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SUBMITTED
11.30.22

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

APPROVED BY GOVERNING BOARD: **11.30.22**

APPROVED BY THE ADVISORY BOARD: **11.22.22**



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 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.



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 provided, individuals served, designated intensive mental health services, a financial statement including revenues, expenditures, and state appropriations, and specific regional outcomes for the year.

The kickoff to FY 22 implemented additional core services for the CCNIA Region. On July 1, 2021, Mobile Crisis and Community-Based Crisis Stabilization was started with Eyerly Ball in Kossuth, Winnebago, and Worth Counties. In addition to implementing a new mobile crisis team in the Care Connections region, additional contracts and memorandums of understanding went into effect on July 1, 2021, to provide CCNIA access to additional core crisis services for both adults and children. Care Connections was active in statewide regional committees, such as data analytics, as well as multiple evidence-based practices groups. Care Connections team represented the region as well as actively participated by researching and providing insight into committee meetings. This work will continue and will help shape and respond to the changes of an actively evolving brain health system in Iowa.

Care Connections worked towards developing additional core services within the region so that citizens can receive brain health services in their own home or as close to their home as possible. Care Connections approved grant funding with Seasons Center for Behavioral Health for 23 Hour crisis observation as well as Crisis Residential that will serve all regional individuals within the legislated access standards. Care Connections also provided Community Impact Grants within FY 22 which provided grant funding to 23 agencies.

Care Connections exists to support improved access to behavioral healthcare through local resources to provide full citizenship for people with mental illnesses and intellectual disabilities. The Care Connections annual report will detail areas in which the region has focused time and attention throughout the year and looks forward to ongoing service developments and leveraging the local resources as well as providing encouragement, access, and the means to keep developing evidence-based practices and working towards the mission to provide care to those as close to home as possible so they can continue to live and thrive in their daily lives.



**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
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 2022 Actual GAAP	Care Connections of Northern Iowa MHDS Region	MI (40)		ID(42)		Total
		A	C	A	C	
Core						
	Treatment					
42305	Psychotherapeutic Treatment - Outpatient	4				4
42306	Psychotherapeutic Treatment - Medication Prescribing	5				5
	Basic Crisis Response					
44301	Crisis Evaluation	85	42			127
44307	Mobile Response	47	23			70
44312	Crisis Stabilization Community Based Services (CSCBS)	3				3
44313	Crisis Stabilization Residential Service (CSRS)	8	1			9
	Support for Community Living					
32325	Support Services - Respite Services	7		4		11
32329	Support Services - Supported Community Living	15		5		20
	Support For Employment					
50367	Day Habilitation	6		7		13
50368	Voc/Day - Individual Supported Employment	9		9	2	20
	Recovery Services					
	Service Coordination					
	Sub-Acute Services					
	Core Evidence Based Treatment					
42398	Assertive Community Treatment (ACT)	11				11
	Core Subtotals:	200	66	25	2	293
Mandated						
74XXX	Commitment Related (except 301)	112	11			123
75XXX	Mental health advocate	95	2			97
	Mandated Subtotals:	207	13			220
Core Plus						
	Justice System Involved Services					
44346	Crisis Services - Telephone Crisis Service	4	6			10
46305	Mental Health Services in Jails	83				83
	Additional Core Evidence Based Treatment					
	Core Plus Subtotals:	87	6			93

FY 2022 Actual GAAP	Care Connections of Northern Iowa MHDS Region	MI (40)		ID(42)		Total
Other Informational Services		A	C	A	C	
Core						
22XXX	Services management	162	27			189
31XXX	Transportation	5	1			6
33340	Basic Needs - Rent Payments	4				4
33399	Basic Needs - Other	4				4
41305	Physiological Treatment - Outpatient			1		1
41306	Physiological Treatment - Prescription Medicine/Vaccines	1		1		2
41307	Physiological Treatment - In-Home Nursing	2				2
46306	Prescription Medication (Psychiatric Medications in Jail)	62				62
	Community Living Support Services Subtotals:	240	28	2		270
Congregate Services						
64XXX	RCF-6 and over beds	18				18
	Congregate Services Subtotals:	18				18
Administration						
Uncategorized						
Regional Totals:		752	113	27	2	894

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

Disability Group	Children	Adult	Unduplicated Total
Mental Illness	89	459	548
Mental Illness, Intellectual Disabilities	2	16	18
Total	91	475	566

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>
FY 23	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

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>
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
	In Development

C. Financials

Table C. Expenditures

FY 2022 Accrual	CCNIA MHDS Region	MI (40)	ID(42)	Admin (44)	Total
Core Domains					
COA	Treatment				
42305	Mental health outpatient therapy **	\$ 118,099			\$ 86,432

42306	Medication prescribing & management **	\$ 260,288			\$ 260,288
43301	Assessment, evaluation, and early identification **	\$ 25,000			\$ 25,000
71319	Mental health inpatient therapy-MHI				\$ -
73319	Mental health inpatient therapy **	\$ 50,000			\$ 50,000
	Crisis Services				
32322	Personal emergency response system				\$ -
44301	Crisis evaluation	\$ 53,815			\$ 53,815
44302	23 hour crisis observation & holding	\$ 650			\$ 650
44305	24 hour access to crisis response				\$ -
44307	Mobile response **	\$ 190,966			\$ 190,966
44312	Crisis Stabilization community-based services **	\$ 58,061			\$ 58,061
44313	Crisis Stabilization residential services **	\$ 220,851			\$ 220,851
44396	Access Centers: start-up / sustainability				\$ -
	Support for Community Living				
32320	Home health aide				\$ -
32325	Respite	\$ 43,184	\$ 5,440		\$ 48,624
32328	Home & vehicle modifications				\$ -
32329	Supported community living	\$ 142,453	\$ 17,811		\$ 160,265
42329	Intensive residential services	\$			\$ 31,667
	Support for Employment				
50362	Prevocational services				\$ -
50364	Job development				\$ -
50367	Day habilitation	\$ 19,226	\$ 14,119		\$ 33,346
50368	Supported employment	\$ 29,832	\$ 63,945		\$ 93,777
50369	Group Supported employment-enclave				\$ -
	Recovery Services				
45323	Family support				\$ -
45366	Peer support				\$ -
	Service Coordination				
21375	Case management				\$ -
24376	Health homes				\$ -
	Sub-Acute Services				
63309	Subacute services-1-5 beds				\$ -
FY 2022 Accrual	CCNIA MHDS Region	MI (40)	ID(42)	Admin (44)	Total
64309	Subacute services-6 and over beds				\$ -
	Core Evidenced Based Treatment				
04422	Education & Training Services - provider competency				\$ -
32396	Supported housing				\$ -
42398	Assertive community treatment (ACT)	\$ 83,884			\$ 83,884
45373	Family psychoeducation				\$ -
	Core Domains Total	\$ 1,296,310	\$ 101,315		\$ 1,397,625
Mandated Services					
46319	Oakdale				\$ -

72319	State resource centers				\$ -
74XXX	Commitment related (except 301)	\$ 206,430			\$ 206,430
75XXX	Mental health advocate	\$ 100,022			\$ 100,022
	Mandated Services Total	\$ 306,452	\$ -		\$ 306,452
Additional Core Domains					
	Justice system-involved services				
25xxx	Coordination services				\$ -
44346	24 hour crisis line*	\$ 7,800			\$ 7,800
44366	Warm line*				\$ -
46305	Mental health services in jails	\$ 160,027			\$ 160,027
46399	Justice system-involved services-other				\$ -
46422	Crisis prevention training	\$ 18,319			\$ 18,319
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	\$ 186,146	\$ -		\$ 186,146
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 **	\$ 191,585			\$ 191,585
	Other Informational Services Total	\$ 191,585	\$ -		\$ 191,585
Community Living Supports					
06399	Academic services				\$ -
22XXX	Services management	\$ 305,758			\$ 305,758
FY 2022 Accrual	CCNIA MHDS Region	MI (40)	ID(42)	Admin (44)	Total
23376	Crisis care coordination				\$ -
23399	Crisis care coordination other	\$ 1,334	\$ 2,000		\$ 3,334
24399	Health home other				\$ -
31XXX	Transportation				\$ -
32321	Chore services				\$ -
32326	Guardian/conservator				\$ -
32327	Representative payee				\$ -
32335	CDAC				\$ -
32399	Other support				\$ -
33330	Mobile meals				\$ -
33340	Rent payments (time limited)	\$ 2,860			\$ 2,860

33345	Ongoing rent subsidy				\$ -
33399	Other basic needs	\$ 28,333			\$ 28,333
41305	Physiological outpatient treatment		\$ 387		\$ 387
41306	Prescription meds	\$ 110	\$ 5		\$ 115
41307	In-home nursing	\$ 9,750			\$ 9,750
41308	Health supplies				\$ -
41399	Other physiological treatment				\$ -
42309	Partial hospitalization				\$ -
42310	Transitional living program				\$ -
42363	Day treatment				\$ -
42396	Community support programs	\$ 75,000			\$ 75,000
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	\$ 13,231			\$ 13,231
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	\$ 436,376	\$ 2,392		\$ 438,768
	Other Congregate Services				
50360	Work services (work activity/sheltered work)				\$ -
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 457,971			\$ 457,971
64XXX	ICF 6 and over beds (64317 & 64318)				\$ -
64329	SCL 6 and over beds				\$ -
64399	Other 6 and over beds				\$ -
FY 2022 Accrual	CCNIA MHDS Region	MI (40)	ID(42)	Admin (44)	Total
	Administration				
11XXX	Direct Administration			\$ 145,477.29	\$ 145,477
12XXX	Purchased Administration			\$ 66,832.39	\$ 66,832
	Administration Total			\$ 212,310	\$ 212,310
	Regional Totals	\$ 2,874,841	\$ 103,706	\$ 212,310	\$ 3,190,857
(45XX-XXX)County Provided Case Management					\$ -

(46XX-XXX)County Provided Services					\$ -
Regional Grand Total					\$ 3,190,857

13951	Distribution to MHDS regional fiscal agent from member county	\$ 2,013,344
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$ -
N/A	Accepted amount to be considered encumbered	\$ 1,884,000

*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 2022 Accrual	CCNIA MHDS Region		
Revenues			
	FY21 Annual Report Ending Fund Balance		\$ 3,225,114
	Adjustment to 6/30/21 Fund Balance		\$ (272,014)
	Audited Ending Fund Balance as of 6/30/21 (Beginning FY22)		\$ 3,497,128
	Local/Regional Funds		\$ 1,640,115
10XX	Property Tax Levied	1,579,652	
12XX	Other County Taxes		
16XX	Utility Tax Replacement Excise Taxes		
25XX	Other Governmental Revenues		

4XXX-5XXX	Charges for Services		
5310	Client Fees	45,801	
60XX	Interest	5,948	
6XXX	Use of Money & Property		
8XXX	Miscellaneous	8,714	
9040	Other Budgetary Funds (Polk Transfer Only)		
	State Funds		\$ 1,005,650.88
21XX	State Tax Credits		
22XX	Other State Replacement Credits		
24XX	State/Federal pass thru Revenue		
2644	State Regional Service Payments	1,005,651	
29XX	Payment in Lieu of taxes		
	Other		
	Other		
	Federal Funds		\$ 549.61
2345	Medicaid		
2347	Other -CARES Act Dollars	550	
	Total Revenues		\$ 2,646,315

Total Funds Available for FY22	\$ 6,143,443
FY22 Actual Regional Expenditures	\$ 3,190,857
Acceptable Encumbrance	\$ 1,844,000
Accrual Fund Balance as of 6/30/22	\$ 1,108,587
Fund Balance %	35%

D. Status of Service Development in FY2022

Care Connections of Northern Iowa started FY 22 with the implementation of numerous contracts and memorandums of understanding going into effect as of July 1, 2021. The additional contracting allows CCNIA regional citizens to have access and choice to service providers that will meet their needs and provide care close to that person's home county. The following contracts/ MOUs went into effect:



MOBILE CRISIS

- Eyerly Ball- Kossuth, Winnebago, and Worth Counties



**CRISIS STABILIZATION
COMMUNITY**

- Serves both Adults and Children

- Eyerly Ball- July 1, 2021 - Kossuth, Winnebago, and Worth Counties
- Seasons Center- April 1, 2022- Osceola, Clay, and Palo Alto Counties



- Zion Integrated Behavioral Health/ Safe Harbor
- North Iowa Regional



**CRISIS STABILIZATION
RESIDENTIAL**

- Zion Integrated Behavioral Based- Adult
- Youth Shelter Services- Mason City & Ames Locations- Children
- Youth Shelter Care of North Central Iowa- Children

Care Connections Regional Encumbrance

Care Connections of Northern Iowa FY 23 Regional Encumbrance Application was approved by the Department of Health and Human Services. This allows the region to encumber \$1,844,000. This will allow for development within FY 23 for two Crisis Stabilization Residential Based beds and two 23-Hour Observation chairs in Clay County with the provider being Seasons Center. CCNIA has also collaborated with Sioux Rivers MHDS Region so that we can share the cost of ongoing services. This regional development will provide crisis services closer to our citizens’ homes. The expected date of opening Seasons Crisis Center would be expected to be in early 2023.

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. Much of FY 22 was a transitional year for Care Connections. This was from a hybrid of both County funds as well as state-appropriated funds for the CCNIA Region.

Care Connections worked with Health and Human Services (HHS formally known as the Department of 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 22 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.

2021:

July

- Mobile Crisis in Kossuth, Winnebago, and Worth Counties goes LIVE!!!
- Crisis Stabilization Community Based Adults & Children in Kossuth, Winnebago, and Worth goes LIVE!!!
- 6 additional crisis services contracts go into effect (see section D- Service Development for complete listings)
- Region approved to start paying commitment fees for children for items such as: attorney, transportation, and assessment fees.
- Supportive contribution to Palo Alto County Provider towards transportation for work services.
- Financial contributions to support Brain health services in Kossuth Schools.
- Financial contribution to respite services for regional children to access.

August:

- The region implemented a respite policy for adults and children.

September-

- RFP approved for 23 Hour Observation, Crisis Stabilization Community Based, Additional Habilitation/ SCL providers.
- Initiate and or update policies such as Residential Care Facility Policy & Basic Needs, and Rental Policies.

October:

- Proposal received from Seasons Center for crisis stabilization community based for Osceola, Clay, and Palo Alto Services

November:

- CCNIA Board discussed crisis stabilization community-based services for Osceola, Clay, and Palo Alto County with further clarification needed on funding.
- CCNIA Workgroup met to discuss fund balance and regional planning.
- CCNIA continues to work with local mental health providers to help with basic needs when appropriate for individuals utilizing brain health services.

December:

- CCNIA Board Approves the Crisis Stabilization Community-Based Proposal from Seasons Center to start April 1, 2022. Start-up funding will start in March 2022.
- Ongoing discussion with Seasons for additional crisis services.

2022:

January:

- Ongoing conversation of strategic planning and financial planning.

- Updates to 28E
- Personnel Contracts created and signed with all member counties.

February:

- Ongoing discussion on Regional Budget planning and strategic endeavors.
- Updated Regional Rent subsidy policy to include an extension of rental payments/ maintenance fees while individuals are pending benefits or employment wages.
- Approved Special Funding Requests for Lakes Partnership School and Crittenton Shelter for therapeutic supplies.

March:

- CCNIA Board reviewed financial workgroup recommendations to utilize the RFP process.
- FY 22 Annual Service and Budget Plan Amendment was presented and approved by CCNIA Governing Board.
- Special Funding Request was approved to support respite and children's therapeutic services through Seasons Center.

April:

- Crisis Stabilization Residential Based started in Osceola, Clay, and Palo Alto Counties!!!
- 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.
- April 6th Counties MHDS Training
- April 27th: Solution Point Training- Introduction to Crisis Cops and Intercept Model for Law Enforcement (see mental health first responder seminar section for more information.)

May:

- HHS Approves Care Connections FY 22 Annual Service and Budget Plan Amendment
- Board approves Seasons Center Crisis Proposal and grants agreement. This proposal will provide two 23 Hour Observation Bed/Chairs as well as two Crisis Stabilization Residential Based Beds in the Spencer location. This is adjacent to Spencer Hospital Emergency Room and Inpatient Unit. The expected opening date would be March-April 2023. *Supply shortages may affect the opening date.*
- Updated internal copayment policies to be client-friendly.
- 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)



June:

- Impact Grants were awarded to twenty-three agencies for funding.
- \$4,166,209 were requested in grant applications.
- \$1,100,037.94 Impact Grant Awarded
- Proposals ranged from \$2,500 to \$234,000
- See Impact Grant Section in the report for further information.

Crisis Stabilization Services:

Crisis Stabilization Residential Services has been available through contracted services in FY 22 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.



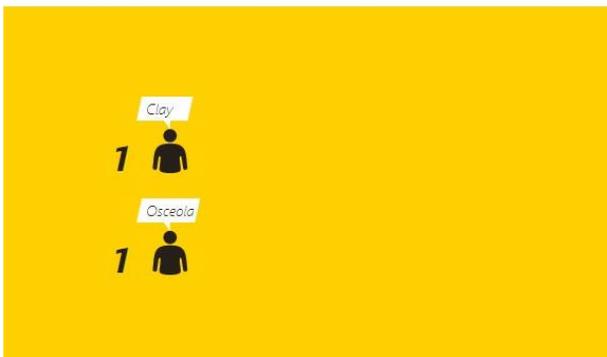
CRISIS STABILIZATION RESIDENTIAL

Throughout FY 22 and during FY 23 planning CCNIA has continued to address the usage of crisis stabilization centers and continues to advocate to see more referrals and acceptances occur for services. It is expected that providers address intake and referrals and continue to work on accepting appropriate individuals to become financially sustainable programs.

CRISIS STABILIZATION- TURNING POINT



CRISIS STABILIZATION- SIOUXLAND



Siouxland Mental Health Unit also had one individual utilize 23 Hour Observation and then utilized crisis stabilization residential-based services throughout FY 22.

Future Development:

An exciting development is that during FY 22 CCNIA has granted Seasons Center for Behavioral Health funds to develop the following:

- 23 Hour Observation (2 slots)
- Crisis Stabilization Residential based (2)

CCNIA was able to encumber dollars to work to the development of the crisis center. Planning and construction will continue to take place in FY 23 with the opening scheduled to occur in Spring 2023. 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 of Northern Iowa FY 22 introduced a new mobile crisis provider to the Region. As of July 1, 2021, Care Connections welcomed Eyerly Ball as a new provider to provide mobile crisis response to Kossuth, Winnebago, and Worth Counties. Seasons Center was maintained as the contracted mobile crisis provider for Osceola, Clay, and Palo Alto Counties.



It should be noted that mobile crisis providers utilize different dispatch models. Seasons Center has its own internal crisis line that is staffed by internal staff. Mobile crisis responders are available to law enforcement, hospital, school, probation officers, and DHS.

Eyerly Ball started on July 1, 2022, with Kossuth, Winnebago, and Worth Counties providing mobile crisis. CCNIA contracts with Foundation 2 Crisis Services for the dispatch and Eyerly Ball's mobile crisis team. Eyerly Ball will dispatch to a person's individual voluntary request for services, and are also available to law enforcement, medical clinics, schools, probation officers, and any community provider.

Seasons Center:

Osceola, Clay, Palo Alto

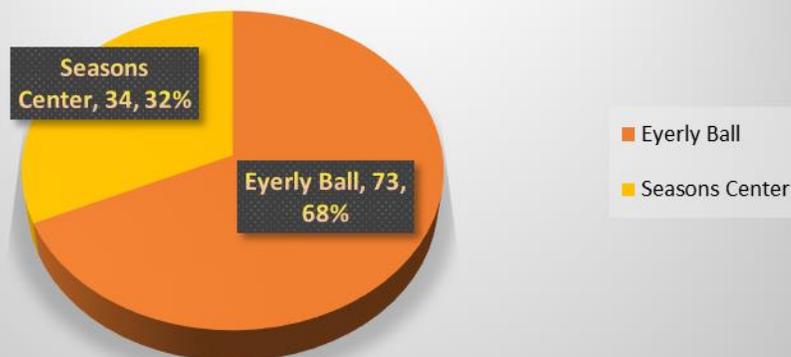
*Population:
30,860*

Eyerly Ball:

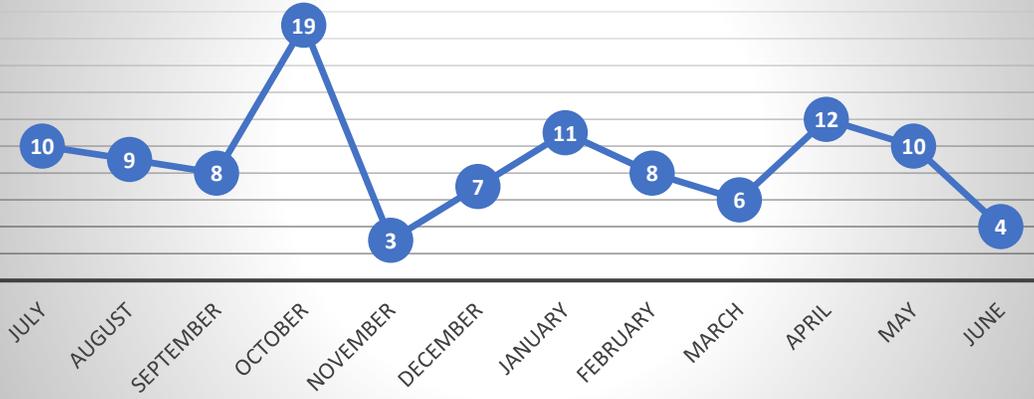
*Kossuth,
Winnebago, Worth*

*Population:
32,548*

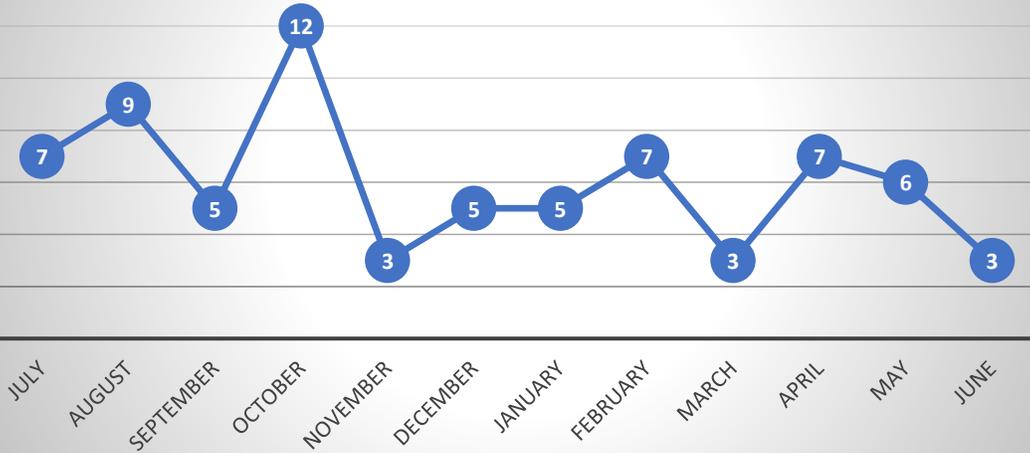
CCNIA FY 22 Mobile Crisis Dispatches



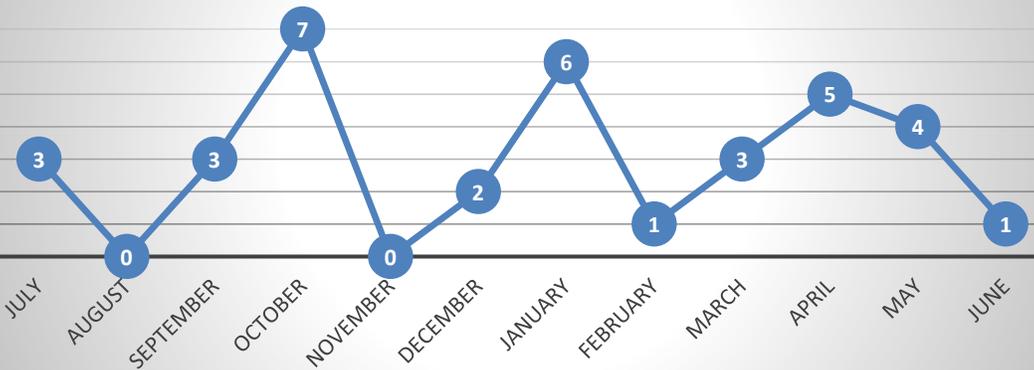
CCNIA Region Mobile Crisis Dispatches



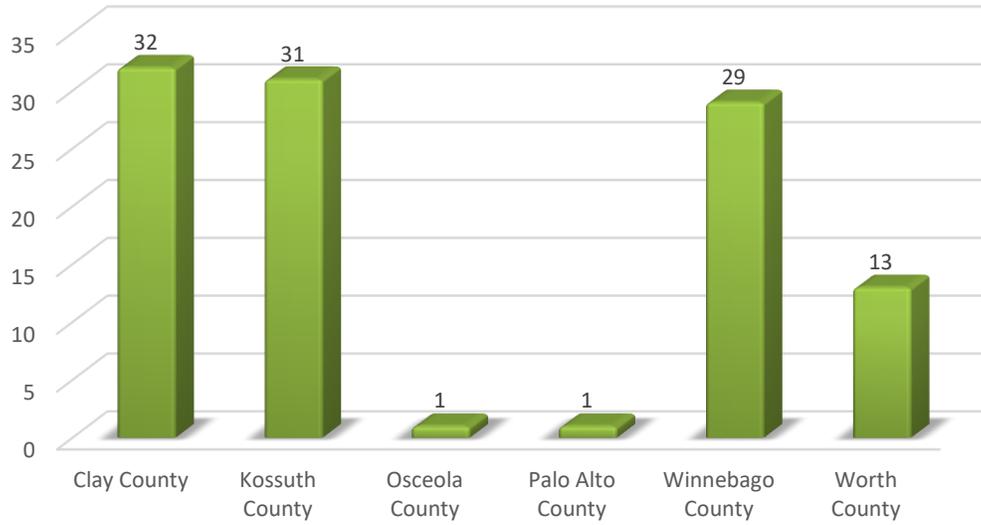
Eyerly Ball Mobile Crisis Dispatch



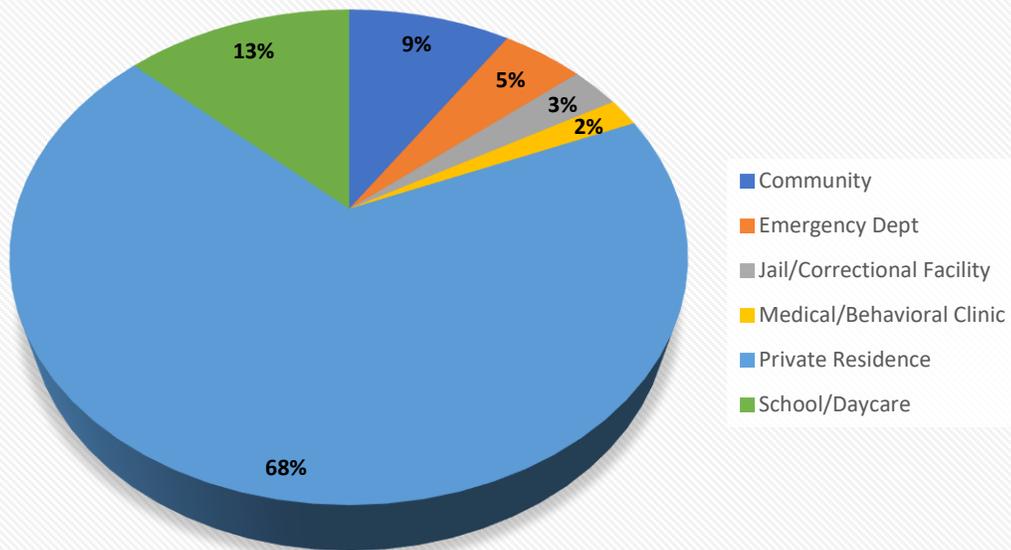
Seasons Center

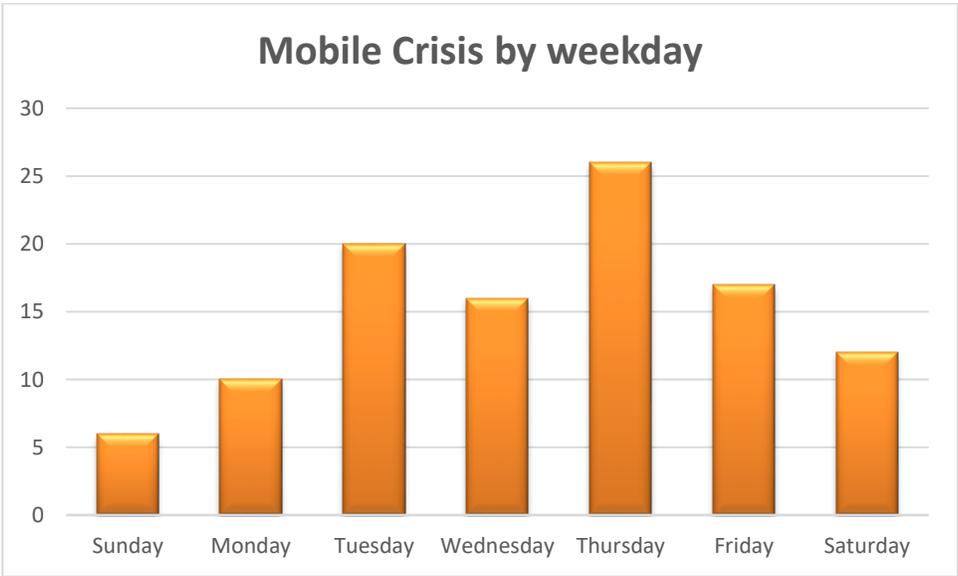
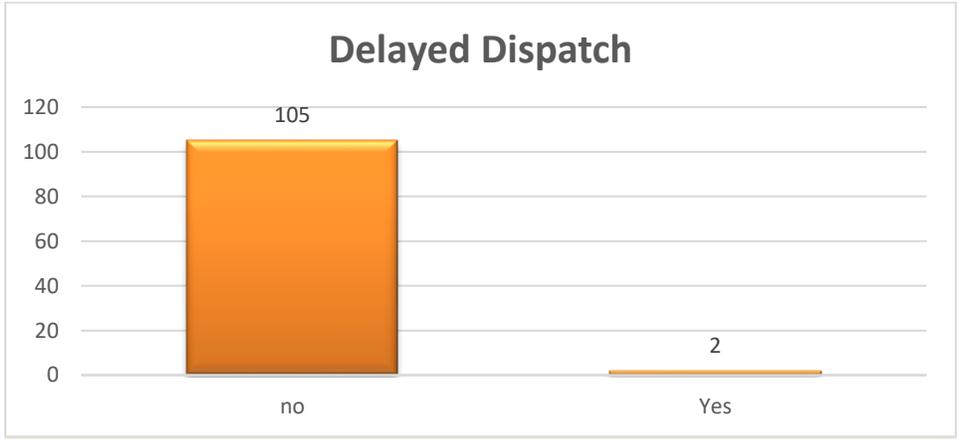
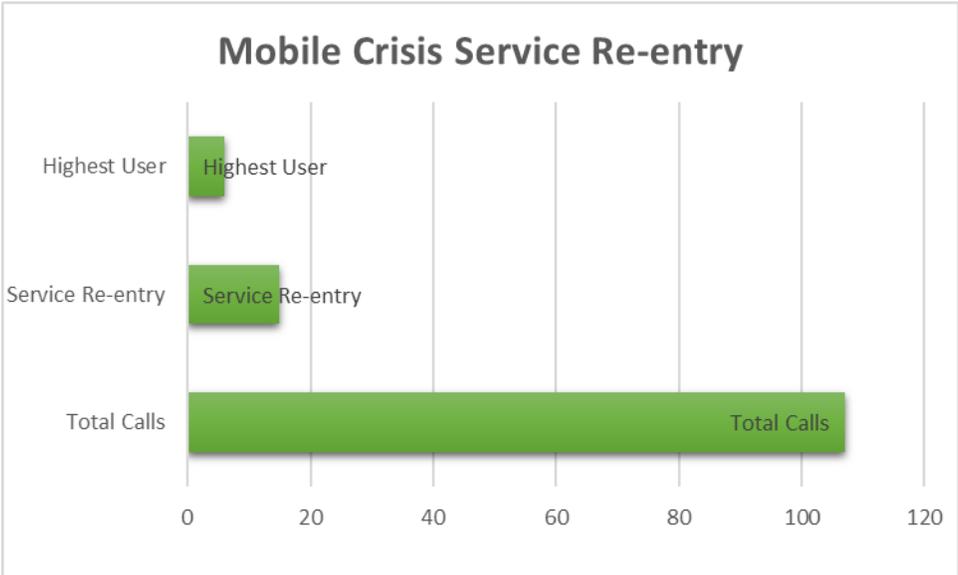


County of Dispatch

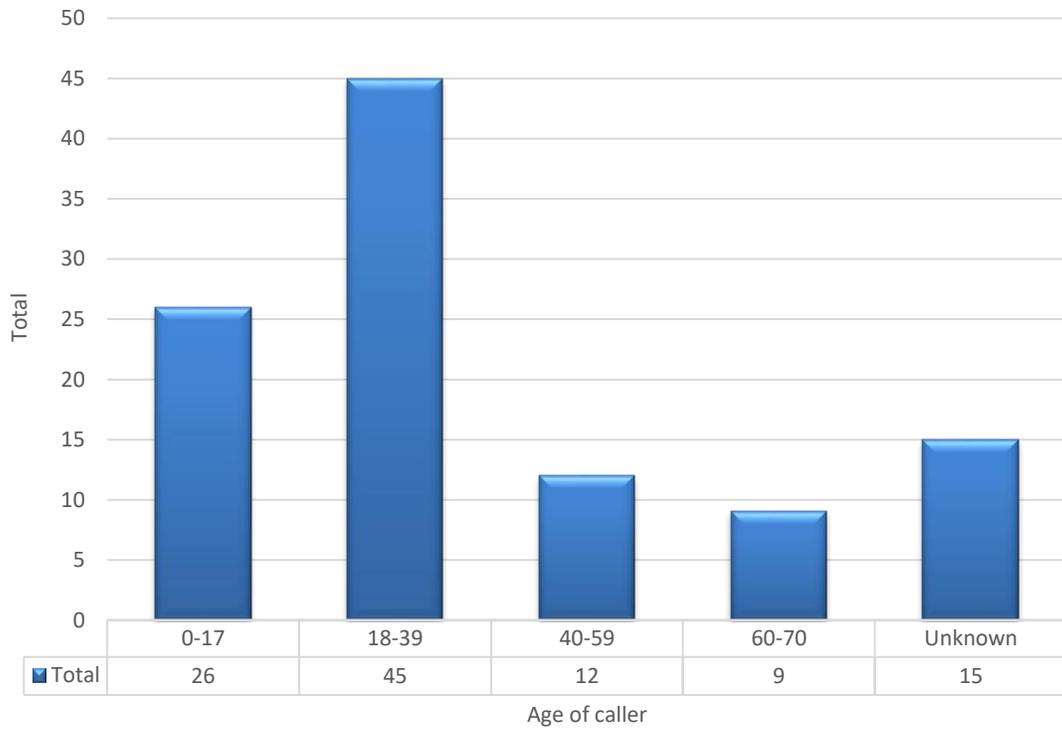


Location of Intervention

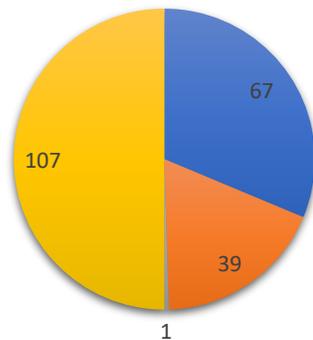




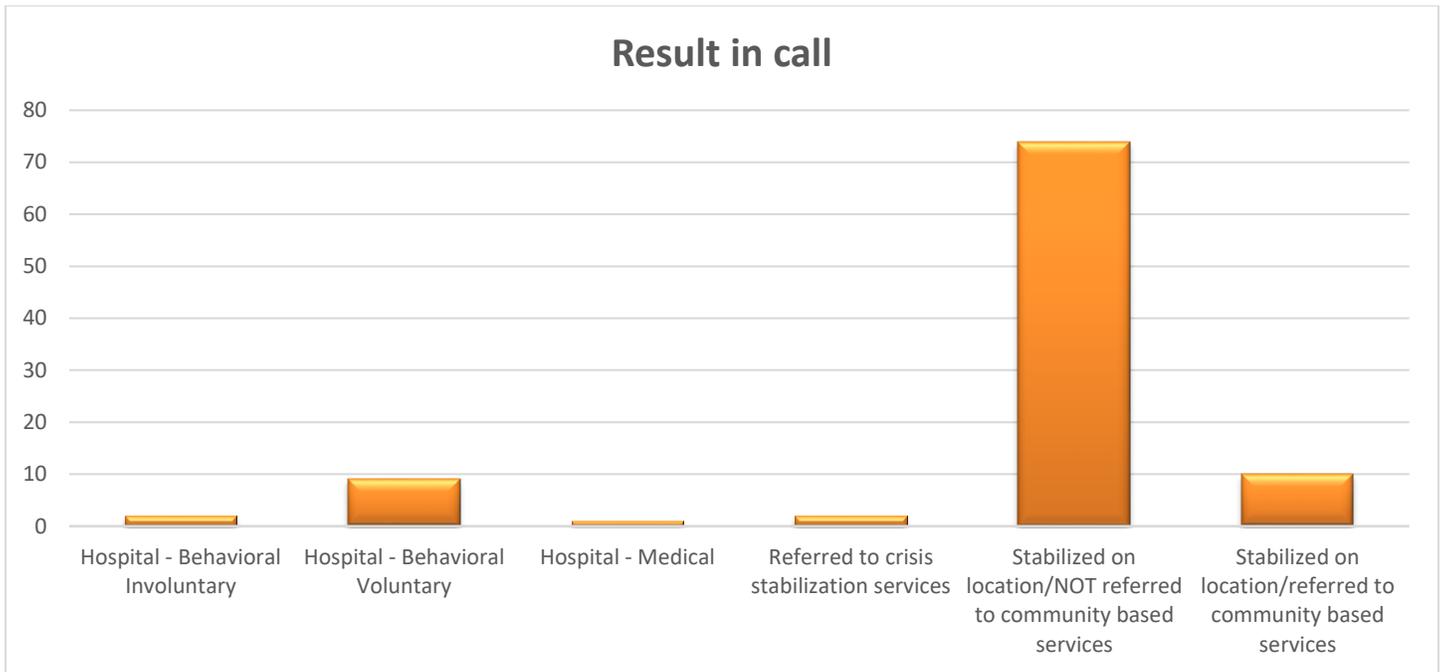
Mobile Crisis Caller Age



Gender Counts



■ Female ■ Male ■ Unknown



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, 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 54% of mobile crisis calls were admitted – 54% 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 my 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 DIVERSION ASSUMPTIONS



Average Daily Inpatient Cost

\$1,328 

Average Length of Stay

5 

Average Total Cost

\$6,642 

Regional Cost

\$190,966 

Potential Cost for Mental Health Inpatient Stay 100%

\$571,229 

Mobile Crisis Team Cost Savings 100%

\$380,263 

54% reported through ITP going to inpatient

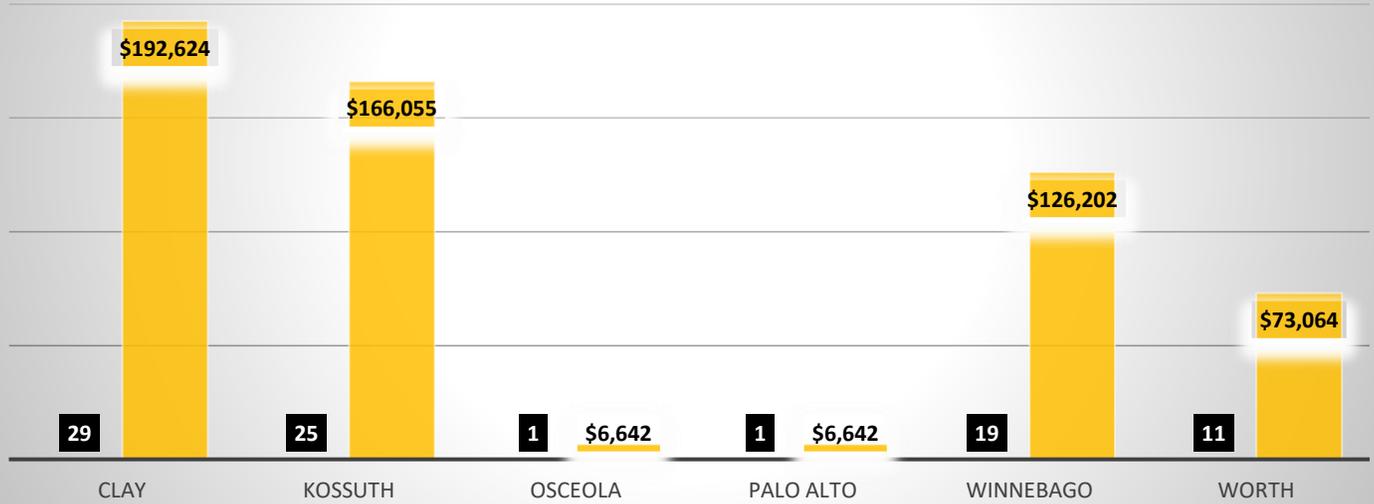
\$308,464 

CCNIA Mobile Crisis Cost Savings using Mobile Crisis

\$117,498 



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.

★★★★★ 4.5 59% cases were rated.

Total Cases	*Total Case Duration
178	04:27 hh:mm
*Response Time	*Placement Time
00:57 hh:mm	02:52 hh:mm

*Median

Demographics Overview

 149
Total Patients

 57
Male

20 repeat patients =
49 cases / 27.5% of total
cases

 92
Female

Adult (18-54)

59.55%

Adolescent (13-17)

25.28%

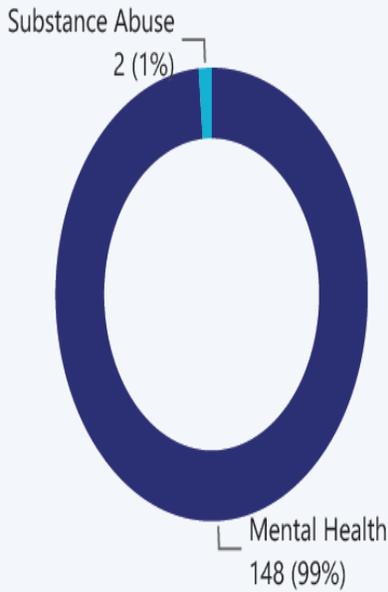
Child (5-12)

8.43%

Geriatric (55+)

6.74%

Case Outcomes

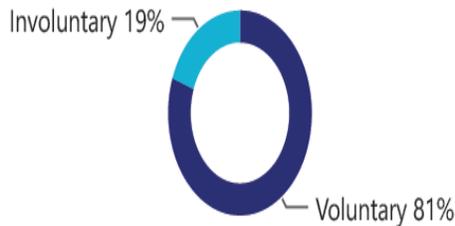


Average Calls per Placement

48

Outcome	% of Cases	# of Cases
Mental Health Inpatient	54%	96
Mental Health Outpatient	29%	52
Discharged Back To Facility	11%	19
Other	2%	4
Crisis Stabilization Unit/Access Center	2%	3
Left AMA	1%	2
Substance Abuse Outpatient	1%	2
Total	100%	178

Following data is based on **66%** of total cases.



● No ● Yes

% with Suicidal Ideations



% with Alcohol in System



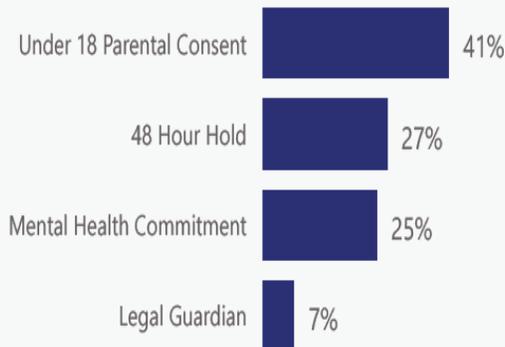
% with Criminal Charges



% with Drugs in System



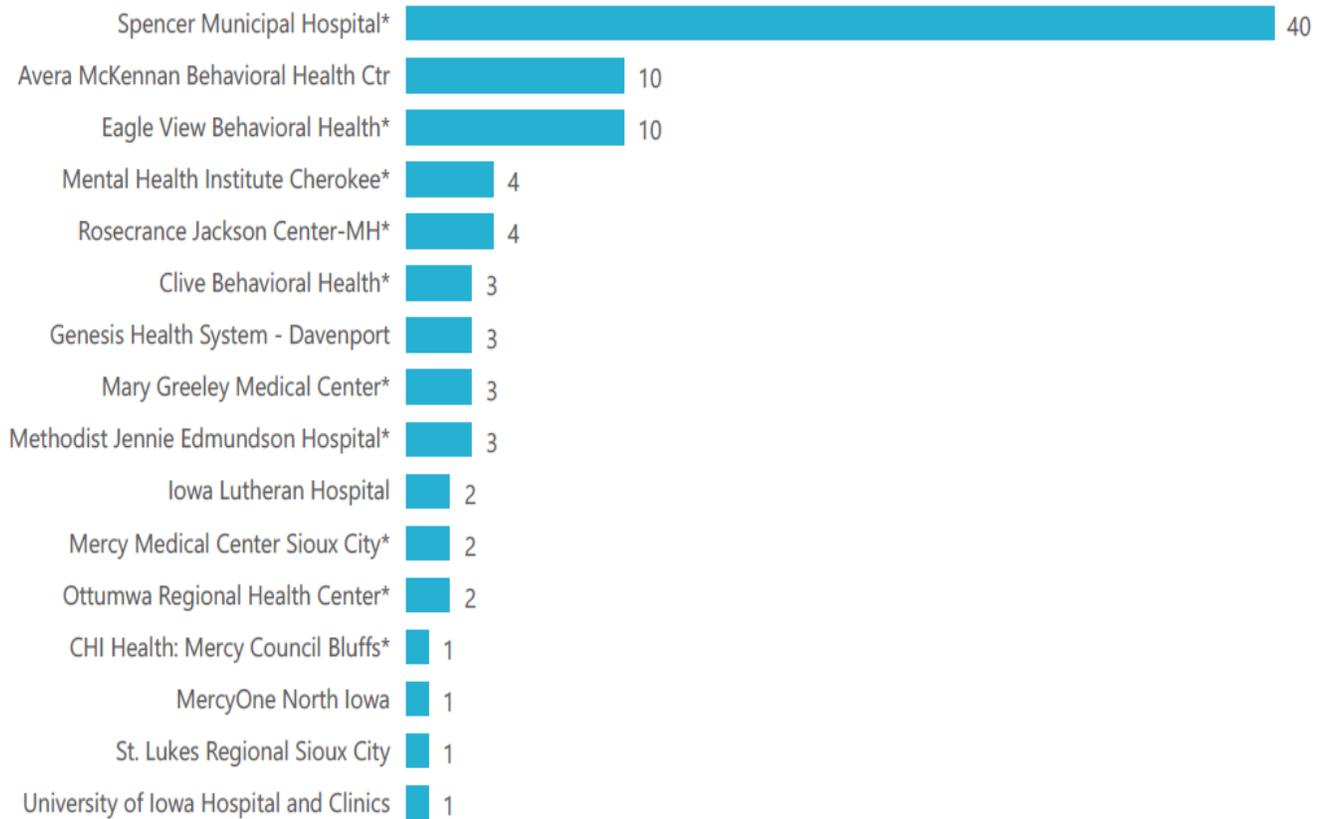
% of Involuntary Patients by Legal Status



Outcome	Mental Health	Other	Substance Abuse
48 Hour Hold	92%	8%	
Legal Guardian	100%		
Mental Health Commitment	82%	18%	
Under 18 Parental Consent	72%	28%	
Voluntary	89%	9%	1%
Total	86%	13%	1%

Source Facility	% of Cases	# of Cases
Spencer Hospital(!)	93%	160
Kossuth Regional Health Center	6%	11
Palo Alto County Health System	1%	1

Accepted Patients by Facility



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, except for Palo Alto County. Palo Alto utilizes Plains Area Mental Health for evaluations and outpatient therapy for inmates as needed. It should be noted that FY 22 has been unique, in that Palo Alto County is building a new jail. This project began in February 2022 and will continue through May 2023. 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**

EVALUATION IN JAILS

76 
ITP Evaluations

7 
Plains Evaluations

FY 22 CCNIA JAIL SERVICES

31,617.96 
Total Cost

83 
total served

\$380.94 
per inmate

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.

FY 22 JAIL MEDICATION



FY 22 JAIL COST BREAKDOWN



Mental Health First Responder Seminar:

Care Connections, in collaboration with all MHDS Regions, has worked to provide additional mental health training for law enforcement officers and first responders in our communities. CCNIA has provided financial contributions by contracting with Solution Point Plus to ensure that during Academy, all officers receive 40 hours of mental health training. In addition, on April 27, 2022, CCNIA brought national speakers Joe Smarro and Jesse Trevino to Algona, to present the Sequential Intercept Model, as well as screen their HBO Documentary: *Crisis Cops*. The purpose was to get law enforcement introduced to the topic in preparation for additional training, which will take place in FY 23 upon the Regional contracted scheduling. There were 38 individuals present at the training, including Law Enforcement officers, first responders, jail administration, the County Board of Supervisors, and County Attorneys. Of those that completed the post-evaluation survey (16), 81% of attendees stated the training was excellent, while the remaining 19% stated it was good.



Individual Placement and Support (IPS) Supported Employment

Care Connections continues to understand and value the importance that employees may have in people's lives. Work is one of the most normalizing goals we can help people achieve today. IPS will continue to do just that by helping people seek and obtain employment. During the past year, the IPS program has been recognized by the U.S. Department of Labor to participate in Advancing State Policy Integration for Recovery and Employment (ASPIRE) initiative. This also assists in aligning state policy and allowing funding for services. CCNIA staff continues to work with Hope Haven staff quarterly to discuss the program, referrals, and outreach.



Carrie was referred to IPS in August 18, 2021. She had not worked for 19 years due to difficulties with anxiety and depression. After meeting with IPS staff it was noted that she would benefit from a job that had a flexible schedule to allow her to attend her therapy appointments. She completed a career profile indicating that she would like to work with animals or in customer service. Job applications were filled out for both types of work. She started working in customer service on September 3, 2021. Since starting her job, it has been noted that she has gained a great deal more confidence in herself. She has shared with staff that she had completed a survey of her mental health and graded it better than ever. She is feeling much more positive, and staff have worked with her to get a second job that is closer to her home. Overall, Carrie continues to perform well, overcoming her anxiety in the workplace. Over the year she has reached the outcomes for 45 and 90 days of successful employment.

Early on she lacked confidence but continues to get stronger with each passing month.

IPS FY 22 OUTCOMES



Impact Grant

Care Connections of Northern Iowa provided grant funding during FY 22: 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.



Care Connections Impact Grant Workgroup met several times to review applications and to recommend award amounts. During the June regional governing Board meeting, 23 agencies were awarded funding. CCNIA awarded \$1,100,037.94 in funding. Care Connections received requests totaling \$4,166,209.

Care Connections has requested Grant outcome reports; however, they will be due on 6/30/2023, so outcome data is not available at this time.

Name/ Agency	Purpose:	Amount:
Atlas Spencer	Housing assistance, mentorship resources, food assistance	\$ 5,500.00
Catholic Charities, Spencer	Therapy start-up and supplies	\$ 30,000.00
Clay County General Relief	Project Alert Kits- emergency response kits	\$ 2,523.00
Community Housing Services	Crisis Prevention Training	\$ 10,294.00
Northwest Iowa Counseling	Expand services. Facility improvements	\$ 13,131.00
Osceola Hospital	Facility renovation/start-up for providers	\$ 50,000.00
Plains Area MH Center	EMDR Training/ supplies for therapy	\$ 17,855.12
Hope Haven	Housing/ Remodel costs, Training for staff	\$ 98,418.00
Algona Police Dept	Community/ Law enforcement MH Liaison	\$ 128,409.00
Classroom Clinic	Telehealth contracts/ Services School- East	\$ 92,000.00
Central Iowa Detention 2	Secure transport vehicle, staff training	\$ 35,000.00
Clay County Conservation	Learning Center sensory/ handicapped access	\$ 10,000.00
UDMO	Access-Paving- Palo Alto Office	\$ 10,000.00
ISU extension	Facility Improvement- conference room for training	\$ 10,000.00
Crittenton Center	therapy materials	\$ 20,000.00
Prairie Ridge Behavioral Health	Child Psychiatrist, salary- advertising	\$ 234,457.82
Spencer Hospital	MHU Remodel	\$ 50,000.00
Eyerly Ball	Community Training	\$ 12,450.00
Kossuth County EMS	Transportation vehicles for MH patients	\$ 70,000.00
Sibley Ambulance	Transportation vehicles for patients	\$ 60,000.00
Clay Navigator Position	Behavioral Health Community Liaison	\$ 100,000.00
Palo Alto Zero Suicide	Teacher Mental Health Resources Kits	\$ 40,000.00
Total		\$ 1,100,037.94

DHS/ CCNIA Regional Contract

Effective January 1, 2022, CCNIA and Health and Human Services entered into a performance-based contract. This was the result of SF 619, which changes the funding allocation for MHDS Regions from a county property tax levy to a state appropriation to the MHDS Regions. 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 has worked with Seasons Center to be a pilot for crisis data tracking to provide input and feedback before rolling out the crisis data sheets statewide effective January 1, 2023. 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:

During FY 22 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 22. It marked a year of mutual collaboration with multiple other regions as well as HHS. Data Analytics and Evidence-Based Service workgroups throughout the year created multiple collaborations and connections and worked towards the integration of services and streamlining the way that data is reported. Care Connections will continue to work towards our mission to support improved behavioral healthcare through local resources to promote full citizenship for people with mental illness and intellectual disabilities.

Thank you for the time to read the Care Connections of Northern Iowa FY 22 Annual Report. If you have any questions they may be directed to:

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P: 712.264.3945 E: mloehr@ccnia.org

