

# 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 at 226 West Main Street 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 23<sup>rd</sup> (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 4<sup>th</sup> 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 added 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 25 employees. We have a Division 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 3 support staff and a Financial/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 II.1)

Persons served must meet ASAM criteria for Level II.I. 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 /or 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.1. 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.1: 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 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 2014-2015 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

##### Objectives:

- Support ROSC
- Verify payment source by working with Iowa Workforce Development
- Maintain CARF accreditation
- Continue to development relationships, collaborate and develop referral agreements with community agencies
- Update existing software that will meet HIPPA standards for EMR
- Continue collaboration between our prevention, treatment and mental health programs

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

##### Objectives:

- Survey persons' served to determine the need for additional services
- Improve Treatment, Prevention and referral abilities for Multi-Occurring (Substance Abuse Services, Gambling, Mental Health and Physical Health)
- Maintain no wait time for assessments or treatment
- Continue to provide Co-Occurring, Seeking Safety and Co-Occurring for chronically mentally ill persons groups
- Provide or refer basic Substance Abuse education for family members and concerned others
- Ensure persons served information and resource list is current
- Ensure quality workforce
- Continue to utilize employee orientation process to provide education on Multi-Occurring issue

#### Goal #3 Increase the number of co-payments received from persons served

##### Objectives:

- Create Financial Counselor position.
- Educate Support Specialists and Treatment Counselors on the importance of the collection of co-pays from persons served
- Have more visible sign that payment is required at the time of service
- Include financial responsibilities for treatment as goal for treatment plan.
- Obtain report from billing agency on the amount that is charged and collected quarterly.
- Monitor the amount of co-pays that are collected each month
- Persons served who are having difficulty paying their bill will meet with the Financial Support Specialist.
- Treatment Counselor will refer person served to Financial Counselor if is part of their Treatment Plan.

## Administrative Program Goals

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

#### Objectives:

- Provide a financial orientation at time of evaluation
- Include financial responsibilities for treatment as goal for treatment plan
- Train Support Specialists to verify insurance benefits
- Train Support Specialists to be welcoming, empathetic and hopeful when greeting all persons served
- Mental health insurance will be verified by our billing agency, Anderson and Larkin

## Treatment/ Prevention Goals

### Goal #1 Implement Alumni Groups

#### Objectives:

- Consult with Continuing Care Group, alumni and existing persons served about potential interest
- Involve alumni in treatment activities to share their experience, strength, and hope

### Goal #2 Expand education/knowledge of all staff concerning ROSC/Multi-Occurring philosophy

#### Objectives:

- Continue attending quarterly state training on Multi-Occurring
- Continue providing training during and Clinical Seminars
- Implement Family Education Group

### Goal #3 Expand Mental Health Service

#### Objectives:

- Explore possibility of providing Medication Management
- Employ more Masters level clinicians
- Become a NHSC site for loan repayment
- Add information to Sieda pamphlet

### Goal #4 Market Gambling Treatment services in Mahaska and Keokuk counties

#### Objectives:

- Assess all persons served for potential gambling problems
- Send letters to other community agencies
- Add information to Sieda pamphlet

### Goal #5 Implement integration of Prevention and Treatment Services

#### Objectives:

- Explore co-facilitating groups
- Explore Prevention worker transitioning to Provision Case Management Workers

### Goal #6 Explore coordination of primary healthcare and substance abuse services

#### Objectives:

- Explore tele-health possibilities

## Revenue

Behavioral Health and Treatment Services is a financially sound unit. Total support and revenues in fiscal year 2014 for treatment totaled 1,198,314.54. 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 909,403.21 for a net increase in net assets of \$288,911.33. The Prevention program's total support and revenues in fiscal year 2014 was \$151,019.22 and programming expenses were \$139,418.94 for a net increase in net assets of \$11,600.28. 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 (i.e., 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: 40.2%**

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 is around 40% and we've had difficulty increasing the percentage. 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: "Sieda was a great experience and it was well worth my time. Counselor was great and very professional. I was pleased." "Counselor was very supportive and helpful, very professional, excellent service." "Sieda was a great learning experience and very helpful to me in helping me make a better life for myself and family." "My life has most definitely been enriched and redefined in the most positive ways. I am a totally different person and have a real life that is happy and promising." 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 meeting." 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: 71**

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.

**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.

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

### Objective: Increase collection of co-payment and self-pay

Indicator: 30% of collected co-pays and self-pay; at the end of FY14 last quarter \$22,891 was charged and \$6,562 was collected. 30% = \$6,867

Target: Increase collections up to 30% of charges

To whom the indicator will be applied: Person Served

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

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

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

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

Indicator: 5% 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.

## 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

Sieda Behavioral Health and Treatment Service's Prevention Program recognized there were three out of forty questions that that scored lower than 75%. The questionnaire starts with a pre-survey and compares to

a post-survey that is provided by the Iowa Consortium. The Consortium uses a Data Base Builder and calculates results. The surveys are anonymous therefore confidentiality is protected.

The Quality Improvement Management Team looked at the questions that were scored below 75%.

Question #5: How much do you think you risk harming yourself if you...use any other illegal drug (other than alcohol, cigarette, or marijuana once a week? Scored 71.8

Question #26....How much do you think someone might risk hurting his or her body if she...smokes marijuana once a week? Scored 72.4

Question #35: How much do you think someone might risk hurting his or her today if she...smokes marijuana once a week? Scored 63.1

The group analyzed these questions and recognized they are about perception. We think that there are outside factors that impact one's perception of risks of harm that can influence thinking. Some influences can be parents, peer groups, school climate, teachers, peer groups, church groups, and extra curricula activities groups. Our plan is to meet with Prevention Specialists and let them know of the three questions. Prevention Specialists will be reminded of outside influences and they will reemphasize the negative effects of drugs and alcohol use have on the body and brain and spend more with persons served on the topic.

## 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. Because the survey didn't ask for counties and respondents, Sieda was unable to know where the survey was coming from. Sieda Behavioral Health and Treatment Services plan is to include counties at the next mailing.

Sieda Behavioral Health and Treatment Services asked staff to fill out a survey regarding the work environment and the contentment with their employment. Sieda recognized staff turnover was higher than wanted. The results of the survey indicated a very high probability of staff not feeling that the pay is fair for the work they do. As a result, Sieda increased wages for staff.

## Occupancy Rates of Persons Served

Sieda Behavioral Health and Treatment Services served 1385 people in Extended Outpatient Treatment. There were 717 people that were served on a sliding fee scale and funded by the Substance Abuse Block Grant, 332 had Medicaid Insurance, and 336 had other insurances. Sieda also served 155 people in Intensive Outpatient Treatment. There were 93 people who were served on a sliding fee scale and funded by the Substance Abuse Block Grant, 35 had Medicaid Insurance, and 27 had other insurances. Sieda occupancy rates are very good. We have noticed person served with Medicaid insurance has increased which in affect reduced Block Grant numbers. Therefore, we are serving 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 20% 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 obtained a three year CARF Accreditation for the first time in July of 2013. CARF Accreditation signals a service provider's commitment to continually improving services, encouraging feedback and serving the community.

We are providing 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 we attended training in PCIT (Parent Child Interactive Therapy) and is certified in PCIT.

A mental health brochure was developed. This brochure, as well and an updated Behavioral Health and Treatment Services brochure was printed. The new brochures are provided to clients, stakeholders, businesses and agencies throughout the ten counties we serve.

Our Prevention Specialist have obtained a Certification in Prevention. There are seven core functions that staff need to demonstrate prior to taking the exam. Assessment: The Assessment is vital to prevention program planning because the prevention specialist needs to identify what is being done in the communities that we serve, what needs exist among which populations and who can help meet those needs. Program Development: Applying sound prevention theory and practice by adapting or developing programs in order to meet the identified needs of the target population. Communication: Having a working knowledge of how information is understood and exchanged. Program Delivery: The Prevention Specialist educates the target audience by providing accurate, relevant and appropriate information about ATOD abuse and related problems in order to encourage healthy lifestyles. Evaluation: Evaluation is an assessment of program impact using process and outcome measures. Record Keeping: Maintain appropriate written or electronic records or documentation. Consultation: Consultation addresses the role of the prevention specialist as a facilitator of coordination, collaboration, and cooperation between individuals, groups, and communities.

We are receiving funding to provide Distance Treatment and staff will be attending training in the Recovery program. This program is only offered to persons served at 200% at or below the Federal poverty level and are funded through our Substance Abuse Block Grant.

Positions in Sieda Behavioral Health and Treatment Services were evaluated and compared to IBHA (Iowa Behavioral Health Association) salary survey. In additional, we compared state salaries and ours. Position salaries were moved up to the low end of the median.

We have identified EHR-WITS and are moving forward with exploring the possibility of a joint adventure. There is a group of nine agencies who are interested in collaborating. Having multiple agencies collaborating will reduce the cost of obtaining an EHR.