavioral Health and Treatment Services recognized that the Satisfaction survey results from Magellan Behavioral Care of Iowa wasn't completed. Therefore Sieda's satisfaction survey was used. The results of the persons served survey met the goal. The following are a few of the comments: "My counselor is awesome!" "Like group, hearing others stories, and being able to talk about my problems! I felt comfortable in group and one on ones." "Throughout Sieda I have learned coping methods and new ways to approach problems." "Staff was awesome!" "Counselors were very professional in their dealings with me and I feel that I left Sieda somewhat of a better man than when I started." Questions 14 and 15 have consistently scored lower on the survey. They are, "I used or would be comfortable using the Sieda 24-hour crisis line." "I am attending support group meetings". Many of our persons served do not feel comfortable attending 12 step support groups. Our plan is to continue to support other types of support groups and activities such as family, church and friends.

IV Drug Users Wait Time<14 days (meeting guidelines): Goal: 90% Actual: 56%

Objective: Decrease wait time <14 for IV drug users

Indicator: < 14 for IV drug users

Target: 90% client served IV drug use will be served within <14 days

To Whom the Indicator will be applied: Person Served

Person(s) responsible for collecting the data: Magellan's Monitoring Report/ Unit Director and Clinical Supervisor

Source from which data will be collected: Magellan's Monitoring Report

Performance Target: Magellan's Monitoring Report Goal of 90

Sieda Behavioral Health and Treatment Services recognized that the question in EHR-ISMAART asks if person served used IV drug use. The question does not specify use in the last 30 days. Standards are only requesting a "yes" answer to IV drug use in the last 30 days. The rules don't apply if reported IV drug use has been longer than 30 days. We follow these guidelines, persons served call and cancel and don't show for appointment often. We reschedule immediately. This question used to apply to IV use at any time during persons served lifetime, now the question. Counselors are now being reminded that now the question is asking about IV use within the last 30 days. In some instances, an evaluation resulted in an inpatient recommendation. If a client is needing residential placement, we encourage persons served to engage in outpatient treatment until placement can be established. Persons served sometimes then decline the outpatient treatment while awaiting placement and later contact our office to engage in outpatient treatment. This initial decline has made the timeframe between evaluation and admission exceed the 14 day timeframe.

Pregnant Women Wait Time<48 hours (meeting guidelines): Goal: 90% Actual:0%

Objective: Decrease wait time <48 hours for Pregnant Women

Indicator: <48 hours wait time for pregnant women

Target: 90 person served pregnant women will be served within <48 hours

To Whom the Indicator will be applied: Person Served

Person(s) responsible for collecting the data: Magellan's Monitoring Report/Unit Director and Clinical Supervisor

Source from which data will be collected:

Performance Target: Magellan's Monitoring Report Goal of 90

Sieda Behavioral Health and Treatment Services recognized there were very few person served who reported they were pregnant. They were not reporting their pregnancies to us until after or at their evaluations. Our plan is to continue asking female persons served if they are pregnant, both when they call to schedule their appointments, and at the time of their evaluations. At times, we offer appointments within the 48 hour timeframe and the appointments are declined by the persons served.

Objectives, Indicators, Targets and Goals for Future Service Delivery and Business Function FY 2015

Objective: Increase or At least Maintain collection of co-payment and self-pay

Indicator: 83% of collected co-pays and self-pay; at the end of FY15 \$67,164 was charged and \$56,028 was collected. 83% = \$56,028

Target: Increase collections up to 83% or > of charges

To whom the indicator will be applied: Person Served

Person(s) responsible for collecting the data: Billing/Unit Director

Source from which data will be collected: Sieda monthly Revenue by Production by Code Report

Measurement of Business Function Performance Indicators: Compare dollars collected with fees billed quarterly and analyze.

We exceeded our goal of 30% to 83%. We believe this is because we created a Financial Support Specialist. This position meets with clients who are delinquent in payments and works on a payment plan with them. We want to keep this objective and at least maintain 83% of co-pays and self-pays will be collected.

Objective: Increase the number of persons served eligible for Medicaid enrollment

Indicator: 41% enrollment of person served eligible for Medicaid enrollment

Target: Increase the number of person served eligible from Medicaid enrollment by five (5) percent

To whom the indicator will be applied: Person Served

Person(s) responsible for collecting the data: Magellan Central Repository by Funding Source Report/ Unit Director or ISMART report Unit Director and Clinical Supervisor

Source from which data will be collected: Magellan Central Repository by Funding Source Report

Measurement of Business Function Performance Indicators: Compare previous and current Central Repository by Funding Source Report. We will do this quarterly and analyze.

We exceeded our goal of 5% to 41% increase of Medicaid enrollment. We believe this is because we created a Financial Support Specialist. The person meet with clients and assists them with Medicaid enrollment.

Iowa Consortium for Substance Abuse Research and Evaluation

Objective: Improve or maintain perception of harm and risk in the pre and post survey

Indicator: Persons served who participate in the Brain Power Curriculum will improve or maintain 75 their perception of harm and risk in the pre and post survey

Target: 75 or greater persons served report on pre and post survey

To Whom the Indicator will be applied: Persons Served

Person(s) responsible for collecting the data: Prevention Specialist staff and Iowa Consortium for Substance Abuse Research and Evaluation

Performance Target: Iowa Consortium for Substance Abuse Research and Evaluation report Goal of 75 or Greater.

The management committee was unable to review and analyze this goal, as the Iowa Consortium for Substance Abuse Research and Evaluation have not generated reports. We were informed by the Consortium, due to the change in

contract dates they are not running agency reports until January for FY15 and July for FY16. The Substance Abuse Prevention Block Grant was extended six months. We will keep this objective.

Stakeholders and Staff Survey

Sieda Behavioral Health and Treatment Services mailed Stakeholders surveys regarding the awareness and quality of services Sieda offers. The results of the surveys were not plentiful, although those who did reply, provided mostly positive results. Over that last couple of years, the results were slim, therefore next year we will be sending the stakeholders surveys electronically, using survey monkey.

Sieda Behavioral Health and Treatment Services asked staff to fill out a confidential survey regarding the work environment and the contentment with their employment. The results of the survey were plentiful. There were 17 questions. Two questions scored lower significantly lower than the rest. "My pay is fair for the work I do." "My benefits package is good compared to others in the industry." Sieda recognized staff turnover was higher than wanted. As a result, Sieda will increase wages for staff at the end of the fiscal year.

Occupancy Rates of Persons Served

Sieda Behavioral Health and Treatment Services served 1325 people in Extended Outpatient Treatment. There were 470 people that were served on a sliding fee scale and funded by the Substance Abuse Block Grant. 371 had Medicaid Insurance, and 101 had other insurances. Sieda also served 155 people in Intensive Outpatient Treatment. There were 36 people who were served on a sliding fee scale and funded by the Substance Abuse Block Grant. 71 had Medicaid Insurance, and 28 had other insurances. Sieda occupancy rates are very good. We have noticed person served with Medicaid insurance continues to increase which in affect reduces Block Grant numbers. Therefore, we are serving approximately the same amount of persons served.

Wait Time of Persons Served

According to the persons served survey, it is reported that persons served are satisfied with the wait time. Although, based on the IDPH-Funded Substance Abuse Provider Monitoring Report it is reported that persons served meeting wait time for admission from assessment goal of 5 days or less. Sieda scored 30% of meeting the goal. We recognized that there were many persons served who rescheduled or no-showed for their appointments and counselor were documenting the wait time from assessment to the day the persons served were admitted to treatment. Because of this, our wait time wasn't accurate. Our plan is to count days from rescheduled appointment to admission date.

Improvements

Throughout the year Behavioral Health and Treatment Services' management team has recognized, analyzed and made improvements in several areas. Below are the areas of improvement that were made and that were identified in our Accessibility Plan, Strategic Plan, Risk Management Plan, Technology and Systems Plan, Cultural Competency and Diversity Plan, Analysis of Critical Incidents, and Analysis of Formal Complaints, Results of Staff Survey, Results of Persons Served Survey, and Results of Stakeholders Survey.

Sieda has maintained CARF Accreditation since July of 2013. CARF Accreditation signals a service provider's commitment to continually improving services, encouraging feedback and serving the community.

Sieda Behavioral Health and Treatment Services moved to a company owned location, 310 West Main. The building had confidential offices, separate urine analysis bathrooms and is conducive to the work we do. There was enough space to build a conference room and two counseling office. The move cut cost and was a smart financial decision.

We continue to provide mental health counseling and offer services to children, adolescents, and adults

affected by grief, anxiety, panic, depression, mood swings anger, stress, parenting difficulties, Post-Traumatic Stress Disorder (PTSD), relationship issues, Seasonal Affective Disorder, difficulty with attention/concentration, Obsessive Compulsive Disorder, trauma, adjustment, family struggles, and abuse and neglect.

We have a therapist who is certified in PCIT (Parent Child Interactive Therapy) and now has a play therapy room next to the therapist office with a one-way mirror. It's working out wonderfully.

We purchases new office chairs and filing cabinets.

We updated our substance abuse and mental health brochures to include Spanish. A mental health brochure was developed. The new brochures are provided to clients, stakeholders, businesses and agencies throughout the ten counties we serve. We have identified IA-WITS and are moving forward with a joint adventure. There is a group of comprised of nine agencies who have the same goals. Implementation should take place in November 2015. Having multiple agencies collaborating has reduced the cost of obtaining an EHR.

In 2015 we increased revenue by 15.62% from 2014. We accomplished this by hiring a Financial Support Specialist, who stays on top of delinquent payments and works with clients, establishing payment plans. We also brought our billing in-house and hired a Medical Billing Support Specialist.

We have decreased staff turnover significantly. We believe this is due to increasing wages, staff having a flexible schedule and now the agency is paying for licenses, certifications, and continued education conferences.

Prevention staff has remained constant and attended training to ensure knowledge gain. Prevention Specialists continue to assess programming to meet the identified needs of each target population. The Prevention Specialists educates each target audience by providing current, accurate, relevant, and appropriate information regarding alcohol, tobacco, and other drug related consequences in order to encourage health lifestyles. Each Comprehensive Prevention contract outcome was achieved by collaboration between Prevention Specialists and each community.