



Authored by: Melissa Loehr, CEO

SUBMITTED
11.30.23

GEOGRAPHIC AREA: *Clay, Kossuth, Osceola, Palo Alto, Winnebago, and Worth Counties*

APPROVED BY GOVERNING BOARD: 11.28.23

REVISED EXPENDITURES & REVENUE SHEETS: 5.6.24



Mission:

Care Connections exists to support improved behavioral healthcare through local resources to promote full citizenship for people with mental illness and intellectual disabilities.

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Introduction

Care Connections of Northern Iowa (CCNIA) Mental Health and Disability Region was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 225C.57. The annual report is a component of the Management Plan which includes three parts: Annual Service and Budget Plan, Annual Report, and Policies and Procedures Manual in compliance with Iowa Administrative Code 441.25.



The FY2023 Annual Report covers the period of July 1, 2022, to June 30, 2023. The annual report includes documentation of the status of service development, services provided, individuals served, designated intensive mental health services, a financial statement including revenues, expenditures, and state appropriations, and specific regional outcomes for the year.

As we reflect upon the milestones and progress achieved in the fiscal year 2023, we present the Care Connections for Behavioral Health's Annual Report with great pride and a sense of purpose. This document serves not only as a testament to the tireless dedication of our team but also as a transparent record of the impact and evolution of our services over the past year. We are pleased to share with you the status of service development that has unfolded within this period, as we remain steadfast in our mission to improve access to Brain health services and foster a community where individuals can receive the care they need as close to home as possible.

As we reflect on our accomplishments, we eagerly anticipate continued service developments that amplify the impact of our mission. Central to our approach is the strategic utilization of local resources, ensuring that our community remains a cornerstone in the provision of comprehensive behavioral health services.

Looking ahead, Care Connections is poised to leverage these local assets, providing not only essential services but also encouragement and access to empower individuals. Our commitment extends to the continuous development of evidence-based practices, further solidifying our pledge to offer care that is not only accessible but resonates with the goal of allowing individuals to thrive within the comfort of their homes and communities.



**COORDINATION OF
SERVICES**



**INFORMATION &
REFERRAL**



**BUILDING,
CREATING AND
SUPPORTING**

Leadership



Craig Merrill Palo Alto
County



Jayson Vande Hoef
Osceola County



Barry Anderson-Clay
County



Donnie Loss/ Carter
Nath (1/2023)
Kossuth County



Secretary
Bill Jensvold
Winnebago County



Vice Chair
A.J. Stone
Worth County

Board Chair



Michelle Huntress
Education
Representative



Amanda Schmidt
Educational
Representative



Holly Boettcher
Parent
Representative



Melissa Loehr
CEO



Carmen Moser
Palo Alto Auditor
CCNIA Fiscal Agent

A. Services Provided and Individuals Served

This section includes:

- The number of individuals in each diagnostic category funded for each service
- Unduplicated count of individuals funded by age and diagnostic category
- Regionally designated Intensive Mental Health Services

Table A. Number of Individuals Served for Each Service by Diagnostic Category

| FY 2023 Actual GAAP | Care Connections of Northern Iowa MHDS Region | MI (40) | | ID(42) | | DD(43) | | Total |
|------------------------|---|------------|-----------|-----------|----------|----------|---|------------|
| | | A | C | A | C | A | C | |
| Core | | | | | | | | |
| | Treatment | | | | | | | |
| 42305 | Psychotherapeutic Treatment - Outpatient | 2 | | | | | | 2 |
| 42306 | Psychotherapeutic Treatment - Medication Prescribing | 2 | | | | | | 2 |
| 43301 | Evaluation (Non Crisis) - Assessment and Evaluation | 1 | | | | | | 1 |
| 73319 | Other Priv./Public Hospitals - Inpatient per diem charges | 2 | 1 | | | | | 3 |
| | Basic Crisis Response | | | | | | | |
| 44301 | Crisis Evaluation | 146 | 58 | | | | | 204 |
| 44307 | Mobile Response | 64 | 25 | | | | | 89 |
| 44312 | Crisis Stabilization Community Based Services (CSCBS) | 15 | 1 | | | | | 16 |
| 44313 | Crisis Stabilization Residential Service (CSRS) | 16 | | | | | | 16 |
| | Support for Community Living | | | | | | | |
| 32325 | Support Services - Respite Services | | | 1 | 1 | | | 2 |
| 32329 | Support Services - Supported Community Living | 10 | 1 | 3 | | | | 14 |
| | Support For Employment | | | | | | | |
| 50367 | Day Habilitation | 2 | 1 | 4 | | | | 7 |
| 50368 | Voc/Day - Individual Supported Employment | 1 | | 5 | | 1 | | 7 |
| | Recovery Services | | | | | | | |
| | Service Coordination | | | | | | | |
| | Sub-Acute Services | | | | | | | |
| 64309 | Sub Acute Services (6+ Beds) | 3 | | | | | | 3 |
| | Core Evidence Based Treatment | | | | | | | |
| 42398 | Assertive Community Treatment (ACT) | 11 | | | | | | 11 |
| | Core Subtotals: | 275 | 87 | 13 | 1 | 1 | | 377 |
| Mandated | | | | | | | | |
| 74XXX | Commitment Related (except 301) | 103 | 13 | | | | | 116 |
| 75XXX | Mental health advocate | 67 | 4 | | | | | 71 |
| | Mandated Subtotals: | 170 | 17 | | | | | 187 |
| Core Plus | | | | | | | | |
| | Justice System Involved Services | | | | | | | |
| 46305 | Mental Health Services in Jails | 77 | 1 | | | | | 78 |

| | Additional Core Evidence Based Treatment | | | | | | |
|--|---|------------|------------|-----------|----------|----------|------------|
| | Core Plus Subtotals: | 77 | 1 | | | | 78 |
| Other Informational Services | | | | | | | |
| Community Living Support Services | | | | | | | |
| 22XXX | Services management | 104 | 31 | | | | 135 |
| 31XXX | Transportation | | | 1 | | | 1 |
| 33340 | Basic Needs - Rent Payments | 6 | | | | | 6 |
| 33399 | Basic Needs - Other | 1 | | | | | 1 |
| 41306 | Physiological Treatment - Prescription Medicine/Vaccines | 3 | | | | | 3 |
| 41307 | Physiological Treatment - In-Home Nursing | 2 | | | | | 2 |
| 42396 | Psychotherapeutic Treatment - Community Support Programs | 6 | | | | | 6 |
| 46306 | Prescription Medication (Psychiatric Medications in Jail) | 53 | | | | | 53 |
| | Community Living Support Services Subtotals: | 175 | 31 | 1 | | | 207 |
| Congregate Services | | | | | | | |
| 64XXX | RCF-6 and over beds | 17 | | | | | 17 |
| | Congregate Services Subtotals: | 17 | | | | | 17 |
| Administration | | | | | | | |
| Uncategorized | | | | | | | |
| Regional Totals: | | 714 | 136 | 14 | 1 | 1 | 866 |

Table B. Unduplicated Count of Individuals by Age and Diagnostic Category

| Disability Group | Children | Adult | Unduplicated Total |
|---|-----------------|--------------|---------------------------|
| Mental Illness | 108 | 463 | 571 |
| Mental Illness, Intellectual Disabilities | 1 | 8 | 9 |
| Mental Illness, Intellectual Disabilities, Other Developmental Disabilities | 0 | 1 | 1 |
| Total | 109 | 472 | 581 |

B. Regionally Designated Intensive Mental Health Services

The region has designated the following provider(s) as an **Access Center** which has met the following requirements:

- Immediate intake assessment and screening that includes but is not limited to mental and physical conditions, suicide risk, brain injury, and substance use.
- Comprehensive person-centered mental health assessments by appropriately licensed or credentialed professionals.
- Comprehensive person-centered substance use disorder assessments by appropriately licensed or credentialed professional.
- Peer support services.
- Mental health treatment.
- Substance abuse treatment.
- Physical health services.
- Care coordination.
- Service navigation and linkage to needed services.



| <u>Date Designated</u> | <u>Access Center</u> |
|------------------------|---|
| 8/22 | Siouxland Crisis Center, Sioux City, IA |
| 7/1/22 | North Iowa Regional Services |

The region has designated the following **Assertive Community Treatment (ACT)** teams which have been evaluated for program fidelity, including a peer review as required by subrule 25.6(2), and documentation of each team's most recent fidelity score.



| <u>Date Designated</u> | <u>ACT Teams</u> | <u>Fidelity Score</u> |
|--------------------------|---|-----------------------|
| 11/1/2017 | Seasons Center- Osceola, Clay, Palo Alto | In Progress |
| 5/1/22 | Prairie Ridge- Worth County | In Progress |
| Expected October 2023 | Prairie Ridge- Winnebago County/ Kossuth County | In Progress |

The region has designated the following **Subacute** service providers which meet the criteria and are licensed by the Department of Inspections and Appeals.



| <u>Date Designated</u> | <u>Subacute</u> |
|------------------------|--|
| 8/2022 | Siouxland Crisis Center, Sioux City |
| 2022 | North Iowa Regional Services, Waterloo |

The region has designated the following **Intensive Residential Service** providers which meet the following requirements:

- Enrolled as an HCBS 1915(i) habilitation or an HCBS 1915(c) intellectual disability waiver supported community living provider.
- Provide staffing 24 hours a day, 7 days a week, 365 days a year.
- Maintain staffing ratio of one staff to every two and one-half residents.
- Ensure that all staff have the minimum qualifications required.
- Provide coordination with the individual’s clinical mental health and physical health treatment, and other services and support.
- Provide clinical oversight by a mental health professional.
- Have a written cooperative agreement with an outpatient provider.
- Be licensed as a substance abuse treatment program or have a written cooperative agreement.
- Accept and service eligible individuals who are court-ordered.
- Provide services to eligible individuals on a no-reject, no-eject basis.
- Serve no more than five individuals at a site.
- Be located in a neighborhood setting to maximize community integration and natural supports.
- Demonstrate specialization in serving individuals with an SPMI or multi-occurring conditions and serve individuals with similar conditions in the same site.



| Date Designated | Intensive Residential Services |
|--------------------------|--|
| <i>Starting in FY 24</i> | Lakes Life Skills & Sioux Rivers MHDS Region |

C. Financials

Table C. Expenditures

| FY 2023 Accrual | CCNIA MHDS Region | MI (40) | ID(42) | DD(43) | Admin (44) | Total |
|---------------------|---|------------|-----------|--------|------------|------------|
| Core Domains | | | | | | |
| COA | Treatment | | | | | |
| 42305 | Mental health outpatient therapy ** | \$ 288,136 | | | | \$ 288,136 |
| 42306 | Medication prescribing & management ** | \$ 49,592 | | | | \$ 49,592 |
| 43301 | Assessment, evaluation, and early identification ** | | | | | \$ - |
| 71319 | Mental health inpatient therapy-MHI | | | | | \$ - |
| 73319 | Mental health inpatient therapy ** | \$ 4,025 | | | | \$ 4,025 |
| | Crisis Services | | | | | |
| 32322 | Personal emergency response system | | | | | \$ - |
| 44301 | Crisis evaluation | \$ 80,275 | | | | \$ 80,275 |
| 44302 | 23 hour crisis observation & holding | \$ 616,827 | | | | \$ 616,827 |
| 44305 | 24 hour access to crisis response | | | | | \$ - |
| 44307 | Mobile response ** | \$ 179,658 | | | | \$ 179,658 |
| 44312 | Crisis Stabilization community-based services ** | \$ 186,201 | | | | \$ 186,201 |
| 44313 | Crisis Stabilization residential services ** | \$ 608,923 | | | | \$ 608,923 |
| 44396 | Access Centers: start-up / sustainability | \$ 100,000 | | | | \$ 100,000 |
| | Support for Community Living | | | | | |
| 32320 | Home health aide | | | | | \$ - |
| 32325 | Respite | | \$ 2,932 | | | \$ 2,932 |
| 32328 | Home & vehicle modifications | | | | | \$ - |
| 32329 | Supported community living | \$ 194,502 | \$ 8,324 | | | \$ 202,827 |
| 42329 | Intensive residential services | | | | | \$ - |
| | Support for Employment | | | | | |
| 50362 | Prevocational services | | | | | \$ - |
| 50364 | Job development | | | | | \$ - |
| 50367 | Day habilitation | | | | | \$ - |
| 50368 | Supported employment | \$ 1,901 | \$ 39,517 | | | \$ 41,418 |
| 50369 | Group Supported employment-enclave | \$ 71,117 | \$ 41,871 | \$ 390 | | \$ 113,378 |
| | Recovery Services | | | | | |
| 45323 | Family support | | | | | \$ - |
| 45366 | Peer support | | | | | \$ - |

| | | | | | | |
|-------|--|---------------------|------------------|---------------|--|---------------------|
| | Service Coordination | | | | | |
| 21375 | Case management | | | | | \$ - |
| 24376 | Health homes | \$ 4,000 | | | | \$ 4,000 |
| | Sub-Acute Services | | | | | |
| 63309 | Subacute services-1-5 beds | \$ 26,811 | | | | \$ 26,811 |
| 64309 | Subacute services-6 and over beds | \$ 8,400 | | | | \$ 8,400 |
| | Core Evidenced Based Treatment | | | | | |
| 04422 | Education & Training Services - provider competency | \$ 28,699 | | | | \$ 28,699 |
| 32396 | Supported housing | \$ 122,094 | | | | \$ 122,094 |
| 42398 | Assertive community treatment (ACT) | \$ 64,558 | | | | \$ 64,558 |
| 45373 | Family psychoeducation | | | | | \$ - |
| | Core Domains Total | \$ 2,635,719 | \$ 92,645 | \$ 390 | | \$ 2,728,754 |
| | Mandated Services | | | | | |
| 46319 | Oakdale | | | | | \$ - |
| 72319 | State resource centers | | | | | \$ - |
| 74XXX | Commitment related (except 301) | \$ 111,435 | | | | \$ 111,435 |
| 75XXX | Mental health advocate | \$ 119,270 | | | | \$ 119,270 |
| | Mandated Services Total | \$ 230,706 | \$ - | \$ - | | \$ 230,706 |
| | Additional Core Domains | | | | | |
| | Justice system-involved services | | | | | |
| 25xxx | Coordination services | | | | | \$ - |
| 44346 | 24 hour crisis line* | | | | | \$ - |
| 44366 | Warm line* | | | | | \$ - |
| 46305 | Mental health services in jails | \$ 28,016 | | | | \$ 28,016 |
| 46399 | Justice system-involved services-other | | | | | \$ - |
| 46422 | Crisis prevention training | \$ 29,182 | | | | \$ 29,182 |
| 46425 | Mental health court related costs | | | | | \$ - |
| 74301 | Civil commitment prescreening evaluation | | | | | \$ - |
| | Additional Core Evidenced based treatment | | | | | |
| 42366 | Peer self-help drop-in centers | | | | | \$ - |
| 42397 | Psychiatric rehabilitation (IPR) | | | | | \$ - |
| | Additional Core Domains Total | \$ 57,198 | \$ - | \$ - | | \$ 57,198 |
| | Other Informational Services | | | | | |
| 03371 | Information & referral | | | | | \$ - |
| 04372 | Planning, consultation &/or early intervention (client related) ** | | | | | \$ - |
| 04377 | Provider Incentive Payment | | | | | \$ - |

| | | | | | | |
|---|--|-------------------|-------------|-------------|--|-------------------|
| 04399 | Consultation Other | | | | | \$ - |
| 04429 | Planning and Management Consultants (non-client related) | | | | | \$ - |
| 05373 | Public education, prevention and education ** | \$ 121,109 | | | | \$ 121,109 |
| Other Informational Services Total | | \$ 121,109 | \$ - | \$ - | | \$ 121,109 |
| Community Living Supports | | | | | | |
| 06399 | Academic services | | | | | \$ - |
| 22XXX | Services management | \$ 250,860 | | | | \$ 250,860 |
| 23376 | Crisis care coordination | | | | | \$ - |
| 23399 | Crisis care coordination other | | | | | \$ - |
| 24399 | Health home other | | | | | \$ - |
| 31XXX | Transportation | | \$ 240 | | | \$ 240 |
| 32321 | Chore services | | | | | \$ - |
| 32326 | Guardian/conservator | | | | | \$ - |
| 32327 | Representative payee | | | | | \$ - |
| 32335 | CDAC | | | | | \$ - |
| 32399 | Other support | | | | | \$ - |
| 33330 | Mobile meals | | | | | \$ - |
| 33340 | Rent payments (time limited) | \$ 4,120 | | | | \$ 4,120 |
| 33345 | Ongoing rent subsidy | | | | | \$ - |
| 33399 | Other basic needs | \$ 12,402 | | | | \$ 12,402 |
| 41305 | Physiological outpatient treatment | | | | | \$ - |
| 41306 | Prescription meds | \$ 189 | | | | \$ 189 |
| 41307 | In-home nursing | \$ 8,000 | | | | \$ 8,000 |
| 41308 | Health supplies | | | | | \$ - |
| 41399 | Other physiological treatment | | | | | \$ - |
| 42309 | Partial hospitalization | | | | | \$ - |
| 42310 | Transitional living program | | | | | \$ - |
| 42363 | Day treatment | | | | | \$ - |
| 42396 | Community support programs | \$ 48,960 | | | | \$ 48,960 |
| 42399 | Other psychotherapeutic treatment | | | | | \$ - |
| 43399 | Other non-crisis evaluation | | | | | \$ - |
| 44304 | Emergency care | | | | | \$ - |
| 44399 | Other crisis services | | | | | \$ - |
| 45399 | Other family & peer support | | | | | \$ - |
| 46306 | Psychiatric medications in jail | \$ 1,992 | | | | \$ 1,992 |

| | | | | | | |
|--|--|--------------|-----------|--------|---------------|--------------|
| 50361 | Vocational skills training | | | | | \$ - |
| 50365 | Supported education | | | | | \$ - |
| 50399 | Other vocational & day services | | | | | \$ - |
| 63XXX | RCF 1-5 beds (63314, 63315 & 63316) | | | | | \$ - |
| 63XXX | ICF 1-5 beds (63317 & 63318) | | | | | \$ - |
| 63329 | SCL 1-5 beds | | | | | \$ - |
| 63399 | Other 1-5 beds | | | | | \$ - |
| | Community Living Supports | \$ 326,522 | \$ 240 | \$ - | | \$ 326,762 |
| Other Congregate Services | | | | | | |
| 50360 | Work services (work activity/sheltered work) | | | | | \$ - |
| 64XXX | RCF 6 and over beds (64314, 64315 & 64316) | \$ 307,753 | | | | \$ 307,753 |
| 64XXX | ICF 6 and over beds (64317 & 64318) | | | | | \$ - |
| 64329 | SCL 6 and over beds | | | | | \$ - |
| 64399 | Other 6 and over beds | | | | | \$ - |
| | Other Congregate Services Total | \$ 307,753 | \$ - | \$ - | | \$ 307,753 |
| Administration | | | | | | |
| 11XXX | Direct Administration | | | | \$ 320,013.60 | \$ 320,014 |
| 12XXX | Purchased Administration | | | | \$ 73,810.93 | \$ 73,811 |
| | Administration Total | | | | \$ 393,825 | \$ 393,825 |
| | Regional Totals | \$ 3,679,007 | \$ 92,885 | \$ 390 | \$ 393,825 | \$ 4,166,107 |
| (45XX-XXX)County Provided Case Management | | | | | | |
| | | | | | | \$ - |
| (46XX-XXX)County Provided Services | | | | | | |
| | | | | | | \$ - |
| | Regional Grand Total | | | | | \$ 4,166,107 |

Accepted amount to be considered encumbered. Ending fund balance as of 6/30/23 excludes approved amounts. Encumbered funds shall be expended by December 31, 2023. Funds not expended by December 31, 2023, shall be included in the ending fund balance amount for state fiscal year 2024.

| | | |
|-----|--|--------------|
| N/A | Accepted amount to be considered encumbered | \$ 1,844,000 |
|-----|--|--------------|

*24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.

**Core services for children with a serious emotional disturbance (SED)

Table D. Revenues

| FY 2023 Accrual | CCNIA MHDS Region | | |
|--------------------|---|-----------|-----------------|
| Revenues | | | |
| | FY22 Annual Report Ending Fund Balance | | \$ 1,108,587 |
| | Adjustment to 6/30/22 Fund Balance | | \$ 1,844,000 |
| | Audited Ending Fund Balance as of 6/30/22 (Beginning FY23) | | \$ 2,952,587 |
| | Local/Regional Funds | | \$ 514,737 |
| 1010 | Delinquent Property Tax | | |
| 25XX | Other Governmental Revenues | 436,640 | |
| 4XXX-5XXX | Charges for Services | | |
| 5310 | Client Fees | 32,408 | |
| 60XX | Interest | 36,654 | |
| 6XXX | Use of Money & Property | | |
| 8XXX | Miscellaneous | 9,035 | |
| 9040 | Other Budgetary Funds (Polk Transfer Only) | | |
| | | | |
| | State Funds | | \$ 2,451,836.70 |
| 24XX | State/Federal pass thru Revenue | | |
| 2644 | State Regional Service Payments | 2,451,837 | |
| 2643 | State Incentive Funds | | |
| | Other | | |
| | | | |
| | Federal Funds | | \$ - |
| 2344 | Social services block grant | | |
| 2345 | Medicaid | | |
| | Other | | |
| | Other | | |
| | | | |
| | Total Revenues | | \$ 2,966,574 |

| | |
|--|--------------|
| Total Funds Available for FY23 | \$ 5,919,161 |
| FY23 Actual Regional Expenditures | \$ 4,166,107 |
| Acceptable Encumbrance | 655,031.68 |
| Unencumbered fund balance | 1,753,053.64 |
| Encumbered Accrual Fund Balance as of 6/30/23 | \$ 1,098,022 |
| Fund Balance % | 25% |

D. Status of Service Development in FY2023

In the dynamic landscape of behavioral healthcare, Care Connections has diligently steered its efforts toward significant advancements in service development during the fiscal year 2023. Rooted in our mission to enhance access to behavioral healthcare, the past year has seen strategic initiatives and collaborations that reflect our unwavering commitment to providing comprehensive and accessible support.

An exciting development was that in August of 2022, Siouxland Mental Health's Subacute opened. This subacute will help provide access throughout the region along with North Iowa Regional Services in Waterloo.



Care Connections worked collaboratively with Sioux Rivers, Rolling Hills, Plains Area Mental Health, and Siouxland Mental Health to implement a shared transportation policy that could be utilized when a person is in crisis and needs transportation to a crisis service. This will reduce wait times and barriers for accessing transportation. This will also help minimize the administrative burden when assisting with transportation authorization.

Crisis Stabilization Residential:

A pivotal highlight of FY 23 has been the collaboration with Seasons Center for Behavioral Health for the Crisis stabilization residential and 23-hour Crisis Services. This funding has played a crucial role in the establishment and augmentation of essential services, notably the 23-hour crisis observation and Crisis Residential programs. These initiatives embody our commitment to swift and effective responses to urgent mental health needs.

Community Impact Grant Success:

The impact of the Community Impact Grant distributed to 23 agencies has been substantial. This grant has not only empowered local agencies but has also been instrumental in creating a more robust support network within our community. The ripple effect of this grant is evident in the strengthened fabric of our local resources and collaborative efforts. More information on Impact Grants will be available under regional accomplishments on page 33.

Strategic Focus on Local Resources:

Throughout FY 23, Care Connections strategically directed its efforts toward harnessing the potential of local resources. This intentional focus is designed to enhance service accessibility and create a sustainable foundation for continued growth. By leveraging the strengths of our community, we aim to ensure that behavioral health services remain responsive and tailored to the diverse needs of our region.

Forward-Looking Vision:

As we assess the achievements of FY 23, our vision extends beyond the immediate accomplishments. The service development initiatives undertaken this year form the foundation for ongoing advancements. Looking forward, we anticipate further collaborations, innovations, and an unwavering dedication to providing care that is impactful and as close to home as possible.

In summary, the status of service development in FY 23 showcases Care Connections' proactive and purposeful approach. Through strategic partnerships, targeted funding, and a steadfast focus on evidence-based practices, we are establishing a resilient and responsive behavioral health support system within our community. The journey continues, guided by principles of accessibility, excellence, and compassion.

E. Outcomes/Regional Accomplishments in FY2022

Care Connections of Northern Iowa Region has continued to work towards having positive data-driven outcomes that can be reflected in reporting mechanisms.

Care Connections worked with Health and Human Services to structure an HHS & Regional Contract. Numerous interactions were requested and implemented to work towards the current standing contract which is effective 1/1/2022 and will run through 6/30/2023. The development of this contract was collaborative and allowed all entities to work together to build out the most critical aspects that regions felt they needed to focus on to meet the legislated outcomes such as:

1. Reduce Emergency Department Usage
2. Improved use of mobile crisis
3. Improved jail diversion services
4. Employment Outcomes
5. Data Analytics- streamlining data
6. Evidence-Based Practices and Fidelity Reviews

Throughout FY 23 Care Connections had many highlights and supported numerous endeavors. Below will show a month-to-month timeline of notable actions, services, and highlights of the year.

2022

July

- Financial contribution approved for Palo Alto County Hospital Mental Health First Aide Class and motivational speaker to be brought to all regional schools.

August:

- Siouxland Mental Health Subacute Opened and able to accept patients.
- Financial contribution to Lakes Partnership School for staff training.
- Implemented a commitment transportation reimbursement policy for law enforcement entities within the region to streamline the cost.

September-

- Financial contribution for Palo Alto Family Wellness Event to promote Brain health and Suicide Prevention.
- CCNIA Board adopted shared policy between Rolling Hills, Sioux Rivers, and Crisis Providers for crisis transportation authorization to contracted crisis centers.
- Transitional Living Center proposal by Hope Haven was presented at the Governing Board meeting, no action taken regarding this.

October:

- CCNIA and Osceola Regional Community Hospital entered into a contract for Brain health Services providing additional access to the community.

November:

- Berryhill requests and is approved for Community Support Program Transportation Access Assistance to better serve individuals in Kossuth County.

- 1st Annual Crisis Summit by MHDS Regions. This engaged all Iowa crisis providers, explaining data expectations, and data tracking, and able to show quality assurance measures that would be utilized in the future for performance-based and data-driven decisions.

December:

- Contract with MRCI (Mankato Rehabilitation Center Inc) closest location in Fairmont, MN which provides additional services to those who live on the state line.

2023:

January:

- Ongoing conversation of strategic planning and financial planning. The region changed the timeline of Special Project Requests from reviewing monthly to a quarterly basis.

February:

- Ongoing discussion on Regional Budget planning and strategic endeavors.
- MHDS CEO workshop to work towards ongoing alignment for FY 24 planning, this includes the following recommendations to take to the CCNIA Governance Board

March:

- New Mental Health Advocate designated by Kossuth County.
- March 3rd. Kickoff Meeting for Crisis Providers to be trained on entering data for crisis services in CSN. Also started a crisis workgroup to work on a multi-crisis agency virtual access network. This includes Sioux Rivers, Rolling Hills, Seasons Center, Siouxland Mental Health, Plains Area Mental Health, along Care Connections.
- CCNIA Assisted with Prairie Ridge Integrated Health Home Access Expansion for Kossuth County.
- MANDT Training was approved for all of Palo Alto Hospital Employees to be trained.
- Hope Haven Work Experience Summer Camp funding was approved.
- Crisis Intervention Training with Solution Point Plus was held in Kossuth County from March 20th through March 24th.
- FY 24 Annual Services and Budget Plan approved.

April:

- Impact Grant Released- to build and enhance current services and sustainability or regional services. Allows providers to write up to 3 proposals each up to \$300,000 towards six focus areas:
 - Immediate Access to Care for mental health needs
 - Improve access to children’s mental health services.
 - Evidence-Based Practice implementation or expansion
 - Accessibility and Facility improvement
 - Services to individuals with mental health needs experiencing homelessness.
 - Workforce shortages strategies.
- Care Connections had internal changes and internally shifted a position to be a Client and Finance Director.
- Care Connections added an administrative assistant to assist with administrative tasks for the region.
- Care Connections reviews and approves and signs HHS Contract.

May:

- Received 27 proposals for Impact Grants from 22 providers. (5 providers submitted more than 1 proposal)
- Prepared and executed FY 23 Contracts to over twenty local providers for community and brain health services.
- Care Connections continues to execute an average of 5 Memorandums of Understanding with multiple regions to ensure regional citizens have access to crisis services.
- Continuing with 28E Agreements for Mental Health Advocates (Osceola, Clay, and Palo Alto Advocate) (Kossuth Advocate) and (Winnebago, Worth Advocate) – most recent 28E Agreement in March 2023.
- CCNIA Board Signed MOU with Sioux Rivers/ Lakes Life Skills for IRSH Services to be effective 7.1.23



June:

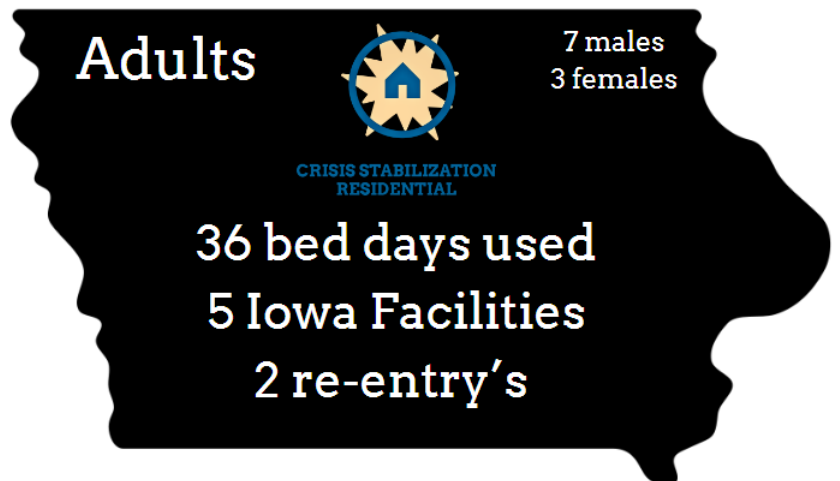
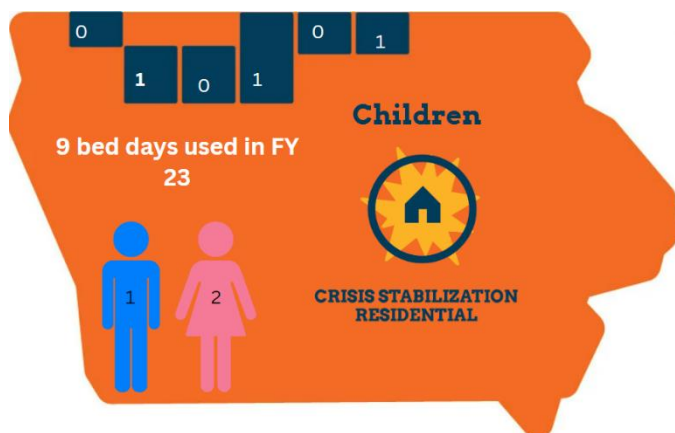
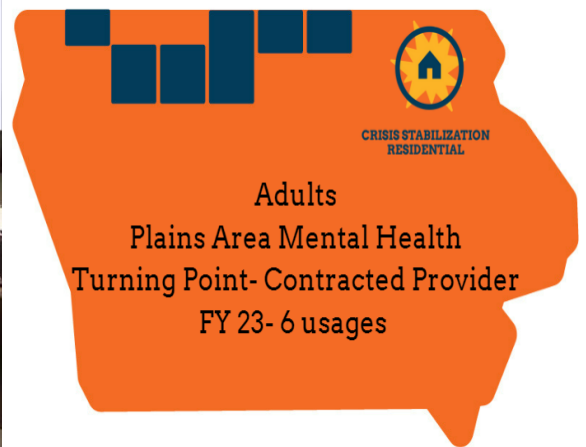
- Added an additional Grant Opportunity with Duncan Heights to support access for a dedicated worker in Winnebago and Worth Counties.
- A shared referral form for Plains Area Mental Health Crisis Stabilization, Siouxland Mental Health Crisis Center, and the upcoming Seasons Crisis Center was developed through the crisis workgroup that was mentioned under the March heading.

Crisis Stabilization Community-Based Services

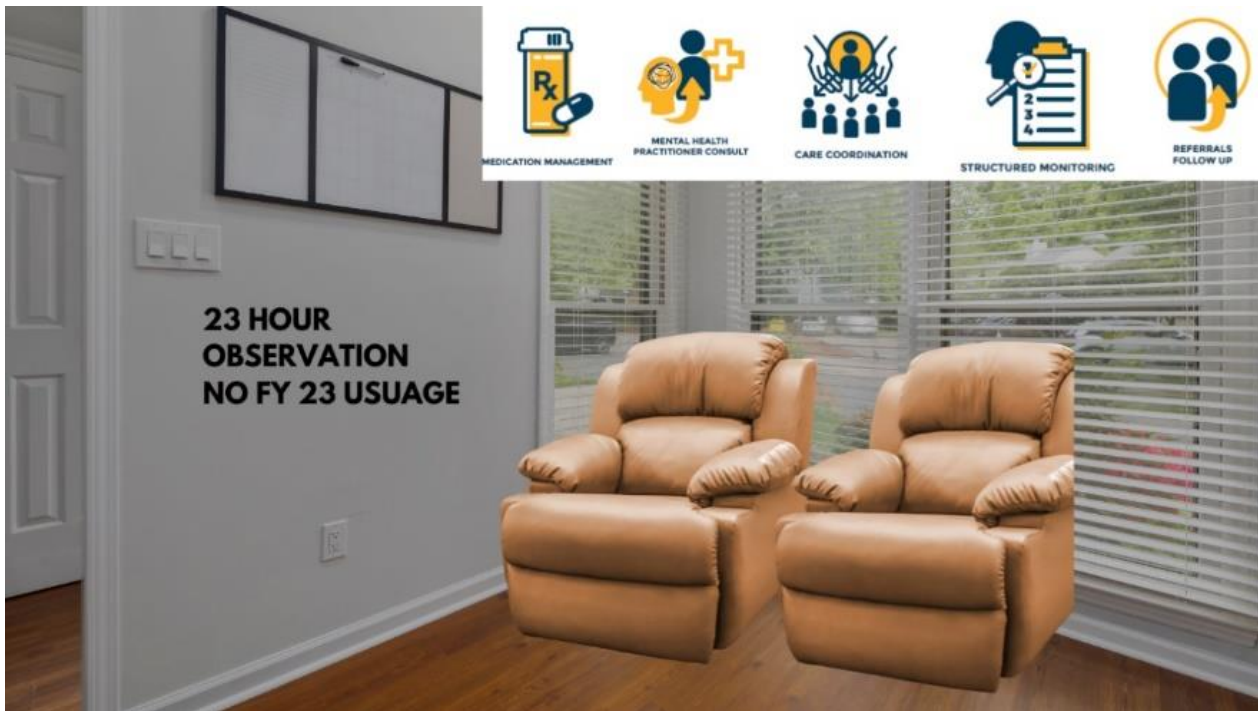
In FY 23, Crisis Stabilization Community-Based Services for children played a crucial role in supporting the mental health needs of young individuals, particularly in Worth County, Iowa. Notably, one child from Worth County availed themselves of these services, undergoing enrollment for a period of two days. Simultaneously, the program extended its reach to adults, witnessing a total of **15** usages throughout the fiscal year. The demographics revealed a higher enrollment among females, with **12** women and **3** men accessing the services. On average, participants spent **2.5** days enrolled, highlighting the flexibility of the program, which can extend up to 5 days. The geographical distribution of beneficiaries showcased the widespread impact, with **3** individuals from Clay County, **2** from Kossuth County, **1** from Osceola, **3** from Palo Alto, and **6** from Winnebago County benefiting from these critical community-based mental health services. This data underscores the program's dedication to serving diverse populations across counties, providing essential support during challenging times.

Crisis Stabilization Residential Services has been available through contracted services with Plains Area Mental Health/ Turning Point in Sac City as well as Siouxland Mental Health. CCNIA has MOUs in place with other providers to access and pays on a fee-for-service basis for those. Turning Point and Siouxland Mental Health receive contributions from CCNIA, Sioux Rivers, and Rolling Hills to ensure that access is available for all. Through this collaboration, we can ensure that services are available as close to home as possible as well as share in the cost to ensure services can remain sustainable for communities.

Siouxland Mental Health Usage – Contracted Provider



Although no 23 Hour Observation was utilized in FY 23, Care Connections maintained uninterrupted coverage and access in accordance with state regulations.



Future Development:

During fiscal year 23, Seasons Center has undertaken construction at their Spencer location to establish 2 Crisis Stabilization Residential Beds and 2 Crisis Observation beds, allowing individuals to stay for up to 23 hours. The anticipated opening is set for FY 24, attributing to shortages in supplies and unavoidable delays’ This development will allow all citizens within the CCNIA region to get access to these services located within the region and allow the access network to work to support the needs of all citizens leveraging local services to support these individuals.

Mobile Response:

Care Connections has engaged two contracted mobile crisis providers. Seasons Center serves Clay, Osceola, and Palo Alto Counties, employing a co-responder model for community dispatches. Eyerly Ball caters to Kossuth, Winnebago, and Worth Counties, utilizing a two-person response model. These distinct models are offered uniquely.

Throughout FY 23, the response model has been under review and discussion with crisis providers. The objective is for Seasons Center to transition to a two-person responder model by FY 25. Another distinctive aspect is that crisis providers will track mobile crisis calls received through the 988 suicide and crisis line. Additional data will be provided as it becomes available.





MOBILE CRISIS

Eyerly Ball
87 dispatches

52.7%

47.3%

Seasons Center
78 dispatches

165 TOTAL
DISPATCHES

CLAY
OSCEOLA
PALO ALTO
POPULATION: 30,808

KOSSUTH
WINNEBAGO
WORTH
POPULATION: 32,366

TOTAL CCNIA REGION:
63,174



MOBILE CRISIS



CRISIS SERVICES

CCNIA Regional Mobile Crisis Dispatches





MOBILE CRISIS



UnityPoint Health
Eyerly Ball

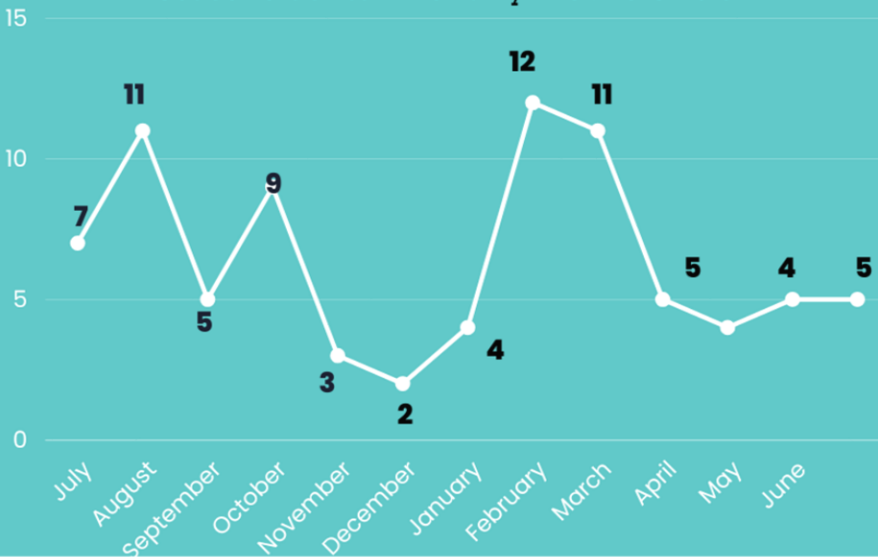
Eyerly Ball Monthly Mobile Crisis

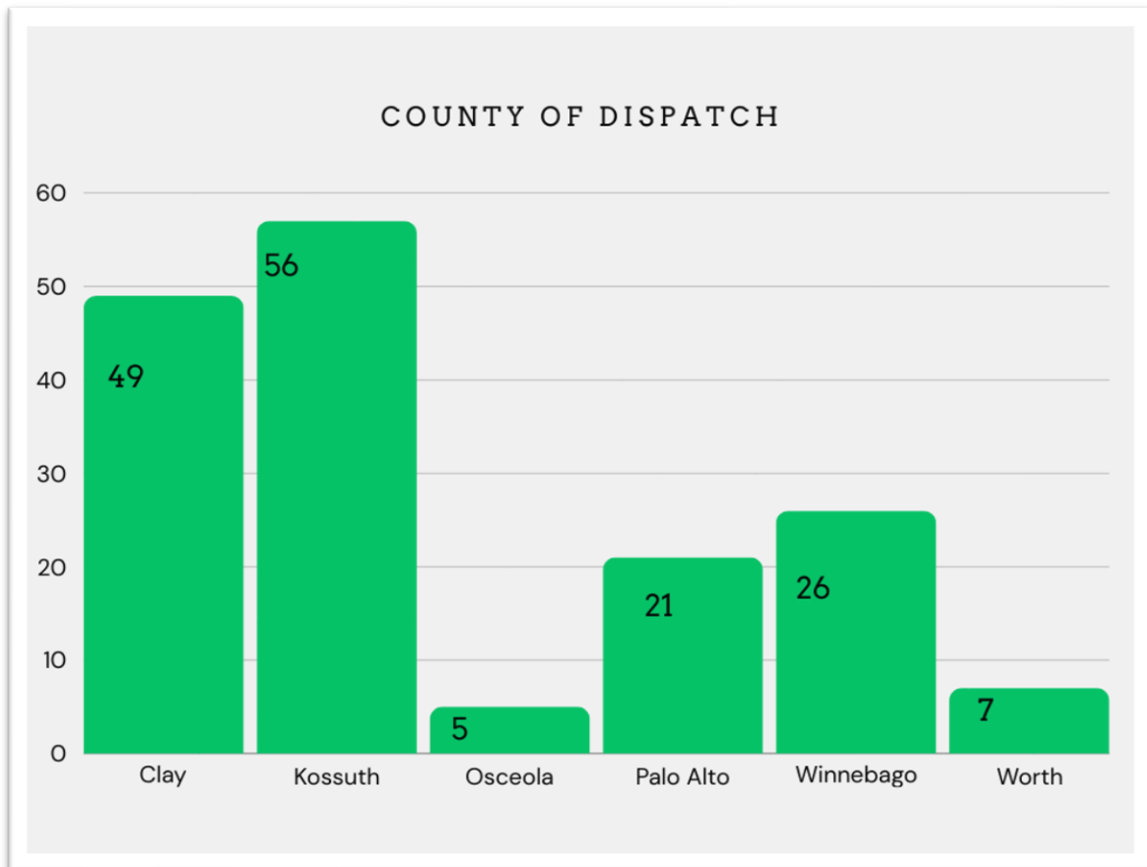
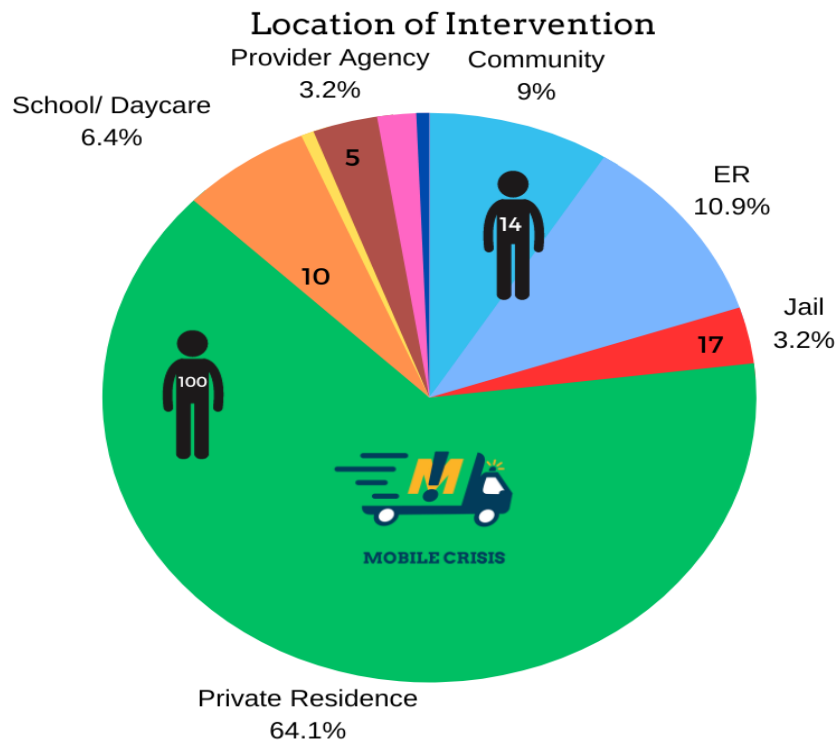


MOBILE CRISIS

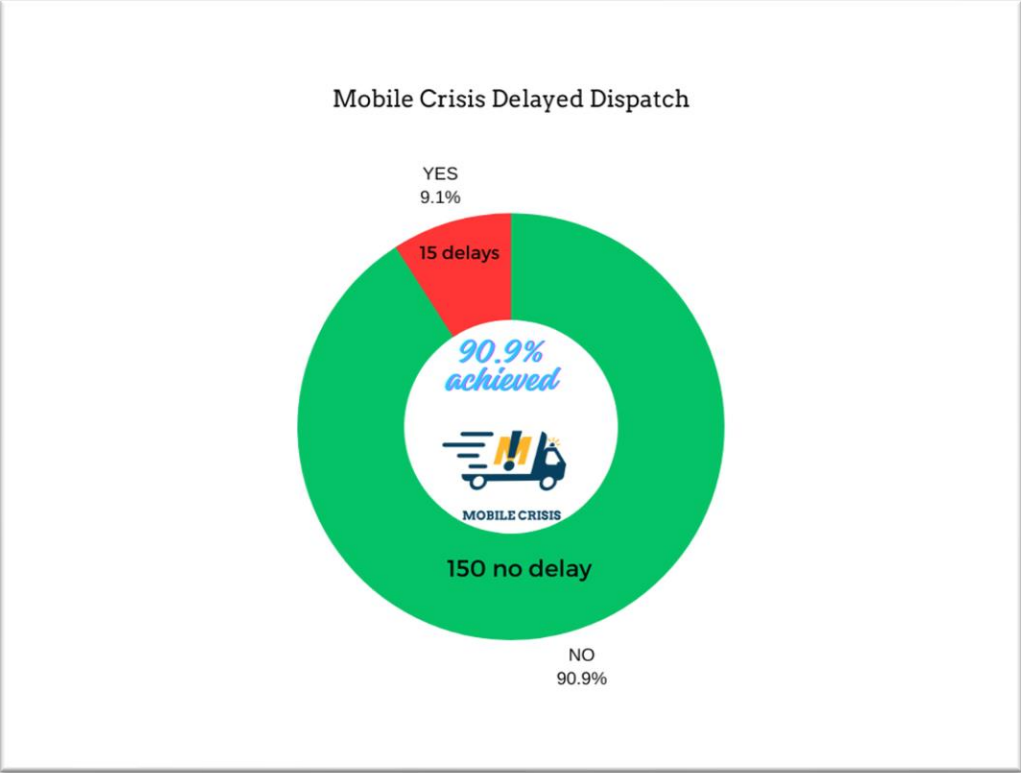


Seasons Center Monthly Mobile Crisis

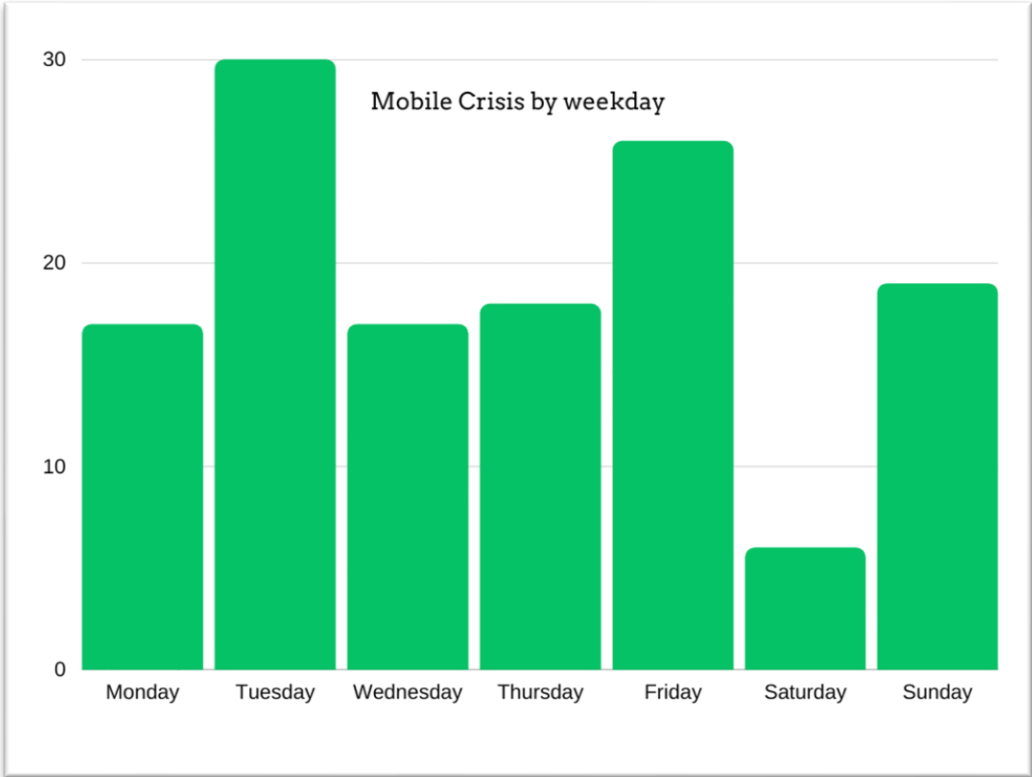


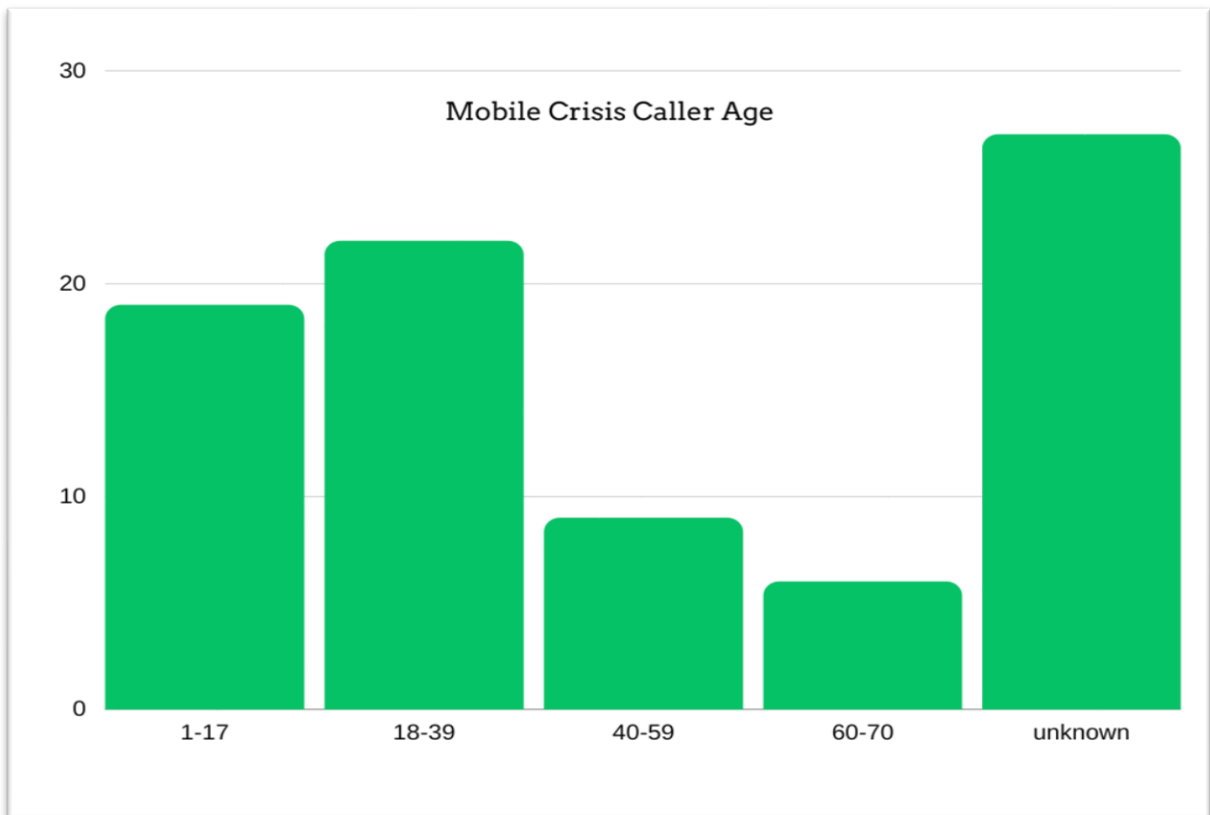
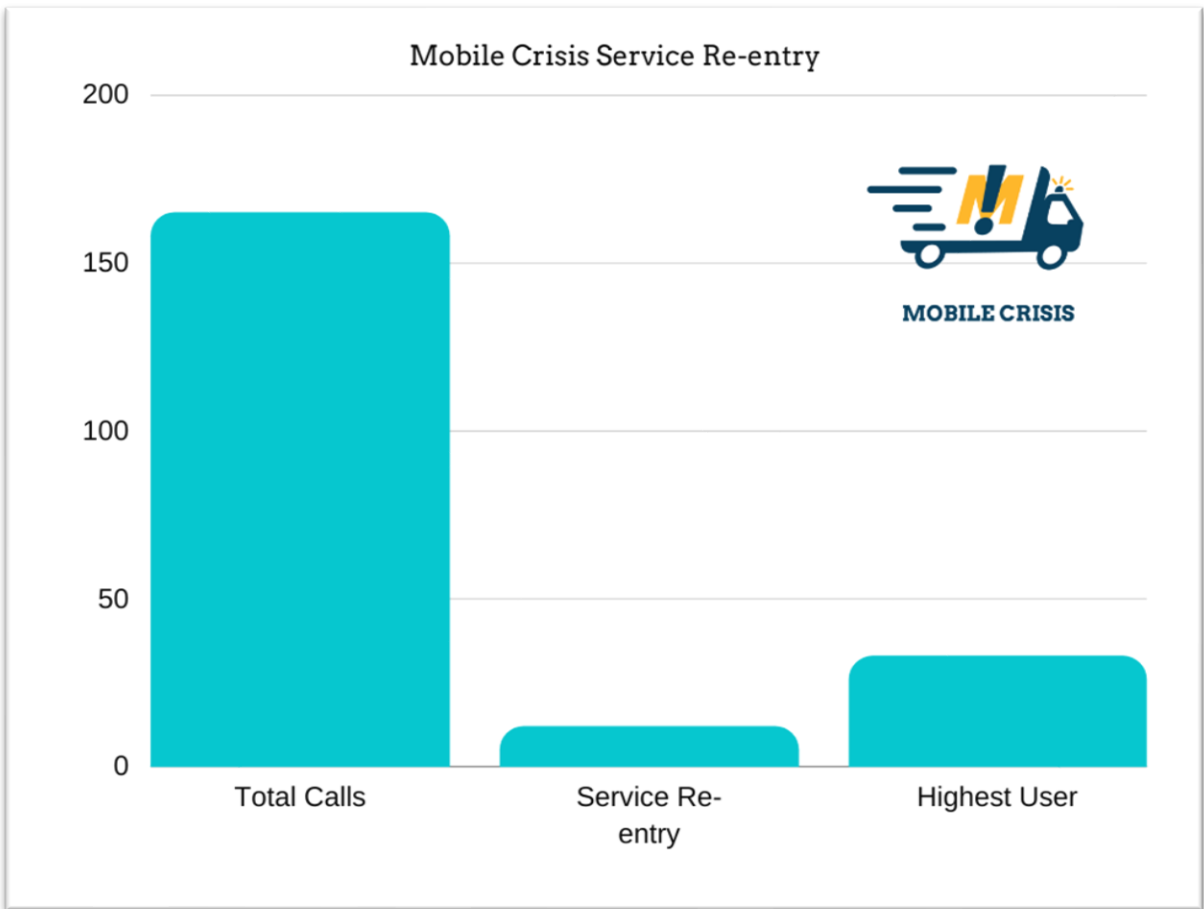


Duplicate caller in Kossuth (33 calls) Unique callers for Kossuth (56-33=23)

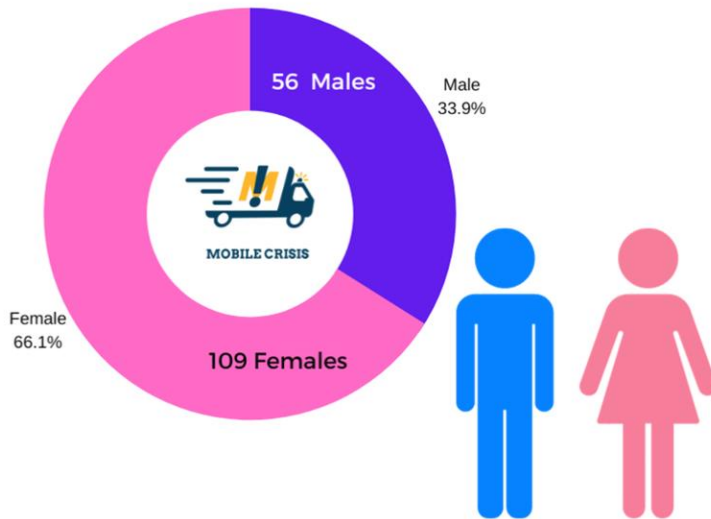


Standard: Mobile response staff have face-to-face contact with the individual in crisis within 60 minutes of dispatch. HHS Contracts states the access standard to reach is 85%





Gender Counts

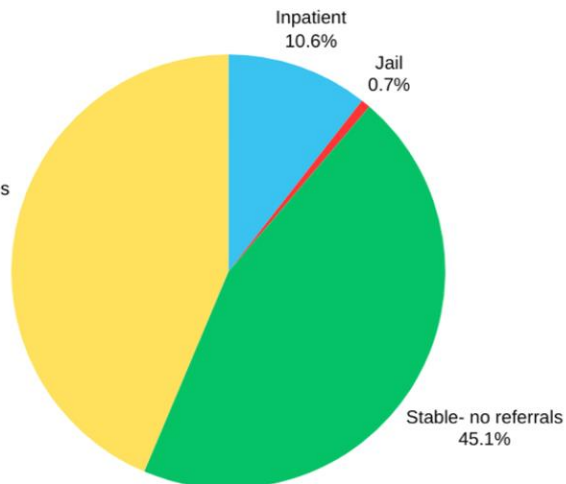


Result in mobile crisis calls



MOBILE CRISIS

Stable- referral to crisis services
43.7%



**LESS THAN 1%
INCARCERATED**

**88.8% REMAINED
STABLE IN
COMMUNITY**

Successful Outcomes & Savings from Utilization of Mobile Crisis Services:

When a regional citizen utilizes the mobile crisis team, the team of counselors assesses the situation, stabilizes, and diffuses the crisis, provides counseling, and refers to other resources as needed. A case manager follows up with the client within 24 hours after the crisis has been resolved to further support the individual and ensure that needed resources were accessed. Therefore, the Mobile Crisis is thought to be a successful alternative to inpatient hospitalization, jail, or further crises. In this manner, Mobile Crisis not only saves lives and improves well-being, but it also saves money by diverting individuals from more expensive interventions. This conclusion is based upon assumptions and relevant, available data.

The next section makes some assumptions about the data. Assumptions made were that if the mobile crisis was not utilized and instead a person went to the emergency room and met inpatient criteria.

Assumptions:

The cost on average for 1 day in the mental health unit is \$1,328.44 (this can vary based on medications a patient receives). The average length of stay during FY 22 was 5 days in the mental health unit.

The following graph will give several scenarios to review:

- Potential Cost for Mental Health Inpatient Stay if 100% of mobile crisis calls were admitted.
- Potential Cost for Mental Health Inpatient Stay if 58% of mobile crisis calls were admitted – 58% was derived from Integrated Telehealth Partners' analysis of assessments conducted that indicated an inpatient level of care was appropriate.

Potential Cost for Emergency Room Assessments if all mobile crisis assessments were conducted in Hospital Emergency Rooms. The average ER assessment costs \$2146 (based on a client's bill).

Based on the assumptions that could be made on the data, this supports the use of mobile crisis being a valuable service that has resulted in more successful outcomes and alternatives to jail and inpatient hospitalizations.

MOBILE CRISIS SAVINGS ASSUMPTIONS



MOBILE CRISIS

AVERAGE ER VISIT

\$2,146

- ✓ 165 ER Visits
- ✓ 165 x \$2,146 =
- ✓ \$354,090



AVERAGE MH STAY

\$6,642



- ✓ 5 days
- ✓ With no ER
- ✓ 165 x \$6,642 = \$1,095,930

58% inpatient

MOBILE CRISIS PER YEAR

\$179,658

- ✓ Conversion Rate
- ✓ from ITP data
- ✓ 96 individuals
- ✓ \$637,632 Inpatient
- ✓ \$206,016 ER visit

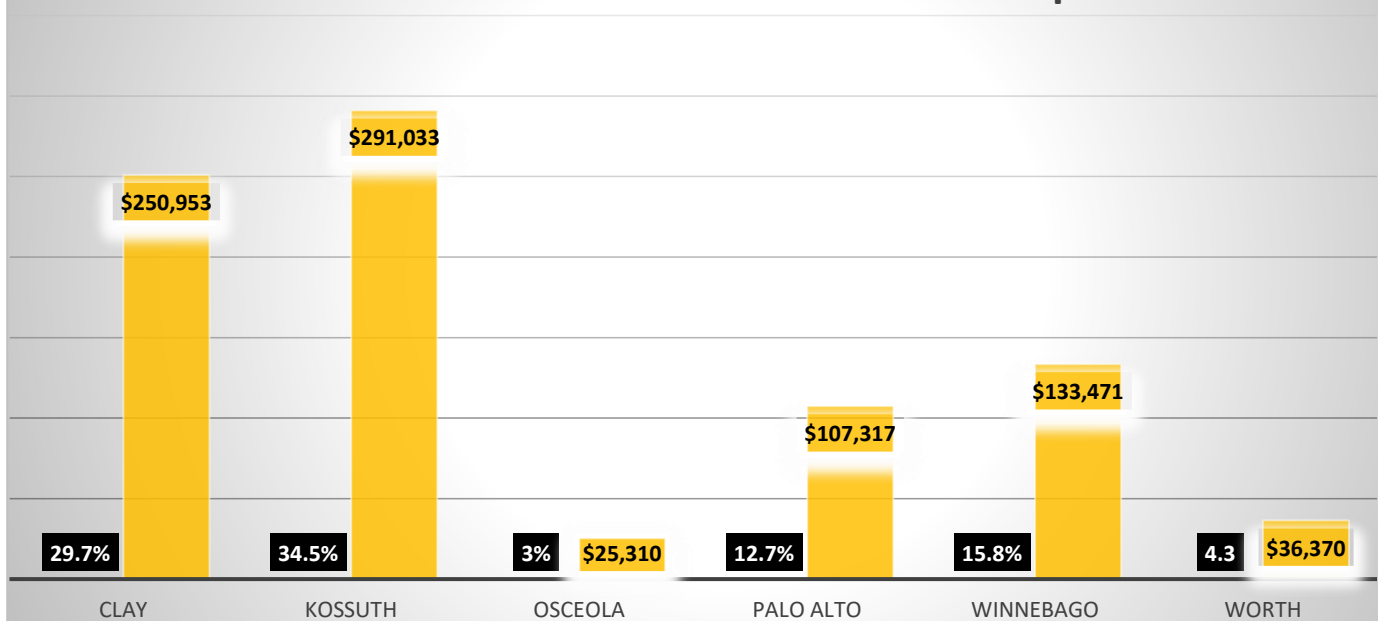
\$843,648 TOTAL COST WITH ER & INPATIENT STAY



\$843,648 (ASSUMED COST) - \$179,658 (REGIONAL MOBILE CRISIS COST) = \$663,990 - TOTAL ASSUMED SAVED COST SAVINGS

Cost includes both ER Evaluation and the cost of a 5-day inpatient stay.

Mobile Crisis Cost Diversion from Inpatient



Hospital Assessment

Effective July 1, 2021, Care Connections contracted with Integrated Telehealth Partners for our regional hospitals to provide psychiatric assessments in the Emergency Room, and to secure placement if a person meets psychiatric inpatient criteria, or the array of other crisis services such as 23-hour observation, crisis stabilization community-based, crisis stabilization residential based, and/or access center.

Throughout the year the following data has been obtained from ITP.

★★★★★ 4.4 **27%** cases were rated.

| | |
|-----------------------|-----------------------------|
| Total Cases | *Total Case Duration |
| 309 | 00:05:33 dd:hh:mm |
| *Response Time | *Placement Time |
| 00:53 hh:mm | 00:03:20 dd:hh:mm |

*Median

39 (13%) cases lasted longer than 24 hours.
8 (3%) patients returned within 7 days.
19 (8%) patients returned within 30 days.
29 (12%) patients returned within 90 days.

Demographics Overview

| | | |
|--------------------|----------------------|----------------------|
| | | |
| Patients | Male | Female |
| 244 | 109 | 135 |
| Age Range | # of Patients | % of Patients |
| Adult (18-54) | 155 | 64% |
| Adolescent (13-17) | 43 | 18% |
| Geriatric (55+) | 30 | 12% |
| Child (5-12) | 16 | 7% |

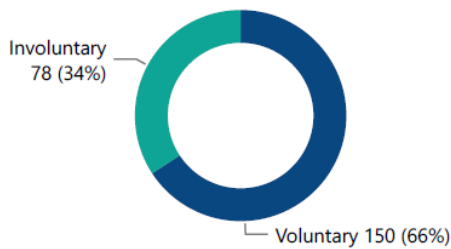
Case Outcomes

| Outcome | # of Cases | % of Cases |
|---------------------------------|------------|-------------|
| Mental Health Inpatient | 179 | 58% |
| Mental Health Outpatient | 89 | 29% |
| Discharged Back to Facility | 14 | 5% |
| Substance Abuse Outpatient | 13 | 4% |
| Crisis/Access Center | 4 | 1% |
| Left AMA | 3 | 1% |
| Intensive Outpatient | 2 | 1% |
| Substance Abuse Residential | 2 | 1% |
| Transferred to Medical Facility | 2 | 1% |
| Detox Unit | 1 | 0% |
| Total | 309 | 100% |

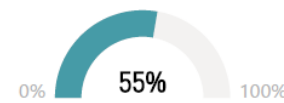
Top 10 Placement Facilities

| Placement Facility | # of Cases |
|--------------------------------------|------------|
| Spencer Municipal Hospital | 75 |
| Avera McKennan Behavioral Health Ctr | 19 |
| Clive Behavioral Health* | 13 |
| Eagle View Behavioral Health* | 13 |
| Methodist Jennie Edmundson Hospital* | 8 |
| Mary Greeley Medical Center* | 7 |
| St. Lukes Regional Sioux City | 7 |
| MercyOne North Iowa | 5 |
| Mental Health Institute Cherokee* | 4 |
| Rosecrance Jackson Center | 3 |
| St. Anthony Regional Hospital* | 3 |
| St. Luke's Hospital Cedar Rapids | 3 |

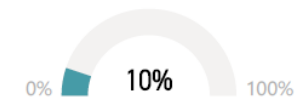
Following data is based on **74%** of total cases.



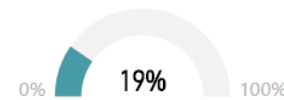
% with Suicidal Ideations



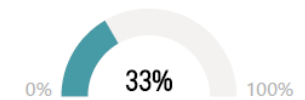
% with Alcohol in System



% with Criminal Charges



% with Drugs in System



Since entering this contract, CCNIA Regional Hospitals can choose to access telehealth assessments where specialty physicians may not be available in our rural hospitals. This provides access to assessment and placement assistance when needed. Implementing new crisis services will provide resources to better equip the system and the staff, resulting in individuals getting quicker access to services at the correct level of care to best benefit their brain health.

Justice-Involved Services: Care Connections of Northern Iowa utilizes Integrated Telehealth Partners (ITP) for jail services, such as psychiatric evaluations and medication evaluations/ refills, Palo Alto Hospital has continued to undergo reservations in the Fy24, so inmates have been housed within other local jails. Therefore, during the construction phase, inmates are housed in neighboring counties and will utilize already existing systems in those jails for behavioral health services.

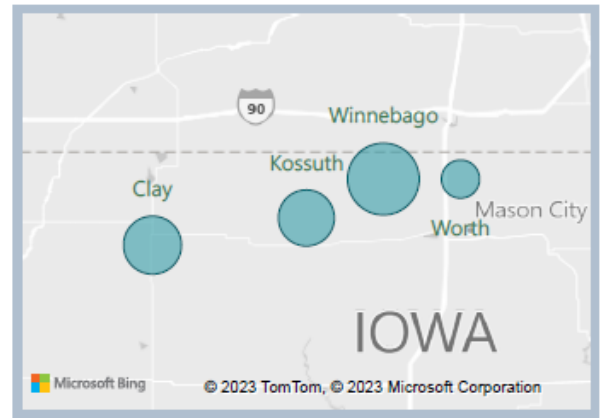


MENTAL HEALTH IN JAIL & JAIL SERVICES

% of Appointments by Type

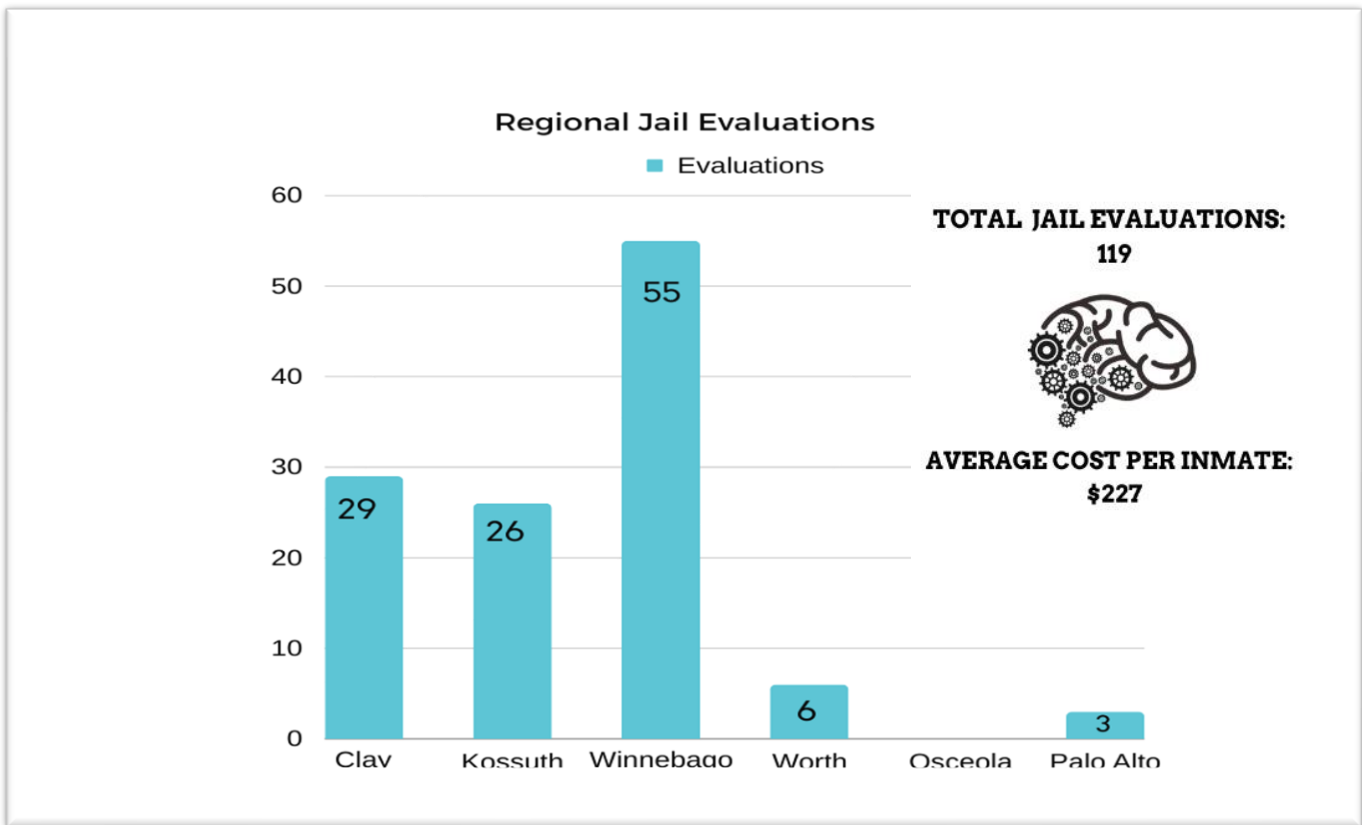


| | | |
|----------------|-------------------|-------------|
| 116 | 10 | 37 |
| # Appointments | Avg Appts a Month | Average Age |






| County | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 |
|--------------|----------|----------|----------|-----------|-----------|----------|-----------|-----------|-----------|----------|----------|----------|
| Clay | 2 | 2 | 3 | 0 | 1 | 2 | 1 | 7 | 3 | 4 | 3 | 1 |
| Kossuth | 1 | 0 | 1 | 5 | 1 | 1 | 4 | 3 | 3 | 3 | 2 | 2 |
| Winnebago | 4 | 3 | 3 | 6 | 9 | 2 | 9 | 7 | 4 | 1 | 4 | 3 |
| Worth | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 1 |
| Total | 8 | 5 | 8 | 11 | 11 | 6 | 15 | 17 | 10 | 9 | 9 | 7 |

Plains Area Mental Health had 3 Assessments in Palo Alto Hospital before the hospital inmates were rehoused during the remodel.




*Osceola is aware that the service is available but reported they had no usage during the year

| | |
|---------------------------------|---------------------------------------|
| \$851 | \$2,146 |
| AVERAGE CONTRACT RATE | AVERAGE MEDICAID REIMBURSEMENT |
| $119 \times \$851 = \$101,269$ | $119 \times \$2,146 = \$255,374$ |
| ASSUMED SAVINGS \$75,803 | ASSUMED SAVINGS \$229,908 |

The CCNIA Region pays for the cost of mental health medications while incarcerated and assists with the coordination of care when needed and requested from the jails.

| 2022 | 2023 |
|---------------------|------------------|
| 62 SERVED | 90 SERVED |
| \$13,231 MEDS | \$1,992 MEDS |
| \$213.40 PER INMATE | 17.16 PER INMATE |



2022 had several “injectables” which account for over half the FY 22 cost.

Crisis Intervention Training

Care Connections is proud to report on the successful implementation of Crisis Intervention Training held in Algona, Iowa, in March 2023. Fifteen officers from the Care Connections Region participated in this crucial training initiative, aimed at enhancing their skills in handling crisis calls.

The survey results are a testament to the effectiveness of the training, with a remarkable 100% of participants expressing their utmost satisfaction. The majority, **95%**, found the training "**very beneficial**," while the remaining 5% found it "beneficial." Significantly, after the training, **90%** of the officers felt "absolutely" confident in their ability to handle crisis calls, with an additional 10% expressing confidence.

Furthermore, **95%** of the participants believed that the training "absolutely benefited them personally and professionally," while the remaining 5% acknowledged it as "beneficial." The overall class satisfaction rate stands at an impressive **97%**.

Throughout the week-long program, officers engaged in a combination of coursework and role-playing techniques, culminating in their certification in Crisis Intervention Training. Care Connections remains committed to providing high-quality training opportunities that empower our officers to address crises confidently and effectively, both personally and professionally.

Prevention & Awareness

Regional Motivational Speaker- Thomas Valles- Disney's McFarland USA Movie

Care Connections, in collaboration with Palo Alto Regional Hospital, proudly extended financial support to facilitate an inspiring event featuring Mr. Thomas Valles. Mr. Valles, whose life story is depicted in Disney's movie McFarland USA, generously shared his journey with students, imparting valuable insights into overcoming challenges.

Addressing a total of **3,797** students across **9** middle schools and **6** high schools in **6** counties, Mr. Valles touched on various struggles he faced during his young adult life, including mental/brain health, economic hardships, substance abuse, domestic violence, and street violence. His powerful message resonated with the audience, emphasizing resilience and the ability to triumph over adversity.



Mr. Valles's story, from facing challenges to becoming a State Cross Country Champion and later a correctional officer, served as an inspiration to the students. The event not only highlighted personal triumphs but also shed light on critical issues surrounding mental health and well-being.

The positive impact of these sessions was evident as each school reported satisfaction with the outcome of the event. Beyond inspiration, the initiative also aimed at raising awareness about brain health services. Resources were made available during all events to guide students on accessing support and services. Care Connections remains committed to fostering such impactful collaborations that contribute to the well-being and resilience of the communities we serve.



Clay County Behavioral Health Outreach Navigator:



During FY 22 Care Connections provided funding in connection with Spencer Hospital, the City of Spencer, Spencer Community Schools, and Seasons Center to develop and build relationships to focus on building resources knowledge, and education between provider agencies. There has been a board developed to oversee this position that has been hired by the employer of record, Spencer Hospital. However, the overall board that oversees this position is a coalition of multiple service and funding agencies. Below are some successful highlights from FY 23.

- 4 Community Provider Events were held. Averaging 35 participants with over 20 organizations
- Hosted Behavioral/ addiction recovery listening sessions with elected officials.
- Completed Construction of a Clay County Resource Guide
- 988 Awareness at Clay County Fair
- Make it Ok Ambassador Training
- Resource Panel Discussion with Spencer Police
- Resource Binders created for local PD.
- Investigate utilizing Unite Iowa Technology Platform for local referrals.
- Facilitate Crisis Services/ ED/ MHDS Region Conversations



Impact Grant

Care Connections of Northern Iowa provided grant funding during FY 23: The Community Impact Grant. The Community Impact Grant was provided to build and enhance current services, as well as to enhance the sustainability of services within the region. Grant funding was a one-time opportunity to request up to \$300,000 per applicant (up to three proposals accepted). Six focus areas were chosen:

1. Immediate Access to care for mental health needs
2. Improve access to children's mental health services
3. Evidence-based practice implementation or expansion
4. Accessibility and Facility improvement
5. Services to individuals with mental health needs experiencing homelessness.
6. Workforce shortages strategies.

The Care Connections Impact Grant Workgroup convened multiple times to assess applications and propose award amounts. CCNIA received 27 proposals from 24 providers, with requested funds totaling \$2,534,000. Care Connections expressed admiration for the abundance of creative submissions and emphasized their commitment to fostering sustainable programming. While Grant outcome reports have been requested, they are expected by 6/30/2024, making outcome data currently unavailable.

| Name/ Agency | Purpose: |
|---------------------------------------|---|
| Atlas Spencer | Housing assistance, mentorship resources, food assistance |
| Northwest Iowa Counseling | Therapy Supplies |
| Horizons Unlimited | Facility Improvements |
| Duncan Heights | Staffing, transportation, and facility improvement |
| Challenge 2 Change | Yoga, Mindfulness in Crisis Centers |
| Palo Alto Hospital | Therapy Assistance |
| Seasons Center | Training, Crisis Center upgrades |
| Lutheran Services in Iowa | BHIS Expansion, Therapy |
| Community Housing Initiatives | Resident Services Manager |
| Lake Mills Schools | Classroom Clinic- Therapy assess in schools |
| Child Glow Therapy | Therapy access |
| Hope Haven | Facility Improvements, IPS |
| Classroom Clinic | School Therapy Access |
| Upper Des Moines | Facility Improvement |
| Kossuth County EMS | Crisis Programming |
| Graettinger, Ruthven, Terrill Schools | Therapy Resources/ Crisis marketing assistance |
| Forest City- Winnebago | Crisis Transportation Access |
| Spencer Schools | Classroom Clinic- Therapy access in Schools |
| Kossuth County EMS | Transportation vehicles for MH patients |

HHS/ CCNIA Regional Contract

Effective January 1, 2022, CCNIA and Health and Human Services entered a performance-based contract. CCNIA has been active within the workgroups and steering committees to continue to work towards the goals of the contract. CCNIA has filed all reports with the Department of Health and Human Services in a timely manner, such as the annual report and all four quarterly reports. CCNIA participated in Evidence-Based Practice Workgroups being active in the following: ACT, Family Psychoeducation, Permanent Supportive Housing, Strength Based Case Management, and Supported Employment. Workgroups worked diligently to understand EBP's and format recommendations to the steering team for action.

Administrative cost-setting has been another area of focus within the contract. CCNIA CEO participated in the workgroups to standardize administrative financial reporting. CCNIA will continue to be active in groups when appropriate to collaborate and fulfill and exceed contract obligations.

Regional Collaboration with Providers, and Stakeholders:

Care Connections of Northern Iowa prides itself on developing and maintaining relationships with clients, families, stakeholders, counties, and communities in the region.

Care Connections continues to establish regular contact with providers, agencies, community members, and other key partners in establishing, maintaining, and sustaining working relationships. Frequent contacts offer a forum for community agencies to discuss topics, ask questions, offer support, and for the region to have ongoing assessments of the communities. This has provided valuable relationships and has sparked ideas for action internally as well as between community partners who have developed collaborations outside of those groups.

Care Connections regularly participates in and/or facilitates regional meetings. Care Connections routinely works with local and state agencies. Care Connections takes pride in partnering and collaborating to provide care for residents in the community.

MHDS Regional CEO Collaborative is another major component that should be noted. This collaboration has been instrumental in statewide planning activities, collaboration, as well as ongoing support for community continuity of care. Regional relationships will continue to be a key component in MHDS Regions due to the nature of the work and the benefit of shared resources for the residents of Care Connections and throughout the state.

Task Force Meetings:

CCNIA Service Coordinators continued and/ or implemented Brain Health/ Mental Health Taskforce meetings with other community leaders who are interested in collaborating to keep others better informed and increase networking and resources between paid community supports as well as natural supports through community leaders.

Provider Network:

Care Connections service contracts require that all providers meet applicable licensure, accreditation, or certification standards. However, Care Connections makes serious efforts to stimulate access to more natural support in its service provider network. Successful attainment of positive outcomes, consumer, and family CCNIA, and cost-effectiveness measures are the most important factors in continued network participation. CCNIA values all its partners and looks to continue to build the network to serve individuals and continue to work towards the mission to improve access to behavioral healthcare.

Conclusion:

Care Connections of Northern Iowa had an eventful FY 23. Care Connections is proud of the work within our communities and the Region. Additionally, Care Connections has continued to push to have performance-based contracts, data-driven outcomes, and most importantly meeting the needs of the people with serve through our mission of supporting improved access to behavioral healthcare through local resources to promote full citizenship for people with brain and intellectual disabilities. We are committed to the work ahead.

Thank you for the time to read the Care Connections of Northern Iowa FY 23 Annual Report. If you have any questions they may be directed to:

Melissa Loehr, CEO
P: 712.264.3945 E: mloehr@ccnia.org

