

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: 906 Dodge Street (319-293-3958)
Sigourney: 114 West Washington, PO Box 228 (641-622-3410)
Bloomfield: 203 South Madison 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, Mental Health Services and Medication Assisted Treatment (MAT).

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. In addition to substance abuse treatment, we office mental health services in the Ottumwa office and MAT in all 10 counties, although medication (dosing) is offered in the Ottumwa office.

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, mental health clients 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 FY19-20

Agency Wide Goals

Strategic Planning: things needing improvement

In the development of the FY 19-20 strategic plan input was received from staff, persons served, and stakeholders. The plan is comprehensive and several goals were identified and many objectives. 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

1. Objectives:
 - 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. Continue collaboration between our prevention, Treatment and Mental Health programs; ongoing
 - f. Continue to evaluate any new federal changes in regards to healthcare; ongoing

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

1. Objectives:
 - 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 services group; ongoing
 - e. Ensure persons served information and resource list is current and placed in the orientation packet; ongoing
 - f. Continue to utilize employee orientation process that provides education for Multi-Occurring issues; ongoing
 - g. Counselors will refer to Medication Assisted Treatment, when appropriate; ongoing

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

1. Objectives:
 - 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 Maintain or increase the number of co-payments received from persons served

1. Objectives:
 - 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; ongoing
 - c. Monitor the amount of co-pays that are collected each month. We do this monthly; ongoing
 - d. Person served will meet with Financial Counselor when is having difficulties paying their bill; ongoing
 - e. Treatment Counselor will refer Person served to Financial Counselor if is part of their Treatment Plan; ongoing

Goal #5 Monitor our EHR compatibility for substance abuse treatment, mental health counseling and gambling treatment

1. Objectives:

- a. Unit Director will attend conference calls and meetings with IAWITS Board of Directors; ongoing
- b. Unit Director will report any issues or concerns with EHR; as needed

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

- 1. Objectives:
 - a. Unit Director, Clinical Supervisor, and Prevention Supervisor meets with Executive Director, Deputy Director and Fiscal Office and reviews financials monthly and ongoing
 - b. Unit Director will share any financial issues with executive director and deputy director; ongoing
 - c. 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

- 1. Objectives:
 - 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

Goal #2 Continuance of Quality Improvement

- 1. Objectives:
 - a. Monthly file reviews; ongoing
 - b. File review results will be reported to Clinical Supervisor, Unit Director, and IDPH; ongoing
 - c. Clinical Supervisor will provide one-to-one private supervision to each clinician to address any ongoing issues identified during the file review process; as needed
 - d. One time a month staff participate in staff development trainings; ongoing
 - e. Assistant Clinical Supervisor provides three months of training to all new counseling staff; ongoing

Treatment/Prevention Goals

Goal #1 Expand Mental Health Service

- 1. Objectives:
 - 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. Develop advertising materials that are client friendly; as needed

Goal #2 Advertise Family Program

- 1. Objectives:
 - a. Unit Director, Clinical Supervisor and Executive Director will work together in developing client friendly material; as needed

Goal #3 Continue of offer early intervention services including SBIRT; as needed

- 1. Objectives:
 - a. Persons served who do not meet criteria for treatment will be referred for early intervention services; ongoing
 - b. Early intervention services will be monitored and reported to IDPH; ongoing

Goal #4 Continue to screen all clients for suicide risk at evaluation and ongoing

- 1. Objectives:
 - a. Persons served will be screened for suicide risk at evaluation with the PHQ9 and ongoing

- b. When suicide risk is identified, counselor will consult with Clinical Supervisor and refer persons served for appropriate services.
- c. Staff will continue to be educated about suicide risk as needed

Goal #5 Implement the Ask, Advise, and Referral model for tobacco cessation

- 1. Objectives:
 - a. All staff will be trained on QuitLine; as needed
 - b. Counselors will continue to screen and refer persons served to QuitLine; ongoing

Goal #6 Maintain Medication Assisted Treatment (MAT) by partnering with United Community Healthcare.

- 1. Objectives:
 - a. Sieda Behavioral Health and Treatment staff will attend MAT trainings; completed, although will have ongoing training
 - b. Construction for a physical office will be completed; completed
 - c. Construction for a dosing office will be completed; completed
 - d. Advertisement will be made; completed, although we will advertise ongoing
 - e. Counselors will provide MAT counseling, while United Community Healthcare will provide the medical piece of MAT treatment; ongoing

Accessibility Plan FY19-20

Architectural

Goal A: Improve interior of Oskaloosa Sieda office building to increase accessibility and aesthetics

Objective: Sieda will improve the upstairs of the building
 Responsible Party: Executive Director and Deputy Director
 Target Date: 07/2020
 Completion Date:

Objective: Oversee updates and improvements
 Responsible Party: Executive Director and Deputy Director
 Target Date: 07/2020
 Completion Date:

Goal B: Add office space to 310 W. Main Street location

Objective: Unit Director will discuss office expansion with Executive Director to evaluate financial feasibility
 Responsible Party: Unit Director
 Target Date: 05/2020
 Completion Date:

Goal C: Add office space for physical room to 310 W. Main Street location

Responsible Party: Executive Director, Deputy Director and Unit Director
 Target Date: 07/20
 Completion Date:

Environmental

Goal A: Improve safety

Objective: Training on space heaters at orientation
 Responsible Party: Assistant Clinical Supervisor
 Target Date: ongoing
 Completion Date: ongoing

Objective: Bi-annual agency audits
 Responsible Party: Medical Director
 Target Date: Bi-annually
 Completion Date: ongoing

Attitudinal

Goal A: 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

Objective: Send staff to Diversity training and in-house trainings

Responsible Party: Clinical Supervisor and Prevention Supervisor
Target Date: 04/2020
Completion Date:

Objective: Send staff to Governor's Conference
Responsible Party: Clinical Supervisor and Prevention Supervisor
Target Date: 04/20
Completion Date:

Goal B: Increase person served, family members, significant other, staff involvement and input regarding addiction treatment

Objective: Increase participation in the "Family Group"
Responsible Party: Clinical Supervisor, Assistant Clinical Supervisor, counseling staff
Target Date: ongoing
Completion Date:

Objective: Provide quarterly surveys and analysis
Responsible Party: Unit Director, Clinical Supervisor, Assistant Clinical Supervisor
Target Date: On-going
Completion Date: On-going

Objective: Provide annually surveys and analysis
Responsible Party: Unit Director, Clinical Supervisor, Assistant Clinical Supervisor, Medical Director
Target Date: On-going
Completion Date: On-going

Objective: Include family members in family sessions with person served as requested
Responsible Party: Unit Director, Clinical Supervisor, Assistant Clinical Supervisor
Target Date: ongoing
Completion Date: ongoing

Goal C: Policies and Procedures will relate to persons served and staff surveys, family and significant other involvement

Objective: Revise Policy and Procedures as necessary
Responsible Party: Management committee
Target Date: Annually/ongoing
Completion Date: Annually/ongoing

Goal D: Increase mental health therapy

Objective: To offer mental health services 20 hours per week and add services as needed.
Responsible Party: Unit Director and Clinical Supervisor
Target Date: ongoing
Completion Date: ongoing

Objective: Develop marketing strategy to promote mental health services
Responsible Party: Executive Director, Unit Director, Clinical Supervisor
Target Date: 07/20
Completion Date:

Financial

Goal A: Review agency's sliding fee scales for continued use and revise as needed

Objective: Update sliding fee scale when Poverty Guidelines become available
Responsible Party: Unit Director and Board of Directors
Target Date: ongoing
Completion Date: ongoing

Goal B: Receive payments from MCOs and IME on regular basis

Objective: Medical Billing/Support Specialist will continue to bill, review and dispute denials, and continue to hold MCOs accountable per our contracts
Responsible Party: Medical Billing/Support Specialist
Target Date: ongoing
Completion Date: ongoing

Employment

Goal A: Increase ability of persons served to access employment opportunities as desired

Objective: Work with Vocational Rehabilitation, Iowa Work Force and pay for persons served GEDs at Indian Hills Community College

Responsible Party: ATR Staff, Counseling Staff
Target Date: On-going
Completion Date: On-going

Communication

Goal A: Educate public to the availability of addiction services for the hearing impaired, visually impaired, visually impaired, LGBT and Hispanic persons served. Ensure availability and/or access to these resources and to be all inclusive.

Objective: Putting information regarding our services on our website and brochures
Responsible Party: Unit Director, Clinical Supervisor, Assistant Clinical Supervisor, Prevention Supervisor
Target Date: ongoing
Completion Date: ongoing

Transportation

Goal A: Behavioral Health and Treatment Services will provide options for persons served with transportation barriers for our MAT clients

Objective: Distribute and bus passes gas cards to persons served so they are able to use their own vehicles
Responsible Party: ATR Staff, Clinical Supervisor
Target Date: ongoing
Completion Date: ongoing

Goal B: Increase service provisions in areas of greatest need such as homeless shelters, jails, hospitals, etc.

Objective: Provide evaluations at the jail
Responsible Party: Clinical Supervisor
Target Date: ongoing
Completion Date: ongoing

Objective: Work with Ottumwa Crisis Center in all areas we serve to make services more available
Responsible Party: Clinical Supervisor
Target Date: ongoing
Completion Date: ongoing

Community Education

Goal A: Maintain and increase participation in community events, community education and outreach to increase community awareness of addiction treatment and aid in alleviating the associated stigma

Objective: Recovery Rally
Responsible Party: Unit Director, Clinical Supervisor, Prevention Supervisor
Target Date: 07/20
Completion Date: ongoing

Objective: Healthy Kids Fair
Responsible Party: Unit Director, Prevention Supervisor
Target Date: 07/20
Completion Date: ongoing

Staff Recruitment and Retention

Goal A: Hire and retain qualified staff who are dedicated to upholding our Unit's mission, vision, and values

Objective: Maintain competitive salaries and benefit package
Responsible Party: Unit Director, Clinical Supervisor, Prevention Supervisor, and hiring committee
Target Date: ongoing
Completion Date: ongoing

Policy Review

Goal A: Keep up to date policy and procedures regarding accessibility

Objective: Continue to review and revise as appropriate all policies related to accessibility
Responsible Party: Unit Director
Target Date: Annually/ongoing
Completion Date: Annually/ongoing

Cultural Competency and Diversity Plan – FY 19-20

Sieda Community Action Behavioral Health & Treatment Services

Culturally Competent Organization

A culturally competent organization is characterized by:

- 1) Acceptance and respect for difference
- 2) Careful attention to the dynamics of cultural differences
- 3) Continuous expansion of cultural knowledge and resources
- 4) Adaptation of service practices to meet the needs of diverse populations

Sieda Behavioral Health & Treatment strives to manifest its cultural competence in valuing diversity, having the capacity for regular self-assessment, being conscious of the dynamics among different cultures, institutionalizing cultural knowledge, and adapting practices to cultural diversity. We practice inclusion by making each employee and family we serve feel welcomed, respected, supported, and valued as a team member. Because inclusion is a two-way accountability, we expect every employee to grant and accept inclusion from others when communicating and collaborating at work by being sensitive to different cultural backgrounds.

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 client population. We have one area we will be focusing on.

1. Working with Spanish speaking clients
2. Working with re-entry clients in the judicial system

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

Counseling staff attended the Diversity Conference in April 2019.
Personnel Training Confidentiality, HIPPA, Person's Served Rights, and Personnel Rights
Culture Diversity training is provided at orientation for new staff

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

There were several presenters at the Diversity Conference in April 2019.
Personnel Training Confidentiality, HIPPA, Person's Served Rights, and Personnel Rights: Kristal Williams

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

Presenters at the Diversity conference had various affiliations.

Kristal Williams is Sieda Behavioral Health & Treatment Services' Assistant Clinical Supervisor

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

August 27, 2019 Reality of Re-Entry: The Successes and Challenges

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

Reality of Re-Entry: The Successes and Challenges

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

Lindsay Epperson, Reentry Coordinator and Kurt Rosenberg, Department of Correctional 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:

Sieda Behavioral Health & Treatment Services serves Spanish speaking clients and therefore are required to be equipped to work effectively with them.

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.

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 be having trainings on working with clients who have been incarcerated and working with Spanish speaking clients. We will continue to have trainings for staff in other cultural competencies as needed. Cultural discussions will also be a part of staff supervision. The yearly Diversity Conference at Indian Hills Community College is a valuable training resource as well as the Governor's Conference.

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

Target Date: Reality of Re-Entry: The Successes and Challenges: August 27th

Target Date: Working with the Hispanic Population: September 24th or October 22nd

Target Date: Working with the Hispanic Population: January 28th or April 28th

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. First Resources use to offer services to the Hispanic population but do not now.

Step 11: Have you previously made contact with the organizations, associations, or individuals listed in Step 10 to introduce them to Sieda Behavioral Health & 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 counselors who have had training on the "cultural of poverty" and the "substance abuse culture"

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) FY19-20

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

SIEDA SAS

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.)**

Sieda's Spanish speaking population continues to be around 10%. We are having a difficult time hiring an interpreter. 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. There is an opioid crisis and Sieda is seeing more clients who are addicted to opioids. Sieda is partnering with United Community Services Healthcare to provide Medication Assisted Treatment (MAT). Sieda providing treatment and UCS Healthcare providing the medical piece.

Assessment of Current Risk Level: 0 X1 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

- 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 year. Iowa Medicaid transitioned to a managed care style of reimbursement consisting of 3 MCOs. There has

been limited negative impact in terms of our clinical delivery. It is difficult to get payment from IME and MCOs without fighting and providing significant proof. In the end, we get paid, it's the time spent working on getting paid that is a struggle. We have a good reputation for providing quality service to our 10 county service area and anticipate being awarded the block grant which will consist of substance abuse treatment, prevention and gambling. **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
- 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):

- Degradation of quality of care/client services
- Fiscal impact on organization
- Negative publicity for organization
- 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 Director provides follow up on issues found with these inspections. The office has key pad locks as one enters from the waiting room to the counseling office. All clients are escorted to and from counseling offices

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
- Fiscal impact on organization
- Negative publicity for organization
- 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. We have spent significant time advertising our MAT clinic.

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

 X Negative publicity for organization

 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 maintained at a low level. We believe our turn over rate is low because of 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 usually hires uncertified counselors with the expectation that they obtain their certification within six months of employment.

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

 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 2018 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

- 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 bi-monthly in person and board packets are sent to board members to review. If there is an item that needs to be addressed, the board will meet face to 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.

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

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 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 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?

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 Magellan. 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

13. 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 an 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

14. 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.

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

15. 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 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

- 16. 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 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

- 17. 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

18. 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.

Sieda Behavioral Health and Treatment Services is surviving healthcare reform, although it is challenging. We currently are keeping abreast of the knowledge available at a state and national level. 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 as necessary and feel confident. We also currently offer ROSC and Co-Occurring services. We have closely monitored the cost effectiveness and the person served perception of success of the treatment and it has been cost effective. We are focused on improving the clinical environment in which we provide services for both the staff and person served. Sieda is responding to the opioid crisis, by partnering with UCS Healthcare in providing MAT services.

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

19. 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

20. 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?

Sieda Community Action's Deputy Director, Tammy Hotek as the Corporate Compliance Officer. When the Unit Director, Assisted Director, Medical Director, Prevention Supervisor will report alarming information to the Corporate Compliance Officer: This is information such as: 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 meet 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 FY19-20

Causes:

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

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:

Amerigroup of Iowa has a “Critical Incident Report” form. Sieda staff complete the form and fax the form to Amerigroup within 24 hours of incident. See attachment.

Analysis of Formal Complaints FY19-20

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) FY19-20

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 organization’s 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 MPA Computers.

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, and terminal server were installed in April of 2013. The agency maintains hardware VPN connections to each of its locations to allow for access to internal staff resources.

SOFTWARE: Sieda Community Action Behavioral Health and Treatment Services uses Microsoft Office and Windows 7 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 Ia-Wits, a web based server developed by FEI in Colombia, Maryland. Nine substance abuse agencies purchased Ia-Wits together in order to save costs. All security and maintenance of this system falls to FEI.

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 through Google Apps for Nonprofits. The agency also maintains a BAA with Google to stay HIPAA compliant. Each staff member also has a confidentiality statement included in their outgoing email.

BACK-UP POLICIES: Sieda Community Action uses a Barracuda system to back-up the servers 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. 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 FY18 for treatment totaled \$1,450,569. 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 1,111,897 for a net increase in net assets of \$338,672. The Prevention program's total support and revenues in fiscal year 2017 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 (IAWITS)

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 Amerigroup, Person Served Satisfaction Surveys.

Performance Goals and Measure Indicators and Results:

Persons served complete treatment: Goal: >50% Actual: 51%

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: IAWITS

Performance Target: Sieda Behavioral Health & Treatment Goal of >50%

We remain diligent about encouraging clients to successfully complete treatment. We initially explain to clients the expectations for successful completion. We also attempt to re-engage clients who are missing either group sessions or individual appointments. We also attempt to notify their referral sources, if there is a release of information. Often referral sources have the necessary leverage to assist clients with their attendance. The more consistent their attendance, the better outcome with gaining appropriate knowledge for recovery and also for successful completion. Counselors remain diligent about attempting to re-engage clients whose attendance has slipped. Clinical Supervisor reminds counselors about the importance of client re-engagement during in-service trainings and regular ongoing supervision

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

Our goal for client responses on client surveys is 85% for all questions. We historically are above this percentage for most questions on the survey. Clients usually indicate positive regard for our program. Some comments expressed by clients include:

- I want to thank the people who helped me move forward with my life, stay clean, and complete goals so I could be successful.
- My counselor did a great job helping me set and reach my goals. Always looked forward to my session. Would refer anyone to Sieda.
- I gained a lot of tools that I can use in my everyday situations. Thanks.
- Counselors were a great help to my treatment and my success to complete treatment. They both really helped me see the life without illegal substances and how good it is without it.
- Had the best counselor in Sieda. Very proud of my results through Sieda. They helped me stay sober for the near future. Drugs aren't worth the trouble or time. There's more important things in life than drugs-my friends and family.

Overall all question results are >85%. Question 22 was a little low this year. Question 22 asks a client if they are employed. Our score this year was 79%. Although, this is not quite at our 85% goal, we still view this as extremely significant. Persons with substance use disorder often have their employment affected by their use. At the end of treatment to have 79% employed is high. Many clients set employment as a treatment goal. Counselors work with clients on this goal and also refer to Iowa Works and ATR for assistance with this goal. We will continue to work with all clients who have the goal of obtaining employment.

IV Drug Users Wait Time<14 days (meeting guidelines): Goal: 90% Actual: 83%

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: Unit Director, Clinical Supervisor and Assistance Clinical Supervisor

Source from which data will be collected: IAWITS Report

Performance Target: IAWITS Report Goal of 90

Sieda Behavioral Health and Treatment Services recognized that the question in EHR-IA WITS 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 cancel and don't show for appointments often. We reschedule immediately. Counselors are being reminded that the question is asking about IV use within the last 30 days. In some instances, an evaluation resulted in an inpatient recommendation. We encourage persons served to engage in outpatient treatment until placement can be established, persons served originally declined the outpatient treatment, later contacting our office to engage in outpatient treatment. The time following persons served declining services then deciding to participate exceeds the 14 day timeframe

Pregnant Women Wait Time<48 hours (meeting guidelines): Goal: 90% Actual: 54%

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: Unit Director and Clinical Supervisor

Source from which data will be collected:

Performance Target: IAWITS report 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. 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: 60% of collected co-pays and self-pay; at the end of FY16 \$95,266 was charged and \$73,517 was collected. 77% = \$21,748

Target: Increase collections up to 60% 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 Billing report

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

Our goal of 83%. We increased last years of 51% to 77%. This is an increase of 26%. The management team has spoken with support staff, Financial Support Specialist, Billing and counselor on many occasions throughout the year and provided trainings. Our plan is to continue to make sure everyone who comes through our door for services is asked to pay their bill, co-pay or pay something on their bill and refer them to Sieda's Financial Support Specialist for a payment plan. We are optimistic if we continue doing what we are doing, we could meet our financial goal of 83%.

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

Indicator: 47% 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: IAWITS report Unit Director and Clinical Supervisor

Source from which data will be collected: IAWITS Reports

Measurement of Business Function Performance Indicators: Compare previous and current Central Repository by Funding Source Report.

We exceeded our goal of 5%, by 1% increase. We exceeded our goal of 5% to 47% 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 their perception of harm and risk in the pre and post survey

Target: 175 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 82% 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 will be running the report in the fall of 2018. The new data will come from the Qualtrics Data System.

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 1409 people in substance abuse treatment. There were 745 in Extended Outpatient Treatment and 167 in Intensive Outpatient. There were 527 people that were served on a sliding fee scale and funded by the Substance Abuse Block Grant. There were 675 who had Medicaid Insurance, and other insurances Sieda occupancy rates are very good. We have noticed person served with Medicaid remain about the same and the reduction in IDPH Block Grant numbers increase remains about the same. Therefore, we are serving approximately the same amount of persons served if not more.

Wait Time of Persons Served

According to the persons served survey, it is reported that persons served are satisfied with the wait time. We do not have a wait time of persons served, as we are now offering walk-ins two days a week. We also let clients wait for a no-show or reschedule if they wish. Counselors were also more diligent about scheduling the initial admit within 5 days of evaluation.

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 Behavioral Health & Treatment 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 & Treatment is working in partnership with UCS Healthcare and providing Medication Assisted Treatment (MAT). Sieda providing treatment and UCS Healthcare providing the medication. Treatment is offered in all ten counties and medication is provided in our Ottumwa office.

The IAWITS business relationship is working out well. We have on-going conference calls and discuss what is going well and areas that need improvement. Sieda is currently using the mental health modular in IAWITS.

Sieda Behavioral Health & Treatment continues to have very little staff turnover. 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.

Relationships with MCOs are improving. We are beginning to receive payments regularly. Sieda's Medical Billing Specialist continues to develop good working relationships with the MCOs.

Sieda's 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.