

COUNTY SOCIAL SERVICES

FY2022 ANNUAL REPORT



**SUBMITTED
12/01/2022**

GEOGRAPHIC AREA: *Allamakee, Black Hawk, Butler, Chickasaw, Clayton, Fayette, Floyd, Grundy, Howard, Mitchell, Tama, Winneshiek Counties*

REVIEWED BY ADVISORY COMMITTEES: **11/16/2022**

APPROVED BY GOVERNING BOARD: **11/30/2022**

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Introduction

County Social Services (CSS) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390. 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.

County Social Services began FY2022 with 12 member counties. During the first part of FY2022, the staff spent time ensuring the smooth transition of staff and clients in the seven counties that transitioned to other Regions on 6/30/2021.

FY2022 also brought the unique challenge of the closure of our member county Fund 10 accounts due to Senate File 619, signed into law in June 2021. This process took much time and thoughtful collaboration between our CSS Operations staff and member county Auditor staff. However, due to our preparation and communication with the Auditors, this process went as smoothly as we could have hoped.

The FY2022 Annual Report covers the period of July 1, 2021 to June 30, 2022. The annual report includes documentation of the status of service development, services actually provided, individuals served, designated intensive mental health services, a financial statement including revenues, expenditures and levies and specific Regional outcomes for the year.

The County Social Services Governing Board meets on the 4th Wednesday of each month (December fluctuates), except for April, August, and November. While board meetings were held in person, virtual attendance remained an option for board members in FY2022. The FY2022 CSS Board members are listed below.

Representing	Board Member(s)
Allamakee	Larry Schellhammer
Black Hawk	Craig White, 2021 CSS Board Chair
Butler	Greg Barnett, 2021 CSS Board Secretary/Treasurer; 2022 Board Chair
Chickasaw	Jacob Hackman; 2022 Board Vice Chair
Clayton	Sharon Keehner
Fayette	Jeanine Tellin
Floyd	Roy Schwickerath
Grundy	Heidi Nederhoff
Howard	Pat Murray, 2022 CSS Board Secretary/Treasurer
Mitchell	Mark Hendrickson
Tama	Larry Vest
Winneshiek	Gary Rustad
Adult Consumer Rep	Eric Donat
CBH Parent/Relative Rep	June Klein-Bacon
Education System Rep	Kristi Aschenbrenner, Osage Community School District
Adult Services Provider Rep	Brittney Montross, Exceptional Persons, Inc. (ex-officio)
CBH Provider Rep	Katie Wahl, Black Hawk-Grundy Mental Health Center (ex-officio)

In August 2021, the CSS Adult and Children's Behavioral Health Advisory Groups met via GoToMeeting. The CSS Annual Stakeholder Meeting was held in person in November 2021. The CSS Adult and Children's Behavioral Health Advisory Groups convened again in April 2022, still via GoToMeeting. Although in-person meetings are preferred, virtual meetings are a better use of time for the stakeholders.

The CSS Management Plan is available on our website, www.countysocialservices.org, and the Iowa DHHS website, <https://hhs.iowa.gov/>.

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 2022 Actual GAAP	COUNTYSOCIALSERVICES MHDS Region	MI (40)		ID(42)		DD(43)		BI (47)		Total
		A	C	A	C	A	C	A	C	
Core		(A=Adults; C=Children)								
	Treatment									
42305	Psychotherapeutic Treatment - Outpatient	234	6							240
42306	Psychotherapeutic Treatment - Medication Prescribing	351	6	2		1				360
71319	State MHI Inpatient - Per diem charges	20		1						21
73319	Other Priv./Public Hospitals - Inpatient per diem charges	1								1
	Basic Crisis Response									
32322	Support Services - Personal Emergency Response System	1								1
44301	Crisis Evaluation	566	185	13		1				765
44307	Mobile Response	527	126	7	1	3		1		665
44313	Crisis Stabilization Residential Service (CSRS)	77	1	1		3				82
44396	Access Center start-up/sustainability/coordination	142	4							146
	Support for Community Living									
C32329	Support Services - Supported Community Living	72		31		19		9		131
	Support For Employment									
50362	Voc/Day - Prevocational Services			1		1				2
50367	Day Habilitation	7		11		4		1		23
50368	Voc/Day - Individual Supported Employment	6		14	1	12				33
50369	Voc/Day - Group Supported Employment			1		2		1		4
	Recovery Services									
	Service Coordination									
24376	Health Homes Coordination - Coordination Services	2								2
	Sub-Acute Services									
64309	Sub Acute Services (6+ Beds)	40		4						44
	Core Evidence Based Treatment									
42398	Assertive Community Treatment (ACT)	5								5
	Core Subtotals:	2051	328	86	2	46		12		2525
	Mandated									
74XXX	Commitment Related (except 301)	535	58	6						599
75XXX	Mental health advocate	588	42	5						635
	Mandated Subtotals:	1123	100	11						1234

Core Plus										
	Justice System Involved Services									
25XXX	Coordination services	160	4	5		2				171
46305	Mental Health Services in Jails	781	24	4		2				811
	Additional Core Evidence Based Treatment									
42366	Psychotherapeutic Treatment - Social Support Services	27		3						30
	Core Plus Subtotals:	968	28	12		4				1012
	Other Informational Services									
05373	Public Education Services	8								8
	Other Informational Services Subtotals:	8								8
	Community Living Support Services									
22XXX	Services management	639	15	62	2	29	2	12		761
23XXX	Crisis Care Coordination	72								72
31XXX	Transportation	228	3	24		7		4		266
32326	Support Services - Guardian/Conservator	35		49		3		2		89
32327	Support Services - Representative Payee	2								2
33340	Basic Needs - Rent Payments	29		6						35
33345	Basic Needs - Ongoing Rent Subsidy	20								20
33399	Basic Needs - Other	18								18
41305	Physiological Treatment - Outpatient	19								19
41306	Physiological Treatment - Prescription Medicine/Vaccines	32								32
42396	Psychotherapeutic Treatment - Community Support Programs	10								10
42399	Psychotherapeutic Treatment - Other			39		3				42
46306	Prescription Medication (Psychiatric Medications in Jail)	650	11							661
	Community Living Support Services Subtotals:	1754	29	180	2	42	2	18		2027
	Congregate Services									
64329	Comm Based Settings (6+ Beds) - Supported Community Living	21		1		2				24
64XXX	RCF-6 and over beds	21		1						22
	Congregate Services Subtotals:	42		2		2				46
	Regional Totals:	5946	485	291	4	94	2	30		6852

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	368	3137	3505	40
Mental Illness, Intellectual Disabilities	3	81	84	40, 42
Mental Illness, Intellectual Disabilities, Other Developmental Disabilities	0	4	4	40, 42, 43
Mental Illness, Intellectual Disabilities, Brain Injury	0	1	1	40, 42, 47
Mental Illness, Other Developmental Disabilities	2	37	39	40, 43
Mental Illness, Other Developmental Disabilities, Brain Injury	0	2	2	40, 43, 47
Mental Illness, Brain Injury	0	9	9	40, 47
Intellectual Disabilities	0	97	97	42

Intellectual Disabilities, Other Developmental Disabilities	0	4	4	42, 43
Other Developmental Disabilities	0	14	14	43
Other Developmental Disabilities, Brain Injury	0	1	1	43, 47
Brain Injury	0	8	8	47
Total	373	3395	3768	

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>
7/1/2020	North Iowa Regional Services, Waterloo, IA Black Hawk County

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>
7/1/2020	Resources for Human Development, Waterloo, IA Black Hawk County	109/140
4/1/2021	Inspiring Lives, Fayette, IA Fayette County	Review Fall 2022

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>
7/1/2020	North Iowa Regional Services, Waterloo, IA Black Hawk County
7/19/2021	Inspiring Lives, Fayette, IA Fayette County

The Region continues to work with two provider agencies and intends to be able to designate **Intensive Residential Service** providers in FY2023. We will work with them to ensure they will 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 on-half residents.
- Ensure that all staff have the minimum qualifications required.
- Provider 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.

C. Financials

Table C. Expenditures

FY 2022 Accrual	County Social Services MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy **	\$ 212,358	\$ -	\$ -	\$ -		\$ 212,358
42306	Medication prescribing & management **	\$ 162,539	\$ 573	\$ 433	\$ -		\$ 163,545
43301	Assessment, evaluation, and early identification **	\$ -	\$ -	\$ -	\$ -		\$ -
71319	Mental health inpatient therapy-MHI	\$ 599,653	\$ 3,567	\$ -	\$ -		\$ 603,220
73319	Mental health inpatient therapy **	\$ 3,296	\$ -	\$ -	\$ -		\$ 3,296
Crisis Services							
32322	Personal emergency response system	\$ 236	\$ -	\$ -	\$ -		\$ 236
44301	Crisis evaluation	\$ 277,410	\$ 6,990	\$ 290	\$ -		\$ 284,690
44302	23-hour crisis observation & holding	\$ -	\$ -	\$ -	\$ -		\$ -
44305	24 hour access to crisis response	\$ -	\$ -	\$ -	\$ -		\$ -
44307	Mobile response **	\$ 1,038,324	\$ 25,769	\$ 2,952	\$ 777		\$ 1,067,822
44312	Crisis Stabilization community-based services **	\$ -	\$ -	\$ -	\$ -		\$ -
44313	Crisis Stabilization residential services **	\$ 953,563	\$ 2,882	\$ 18,370	\$ -		\$ 974,814
44396	Access Centers: start-up / sustainability	\$ 62,001	\$ -	\$ -	\$ -		\$ 62,001
Support for Community Living							
32320	Home health aide	\$ -	\$ -	\$ -	\$ -		\$ -
32325	Respite	\$ -	\$ -	\$ -	\$ -		\$ -
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	\$ -		\$ -
32329	Supported community living	\$ 1,209,130	\$ 258,982	\$ 197,014	\$ 46,374		\$ 1,711,500
42329	Intensive residential services	\$ 426,256	\$ -	\$ -	\$ -		\$ 426,256
Support for Employment							
50362	Prevocational services	\$ -	\$ 311	\$ 5,547	\$ -		\$ 5,858
50364	Job development	\$ -	\$ -	\$ -	\$ -		\$ -
50367	Day habilitation	\$ 17,777	\$ 118,187	\$ 16,900	\$ 2,069		\$ 154,933
50368	Supported employment	\$ 9,321	\$ 33,888	\$ 77,017	\$ -		\$ 120,227
50369	Group Supported employment-enclave	\$ -	\$ 233	\$ 1,797	\$ 3,872		\$ 5,901
Recovery Services							
45323	Family support	\$ 439	\$ -	\$ -	\$ -		\$ 439

45366	Peer support	\$ -	\$ -	\$ -	\$ -		\$ -
	Service Coordination						
21375	Case management	\$ -	\$ -	\$ -	\$ -		\$ -
24376	Health homes	\$ 4,206	\$ -	\$ -	\$ -		\$ 4,206
	Sub-Acute Services						
63309	Subacute services-1-5 beds	\$ -	\$ -	\$ -	\$ -		\$ -
64309	Subacute services-6 and over beds	\$ 149,347	\$ 34,800	\$ -	\$ -		\$ 184,147
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	\$ 43,354	\$ -	\$ -	\$ -		\$ 43,354
32396	Supported housing	\$ -	\$ -	\$ -	\$ -		\$ -
42398	Assertive community treatment (ACT)	\$ 17,262	\$ -	\$ -	\$ -		\$ 17,262
45373	Family psychoeducation	\$ -	\$ -	\$ -	\$ -		\$ -
	Core Domains Total	\$ 5,186,471	\$ 486,180	\$ 320,320	\$ 53,092		\$ 6,046,064
	Mandated Services						
46319	Oakdale	\$ -	\$ -	\$ -	\$ -		\$ -
72319	State resource centers	\$ -	\$ -	\$ -	\$ -		\$ -
74XXX	Commitment related (except 301)	\$ 191,679	\$ 107	\$ -	\$ -		\$ 191,785
75XXX	Mental health advocate	\$ 254,629	\$ 1,049	\$ -	\$ -		\$ 255,678
	Mandated Services Total	\$ 446,308	\$ 1,155	\$ -	\$ -		\$ 447,463
	Additional Core Domains						
	Justice system-involved services						
25xxx	Coordination services	\$ 42,283	\$ 3,063	\$ 713	\$ -		\$ 46,059
44346	24 hour crisis line*	\$ -	\$ -	\$ -	\$ -		\$ -
44366	Warm line*	\$ -	\$ -	\$ -	\$ -		\$ -
46305	Mental health services in jails	\$ 252,045	\$ 548	\$ 306	\$ -		\$ 252,899
46399	Justice system-involved services-other	\$ -	\$ -	\$ -	\$ -		\$ -
46422	Crisis prevention training	\$ 30,000	\$ -	\$ -	\$ -		\$ 30,000
46425	Mental health court related costs	\$ -	\$ -	\$ -	\$ -		\$ -
74301	Civil commitment prescreening evaluation	\$ -	\$ -	\$ -	\$ -		\$ -
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	\$ 67,011	\$ 604	\$ -	\$ -		\$ 67,615
42397	Psychiatric rehabilitation (IPR)	\$ -	\$ -	\$ -	\$ -		\$ -
	Additional Core Domains Total	\$ 391,338	\$ 4,216	\$ 1,018	\$ -		\$ 396,572
	Other Informational Services						
03371	Information & referral	\$ 831	\$ -	\$ -	\$ -		\$ 831
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 **	\$ 177,967	\$ -	\$ -	\$ -		\$ 177,967
	Other Informational Services Total	\$ 178,797	\$ -	\$ -	\$ -		\$ 178,797

Community Living Supports							
06399	Academic services	\$ -	\$ -	\$ -	\$ -		\$ -
22XXX	Services management	\$ 1,173,941	\$ 74,011	\$ 28,882	\$ 13,938		\$ 1,290,773
23376	Crisis care coordination	\$ 45,307	\$ -	\$ -	\$ -		\$ 45,307
23399	Crisis care coordination other	\$ -	\$ -	\$ -	\$ -		\$ -
24399	Health home other	\$ -	\$ -	\$ -	\$ -		\$ -
31XXX	Transportation	\$ 73,728	\$ 29,521	\$ 8,375	\$ 3,991		\$ 115,615
32321	Chore services	\$ -	\$ -	\$ -	\$ -		\$ -
32326	Guardian/conservator	\$ 48,000	\$ 83,550	\$ 3,600	\$ 2,700		\$ 137,850
32327	Representative payee	\$ 765	\$ -	\$ -	\$ -		\$ 765
32335	CDAC	\$ -	\$ -	\$ -	\$ -		\$ -
32399	Other support	\$ -	\$ -	\$ -	\$ -		\$ -
33330	Mobile meals	\$ -	\$ -	\$ -	\$ -		\$ -
33340	Rent payments (time limited)	\$ 31,397	\$ 11,096	\$ -	\$ -		\$ 42,494
33345	Ongoing rent subsidy	\$ 93,989	\$ -	\$ -	\$ -		\$ 93,989
33399	Other basic needs	\$ 83,099	\$ -	\$ -	\$ -		\$ 83,099
41305	Physiological outpatient treatment	\$ 1,165	\$ -	\$ -	\$ -		\$ 1,165
41306	Prescription meds	\$ 777	\$ -	\$ -	\$ -		\$ 777
41307	In-home nursing	\$ -	\$ -	\$ -	\$ -		\$ -
41308	Health supplies	\$ -	\$ -	\$ -	\$ -		\$ -
41399	Other physiological treatment	\$ -	\$ -	\$ -	\$ -		\$ -
42309	Partial hospitalization	\$ -	\$ -	\$ -	\$ -		\$ -
42310	Transitional living program	\$ -	\$ -	\$ -	\$ -		\$ -
42363	Day treatment	\$ -	\$ -	\$ -	\$ -		\$ -
42396	Community support programs	\$ 18,580	\$ -	\$ -	\$ -		\$ 18,580
42399	Other psychotherapeutic treatment	\$ -	\$ 163,288	\$ 5,400	\$ -		\$ 168,688
43399	Other non-crisis evaluation	\$ -	\$ -	\$ -	\$ -		\$ -
44304	Emergency care	\$ -	\$ -	\$ -	\$ -		\$ -
44399	Other crisis services	\$ 21,718	\$ -	\$ -	\$ -		\$ 21,718
45399	Other family & peer support	\$ -	\$ -	\$ -	\$ -		\$ -
46306	Psychiatric medications in jail	\$ -	\$ -	\$ -	\$ -		\$ -
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	\$ 1,592,465	\$ 361,466	\$ 46,257	\$ 20,629		\$ 2,020,818
Other Congregate Services							
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -		\$ -
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 356,188	\$ 16,225	\$ -	\$ -		\$ 372,413
64XXX	ICF 6 and over beds (64317 & 64318)	\$ -	\$ -	\$ -	\$ -		\$ -
64329	SCL 6 and over beds	\$ 633,827	\$ 52,867	\$ 64,305	\$ -		\$ 750,999

64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -		\$ -
	Other Congregate Services Total	\$ 990,014	\$ 69,092	\$ 64,305	\$ -		\$ 1,123,412
Administration							
11XXX	Direct Administration					1,019,744	\$ 1,019,744
12XXX	Purchased Administration					110,434	\$ 110,434
	Administration Total					\$ 1,130,178	\$ 1,130,178
	Regional Totals	\$ 8,785,394	\$ 922,110	\$ 431,900	\$ 73,721	\$ 1,130,178	\$ 11,343,304
(45XX-XXX)County Provided Case Management							
						\$ 115,314	\$ 115,314
(46XX-XXX)County Provided Services							
						\$ 79,956	\$ 79,956
	Regional Grand Total						\$ 11,538,574

N/A	Accepted amount to be considered encumbered						\$ 1,777,828
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Table D. Revenues

FY 2022 Accrual	County Social Services MHDS Region		
Revenues			
	FY21 Annual Report Ending Fund Balance		\$ 12,720,285
	Adjustment to 6/30/21 Fund Balance		\$ (68,158)
	Audited Ending Fund Balance as of 6/30/21 (Beginning FY22)		\$ 12,652,127
	Less Fund 4150 Balance Allocation to Counties exiting 6/30/21		\$ (2,714,946)
	Less Fund 10 Balances of Counties exiting 6/30/21		\$ (1,081,467)
	Local/Regional Funds		\$ 5,972,023
10XX	Property Tax Levied	5,668,819	
12XX	Other County Taxes	6,824	
16XX	Utility Tax Replacement Excise Taxes	158,973	
25XX	Other Governmental Revenues	8,000	
4XXX-5XXX	Charges for Services	13,052	
5310	Client Fees	-	
60XX	Interest	56,128	
6XXX	Use of Money & Property	430	
8XXX	Miscellaneous	59,797	
9040	Other Budgetary Funds (Polk Transfer Only)	-	
	State Funds		\$ 5,117,158.12
21XX	State Tax Credits	347,189	
22XX	Other State Replacement Credits	123,473	
24XX	State/Federal pass thru Revenue	-	
2644	State Regional Service Payments	4,646,171	

29XX	Payment in Lieu of taxes	325	
	Other		
	Other		
	Federal Funds		\$ 141,086.40
2345	Medicaid	141,086	
	Other		
	Total Revenues		\$ 11,230,268

Total Funds Available for FY22	\$ 20,085,982
FY22 Actual Regional Expenditures	\$ 11,538,574
Acceptable Encumbrance	\$ 1,777,828
Accrual Fund Balance as of 6/30/22	\$ 6,769,579

D. Status of Service Development in FY2022

FY2022 Children’s Services Development

County Social Services engaged in many initiatives during FY2022 to help develop our network for Children’s Behavioral Health (CBH) Services. We are proud of our accomplishments in bringing knowledge of available CBH services to the community in FY2022. Education on available services in the Region was offered to Area Education Agencies, Community Mental Health Centers, DECAT/CPPC groups, schools, county collaboratives, and service providers. CSS also developed resource guides to provide information on CBH services, food insecurity, domestic violence, and refugee services within the Region. At the end of FY2022 two initiatives remained in development.

Youth Crisis Stabilization Residential Services: CSS committed to an investment of over \$1 million to assist North Iowa Regional Services in developing a Youth Crisis Stabilization Residential Services program in Black Hawk County. This program, which will be accessible to all counties within the Region, is slated to open early 2023.

Behavioral Health Intervention Services (BHIS): With the goal of once again funding BHIS starting July 1, 2022, CSS sought out local providers of BHIS. Once providers of this service were identified, CSS met with them to discuss contracting, and the referral, funding authorization and billing processes. We were fortunate to secure contracts with a network of BHIS providers that will cover every county in the Region.

FY2022 Adult Services Development

The Region worked extensively to continue service development during FY2022. At the end of FY2022 the Region had in place all required core services for adults and children, minus Intensive Residential Services (IRS), which is expected to be implemented in FY2023.

Crisis Stabilization Residential Services: CSS had been working with Inspiring Lives to develop two Adult Crisis Stabilization Residential Service beds within their facility in Fayette County during FY2022. These beds did not come to fruition in FY2022 due to Inspiring Lives choosing to develop other crisis service options prior to implementing CSRS services. There is currently no timeline for the opening of this service.

Assertive Community Treatment (ACT): CSS has two ACT providers in the Region; however, obtaining an ACT service provider that officially serves individuals in Tama County is an area that needs further development in FY2023.

Intensive Residential Services (IRS): CSS has been working with Elevate CCBHC and Inspiring Lives on developing IRS services within the Region. During FY2022, Inspiring Lives identified a location for a 5 bed, IRS home and remodeled this home to meet the IRS needs. HCBS settings assessments were completed and passed. Contracts with both Managed Care Organizations were signed. CSS and the Iowa Department of Health & Human Services (HHS) are working toward

designating this program in FY2023. Inspiring Lives is in the very lengthy process of trying to hire staff for the IRS home. This is proving to be a large barrier to opening the home. They are currently anticipating an opening in FY2023. Elevate CCBHC anticipates a start date of their IRS Home sometime in FY2023, as well. Elevate found a location for their 5 bed, IRS home in FY2022. This location was reviewed by an HCBS specialist and given a green light to go forward with plans for the home. Elevate purchased the site with funding from the Region and will be remodeling the site in FY2023. Opening date is contingent upon when construction can be completed.

Encumbered Funds: CSS made application in July 2022 to encumber \$1,966,584.96 from our ending FY2022 fund balance into FY2023 for commitments made in FY2022. \$1,777,828.42 was approved by HHS. Encumbered funds are for ongoing projects for the IRS homes with Inspiring Lives and Elevate, and the balance of the \$2,000,000 expansion grant for North Iowa Regional Services, of which over half is for development of Youth Crisis Stabilization Residential Services.

E. Outcomes/Regional Accomplishments in FY2022

CSS Employment Summary

Throughout FY2022 CSS, like every other employer, was faced with many challenges related to the COVID-19 pandemic. The CSS Board HR Committee and CSS Governing Board were supportive with approving a COVID-19 Telework Policy for our employees during the state's public health emergency proclamation. This was a significant HR tool for our agency as we navigated through the many CDC guidelines changes related to COVID-19 quarantine and isolation requirements.

In the fall of 2021, CSS developed and distributed an Employee Satisfaction Survey so all staff would have the opportunity to provide feedback on ways we can improve our organization and to let us know what we are doing well and what we should continue. In December 2021, the CSS Employee Handbook was updated due to recommendations and decisions made related to employee policies. The CSS Board HR Committee has chosen to review this Handbook once a year in December to address any possible changes.

Over the past couple of years, there has been discussion of CSS completing a salary survey for the purpose of aligning existing staff wages/salaries with others in the same or similar positions within CSS. Since the transition from county employment to CSS as the employer in January 2020, not all similar positions were aligned. In February 2022, CSS reached out to other MHDS Regions, human services provider agencies, and other agencies, to determine the average labor market wages/salaries within their agencies as they related to CSS job positions and compared this information to current CSS compensation and benefits. This was no small task for the CSS Board HR Committee, as they put in a lot of time and hard work reviewing this data to help them make informed decisions. The HR Committee presented wage/salary adjustment recommendations to the CSS Board in June 2022, to take effect the first pay period after July 1, 2023, along with the 5% FY2023 cost of living adjustment previously adopted by the CSS Board.

CSS values our employees and works to provide them with a safe, healthy, and happy place to work. We strive to retain our great employees while serving individuals within our offices and communities each day.

New logo and website

Toward the end of FY2021, a committee made up of our CSS Communications Coordinator and two Governing Board members was formed to launch a new CSS website and logo in FY2022. They received, and researched, proposals from different companies to develop and host a new CSS website, as well as involved the CSS staff in choosing a new logo. Staff were charged with presenting ideas for a strong symbol to reflect how they would like CSS to be perceived. Several different logos were submitted, and the peacock was chosen due to its unique beauty that empowers strength and confidence. It is also a symbol of regrowth and rejuvenation, honor, and integrity. CSS is a peacock; the organization empowers employees who then pass that onto individuals served so that they can use the information and support for regrowth, strength, confidence, and integrity.

Neapolitan Labs out of Des Moines was chosen as the vendor to create and host the new CSS website. This website was designed for everyone to use with ease of the layout. The vendor and CSS Communications Coordinator continuously

work to make sure the website has the most current information and that the public can find information easily, including an area where individuals can apply for services online.

Core Services Access Standards

Treatment services: Mental health outpatient therapy, medication prescribing & management, assessment & evaluation and mental health inpatient services are all readily available in the Region. County Social Services ensures that all individuals in the Region have access to mental health services by aiding with funding for individuals who are uninsured or underinsured. CSS will also honor host Region contracts for outpatient mental health services. With four inpatient psychiatric units, the Region also meets access standards for this service.

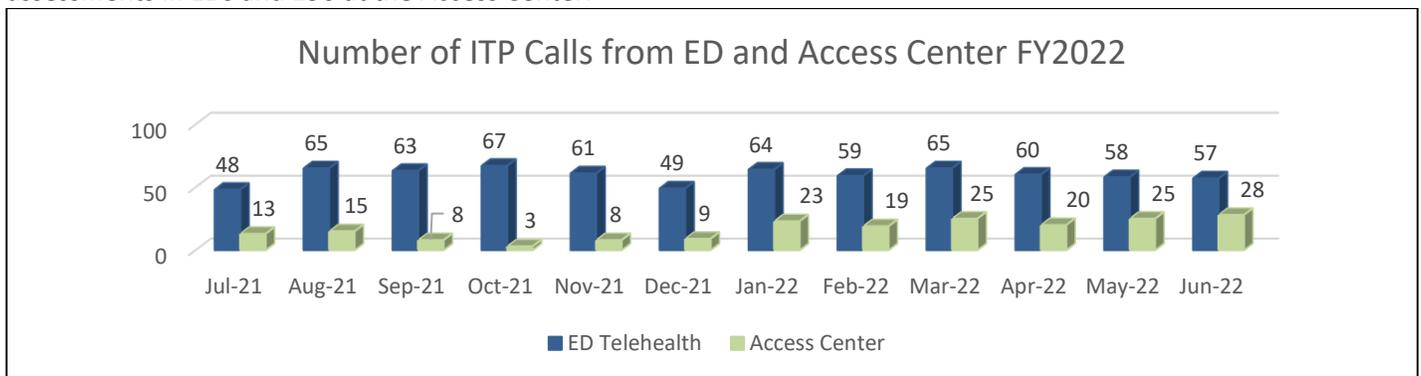
Crisis Services have continued to be a focus of investment and time, as the availability and benefit of these lifeline services to all members of the Region are more widely known throughout the communities.

Crisis Evaluation continues to be offered throughout the Region through the Community Mental Health Centers and other providers. CSS continues to financially support telepsychiatry services at participating local hospital emergency departments (EDs) and the Access Center. Integrated Telehealth Partners (ITP) provide this service. In addition to evaluation/assessment, ITP also will locate an available psychiatric bed if inpatient care is identified as needed.

At the end of FY2022, ITP services were available in the following rural hospital emergency rooms:

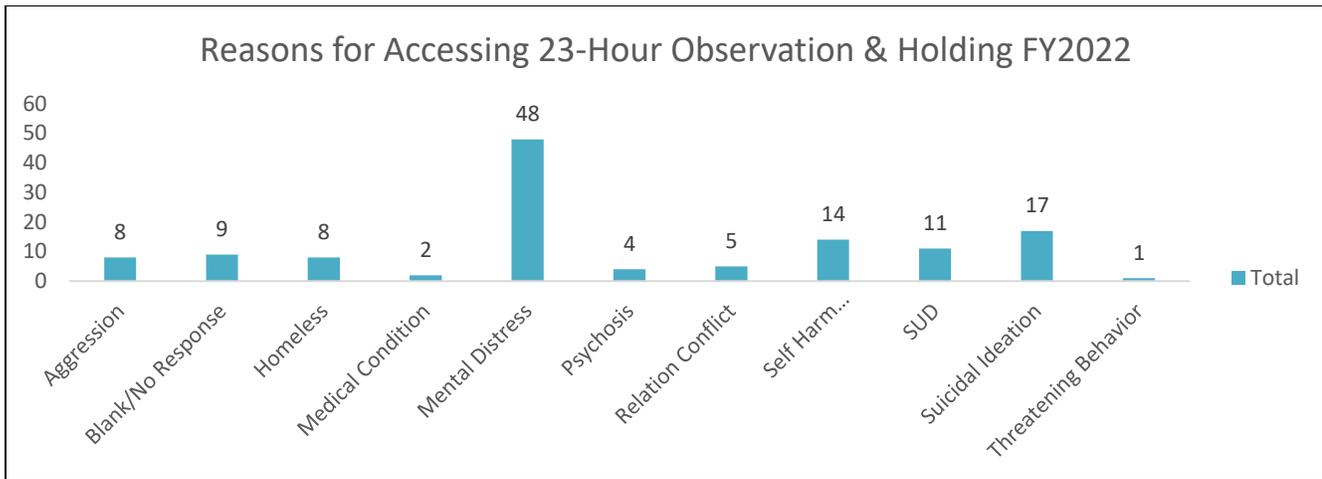
- Allamakee – Veterans Memorial Hospital – Waukon
- Chickasaw – Mercy Medical Center, New Hampton
- Clayton – Guttenberg Municipal Hospital, Mercy One Elkader Medical Center
- Fayette- Gunderson Palmer Lutheran Hospital & Clinic
- Floyd – Floyd County Medical Center
- Grundy – Grundy County Memorial Hospital
- Howard – Regional Health Services of Howard County
- Mitchell – Mitchell County Regional Health Center
- Winneshiek – Winneshiek Medical Center

CSS also funds assessments for residents of our Region accessing an emergency department outside of our Region. During FY2022, ITP provided 912 crisis assessments in rural hospitals and the Access Center. This breaks out to 716 assessments in EDs and 196 at the Access Center.

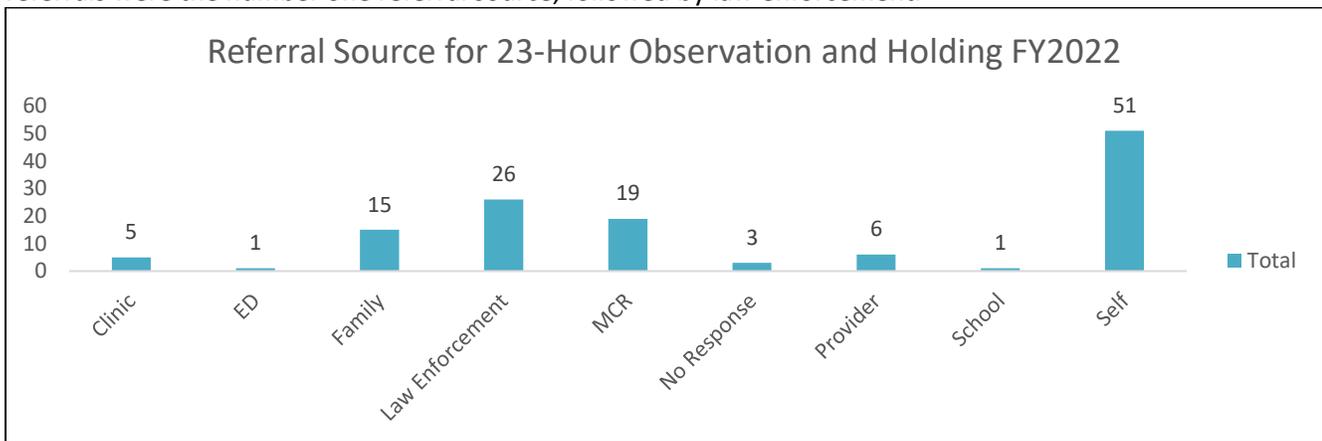


23-Hour Observation and Holding: CSS had worked with Elevate CCBHC to provide this service to the entire Region, both adults & children, by the end of April 2021. Elevate CCBHC is accredited to provide 23-hour observation and holding services based out of Black Hawk County. Elevate provided this service with a nurse on-call 24 hours a day. Elevate has received further instruction from HHS that a nurse must be *on site* 24 hours a day so is in the process of creating a model that will make that sustainable. Elevate has seen an increase in utilization for 23-hour observation and holding. In FY2021, 70 episodes of crisis observation were provided. In FY2022, 127 episodes of 23-hour observation and holding were recorded. That is an 81% increase from FY2021.

Individuals utilizing 23-hour observation and holding can present with a variety of concerns. For FY2022, Elevate reports that “Mental Distress” was the number one reason for an individual seeking support through this crisis service.



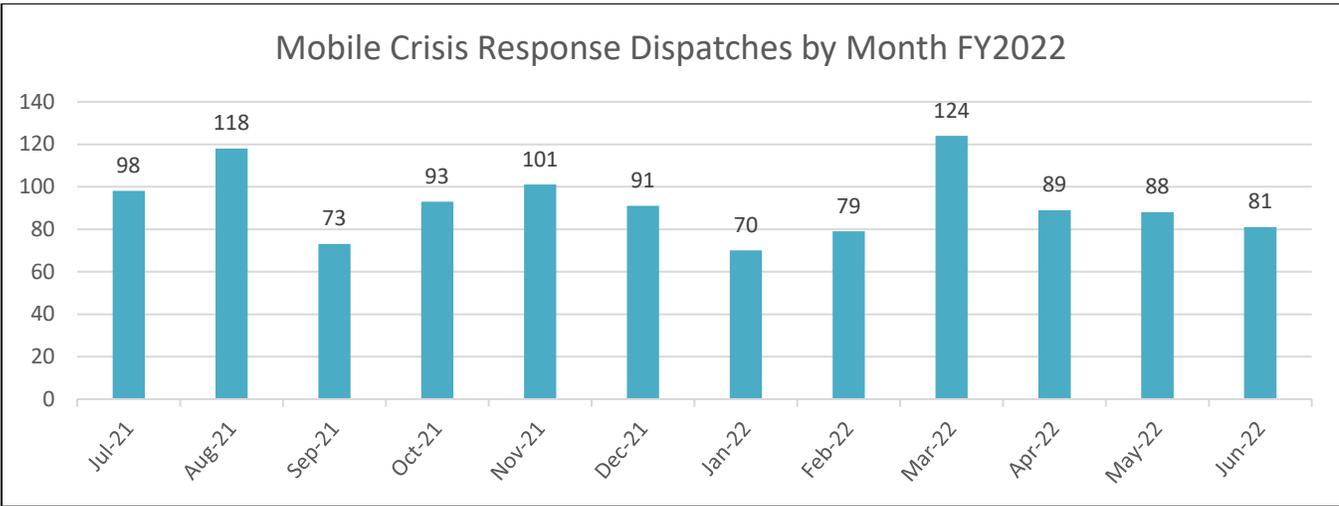
Referrals for 23-hour observation and holding can come from anyone, including a self-referral. In FY2022, self-made referrals were the number one referral source, followed by law enforcement.



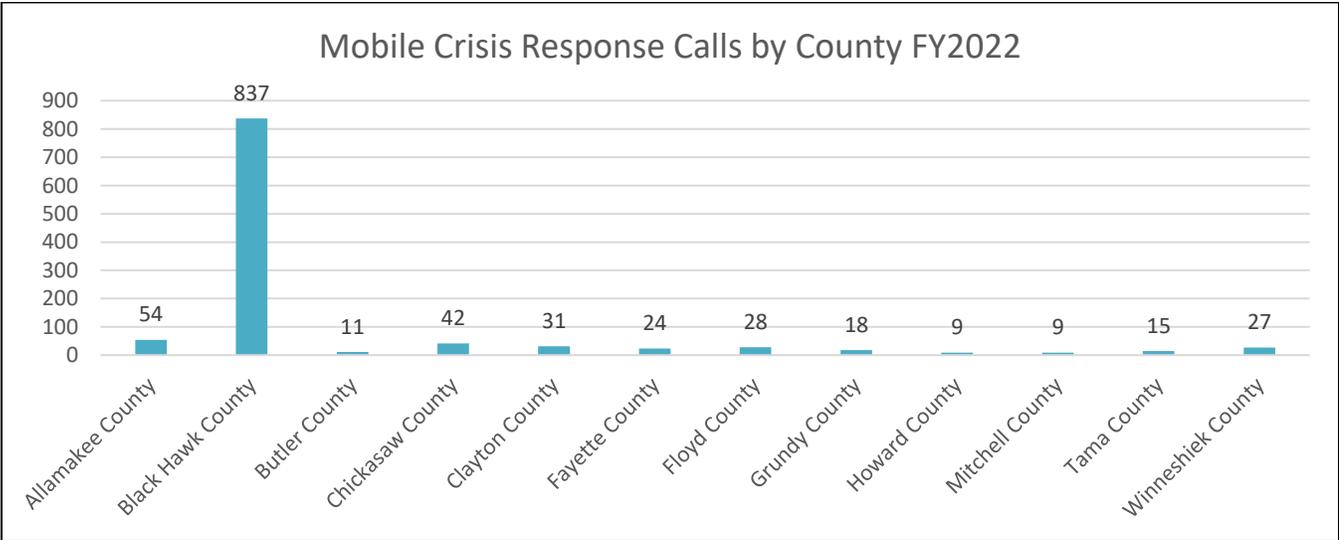
24 Hour Access to Crisis Response Services: The Community Mental Health Centers, located throughout the Region, have trained health professionals available by phone 24 hours a day, in addition to walk-in access during business hours. The Region also has Mobile Crisis Response that can be accessed 24 hours a day.

Mobile Crisis Response (MCR) services have been provided by Elevate CCBHC to Black Hawk County since 9/1/2020. On 4/1/2021, MCR services were expanded to the additional 11 counties in the Region for both children and adults. CSS has collaborated with the other Regions in the state to develop a data spreadsheet that the MCR providers complete monthly. This is to ensure all Regions are measuring the same data. Elevate CCBHC has been a good partner in ensuring this data is returned to CSS monthly.

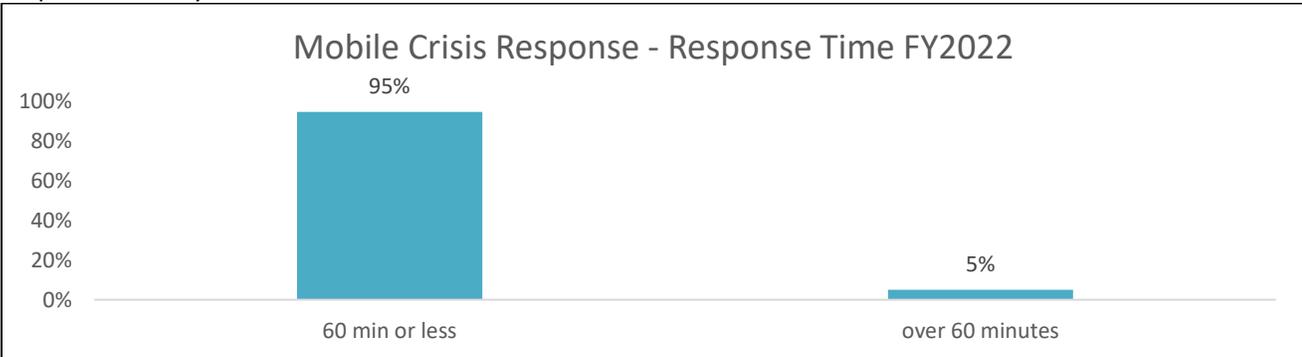
There were 1105 dispatches to MCR in FY2022. This is an average of over 92 per month. The total number of calls for service was 1120; however, calls where the team arrived at the location of intervention but did not provide the service are categorized as “disregard.” CSS still funds the call to service through the block grant and captures the payment data.



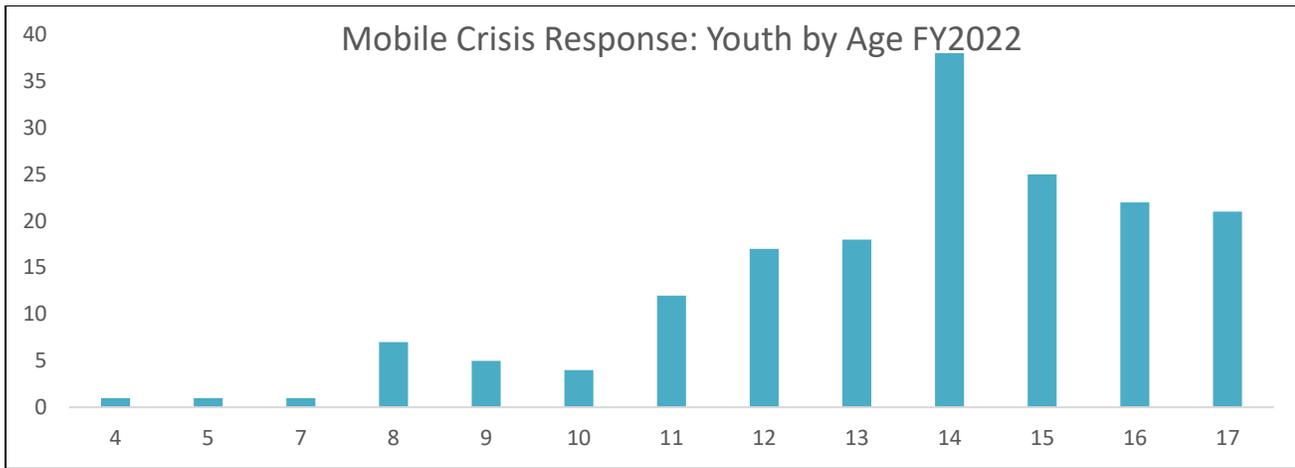
Every county in the Region utilized MCR, which shows that the service is not only available to all individuals in the Region, but it is also being utilized throughout the Region.



HHS, per our contract mentioned later in this report, has set a timeliness standard for this service, which states, “face to face contact with mobile crisis staff within 60 minutes of dispatch at least 85% of the time.” As the table below shows, CSS is meeting the timeliness standard. 95% of all MCR calls in the Region were answered in 60 minutes or less. Average response time by Elevate staff for FY2022 was 22 minutes.

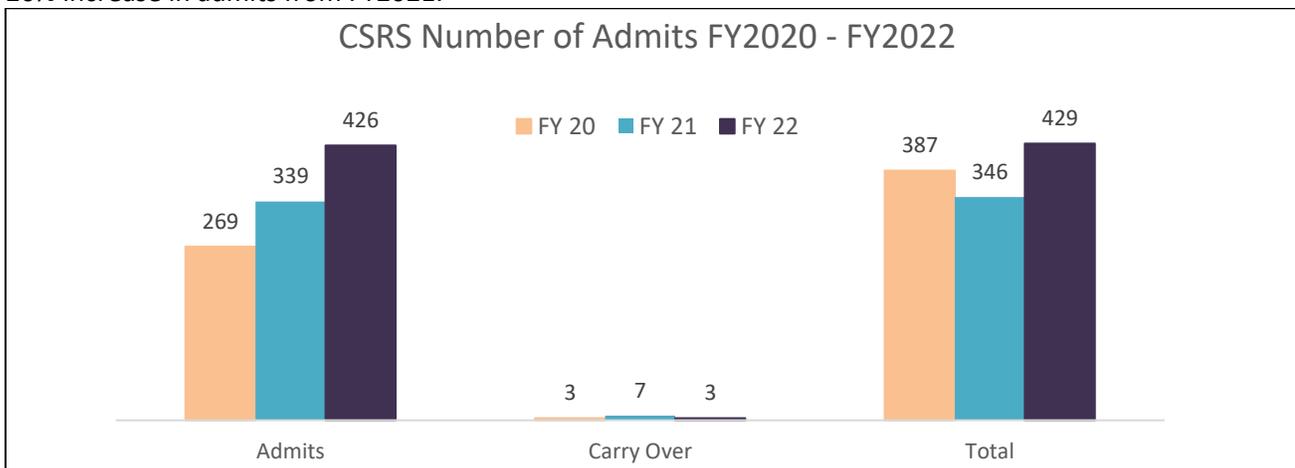


Mobile Crisis Response serves both children and adults. In FY2022, there were 172 MCR calls for 127 individuals under the age of 18 in the Region. The youngest age served in the Region was 4 years old. The most frequent calls were for 14-year-old youth.

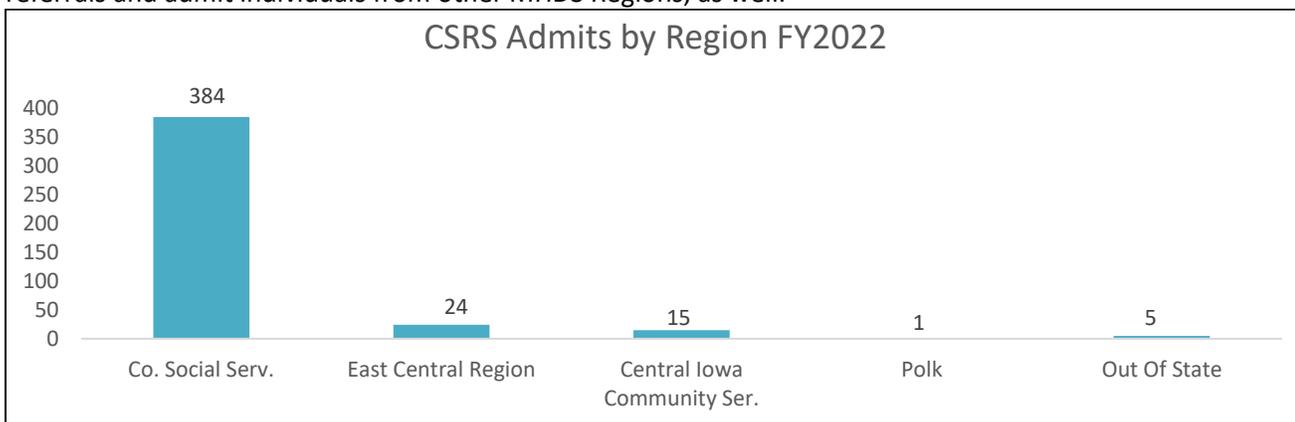


Crisis Stabilization Residential Services (CSRS) were available in FY2022 to all residents of the Region. CSRS were available to children and their families during a crisis through Youth & Shelter Services (YSS) & Lutheran Services in Iowa (LSI). Both YSS and LSI are located outside of the CSS Region. In FY2022, 1 youth from CSS accessed Crisis Stabilization Residential Services at YSS. LSI did not serve any youth from CSS in FY2022. We anticipate this service being more inviting to families once we have the service available within the Region and children can remain closer to home.

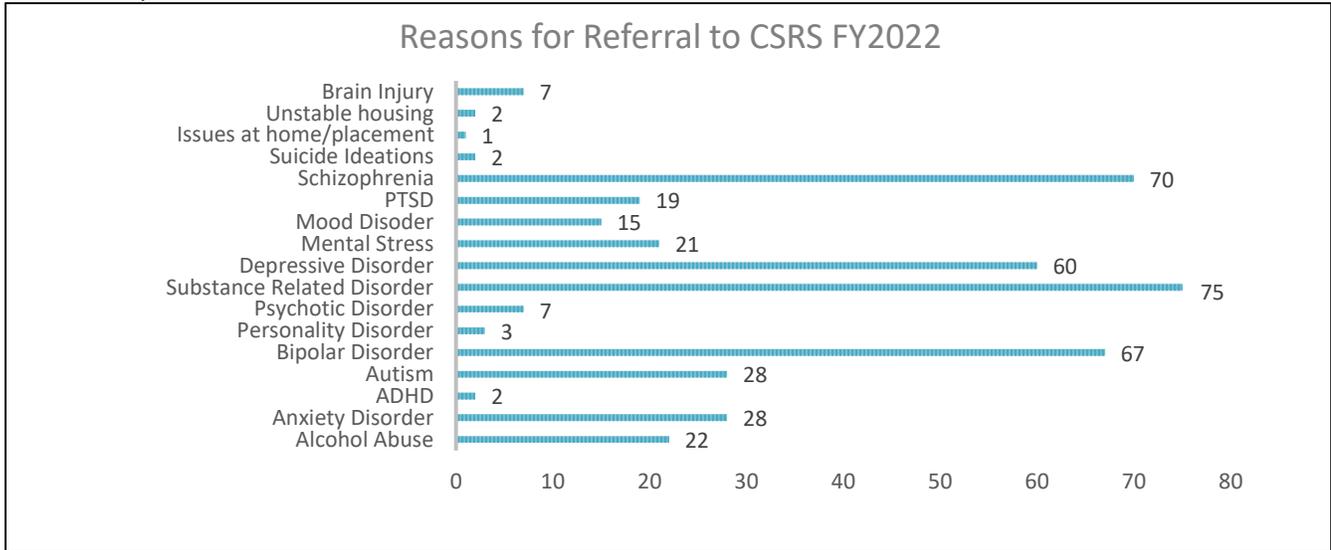
North Iowa Regional Services has six CSRS beds serving adults in crisis. They had 426 adult admissions in FY2022. This is a 26% increase in admits from FY2021.



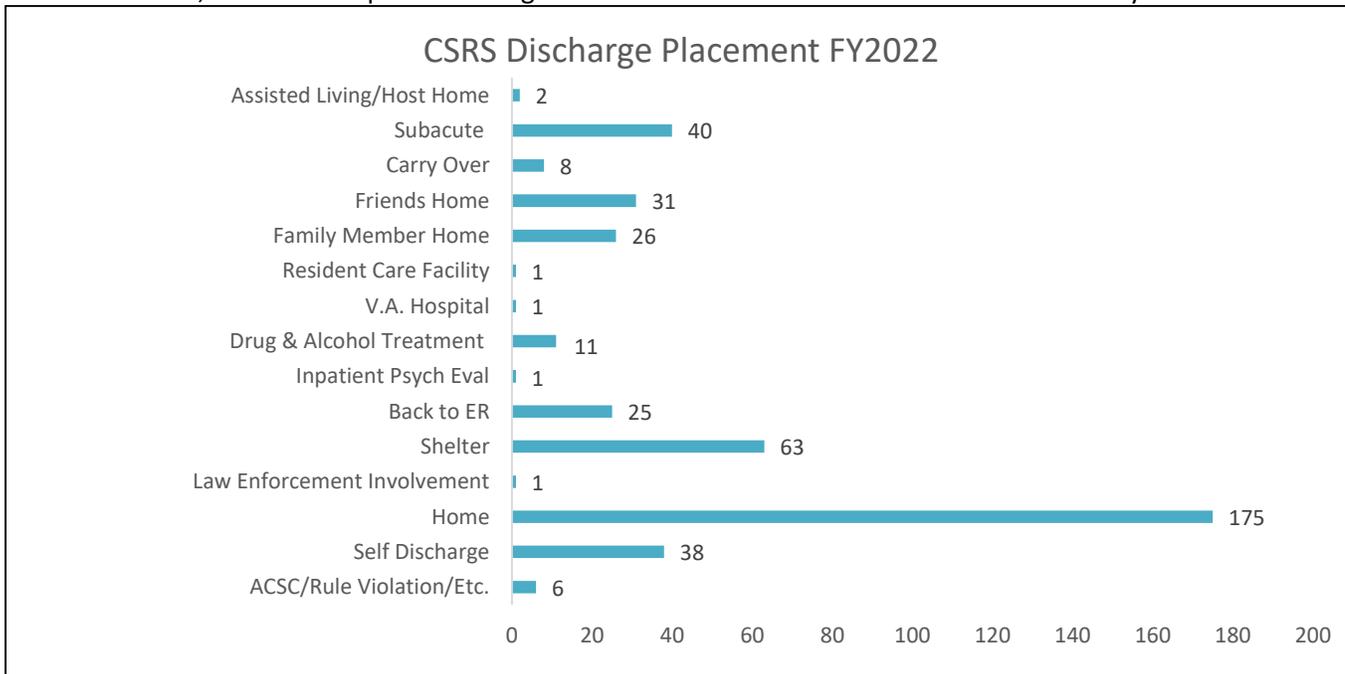
North Iowa Regional Services admits primarily from the CSS Region due to their location within our Region but will take referrals and admit individuals from other MHDS Regions, as well.



Individuals present to CSRS with several different concerns. Below is a breakout of the concerns listed at time of referral.

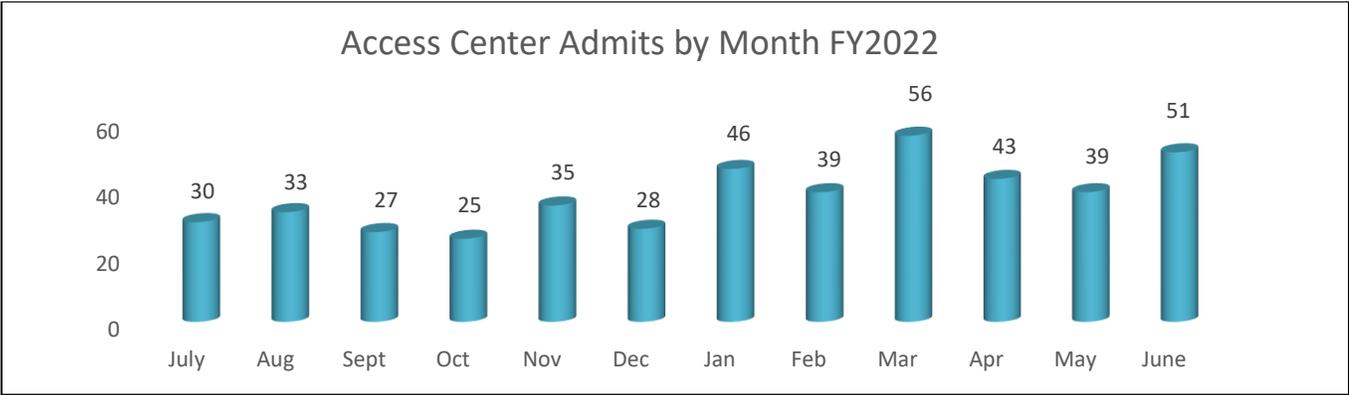


North Iowa Regional Services works very hard to develop a workable discharge plan for persons who are admitted to this crisis service. Average length of stay ranges between one and six days. An individual can discharge from the CSRS to several different places. The discharge plan is centered around the individual’s wants and needs at the time of discharge. As shown below, the most frequent discharge is return to home and the individual’s community.

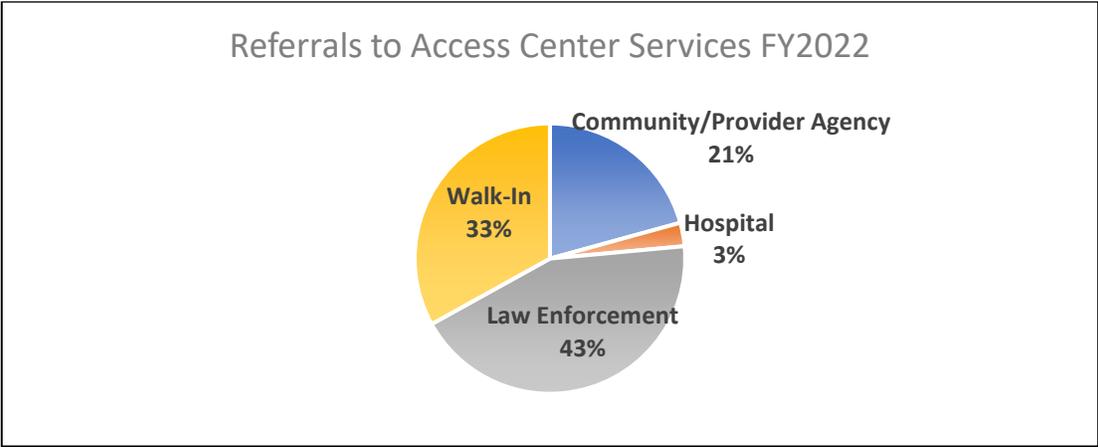


Access Center Services within CSS are also provided by North Iowa Regional Services. In FY2021, the Access Center had 186 admissions; in FY2022 that number rose to 453. That is a 144% increase! 322 admissions, or 71% of admissions, were between the hours of 9:00 am and 9:00 pm, while only 29% of admissions were after-hours.

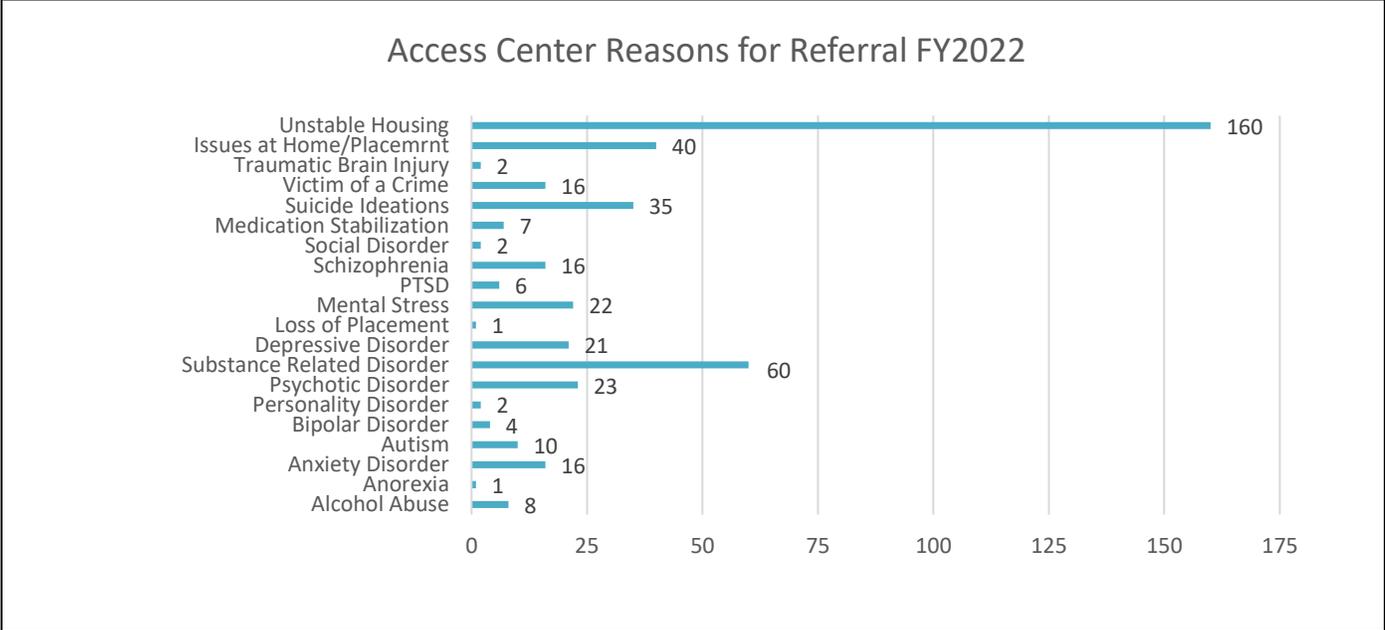
As demonstrated by the chart below, use of the Access Center continued to increase over the course of the fiscal year. As individuals and agencies became more familiar with the service availability and how it works, they were able to make use of this crisis service.



Ramping up communication with law enforcement about this option most likely also spurred usage of this service. As you can see by the pie chart, most referrals to the Access Center in FY2022 were from law enforcement.



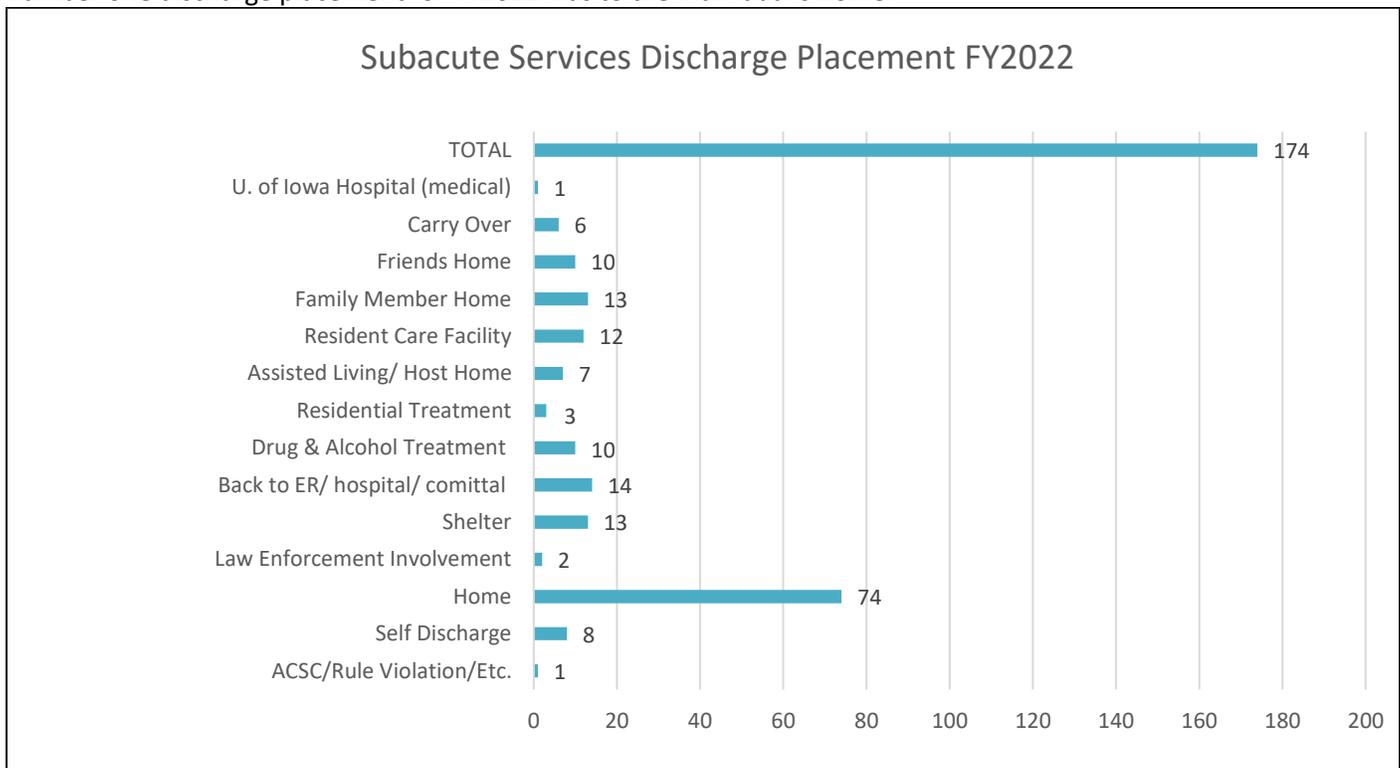
Individuals present to the Access Center with several different concerns. The table below shows the reasons for admitting in FY2022. Interestingly, unstable housing is the highest category. Knowing why individuals are accessing crisis services assists the Region in planning for future services in the community.



Discharge planning is also important for individuals utilizing the Access Center. As is the same with Crisis Stabilization Residential Services, an individual’s discharge planning is tailored to his or her wants and needs at the time of discharge. Almost half of the individuals presenting to Access in FY2022 discharged into Crisis Stabilization Residential Services, while 16% discharged home, 11% were taken to a hospital emergency department, 7% were found shelter beds, and the other 16% were taken to others’ homes or various treatment programs. Referring back in the report to discharge placement from CSRS, it can be inferred that most individuals who enter CSRS through the Access Center end up being able to be successfully discharged to their homes after receiving the treatment they need.

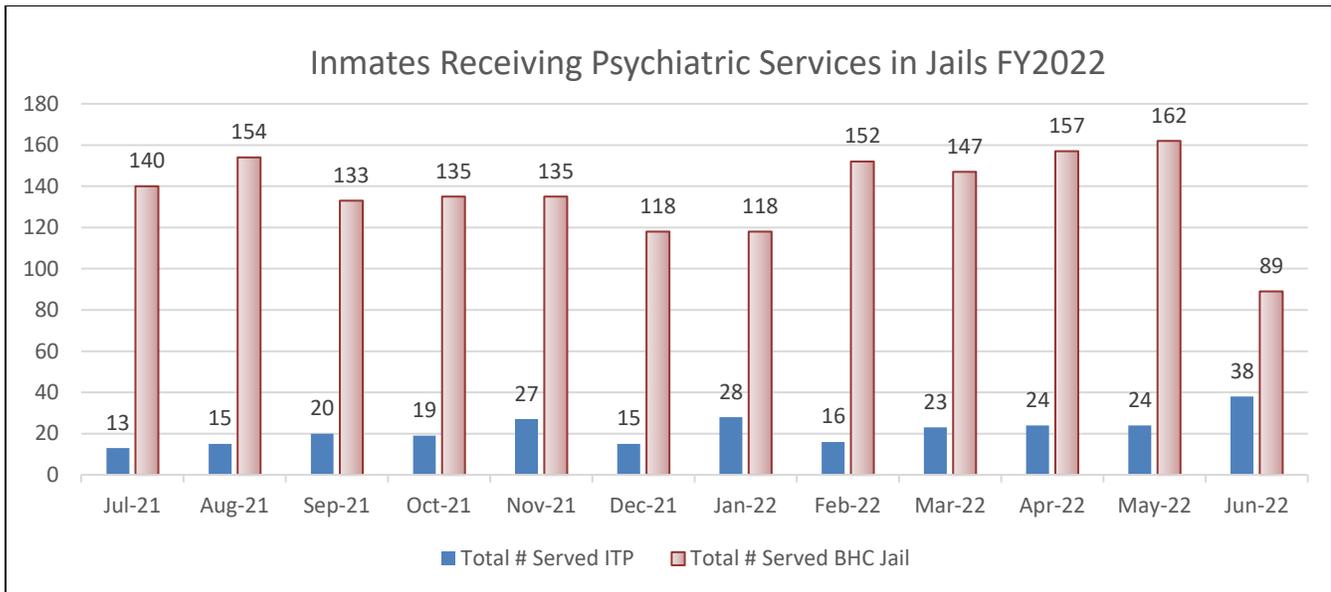
Subacute services are an important part of the array of services for successful discharge from hospital or other tertiary care, or prison back into the community. CSS has two Subacute providers in the Region. Inspiring Lives in Fayette County has a 6-bed facility that had 26 admissions in FY2022. North Iowa Regional Services in Black Hawk County has a 10-bed facility. There continues to be strong utilization of this Subacute, although the admissions decreased from 194 in FY2021 to 174 in FY2022.

The average length of stay in North Iowa Regional Services’ Subacute in FY2022 ranged anywhere from 2.5 days up to 30 days. Discharge planning from the Subacute unit is individualized and based on client needs and wants at that time. The number one discharge placement for FY2022 was to the individual’s home.



Additional Core Services

Mental Health Services in Jail: County Social Services has made a commitment to fund psychiatric assessment and evaluation services, as well as medication management, within our jails. In most of our counties, these services are provided via telehealth through a contract with Integrated Telehealth Partners. This allows the individual to be seen quickly and the jails benefit because they do not have to arrange for deputies to drive the individual to a provider that is sometimes located miles away. Every jail in our Region uses ITP services except Black Hawk that has a prescriber on location, and Clayton and Mitchell Counties, although it is available to them. CSS does fully fund the psychiatric prescriber working in the Black Hawk County Jail. The numbers shown on the chart below are total visits by month, not total unduplicated number of people served.



Jail Diversion is an evolving process within the Region. County Social Services employs Service Coordinators assigned to Justice-Involved Coordination efforts throughout the Region. Each jail in the Region has one of these Service Coordinators assigned to them to assist with obtaining funding for psychotropic medications and with discharge planning. In Black Hawk County, a Community Treatment Coordinator employed by the Iowa Department of Correctional Services is embedded in the jail to work with individuals with an identified brain health/disability diagnosis. That person assists in transition planning and coordination. CSS also employs a Transition Specialist who assists with all transition planning for individuals coming out of prison with an identified brain health/DD disability.

Crisis Intervention Training (CIT) has been a strong ongoing effort with the Region. County Social Services is committed to working with local law enforcement by planning and funding CIT courses in the Region. When the Region hosts a CIT, all law enforcement personnel throughout the entire Region are notified and invited to attend. In FY2022, CSS hosted and funded two training courses provided by SolutionPoint+. A 24-hour Crisis De-escalation Training was held in February 2022, and a full 40-hour CIT class was held in March 2022. Each class had 21 participants from provider and law enforcement agencies from within the Region. Dates for additional CIT courses have been identified for FY2023 (September 12 – 16, 2022, Feb 6 – 10, 2023 and May 1 – 5, 2023). The more we can provide law enforcement the tools to assist individuals with brain health issues safely and effectively, the more time they will have to focus on law enforcement. CIT should also aid in reducing arrests for individuals with brain health issues.

Evidence Based Practices (EBP)

Assertive Community Treatment (ACT) was offered in the Region by two providers in FY2022. Resources for Human Development (RHD) has been an ACT provider for Black Hawk, Butler, and Grundy Counties since 9/1/2016 and Inspiring Lives began providing ACT services for Allamakee, Chickasaw, Clayton, Fayette, Floyd, Howard, Mitchell, and Winneshiek Counties on 4/1/2021.

Inspiring Lives is a rural ACT provider and aims to serve areas in Northeast Iowa that traditionally have less access to services. Providing ACT services in this area is proving to be difficult due to the unique challenges of serving a rural area. Few referrals were received in FY2022. County Social Services provides funding on the weekends for Inspiring Lives ACT services as Medicaid does not pay for 7 days a week. This funding is to assist in establishing this ACT program so that it is available.

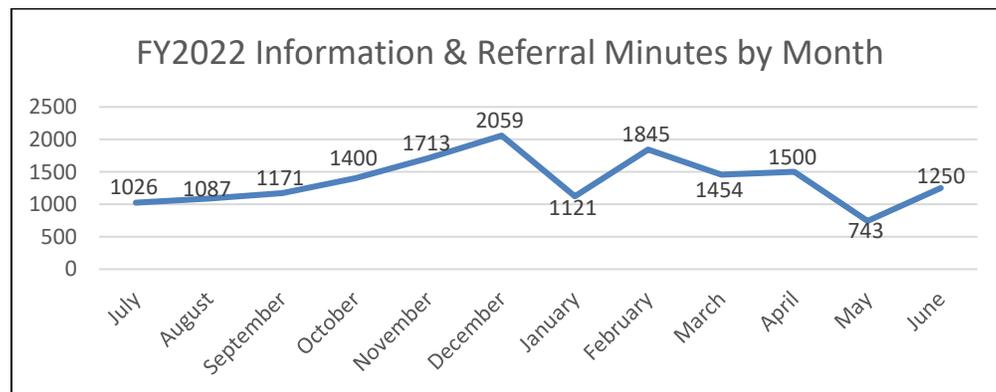
RHD provided ACT services to 70 individuals in FY2022. County Social Services recognizes the difficulties with housing for many of the ACT participants and has provided long-term rent support for several individuals in this ACT program with no other access to rent funding. Without this rent support, these individuals would be unable to find housing. County Social Services did complete a second Fidelity Review in October of 2021.

Region Program Outcomes

Information and Referral: One of the most important aspects of the work of a public entity, and often overlooked for its value, is Information and Referral/Assistance. Individuals and families regularly walk into our offices with diverse issues or questions that may or may not relate to the services the Region manages. However, CSS prides itself on being the “No Wrong Door,” always welcoming and available to sit down with community members to provide the resources and direction they need. As an agency serving the public, we should be equipping individuals and families with answers, or information on where to turn for answers.

On average in FY2022, CSS staff spent 23 hours per month providing Information and Referral. The average number of contacts per month was 79, with the average length of contact being 17 minutes. This is work that does not take a lot of time, but to the people we are assisting, it is worth every minute we take. In January 2022 we began tracking Information & Referral for children. In the last six months of FY2022, 18% of Information & Referral contacts were regarding children. We would expect this percentage to increase as the work of the MHDS Regions becomes more prevalent in Children’s Behavioral Services.

The charts below show the breakdown by month of the number of contacts and minutes for CSS Information and Referral in FY2022.



Service Coordination: County Social Services has an assigned Service Coordinator for each county in the Region. CSS believes that having an office presence in the counties we serve encourages individuals and providers to seek out assistance in navigating the often-confusing world of Long-Term Services and Supports (LTSS). Without having a physical presence in the county, individuals/agencies would not know who to call for assistance. CSS sees Service Coordinators as “navigators” of the LTSS system for individuals who do not currently have Medicaid or waiver services. The Service Coordinator will assess the individual and come up with a plan to assist the individual in accessing the needed LTSS services. The Region does provide “gap” funding for services that are medically necessary for individuals who cannot access the LTSS system quickly.

As the pandemic continued to wind down throughout FY2022, Service Coordination began to take on a different look from the previous couple of years. Our Service Coordinators began to get back to our “boots on the ground” approach, where we had more face-to-face contacts, and the added personal connection those contacts gave us. When our CSS Service Coordinators were unable to meet in person, they continued to utilize Zoom or GoToMeeting, as well as talking to our clients on the telephone. We continued to use CDC guidelines to assist us with how to meet with someone to keep both the client and staff as safe from infection as possible. Our Service Coordinators had 4,168 client contacts in FY2022. We served 533 total clients, of which 517 were adults and 16 were children.

An important partner to Service Coordination, CSS Intake is always busy with new applications or application updates and performing the eligibility process. In F2022, CSS Intake entered 410 applications into CSN on individuals new to the MHDS system. 395 applications were for adults and 15 were for children. The total number of applications processed in FY2022 was 1586; 1317 unduplicated individuals. 1563 of these applications were for adults, 1294 unduplicated. 23 applications were for youth, 23 different youth.

Integrated Care Management (ICM): County Social Services continues to provide case management for individuals who meet Fee For Service requirements through Iowa Medicaid. In FY2022, our case manager served 32 individuals in 15 Iowa counties and provided 2200 billable units of service. This exceeds 33,000 minutes of direct service. The results of the FY2022 Quality Improvement Survey show how this ICM program and its case manager are valued by the individuals served, their guardians, and the providers. The full CSS Integrated Care Management FY2022 Annual Report may be found on the CSS website at www.countysocialservices.org/about/reports/.

I-START continues to provide services in the Region. CSS worked closely with Elevate CCBHC to explore options to sustain the I-START Program in Iowa. On July 1st, 2021, I-START merged under the operations of Elevate CCBHC. This transition helped align and prepare the I-START program for potential service expansion, improve continuity of service delivery, further strengthen the collaboration with the mobile crisis services Elevate already offers, and enhance opportunities for more sustainable funding mechanisms. County Social Services provides on-going funding assistance to ensure persons within the CSS Region receive this valuable service and funded the national Center for Start Services technical support to the I-START program in FY2022.

I-START is a clinical program serving primarily adults. Since the program’s inception, I-START has served 294 individuals. In FY2022, 83 individuals were served. This is down from FY2021 (160) due to other Regions in the state no longer funding this program in FY2022. Therefore, referrals from those Regions were no longer able to be accepted and 43 individuals living in those Regions had to be deactivated from services.

Figure IV.A: Number of Individuals Served by I-START by Fiscal Year*

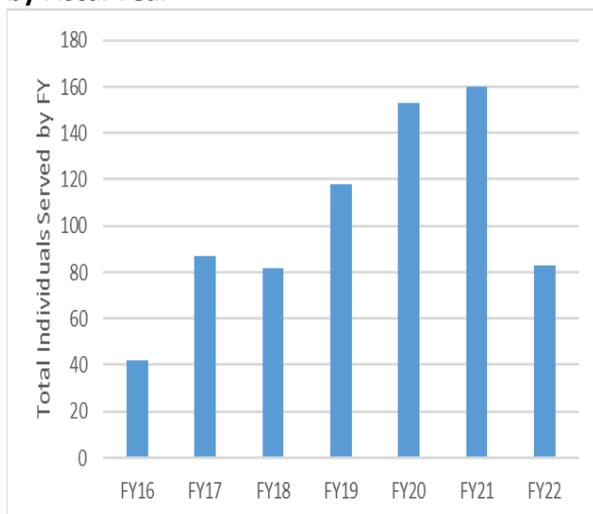


Table IV: A I-START Census Summary FY2022

I-START	FY2022
<i>Total Served during reporting period N (%)</i>	83
FY2022 New Enrollments	19
<i>Individuals inactivated</i>	39
Stable functioning	18 (46%)
Moved out of START Region	18 (46%)
No longer requesting services	1 (3%)
Unable to contact	2 (5%)
<i>Active Caseload at the end of reporting period</i>	44
<i>Total Served by I-START since inception</i>	294

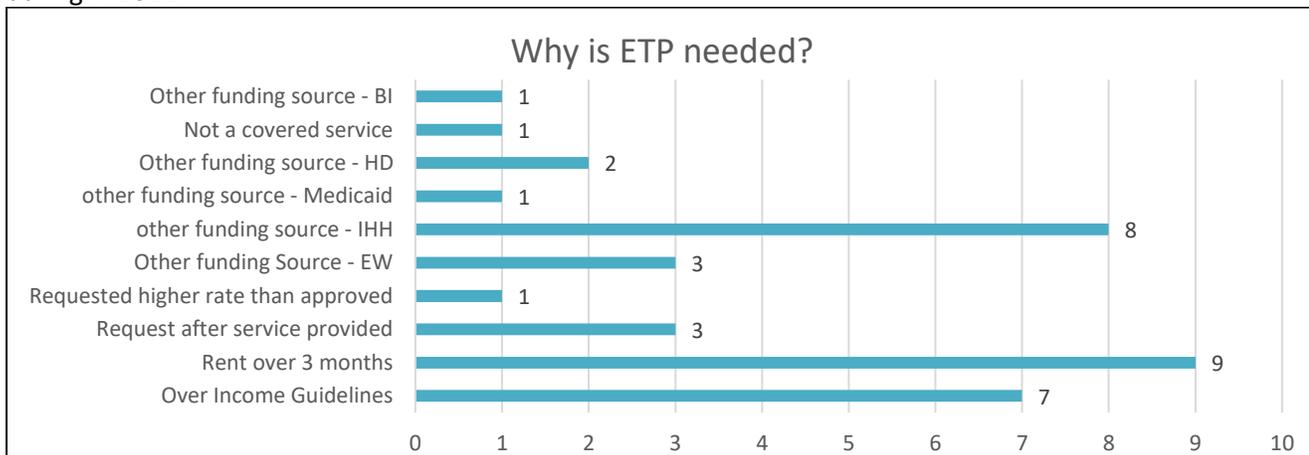
Several I-START service recipients have a history of emergency service use prior to enrollment. Table V.B looks at emergency service trends for individuals one year prior to enrollment in START and emergency service utilization for individuals post-START enrollment. One of the target goals of the START program is to help avoid unnecessary emergency service use and reduce recidivism.

Table V.B: Change in frequency of pre- and post-START emergency service utilization

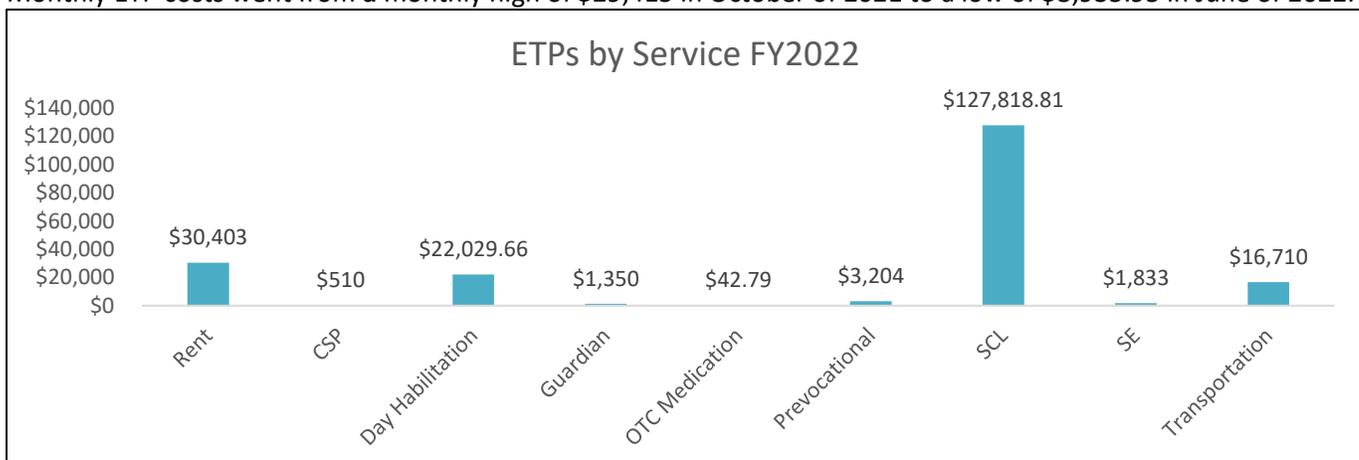
I-START Variable	FY2022 (n=83)	
	Psychiatric Hospitalization	Emergency Department Visits
Prior to enrollment, N (%)	29 (35%)	41 (49%)
Mean Admissions (range)	3.6 (1-11)	4.7 (1-20)
During START, N (%)	30 (36%)	45 (54%)
Mean (range)	3.3 (1-17)	4.3 (1-51)
Average length of stay (hospital)	18 days	N/A

Utilization Review: County Social Services' Utilization Review process is quite extensive. We use this process to ensure individuals receive medically necessary services and, at the same time, ensure the responsible use of taxpayer dollars. We continue to provide time-limited gap funding for individuals in the enrollment process of HCBS Habilitation Services and for individuals on a waiting list for one of the Medicaid waivers.

The Exception to Policy (ETP) is used to continue to bridge this gap, if needed, after the time-limited funding period has expired. ETPs must be filed by the individual's MCO care coordinator, IHH care coordinator, or CSS care coordinator if the ETP is for something other than gap funding (typically basic needs). 36 unduplicated individuals were granted ETPs during FY2022.



The total dollar amount for ETPs authorized in FY2022 was \$203,901, which is down from the \$221,000 spent in FY2021. Monthly ETP costs went from a monthly high of \$29,415 in October of 2021 to a low of \$8,935.95 in June of 2022.



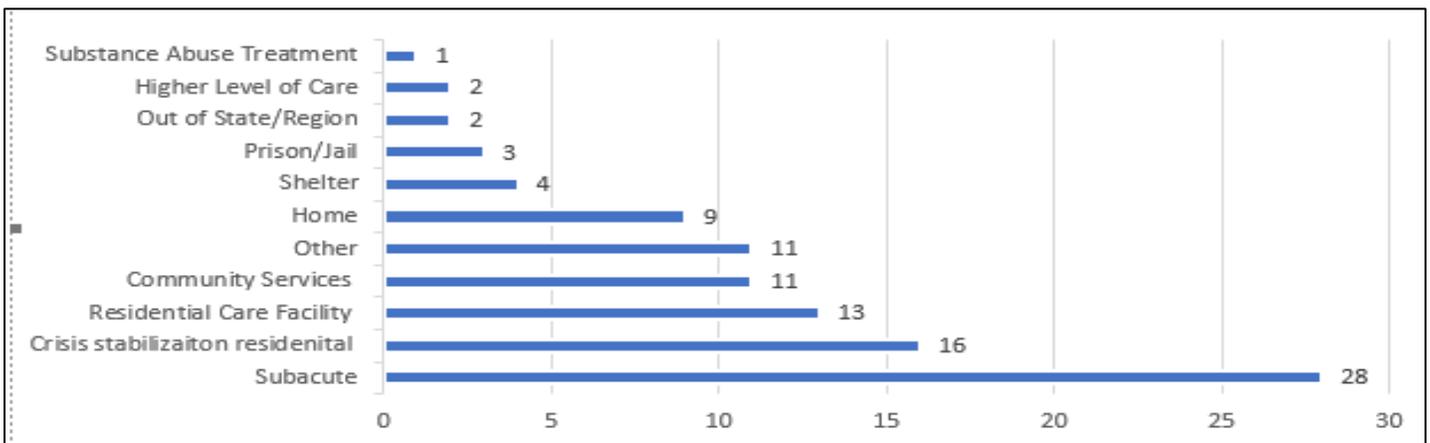
If an ETP is denied, or an adverse funding decision has been made, which the individual or the individual’s representative feels is detrimental to their health and safety, an appeal may be filed. CSS Intake receives and files all appeals and arranges the reconsideration meeting with the CEO. In FY2022 there were four ETP denials. No appeals were filed.

Transition: County Social Services employs a Transition Specialist to assist in discharge planning from tertiary care services and prisons. The Transition Specialist works directly with facilities, hospitals, and jails to develop a discharge plan that will address the needs and desires of the individual being served. Many of these individuals may be unable to be discharged without this specialized discharge planning. Another added benefit of having a Transition Specialist work with providers is that it streamlines all discharges, so agencies only have one person to contact in the Region.

During FY2022, there were 100 referrals made to the CSS Transition Specialist. The number is down from the 300 referrals made in FY2021 due to the number of counties CSS is serving being reduced from 19 in FY2021 to 12 in FY2022.

In FY2021, the number one transition service accessed after referral to the Transition Specialist was Crisis Stabilization Residential. In FY2022, Subacute services became the number one transition service, followed by CSRS. After a discharge placement is obtained for an individual, the Transition Specialist will refer to a Service Coordinator through the CSS Region, or an IHH or MCO Care Coordinator, for further planning.

Transition Services Accessed FY2022



Public Education and Prevention are key to making sure the communities we serve are aware of services available and the opportunities to engage in activities to not only lessen the stigma of brain health, but aid in the prevention of it. CSS efforts in this area in FY2022, along with the new website mentioned above, are highlighted below:

- **Mental Health First Aid (MHFA):** CSS offers Mental Health First Aid training throughout the Region to both our staff and any community agency requesting the training. At the end of FY2022, CSS had two staff members who were certified to train in both Adult and Youth MHFA. In FY2022, CSS provided three different training courses for Adult MHFA. Two of these training courses were within the Region and one was provided to a provider just outside the Region. A total of 35 individuals were certified in Adult MHFA. In FY2022, CSS provided two different training courses for Youth MHFA for a total of 23 individuals being certified.
- **Challenge to Change** is a Yoga + Mindfulness program that delivers inclusive social-emotional curriculum to youth, providing self-regulation skills, building brain health and heart power. County Social Services provides funding for in-person and online programming in various classrooms across the Region. This programming reaches over 7,000 students across the Region. CSS also provides funding for teachers in schools within the Region to take a 95-hour teacher training course in Yoga + Mindfulness so they can continue to practice in their schools. An online portal is also provided so teachers and other school staff may access these resources at any time, in or out of the classroom, for self-care.

- Coping Kits were provided to schools across the Region to offer support to students experiencing a brain health challenge. CSS purchased sensory items designed to assist children with autism spectrum disorder and the adults working with them, as well as backpacks in which to store the sensory items. These kits included several fidget-type activities, stress balls, sensory stickers, and fine motor activities for the children to use. They were assembled by CSS staff and distributed to local classrooms and children’s services providers.
- The Iowa Empowerment Conference has been something CSS has provided stipends for in hopes that many individuals with brain health issues and their families would be able to attend. COVID obviously has caused some difficulties with the conference being held. However, in FY2022, CSS was able to provide stipends to the 8 residents of our Region who wished to attend.
- Local National Alliance on Mental Illness (NAMI) Chapters provide a great service to our communities. County Social Services continues to collaborate with the two Chapters in our Region, providing funds for each chapter every year. This funding allows outreach, education, and support to individuals and their families. The Region also supports the NAMI Basics and Family-to-Family classes held in Black Hawk County each year by purchasing the class materials for each attendee. CSS values our partnership with our NAMI Chapters and supports the work they do in our communities.

Special Initiatives are unbudgeted proposals brought to the CSS Governing Board for consideration. Two initiatives brought forth in FY2022, both by provider agencies, are outlined below. In order to be considered a responsible use of taxpayer funds, the proposals would need to expand access and availability of services within the Region.

- North Iowa Regional Services Expansion Grant (\$2,000,000): In July 2021, North Iowa Regional Services submitted a proposal to the CSS Governing Board for a \$2,000,000 grant to enable this provider to expand crisis services offerings in the Region. This request was to remodel/reconfigure the current building to better serve individuals in crisis, admitting for Access Center services, Crisis Stabilization Residential, or Subacute level of care, and to open a Youth Crisis Stabilization Center, as mentioned previously in this report. The Governing Board voted unanimously to move forward with the grant and North Iowa Regional Services staff went to work immediately. This grant period is from July 1, 2021, through June 30, 2023.
- Funding for Veterans Memorial Hospital Behavioral Health Clinic (\$200,000): In February 2022, Veterans Memorial Hospital in Waukon submitted a proposal to the CSS Governing Board for a \$200,000 grant toward renovating space for, and furnishing of, their new Behavioral Health Clinic. The Governing Board voted unanimously to move forward with the grant, acknowledging that Allamakee County residents will benefit from access to more behavioral health providers.

Statewide Outcomes

Social Determinants of Health

CSS continues to track outcomes on four social determinants of health: housing, health & wellness, employment, and life in the community. Percentages remain fairly constant year after year. A deep dive into what that means is necessary – do we need to ask different questions or capture the data at different intercept points? It is good to see that the percentage of individuals reporting that they never seek medical care has dropped slightly since last year, and the percentage seeking medical care more than once a year has increased. As we continue to recover from the pandemic, we hope this trend will continue.

Once again, the average reported hourly wage increased slightly. In FY2020, the average reported wage was \$11.00/hour, in FY2021, it was \$11.13/hour, and for FY2022, the average reported wage was \$11.24/hour. However, the average number of hours worked per week decreased from 26 hours in FY2021 to 24.6 hours per week in FY2022.

HOUSING: What is your current housing situation? (513 respondents)				HOUSING: Are you in safe, affordable, accessible housing?		
Homeless	In Placement	Staying w/Friends or Family	Housed	Safe	Affordable	Accessible
97	58	54	304	331	317	331
19%	11%	11%	59%	65%	62%	65%

MEDICAL CARE: How often do you see a primary care physician? (515 respondents)			
Never	Less Than Once a Year	Once a Year	More Than Once a Year
38	68	137	272
7%	13%	27%	53%

EMPLOYMENT: Are you successfully employed? (495 respondents)			
Unemployed	Sheltered Work	Supported Employment	Community Employment
391	10	23	71
79%	2%	5%	14%

COMMUNITY INTEGRATION: Are you participating in integrated community activities?			
Clubs / Social Groups	Church	Community Activities	Volunteer
30	79	61	20

We added the tracking of two outcomes for children’s behavioral services in FY2021. In FY2022 there were only 12 responses to these outcomes, as compared to 151 in FY2021. Possibly the first year these new outcomes were mistakenly completed by adults or possibly there were fewer children whose applications we received in FY2022. While it is good to see that 67% of students responding strongly agree that they consistently attend school, the fact that 4 students strongly disagreed that they take responsibility for completing school assignments is a challenging hurdle for youth with serious emotional disturbance to overcome.

SCHOOL ATTENDANCE : I consistently attend school (12 respondents)			
Strongly Disagree	Disagree	Agree	Strongly Agree
1	1	2	8

SCHOOL PERFORMANCE : I take responsibility for completing my school assignments (12 respondents)			
Strongly Disagree	Disagree	Agree	Strongly Agree
4	0	3	5

Data Analytics

Two CSS staff participate in the statewide Data Analytics Committee. This committee, made up of individuals from most MHDS Regions, meets monthly to work on standardized data collection for crisis services and justice-involved services, as well as a statewide client satisfaction survey. Currently the committee is focused on the crisis services data collection, as this needs to be in place by January 1, 2023, per the MHDS Regions’ contracts with HHS. Two goals of collecting this data are to ensure lowans access appropriate services in a time of brain health crisis and that, post brain health crisis, Iowa are able to remain stable in their community.

Regional Collaboration with Providers, Stakeholders, and Regions

Adult and Children’s Behavioral Health Advisory Committees: The CSS Adult Advisory Committee currently meets three times a year – April, August, and at the Annual Stakeholder Meeting in November. The CSS Regional Coordinator for Adult Services and Chief Operating Officer assist the Chair in facilitating the communication of this group. In FY2022, the Adult Advisory Committee consisted of the following members:

Representing	Member(s)
CSS Governing Board Members	Greg Barnett, Butler County Board of Supervisors
	Craig White, Black Hawk County Board of Supervisors
Service providers of adult mental health and disability services	Tom Eachus, Black Hawk-Grundy Mental Health Center
	June Klein-Bacon, Brain Injury Alliance of Iowa (CHAIR)
	Brittney Montross, Exceptional Persons, Inc.
	Melody Moser, Cedar Valley Community Support Services
Individuals who utilize service or the actively involved relatives of such individuals	Eric Donat
Law Enforcement	Dan Marx, Winneshiek County Sheriff
	Tony Thompson, Black Hawk County Sheriff

The CSS Children’s Behavioral Health Advisory Committee met in August 2021 and again in April 2022. This group will be selecting a better month to meet than August, as it is a busy month for Committee members. The CSS Regional Coordinator for Children’s Behavioral Health facilitates the communication of this group and assists the Chair and Vice-Chair in facilitating the meetings. In FY2022 the Children’s Behavioral Health Advisory Committee consisted of the following members:

Representing	Member(s)
Parents/Actively Involved Relatives of a Child who Utilizes Children’s Behavioral Health Services	June Klein-Bacon, Brain Injury Alliance of Iowa (board rep)
The Education System	Kristi Aschenbrenner, Osage Community Schools (board rep)
	Donna Kitrick, Waterloo Community Schools (CHAIR)
	Dana Miller, Central Rivers AEA (VICE CHAIR)
	Amy Spieker, Charles City Schools
	Lindsey Staudt, Charles City CSD Special Education
Early Childhood Advocate	To be determined
Child Welfare Advocate	Melissa Clough, Community Partnership for Protecting Children
Children’s Behavioral Health Service Providers	Katie Wahl, UnityPoint-Black Hawk-Grundy Mental Health Center (board rep)
The Juvenile Court System	Terrance Campbell, First Judicial District Juvenile Court Services
Pediatrician	Kendra Elwood, MercyOne Waterloo
	Stuart Feldman, MercyOne Waterloo
Child Care Provider	Brenda Loop, Child Care Resource & Referral
Local Law Enforcement	Sara Geiger
Regional Governing Board	Sharon Keehner, Clayton County Board of Supervisors

Local Boards: CSS staff is extremely vested in the communities we serve. Many staff members serve on local social services boards, which encourages collaboration with the local communities. These local boards and coalitions are vital to the health of the individuals we serve so the participation of our staff is valuable to the Region. A list of some of the local boards/coalitions our staff serve on is below:

- Child Abuse Prevention Council
- Community Collaboration meetings in several counties
- Community Mental Health Center Boards
- DECAT/CPPC
- Department of Correctional Services First Judicial District Advisory Board
- Emergency Food and Shelter and local Homeless Coordinating boards
- Iowa Workforce Development Youth Task Force
- Regional Housing Authority Boards
- Substance Abuse Prevention Coalition in several counties

Brain Health Now Campaign: In cooperation with the other MHDS Regions, CSS is continuing to fund the Brain Health Now initiative, which began as a CEO Collaborative project with CARES Act funding. Brain Health Now is a grassroots organization dedicated to ending the stigma of mental illness by changing the language from mental illness to brain health. CSS' contribution to this campaign in FY2022 was about \$20,500. More information may be found at <https://www.brainhealth-now.org/>.

Projects for Assistance in Transition from Homelessness: Since 2015 County Social Services has provided a match for Black Hawk-Grundy Mental Health Center's Projects for Assistance in Transition from Homelessness (PATH) grant. The coordinator for this program reached 253 individuals in homeless situations in FY2022, assisting them with accessing community resources and services, setting up appointments, securing housing and providing the security deposits for such housing, as well as providing case management to the individuals. The coordinator also works with local housing providers to secure permanent housing for individuals. This position is vital in assisting individuals with brain health issues who are experiencing homelessness find access to needed community resources.

Re-Entry Program: Together with the First Judicial District Department of Correctional Services, CSS supports a Black Hawk-Grundy Mental Health Center staff member who assists individuals re-entering the community after a time of incarceration. Providing connections at Intercept 4 of the Sequential Intercept Model, in FY2022 this staff member assisted 288 unique individuals with accessing community resources and services, setting up appointments, obtaining medications, completing paperwork to secure benefits, education and support, and case management, as well as education and support to the Department of Correctional Services staff.

Two Justice-Involved Summits were hosted by CSS in November 2021: one on November 2 at the Grundy County Heritage Center and the other on November 9 at the Fayette County Fairgrounds. Lunch was provided by CSS, which allowed attendees to come together to share their successes and struggles. In total, 63 people attended the two Summits. The audience included members from local law enforcement, hospitals, providers, CSS Board Members, and CSS staff. The three CSS Justice Coordinators hosted the event and began the day by explaining their roles and duties within CSS. Presenters came from Elevate CCBHC, North Iowa Regional Services, Inspiring Lives, Central Iowa Juvenile Detention Services, Black Hawk County Sheriff, and Department of Correctional Services. The intent of these Summits was to help local law enforcement better understand the partners available to them through the crisis services offered in the Region, and the opportunities available for their staff to engage in Crisis Intervention Trainings. There was interest in having another Summit, with Judicial Magistrates and legislators presenting on topics. A date for the next Summit has not yet been scheduled.

New contract with HHS: Senate File 619, signed into law in June 2021, required each MHDS Region to enter into a performance-based contract with HHS. As of January 1, 2022, CSS entered into this contract, which specifies the Region's scope of work, and benchmarks to be met, among other items. This current contract runs through June 30, 2023.

Collaboration with other MHDS Regions: The County Social Services CEO continues to participate in the CEO Collaborative, which meets monthly. This provides a wonderful networking opportunity, as well as an opportunity to share ideas and strategies for moving the Regions forward in a positive manner. The CSS Chief Operating Officer continues to serve on the CSN Operations Committee, which is also a great opportunity to learn how other Regions work and share operational ideas with each other. The COO is also a member the Legislative Review Committee. The COO and Quality Improvement Coordinator serve on the statewide Data Analytics Committee. In FY2022, various CSS staff served on the Evidence Based Practices Committees, as well as sub-committees of the Data Analytics Committee. Three CSS staff are CSN Expert Users, as well. Other CSS staff participate in statewide workgroups and task forces as opportunities arise.

Annual Stakeholder Meeting

County Social Services holds its Annual Stakeholder Meeting each November. This FY2022 Annual Report was presented at the CSS Annual Stakeholder Meeting held in Black Hawk County, and on GoToMeeting, on Wednesday, November 16, 2022. There were 25 stakeholders present.