

# POLK COUNTY MENTAL HEALTH AND DISABILITY SERVICES REGION



## FY22 ANNUAL REPORT

**TO BE SUBMITTED  
12/01/2022**

**GEOGRAPHIC AREA: Polk County**

**APPROVED BY JOINT ADVISORY COMMITTEE: 10/18/2022**

**APPROVED BY GOVERNING BOARD: 11/09/2022**

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## Introduction

Polk County, Iowa is exempt from the requirement to enter into a regional service system with other counties. Polk County has created its own stand-alone Mental Health and Disability Service (MHDS) Region. Polk County, Iowa has further created the Polk County Region Governing Board to fulfill all the requirements of chapters 331, 222, 225, 225C, 226, 227, 229 and 230. The Annual Service and Budget Plan 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 FY 2021/2022 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 specific regional outcomes for the year.

The Polk County Mental Health and Disability Services Region is governed by the Polk County Region Governing Board and guided by, an Adult Advisory Committee, a Children's Advisory Committee and a Joint Advisory Committee.

## Polk County Region Governing Board

<u>Member</u>	<u>Representing</u>	<u>Voting Member</u>
Bob Brownell	Polk County Board of Supervisors	Yes
Angela Connolly	Polk County Board of Supervisors	Yes
Tom Hockensmith	Polk County Board of Supervisors	Yes
Matt McCoy	Polk County Board of Supervisors	Yes
Steve Van Oort	Polk County Board of Supervisors	Yes
Margaret (Mardi) Deluhrey	Adults/Actively Involved Relatives of an Adult who Utilizes Mental Health and Disability Services	Yes
Nikki Syverson	Parents/Actively Involved Relatives of a Child who Utilizes Children's Behavioral Health Services	Yes
Jadie Boens	The Regional Education System	Yes
Steve Johnson	Regional MHDS Adult Service Providers	No
Christina Smith	Regional MHDS Children's Behavioral Health Service Providers	No
Sgt. Lorna Garcia	Law Enforcement	Yes

## Region Adult Advisory Committee

<u>Member</u>	<u>Representing</u>
Mardi Deluhery	Actively involved relative of an individual who utilizes services
Paula Connolly	Actively involved relative of an individual who utilizes services
Erika Smith, LISW, LLC	Adult mental health/disability service provider
Pat Rogness, Children and Families of Iowa	Adult mental health/disability service provider
Michelle Fron, Mosaic	Adult mental health/disability service provider
Angela Wacker, Community Support Advocates	Adult mental health/disability service provider
Jeff Johannsen, Broadlawns Medical Center	Adult mental health/disability service provider
Melissa Howard, UCS Healthcare	Adult mental health/disability service provider
Maggie Wood, 5 <sup>th</sup> Judicial	Community Corrections
Angela Connolly	Polk County Board of Supervisors

## Region Children's Advisory Committee

<u>Member</u>	<u>Representing</u>
Crystal Loving, Parent	Parents/Actively Involved Relatives of a Child who Utilizes Children's Behavioral Health Services
Jadie Boens, Heartland AEA	The Education System
Joshua Lundahl, LISW	The Education System
Jennifer Schreck, Orchard Place	Child Welfare Advocates
Leenu Mishra, MD, Blank Children's Psychiatry	Children's Behavioral Health Service Providers
Christine Burkhart, Juvenile Court Services	The Juvenile Court System
Ken McCann, DO FAAP, Blank Children's STAR Center	Pediatricians
Joanna Haggerty, Iowa Association for the Education of Young Children	Child Care Providers
Corey Schneden, Ankeny Police Department	Local Law Enforcement
Robert Brownell	Polk County Board of Supervisors

## 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 Accrual	Polk County MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Total
<b>Core Domains</b>						
<b>COA</b>	<b>Treatment</b>					
42305	Mental health outpatient therapy **	188				188
42306	Medication prescribing & management **	96				96
43301	Assessment, evaluation, and early identification **	158				158
71319	Mental health inpatient therapy-MHI	12				12
73319	Mental health inpatient therapy **	1				1
<b>Crisis Services</b>						
32322	Personal emergency response system			4		4
44301	Crisis evaluation					0
44302	23 hour crisis observation & holding	604				604
44305	24 hour access to crisis response					0
44307	Mobile response **	1624				1624
44312	Crisis Stabilization community-based services **	5				5
44313	Crisis Stabilization residential services **	60				60
44396	Access Centers: start-up / sustainability					0
<b>Support for Community Living</b>						
32320	Home health aide	71				71
32325	Respite			1		1
32328	Home & vehicle modifications					0
32329	Supported community living	738	19	203		960
42329	Intensive residential services					0
<b>Support for Employment</b>						
50362	Prevocational services		9	2		11
50364	Job development			16		16
50367	Day habilitation	5		5		10
50368	Supported employment	61	56	81		198
50369	Group Supported employment-enclave					0
<b>Recovery Services</b>						
45323	Family support	14				14
45366	Peer support					0
<b>Service Coordination</b>						
21375	Case management		1	1		2
24376	Health homes	998				998
<b>Sub-Acute Services</b>						
63309	Subacute services-1-5 beds					0
64309	Subacute services-6 and over beds					0
<b>Core Evidenced Based Treatment</b>						

04422	Education & Training Services - provider competency					0
32396	Supported housing	411	4	7		422
42398	Assertive community treatment (ACT)	87				87
45373	Family psychoeducation					0
	<b>Core Domains Total</b>	<b>5133</b>	<b>89</b>	<b>320</b>	<b>0</b>	<b>5542</b>
<b>Mandated Services</b>						
46319	Oakdale					0
72319	State resource centers					0
74XXX	Commitment related (except 301)	589	6	1		596
75XXX	Mental health advocate	672				672
	<b>Mandated Services Total</b>	<b>1261</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>1268</b>
<b>Additional Core Domains</b>						
	<b>Justice system-involved services</b>					
25xxx	Coordination services	893				893
44346	24 hour crisis line*					0
44366	Warm line*					0
46305	Mental health services in jails	1				1
46399	Justice system-involved services-other					0
46422	Crisis prevention training	1				1
46425	Mental health court related costs					0
74301	Civil commitment prescreening evaluation					0
	<b>Additional Core Evidenced based treatment</b>					
42366	Peer self-help drop-in centers					0
42397	Psychiatric rehabilitation (IPR)					0
	<b>Additional Core Domains Total</b>	<b>895</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>895</b>
<b>Other Informational Services</b>						
03371	Information & referral					0
04372	Planning, consultation &/or early intervention (client related) **					0
04377	Provider Incentive Payment					0
04399	Consultation Other					0
04429	Planning and Management Consultants (non-client related)					0
05373	Public education, prevention and education **					0
	<b>Other Informational Services Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Community Living Supports</b>						
06399	Academic services					0
22XXX	Services management	364	126	323		813
23376	Crisis care coordination	275				275
23399	Crisis care coordination other					0
24399	Health home other					0
31XXX	Transportation	168				168
32321	Chore services					0
32326	Guardian/conservator	13	1			14
32327	Representative payee	89				89
32335	CDAC	5		5		10
32399	Other support	1		2		3
33330	Mobile meals	68				68
33340	Rent payments (time limited)					0
33345	Ongoing rent subsidy	175				175
33399	Other basic needs	185				185

41305	Physiological outpatient treatment					0
41306	Prescription meds					0
41307	In-home nursing					0
41308	Health supplies					0
41399	Other physiological treatment					0
42309	Partial hospitalization					0
42310	Transitional living program	72				72
42363	Day treatment					0
42396	Community support programs					0
42399	Other psychotherapeutic treatment					0
43399	Other non-crisis evaluation					0
44304	Emergency care					0
44399	Other crisis services					0
45399	Other family & peer support					0
46306	Psychiatric medications in jail					0
50361	Vocational skills training	8	6	1		15
50365	Supported education	3	4	16		23
50399	Other vocational & day services					0
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	34				34
63XXX	ICF 1-5 beds (63317 & 63318)	1				1
63329	SCL 1-5 beds					0
63399	Other 1-5 beds					0
	<b>Community Living Supports</b>	<b>1461</b>	<b>137</b>	<b>347</b>	<b>0</b>	<b>1945</b>
<b>Other Congregate Services</b>						
50360	Work services (work activity/sheltered work)					0
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	34				34
64XXX	ICF 6 and over beds (64317 & 64318)	1				1
64329	SCL 6 and over beds					0
64399	Other 6 and over beds					0
	<b>Other Congregate Services Total</b>	<b>35</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>

FY 2022 Accrual	Polk County MHDS Region (Children Served)	MI (40)	ID(42)	DD(43)	BI (47)	Total
<b>Core Domains</b>						
<b>COA</b>	<b>Crisis Services</b>					
44302	23 hour crisis observation & holding	1				1
44312	Crisis Stabilization community-based services **	65				65
44313	Crisis Stabilization residential services **	44				44
	<b>Core Domains Total</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>110</b>
<b>Community Living Supports</b>						
22XXX	Services management	1	1			2
23376	Crisis care coordination	1				1
	<b>Community Living Supports</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>
	<b>Regional Totals</b>	<b>111</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>113</b>

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

DISABILITY GROUP	Children	Adults	Unduplicated Total
Mental Illness	67	3,364	3,431
Intellectual Disabilities	1	188	189
Other Developmental Disabilities	1	335	336
Total	69	3,887	3,956

## **B. Regionally Designated Intensive Mental Health Services**

The region has designated Broadlawns Medical Center as the Regional Access Center to meet and coordinate the requirements according to IAC 441—25.6(1). The purpose of intensive mental health services is to provide a continuum of services and supports to adults with complex mental health and multi-occurring conditions who need a high level of intensive and specialized support to attain stability in health, housing, and employment and to work toward recovery in a coordinated manner in one or more locations. Immediate intake and assessment are ensured through the established process and collaboration between providers. Broadlawns Crisis Observation Center nursing staff administer physical health care, if an urgent medical need is identified, the individual is taken to the onsite emergency department. Care coordinators are part of the team and coordinate on-going social and behavioral health needs. Peer support is accessed through the Broadlawns integrated health home and integrated service agency. Substance abuse assessments are completed onsite by Broadlawns behavioral health staff when needed immediately. Otherwise, a referral is made to New Connections. The same assessment is used by all providers. If sub-acute services through Community Health Centers of Southern Iowa are utilized, substance abuse assessments are provided through their Access Center.

Date Designated	Provider	Access Center Service	Location	Contact Information
11/09/2021	Broadlawns Medical Center (accreditation pending)	Crisis Stabilization Residential Services	1212 E. McKinley, Des Moines, IA 50315	Tele: (515) 282-8125
11/09/2021	Community Health Centers of Southern Iowa	Sub-Acute	Osceola Access Center 219 W Washington St. Osceola, IA 50213	Tele: (641) 342-1742
11/09/2021	Employee and Family Resources	Substance Use Treatment	505 5th Avenue Des Moines, IA 50309	Tele: (800) 327-4692

The Polk County Region has designated the following **Assertive Community Treatment (ACT)** teams which have been evaluated for program fidelity, including a peer review as required by sub rule 25.6(2), and documentation of each team's most recent fidelity score. While the services are available, programs need updated Fidelity Assessments completed to be in compliance.

Date Designated	ACT Teams	Fidelity Score
11/09/2021	Eyerly Ball Psychiatric Assertive Community Treatment (PACT), Des Moines	Needs updated
11/09/2021	Eyerly Ball Forensic Assertive Community Treatment (FACT), Des Moines	Needs updated

The Polk County Region has designated the following **Subacute** service provider(s) which will need to meet the criteria and be licensed by the Department of Inspections and Appeals.

<u>Date Designated</u>	<u>Subacute</u>
11/09/2021	Osceola Access Center – Community Health Centers of Southern Iowa, Osceola
11/09/2021	Broadlawns Medical Center, Des Moines

The Polk County Region continues to work toward designating an **Intensive Residential Service** provider(s) 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 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.

<u>Date Designated</u>	<u>Intensive Residential Services</u>
Goal of 1/1/2023	Candeo, Polk County, intensive residential licensure is needed.

## C. Financials

### Table C. Expenditures

Of note, the Polk County MHDS Region is the funder of last resort. This means Polk County utilizes all federal government funding including Medicaid funding, third-party payment sources, and other nongovernmental funding prior to using regional service payments.

FY 2022 Accrual	Polk County MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
<b>Core Domains</b>							
<b>COA</b>	<b>Treatment</b>						
42305	Mental health outpatient therapy **	\$104,646					\$104,646
42306	Medication prescribing & management **	\$15,629					\$15,629
43301	Assessment, evaluation, and early identification **	\$23,373					\$23,373
71319	Mental health inpatient therapy-MHI	\$537,264					\$537,264
73319	Mental health inpatient therapy **	\$191					\$191
	<b>Crisis Services</b>						
32322	Personal emergency response system			\$1,212			\$1,212
44301	Crisis evaluation						\$-
44302	23 hour crisis observation & holding	\$758,701					\$758,701
44305	24 hour access to crisis response						\$-
44307	Mobile response **	\$533,900					\$533,900
44312	Crisis Stabilization community-based services **	\$86,513					\$86,513
44313	Crisis Stabilization residential services **	\$2,233,509					\$2,233,509
44396	Access Centers: start-up / sustainability						\$-
	<b>Support for Community Living</b>						
32320	Home health aide	\$223,563					\$223,563
32325	Respite			\$11,946			\$11,946
32328	Home & vehicle modifications						\$-
32329	Supported community living	\$8,802,811	\$381,087	\$2,730,168			\$11,914,066
42329	Intensive residential services						\$-
	<b>Support for Employment</b>						
50362	Prevocational services		\$3,200	\$700			\$3,900
50364	Job development			\$15,446			\$15,446
50367	Day habilitation	\$3,629		\$3,725			\$7,354
50368	Supported employment	\$518,766	\$6,608	\$103,279			\$628,653
50369	Group Supported employment-enclave						\$-
	<b>Recovery Services</b>						
45323	Family support	\$540,851					\$540,851
45366	Peer support						\$-

	<b>Service Coordination</b>						
21375	Case management		\$4,264	\$388			\$4,651
24376	Health homes	\$257,972					\$257,972
	<b>Sub-Acute Services</b>						
63309	Subacute services-1-5 beds						\$-
64309	Subacute services-6 and over beds						\$-
	<b>Core Evidenced Based Treatment</b>						
04422	Education & Training Services - provider competency	\$95,154					\$95,154
32396	Supported housing	\$1,474,466	\$1,568	\$14,946			\$1,490,980
42398	Assertive community treatment (ACT)	\$587,215					\$587,215
45373	Family psychoeducation						\$-
	<b>Core Domains Total</b>	<b>\$16,798,153</b>	<b>\$396,726</b>	<b>\$2,881,810</b>	<b>\$-</b>		<b>\$20,076,689</b>
	<b>Mandated Services</b>						
46319	Oakdale						\$-
72319	State resource centers						\$-
74XXX	Commitment related (except 301)	\$106,054	\$829	\$198			\$107,082
75XXX	Mental health advocate	\$163,659					\$163,659
	<b>Mandated Services Total</b>	<b>\$269,714</b>	<b>\$829</b>	<b>\$198</b>	<b>\$-</b>		<b>\$270,741</b>
	<b>Additional Core Domains</b>						
	<b>Justice system-involved services</b>						
25xxx	Coordination services	\$380,000					\$380,000
44346	24 hour crisis line*						\$-
44366	Warm line*						\$-
46305	Mental health services in jails	\$179,537					\$179,537
46399	Justice system-involved services-other						\$-
46422	Crisis prevention training	\$19,772					\$19,772
46425	Mental health court related costs						\$-
74301	Civil commitment prescreening evaluation						\$-
	<b>Additional Core Evidenced based treatment</b>						
42366	Peer self-help drop-in centers						\$-
42397	Psychiatric rehabilitation (IPR)						\$-
	<b>Additional Core Domains Total</b>	<b>\$579,309</b>	<b>\$-</b>	<b>\$-</b>	<b>\$-</b>		<b>\$579,309</b>
	<b>Other Informational Services</b>						
03371	Information & referral						\$-
04372	Planning, consultation &/or early intervention (client related) **	\$195,807					\$195,807
04377	Provider Incentive Payment						\$-
04399	Consultation Other						\$-
04429	Planning and Management Consultants (non-client related)						\$-
05373	Public education, prevention and education **	\$247,223					\$247,223

	<b>Other Informational Services Total</b>	<b>\$443,030</b>	<b>\$-</b>	<b>\$-</b>	<b>\$-</b>		<b>\$443,030</b>
<b>Community Living Supports</b>							
06399	Academic services						\$-
22XXX	Services management	\$945,316	\$216,408	\$533,180			\$1,694,905
23376	Crisis care coordination	\$357,506	\$1,000				\$358,506
23399	Crisis care coordination other						\$-
24399	Health home other						\$-
31XXX	Transportation	\$726,234					\$726,234
32321	Chore services						\$-
32326	Guardian/conservator	\$37,150	(\$500)				\$36,650
32327	Representative payee	\$77,645					\$77,645
32335	CDAC	\$169,845		\$27,513			\$197,359
32399	Other support	\$70		\$89			\$159
33330	Mobile meals	\$115,404					\$115,404
33340	Rent payments (time limited)						\$-
33345	Ongoing rent subsidy	\$785,541					\$785,541
33399	Other basic needs	\$132,691					\$132,691
41305	Physiological outpatient treatment						\$-
41306	Prescription meds						\$-
41307	In-home nursing						\$-
41308	Health supplies						\$-
41399	Other physiological treatment						\$-
42309	Partial hospitalization						\$-
42310	Transitional living program	\$145,413					\$145,413
42363	Day treatment						\$-
42396	Community support programs						\$-
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						\$-
50361	Vocational skills training	\$13,680	\$16,680	\$1,710			\$32,070
50365	Supported education	\$3,067	\$11,840	\$22,720			\$37,627
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						\$-
	<b>Community Living Supports</b>	<b>\$3,509,563</b>	<b>\$245,428</b>	<b>\$585,213</b>	<b>\$-</b>		<b>\$4,340,204</b>
<b>Other Congregate Services</b>							

50360	Work services (work activity/sheltered work)						\$-
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$1,214,441					\$1,214,441
64XXX	ICF 6 and over beds (64317 & 64318)	\$95,277					\$95,277
64329	SCL 6 and over beds						\$-
64399	Other 6 and over beds						\$-
	<b>Other Congregate Services Total</b>	<b>\$1,309,718</b>	<b>\$-</b>	<b>\$-</b>	<b>\$-</b>		<b>\$1,309,718</b>
<b>Administration</b>							
11XXX	Direct Administration					\$1,920,280	\$1,920,280
12XXX	Purchased Administration					\$100	\$100
	<b>Administration Total</b>					<b>\$1,920,380</b>	<b>\$1,920,380</b>
	<b>Regional Totals</b>	<b>\$22,909,487</b>	<b>\$642,984</b>	<b>\$3,467,221</b>	<b>\$-</b>	<b>\$1,920,380</b>	<b>\$28,940,071</b>
(45XX-XXX)County Provided Case Management							\$-
(46XX-XXX)County Provided Services							\$-
	<b>Regional Grand Total</b>						<b>\$28,940,071</b>

**Table D. Revenues**

FY 2022 Accrual	Polk County MHDS Region		
<b>Revenues</b>			
	<b>FY21 Annual Report Ending Fund Balance</b>		<b>\$9,452,920</b>
	<b>Adjustment to 6/30/21 Fund Balance</b>		
	<b>Audited Ending Fund Balance as of 6/30/21 (Beginning FY22)</b>		<b>\$9,452,920</b>
	<b>Local/Regional Funds</b>		<b>\$11,703,718</b>
10XX	Property Tax Levied	9,703,975.17	
12XX	Other County Taxes	6,377.16	
16XX	Utility Tax Replacement Excise Taxes	251,912.94	
25XX	Other Governmental Revenues	15,806.51	
4XXX-5XXX	Charges for Services		
5310	Client Fees	1,714.23	
60XX	Interest		
6XXX	Use of Money & Property		
8XXX	Miscellaneous	1,723,931.80	
9040	Other Budgetary Funds (Polk Transfer Only)		
	<b>State Funds</b>		<b>\$8,474,741</b>
21XX	State Tax Credits	368,555.54	
22XX	Other State Replacement Credits	332,221.60	
24XX	State/Federal pass thru Revenue		
2644	State Regional Service Payments	7,773,953.43	
29XX	Payment in Lieu of taxes	9.93	
	Other		
	Other		
	<b>Federal Funds</b>		<b>\$-</b>
2345	Medicaid		
	Other		
	<b>Total Revenues</b>		<b>\$20,178,458.31</b>

<b>Total Funds Available for FY22</b>	\$29,631,378.57
<b>FY22 Actual Regional Expenditures</b>	\$28,940,071.20
<b>Accrual Fund Balance as of 6/30/22</b>	\$691,307.37

County	2019 Est. Pop.	FY22 Max Levy	FY2022 Regional Service System Payment	Actual Levy	FY22 Total Dollars
Polk County	490,161	10,362,004	7,773,953	10,362,004	18,135,957

## **D. Status of Service Development in FY2022**

The Polk Region continued to work collaboratively with Broadlawns Medical Center on the development and licensure of an Access Center and facility-based subacute services.

Broadlawns continues to work toward deemed status accreditation for the Facility-Based Crisis Stabilization and Mobile Crisis.

The Polk County Region has two long-standing Assertive Community Treatment (ACT) teams, which will be evaluated for program fidelity. Polk County Regional staff participated in the regional Evidence Practice Group. Polk County Regional staff are participating in an Intensive Residential Service pilot program.

## **Fiscal Year 2022 Year End Status**

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The Polk County Mental Health and Disabilities Services Region will: (a) create a coordinated continuum of preventative and support services for Polk County residents with mental illness, intellectual disabilities, and developmental disabilities; (b) reduce stigma; and (c) increase access to preventative services for all Polk County residents. The Polk County MHDS Region worked with the HHS Department to submit an Annual Service and Budget Plan and corresponding amendments.

### **Strategic Commitment #1: Community Collaboration**

Goal: The Polk County Region will build a healthier community through purposeful communication and collaboration.

#### Strategies & Status:

- Engage with community partners to identify, work towards, and achieve outcomes that ensure the health of the Polk County Community.
  - BHDS Staff continue to join forces with the Heartland AEA, Juvenile Justice, and Early Childhood Iowa. Efforts are ongoing.
- Build a culture that values the power of relationships.
  - The Polk County Positive Behavior Support Network (PBSN) collaborative continues to identify and provide education in best practice service delivery and promote resiliency in staff. The PBSN also hosts quarterly in-person meetings to strengthen inter-agency relationships and connectivity.
  - Implementation of system values continue to be measured by independent outcome evaluations completed by the University of Iowa Law, Health Policy, and Disability Center. Outcome feedback indicates increased difficulty in capturing outcome information due to increased administrative expectations and utilization of out-of-network services. The high-turnover and shortage of direct support staff continue to be constant challenges in educating, implementing, and meeting service delivery expectations.
- Build relationships with community partners to ensure consistency in implementation of supportive environments, values, and philosophies to serve clients.
  - Partnered with Heartland AEA, Iowa Association of Infant and Early Childhood Mental Health in training and promotional materials distribution.
  - During FY22, the focus of evidence-based programs was to ensure the correct evidence-based philosophies were codified. While Polk County implements evidence-based supports, fidelity assessments need to be implemented to ensure program practices are aligned with program outcome results.
- Strengthen partnerships with community-based organizations and provide access to services to underrepresented population in Polk County.

- Minimal progress occurred during FY22 on providing access to underrepresented populations in Polk County. The Region will continue to work on access for non-Medicaid eligible individuals and funded services, with an emphasis on new immigrants and refugees.

## **Strategic Commitment #2: Comprehensive Access to Services**

**Goal:** The Polk County Region will provide service access to meet community needs.

### **Strategies & Status:**

- Identify system gaps and community resources available to fill the identified need.
  - The Public Consulting Group completed a children's needs assessment to identify children's services gap areas.
  - BHDS Staff continued conversations on developing intensive residential and sub-acute core-services in the Polk County Region.
- Implement system protocols ensuring a no wrong door access for those in need.
  - The Region began contracting with EveryStep for children's service coordination to connect individuals entering the behavioral health and disability service system through crisis services access to treatment and ongoing support and navigation to access appropriate services and supports.
  - Public awareness campaigns, training, social media, and promotional materials related to access to crisis, treatment, and on-going services continue to be shared with Polk County community partners and state-wide through regional collaboration.
- Ensure those who access services do so with support from system administrators and providers that allows for understandable navigation, consistency, and appropriate follow-through.
  - In addition to children's service coordination, the Region continues supporting schools in understanding how to access services and supports.
  - Polk County continues to engage and support adults with different abilities and their families with connectivity to services based on individual needs.
- Provide access to a continuum of services and education for all Polk County residents.
  - The Region sponsored virtual or in-person training for over 3,500 individuals including justice-involved, de-escalation, understanding children's behavior, cultural competence, Mental Health First Aid, suicide assessment, self-care, and how emergency services and mental health providers can work together to serve familiar faces.
  - BHDS Staff continue to work collaboratively with Polk County, Behavioral Health and Disability Providers, and other Community Advocates to increase awareness and information on how to access crisis and long-term support services. Collaborative community events included: the HOPE Lutheran Church's children's crisis service access initiative; the MindSpring Golf Tournament; Parent Cafés; and the Community Support Advocates Momentum Integrated Art Program.
- Thoughtfully plan for required core services ensuring desired outcomes are met following implementation.
  - BHDS Staff facilitated conversations with agencies individually and collectively to ensure desired outcomes at agency and system levels.
  - BHDS Staff timely-submitted complete and accurate quarterly reports. Reports confirmed end of the quarter status regarding: core and additional core-service implementation status for children and adults; service access, proximity, and timeliness; status of evidence-based services; trainings sponsored; and provider competency. The Crisis Observation Center, community-based crisis stabilization (child/adult), and facility-based crisis stabilization (child) received accreditation during the year. Unmet access criteria for Crisis Stabilization Residential Services and Mobile Response (Child & Adult) were impacted by delays

in the accreditation process. While access to Intensive Residential Services is unmet. Candeo has been added to the provider meetings with other potential pilot projects. The Polk County MHDS Region currently is implementing a pilot to support individuals with complex behaviors in the community utilizing the Residential Options and Redline processes.

- The children's needs assessment surveyed existing child service providers, pediatricians, and other community stakeholders. The completed environmental scan provides the foundation for identifying and prioritizing children's services in the Region.
- Region Staff worked with the Community Services Network (CSN) staff and Regional Colleagues through a Data Analytics Workgroup to refine capturing crisis service metrics. BHDS Staff participated in data analytics workgroup steering committee meetings and work products.
- The Polk County Region Staff led and participated in Evidence-Based Service discussions and provided recommendations to the Department of Health and Human Services (formerly known as the Department of Human Services).
- BHDS Staff participated in a CEO and HHS workgroup to standardize reporting of administrative costs and use standardized definitions and procedures.
- Region staff also continued discussions with adult service providers to develop Intensive Residential and Sub-Acute services locally in Polk County.
- Work with ISAC, CSN, and Regions to complete phase I of the CSN plan.
  - The Polk County MHDS Region migrated clients, providers, services, rates, funding requests, financial revenues and expenses, as well as client outcomes from the PolkMIS to CSN management information platform. Polk County is now compliant with state code requiring all regions to utilize a single data management information system.

### **Strategic Commitment #3: Education**

**Goal:** The Polk County MHDS Region will provide high quality educational opportunities supporting evidence-based philosophies and practices.

#### **Strategies & Status:**

- Assist community partners in continuous exploration of trauma informed practices leading to trauma responsive systems.
  - The Region collaborated to host several trainings including the Effects of Trauma during the Perinatal Period and Supporting Social Emotional Development for: School Age, Early Adolescence, and Transition Age youth.
- Support organizations in enhancing their own practices and policies through innovative methods and collaboration with other organizations experiencing similar environmental factors.
  - Strategy put on hold.
- Utilize evidence-based training and curricula to enhance understanding and performance of professionals and community members in Polk County.
  - The Polk County Region had representation on all MHDS Regional EBP workgroups, which made recommendations in June, 2022 to HHS and MHDS CEOs on future work to support region competency.

## **Strategic Commitment #4: Prevention Enhancement**

Goal: The Polk County MHDS Region aims to reduce the incidence, prevalence, and recurrence of mental health disorders.

### Strategies & Status:

- Create a space in which varying systems in Polk County can conduct crucial conversations leading to policy alignment and consistency.
  - Conducted the Children's Mental Health Collaborative to facilitate conversation regarding policy alignment and consistency.
- Create a paradigm shift in how the community views mental health overall and recognizes tactics to maintain their own positive mental health and that of their community.
  - Coordinated and sponsored both Regional and Statewide awareness campaigns to decrease stigma.
- Continue to sponsor the Positive Behavior Support Network and explore expanded collaboration with children's system partners.
  - The PBS Network completed a new 3-year strategic plan that includes strategies to engage children's system providers.
- Strengthen coping mechanisms of individuals and the community.
  - The Polk County Region promoted service access through a variety of approaches including providing training, awareness and instructional materials on how to access services, and on-line through website and social media.

## E. Outcomes/Regional Accomplishments in FY2022

The Polk County Region contracts with the University of Iowa Law, Health Policy, and Disability Center to complete an independent evaluation of coordination (Integrated Service Agencies, Forensic Assertive Community Treatment, Knowledge Empowers Youth, and Integrated Health Home/Service Coordination), Community Living, and Community Employment.

### Integrated Services Agencies (ISAs)

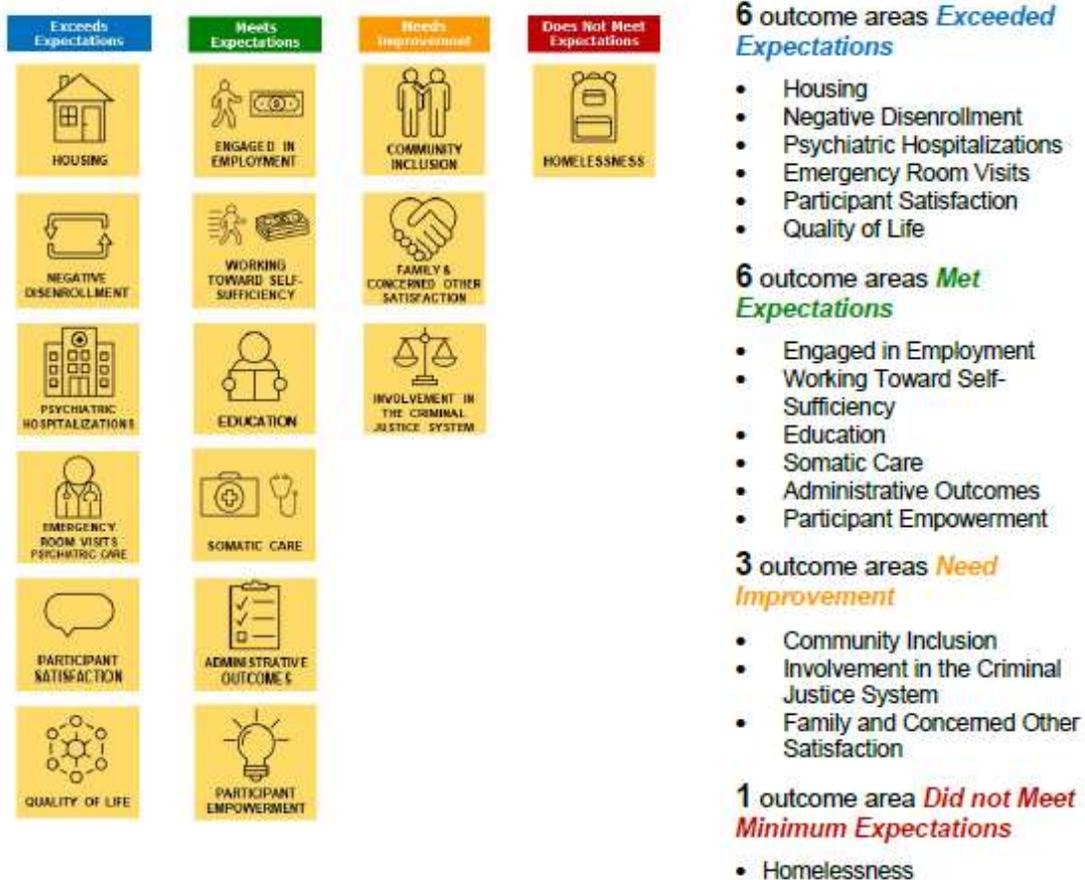
#### Integrated Services Evaluation Results Summary

This is a report on the findings of the independent evaluation of the Polk County Region Integrated Services Program from July 1, 2021, through June 30, 2022. The four integrated service agency (ISA) programs evaluated are Broadlawns Medical Center (PATH), Eyerly Ball, Community Support Advocates (CSA) and Easterseals (AIM Program).

The Integrated Services program consists of the four Integrated Service Agencies (ISA) as well as the Polk County Region and Polk County Health Services, where all share risk and are vested in the program's success.

In 2022, the ISA System *Met* or *Exceeded Expectations* in 12 of 16 outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2022 Performance ISA System Averages



# Forensic Assertive Community Treatment (FACT)

In 2022, the FACT program *Met* or *Exceeded Expectations* in 11 of 16 outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2022 Performance FACT Program Averages



## 8 outcome areas *Exceeded Expectations*

- Housing
- Emergency Room Visits
- Participant Satisfaction
- Quality of Life
- Working Toward Self-Sufficiency
- Community Inclusion
- Involvement in the Criminal Justice System
- Administrative Outcomes

## 3 outcome areas *Met Expectations*

- Engaged in Employment
- Education
- Psychiatric Hospitalizations

## 2 outcome areas *Need Improvement*

- Somatic Care
- Negative Disenrollment

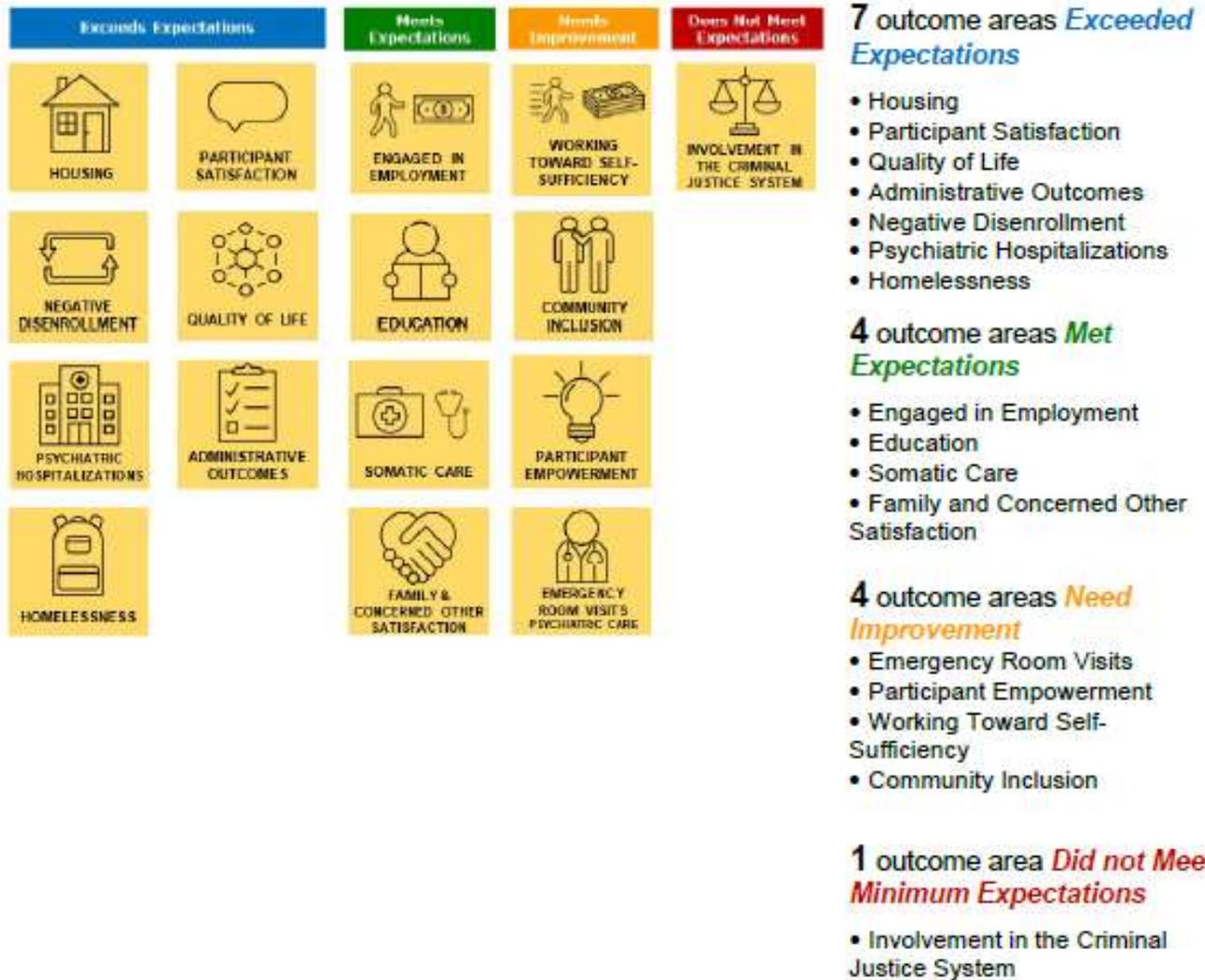
## 3 outcome areas *Did not Meet Minimum Expectations*

- Homelessness
- Participant Empowerment
- Family and Concerned Other Satisfaction

# Knowledge Empowers Youth (KEY)

In 2022, the KEY program *Met* or *Exceeded Expectations* in 11 of 16 outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2022 Performance KEY Program Averages



## Coordination Services Evaluation Results Summary

This is a report on the findings of the independent evaluation of the Polk County Region Integrated Health Home and Service Coordination Programs from July 1, 2021, through June 30, 2022. The Coordination Services program consists of the three Integrated Health Home (IHH) and Service Coordination (SC) agencies, namely, Broadlawns Medical Center, Community Support Advocates (CSA), and Eyerly Ball.

In 2022, the IHH-SC System *Met or Exceeded Expectations* in 11 of 17 outcome areas. Figure 1 shows each outcome area by performance.

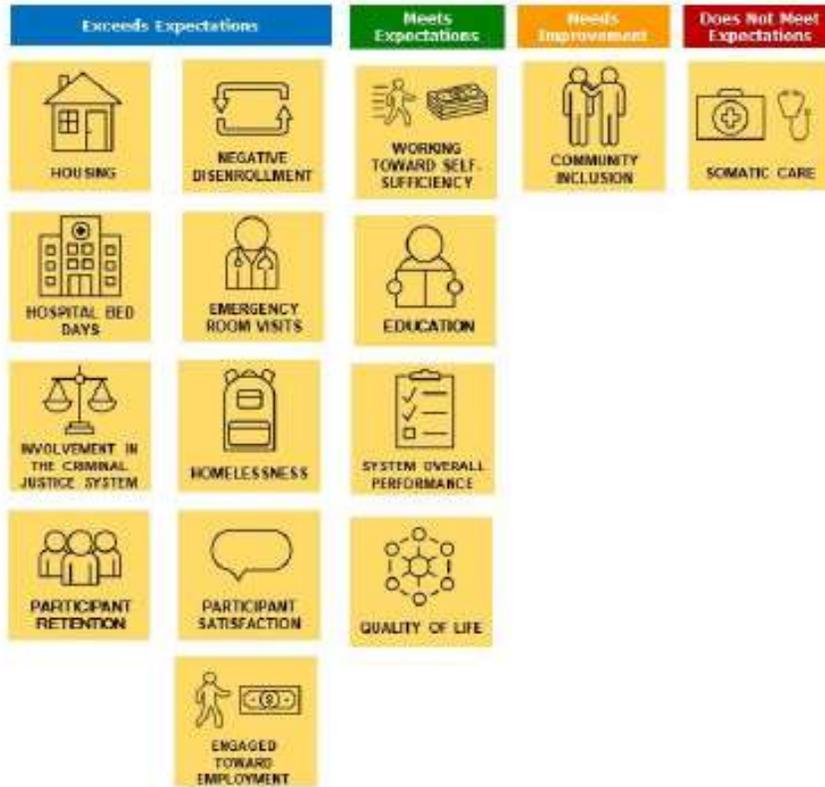
Figure 1. Outcome Areas by 2022 Performance IHH-SC System Averages



# Community Living (CL)

In 2022, the SCL System *Met* or *Exceeded Expectations* in 12 of 14 outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2022 Performance SCL System Averages



**9 outcome areas *Exceeded Expectations***

- Housing
- Participant Retention
- Negative Disenrollment
- Psychiatric Hospitalizations
- Emergency Room Visits
- Involvement in the Criminal Justice System
- Homelessness
- Participant Satisfaction
- Engaged in Employment

**3 outcome areas *Met Expectations***

- Working Toward Self-Sufficiency
- Education
- Quality of Life

**1 outcome areas *Needs Improvement***

- Community Inclusion

**1 outcome area *Does not Meet Minimum Expectations***

- Somatic Care

# Community Based Employment (CBE)

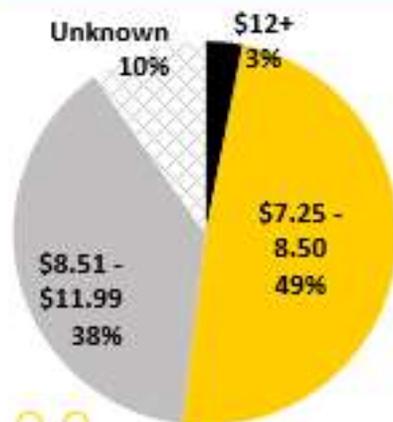
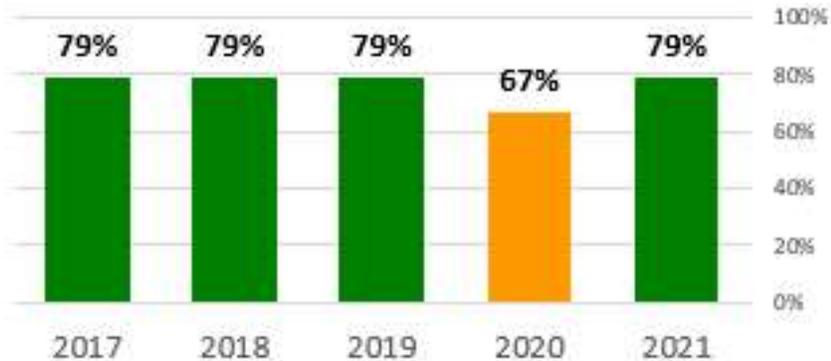
## Executive Summary



### Overall system performance

increased by 12% in 2021, returning to the pre-pandemic system performance averages to *Meeting Expectations*.

This notable increase may be attributed to a rebound in employment opportunities following the first year of the pandemic.



The average hourly wage of participants in 2021 was **\$10.52, a 26% increase** from \$8.37 in 2020.

Pandemic related job disruption may have led to new opportunities, 43% of participants were employed for *less than a year*, a 15% increase in this group from 2020.

In 2021, participants shifted job settings, with **growth in employment in Retail Sales**, which surpassed *Food Service* to become the most common employment sector at 39% in 2021 (at 26% in 2020).

Additionally, **weekly wages and weekly hours worked were higher in 2021** compared to 2020.



Despite unprecedented challenges, participant satisfaction with services (95%) remained high and stable, increasing by 1% in 2021.

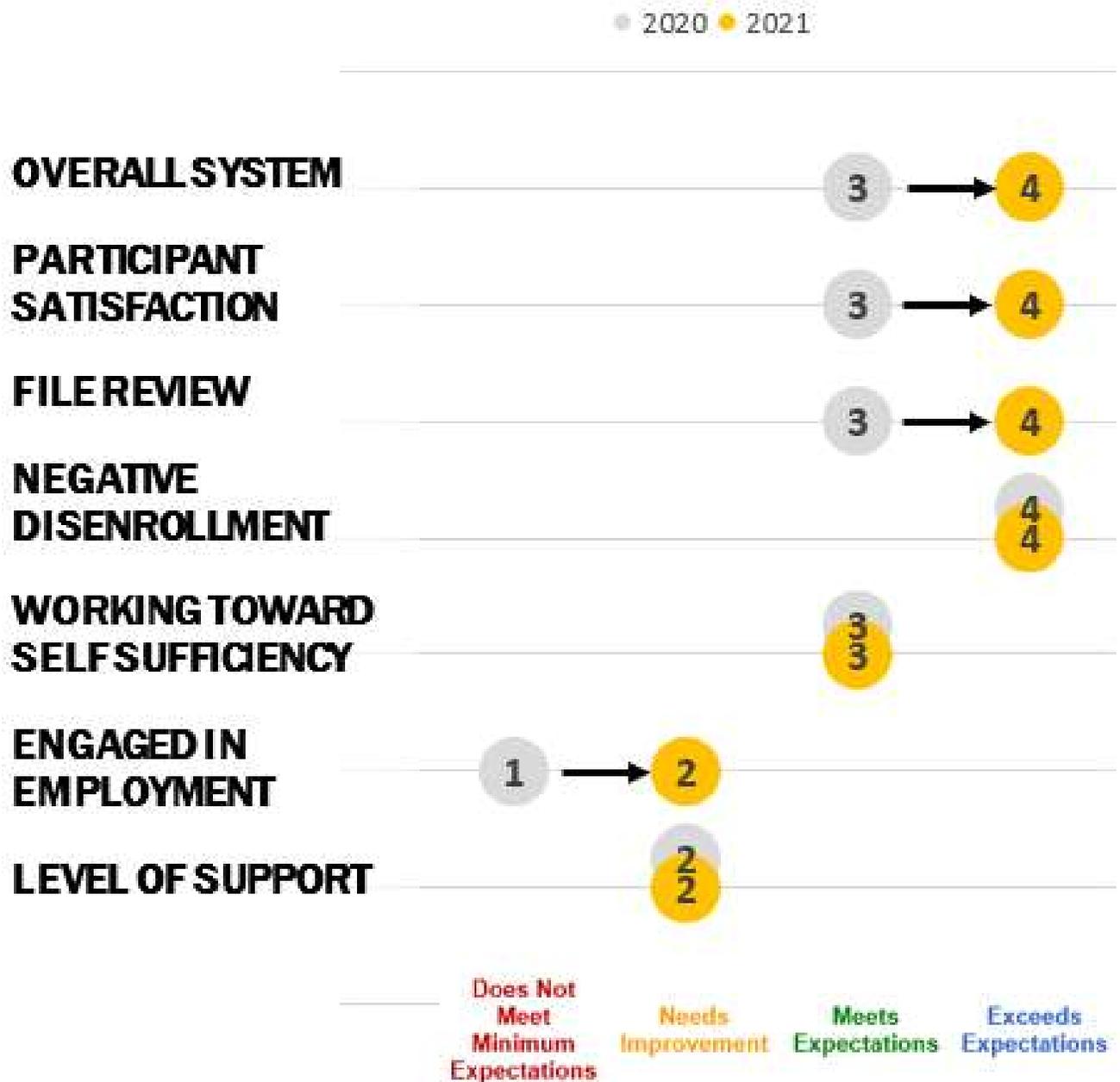
**89%** of participants interviewed said *All* their needs were met during the pandemic, a 20% increase from 2020 (69%).

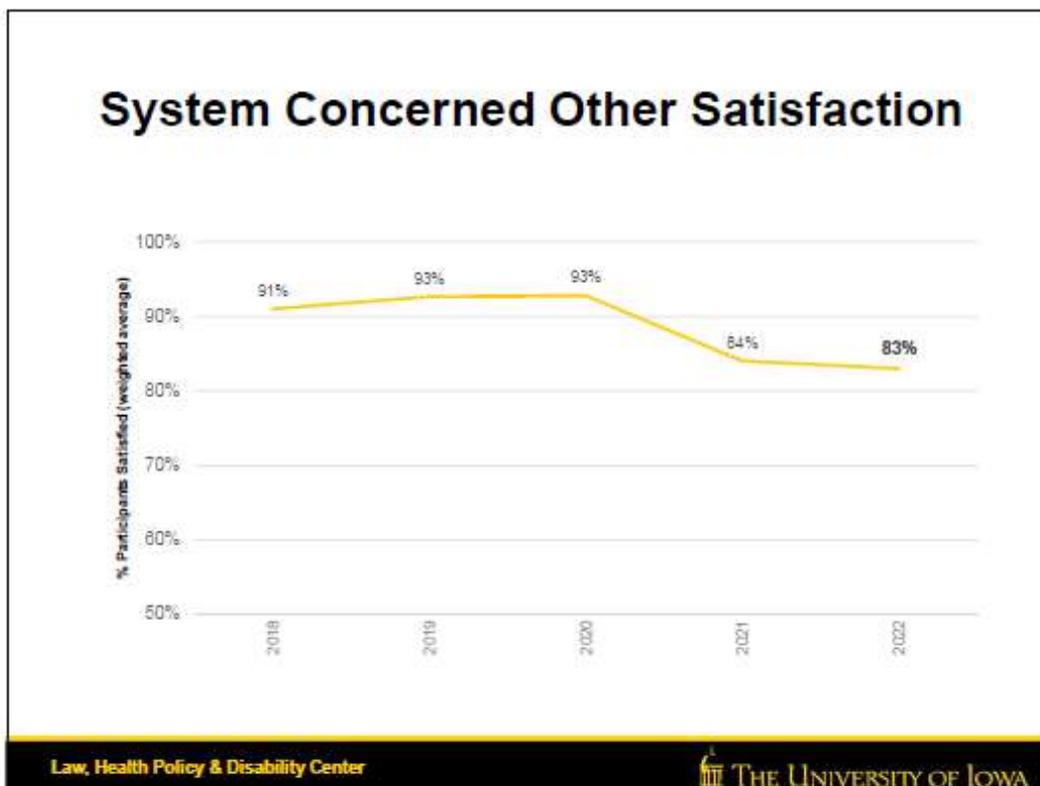
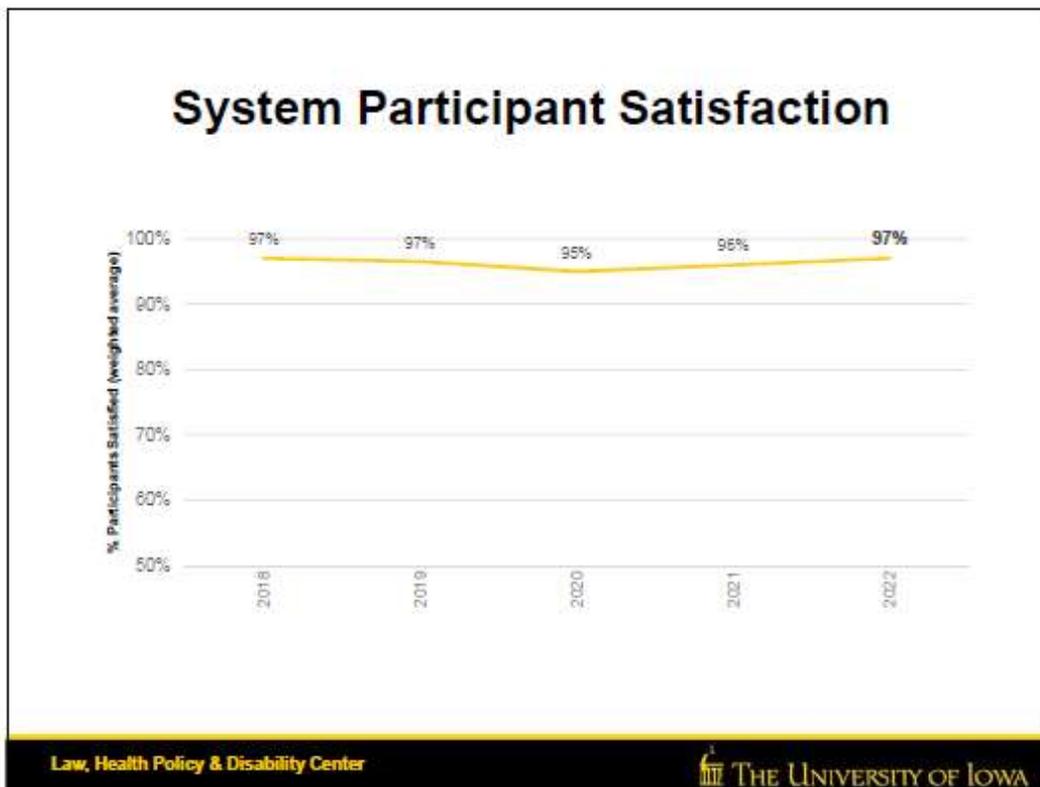
*"I meet my goals. I like to have help meeting my goals it's always nice to have help with that."*

*"Well, they respect me, and they treat me like a regular person. Just love and compassion and understanding."*

In 2021, the Polk County MHDS Region Community Based Employment outcomes **improved in 5 of 6 areas compared to 2020.**

Performance in four outcome areas increased enough to change the outcome score, and the 2021 *Working Towards Self Sufficiency* outcome performance fell short of the *Exceeds Expectations* threshold by 1%.





# Regional Collaboration – Positive Behavioral Support Network

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## **PBS Network Strategic Plan**

Positive Behavior Support (PBS) is a values-based approach designed to prevent interfering behavior rather than correcting or punishing the individual. PBS marries the skills of teaching and prevention by arranging the environment in such a way that interfering behavior becomes irrelevant, inefficient, and ineffective means of communication. PBS strategies are empirically based to facilitate the evaluation of change efforts. The goal is to invest in the strengths and abilities of the individual, not with the focus of “fixing” the individual.

The Polk County PBS Network is a multi-agency collaboration among Candeo, ChildServe, Community Support Advocates, Crest Services, Easterseals Iowa, Eyerly Ball, Goodwill of Central Iowa, Hope, Link Associates, ISA/FACT Agencies, Lutheran Services in Iowa, Mainstream Living, Mosaic, Optimae Life Services, Polk County Coordination Agencies, Polk County, Polk County Integrated Services, and Progress Industries.

## **Where do we want to be?**

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The foundation of the strategic plan rests on the PBS Network’s mission, vision, and core values. By implementing the identified strategic commitments, we will support our agencies through target training, ongoing communication, and meaningful quarterly meetings. The basis of our trainings will ensure support with workforce development, person centered planning and leadership development.

## **PBS MISSION**

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To promote innovative, positive supports for persons served through inter-agency collaboration.

## **PBS VISION**

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Network agencies will utilize shared philosophy and learning opportunities to promote an enhanced quality of life for people.

## **PBS CORE VALUES**

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We make decisions based on our values:

- **Dignity and respect**: Network agencies will honor the inherent worth and individuality of each person.
- **Training and Education**: Network agencies will be offered a variety of training opportunities to enhance best practices.
- **Person Centered Excellence**: Network agencies will incorporate each person’s passions and priorities and provide opportunities for the person to continue to address their interests, concerns, and dreams.
- **Informed Choice**: Network agencies will assist people to fully understand costs and benefits of all available options before making a choice.
- **Growth and Development**: Network agencies will engage in facilitated learning opportunities to help all people reach their fullest potential.

## **General Summary of FY22 Board Activity**

The PBSN Board worked diligently this year, with Joe Benesh, to develop a new strategic plan. This process included conducting focus groups and surveys. The Board was able to meet in person for some of the exercises as part of the process. We believe that the new Strategic Plan embodies us as a Network and how we will serve each other and our

community. The new plan will serve as a living, changing, ever evolving instrument to empower PBSN to imagine and build in new and innovative ways and provide a framework to guide our growth and progress that is consistent with our Mission and Vision.

### **General Summary of FY22 Strategic Plan Goal Progress**

Along with the work on our Strategic plan, we continued to have success with the following:

- Academy– continued to provide trainings in-person and virtually. The Academy was a great support to the Agencies, Staff, and Persons Served.
- Expanded PBS library
- 74 people have completed Front Line Supervisor (FLS) training
- Quarterly meetings– These meetings continued to provide support, discussion, and a chance to network with others. Topics in the quarterlies covered new items like C3 training and Success in the Workplace.
- Collaboration between agencies continued with sharing of trainings such as C3 and Motivational Interviewing.

### **Special Thanks**

The PBS Network has maintained a huge amount of resiliency and has been able to continue our mission to promote innovative, positive supports for persons served through inter-agency collaboration.

We could not have made the successes of this past year possible without our strong network of members and would like to thank our member organizations who have continued to support our mission and PBS values, even during unprecedented challenges.

Thank you to our member agency CEOs and Executive Directors who continue to support our mission by sustaining their agency memberships and providing an environment that helps their staff attend the trainings and membership meetings sponsored by the Polk County PBS Network.

Thank you to our Board members for sharing their time and talents to strengthen our network by creating amazing quarterly membership meetings and continuing to further our mission by working together to develop a new Strategic Plan that will help strengthen our network.

Thank you to our Front-Line Supervisor Training Cohort for your dedication and hard work in supporting the Front-Line Supervisor training, and flexibility in changing training formats to meet the health and safety needs of the community.

Thank you to our Training Academy members for working tirelessly throughout the year to bring our member agencies quality training opportunities and demonstrating a high level of ingenuity to offer these trainings on a platform that takes health and safety measures into consideration.

Thank you to Polk County for their continued financial and administrative support that enables the Polk County PBS Network to offer high value training such as Front-Line Supervisor training and networking benefits at an affordable price to our member agencies.

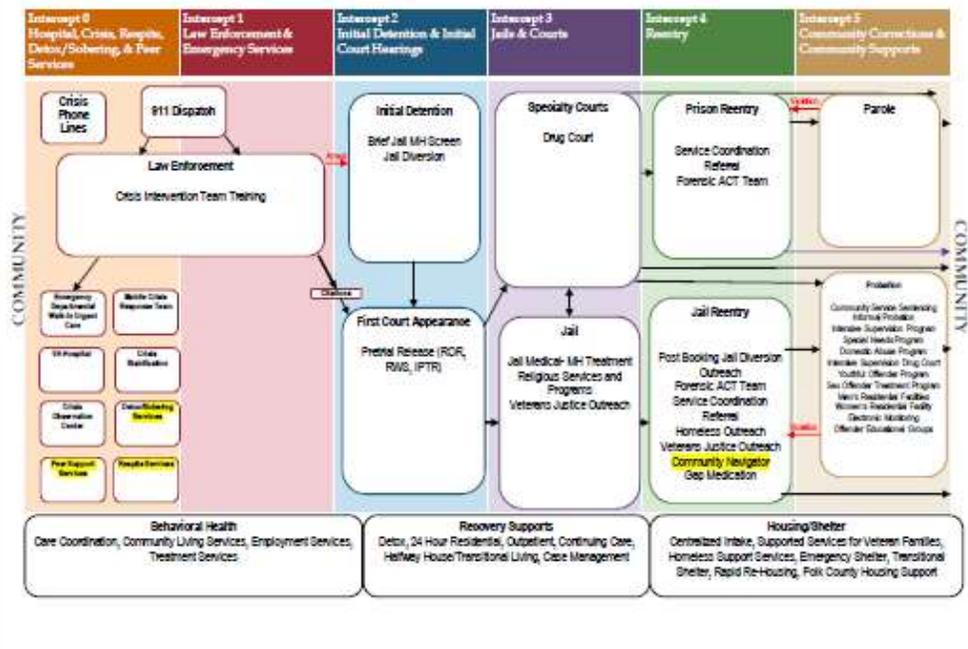
Thank you to Joe Benesh and The Ingenuity Company for providing the PBS board the supports and guidance needed with the development of a new Strategic Plan and the tools to implement it.



# Criminal Justice Coordinating Council

## Post-Booking Jail Diversion and Crisis Services Report For People with Mental Illness

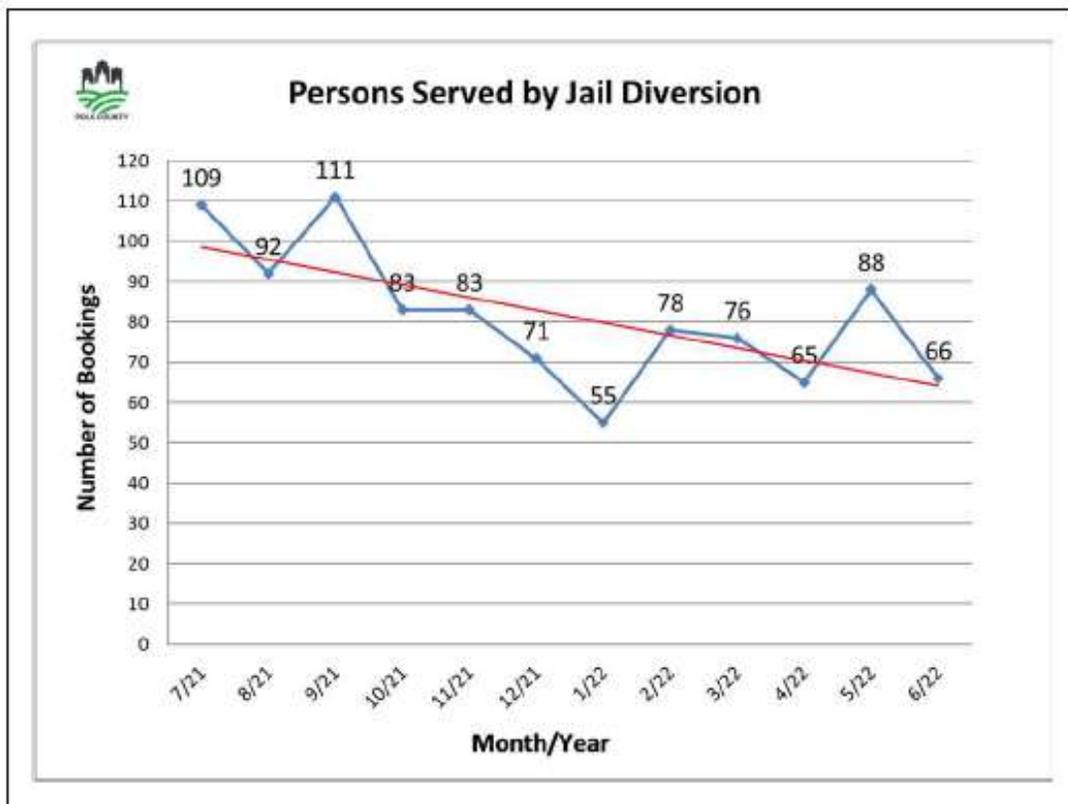
### Polk County Sequential Intercept Model





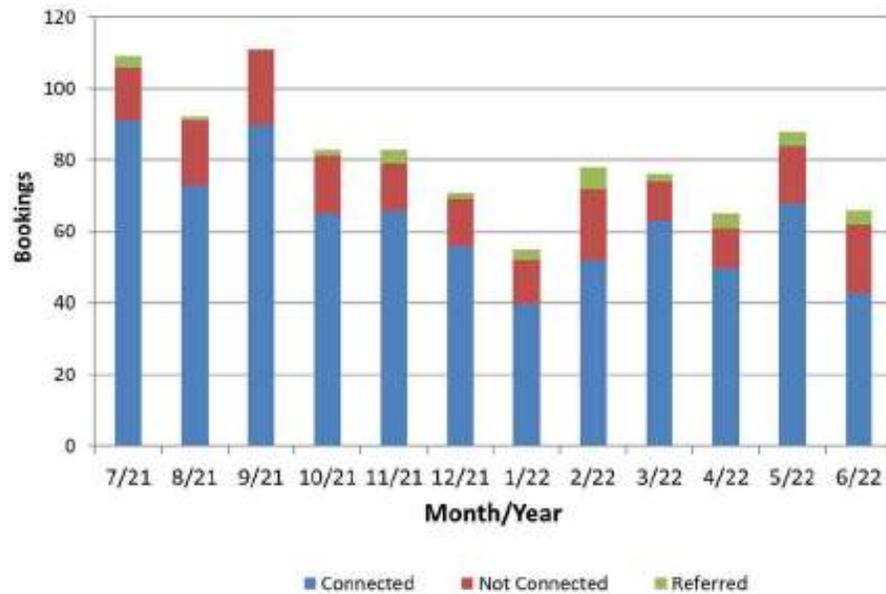
# Post Booking Jail Diversion

July 1, 2021 through June 30, 2022

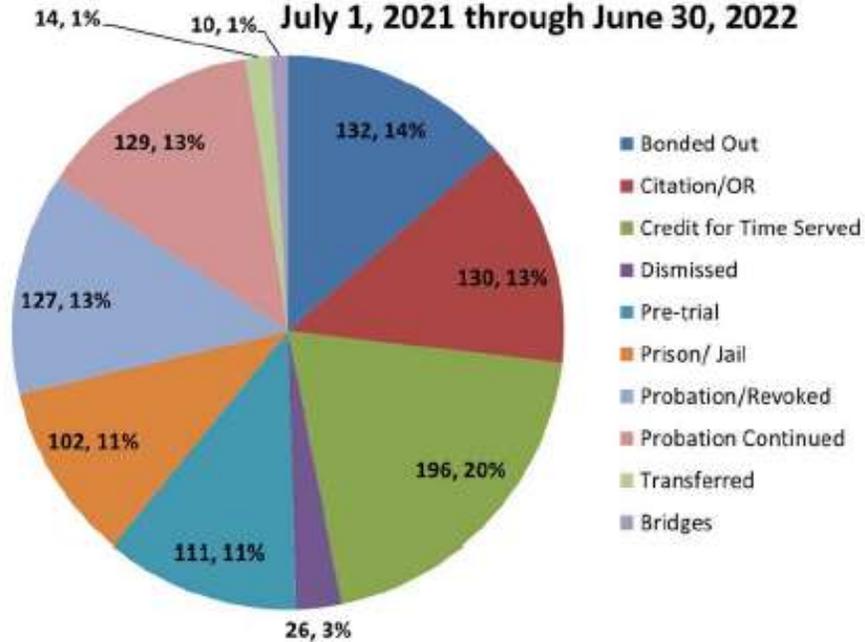




### Number of Bookings by Status

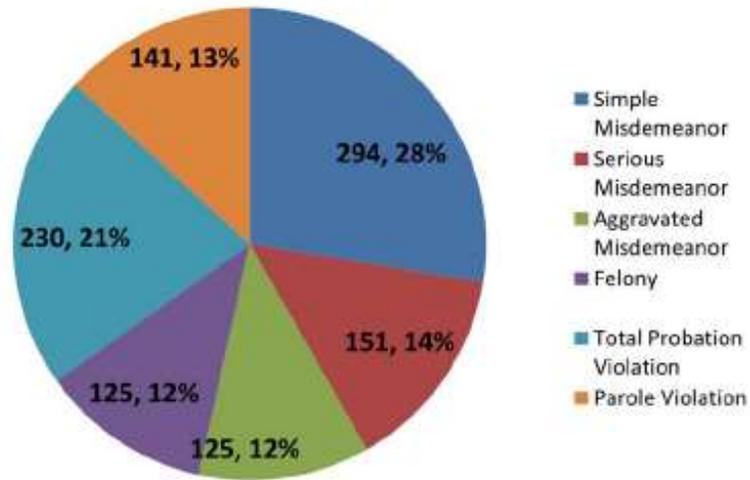


### Legal Outcome July 1, 2021 through June 30, 2022

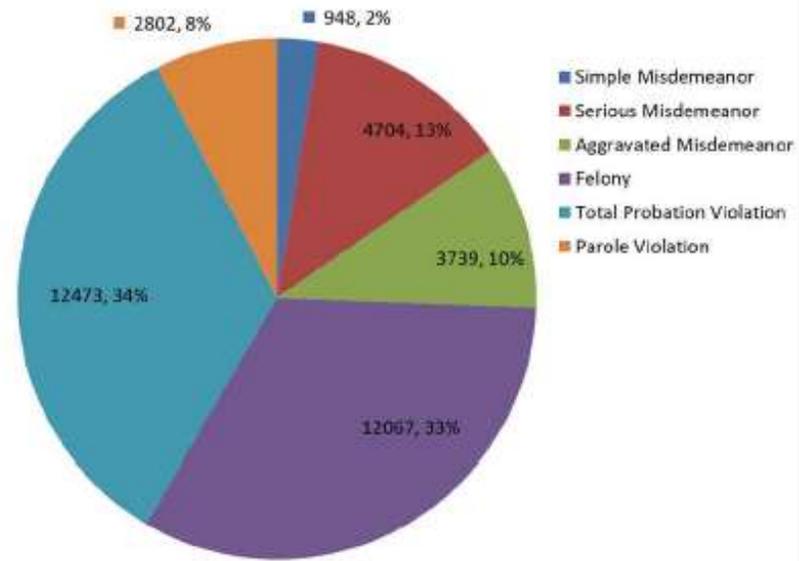




### Bookings by Charge Class: July 1, 2021 through June 30, 2022

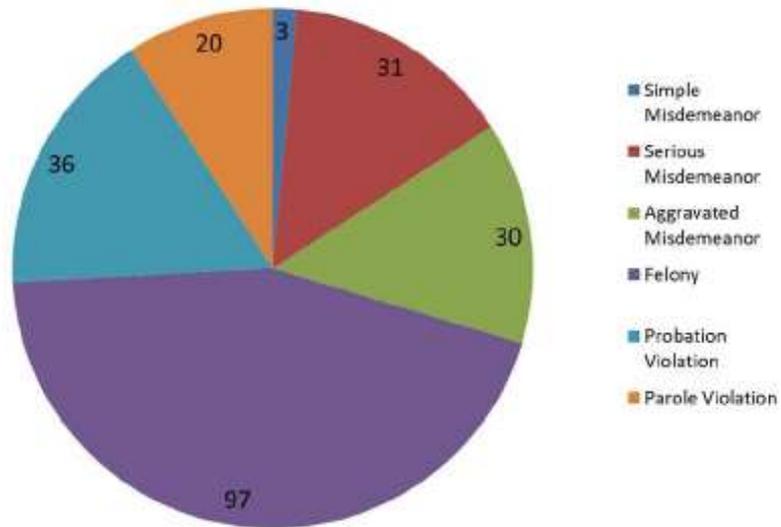


### Percentage of Days by Charge Class: July 1, 2021 through June 30, 2022

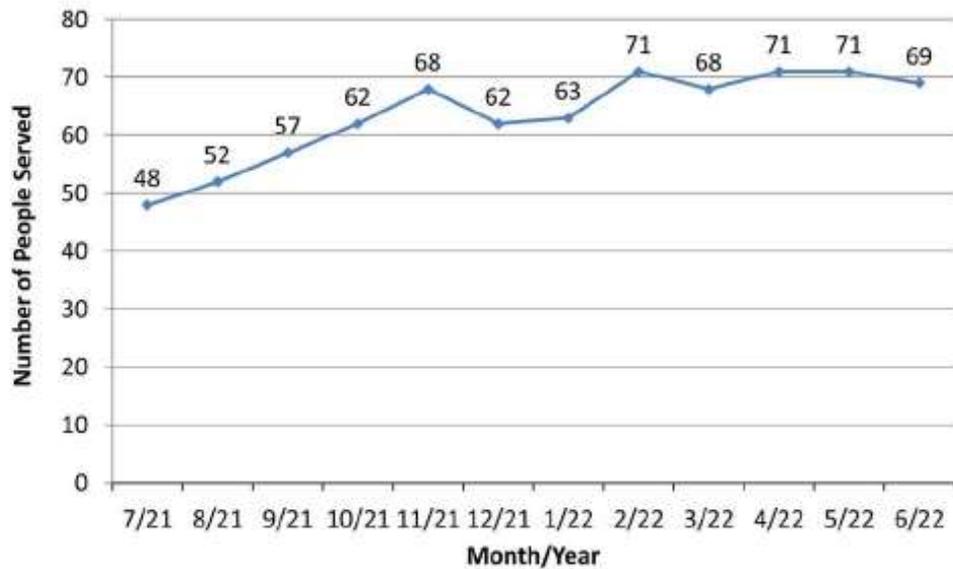




### Average Days Incarceration by Charge: July 1, 2021 through June 30, 2022



### Community Support Census at End of Month



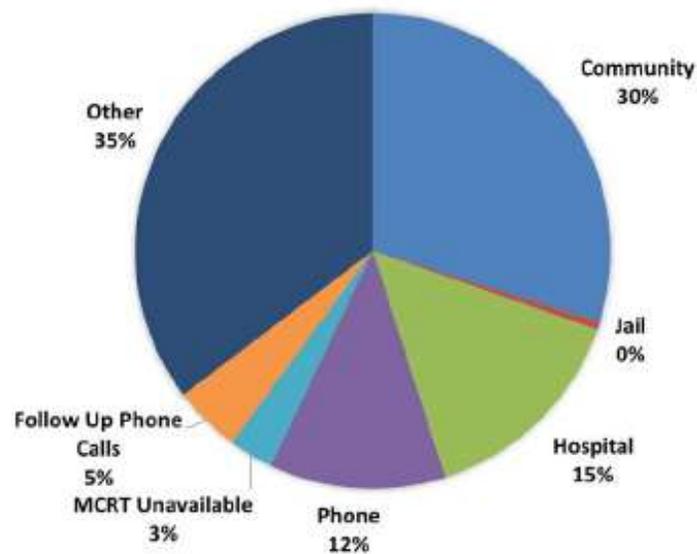


# Mobile Crisis Response Team

July 1, 2021 through June 30, 2022

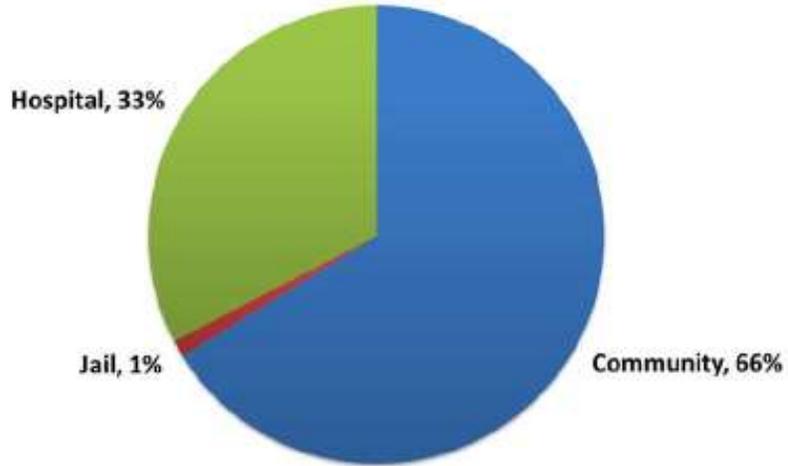


## Mobile Crisis Response Team: Disposition

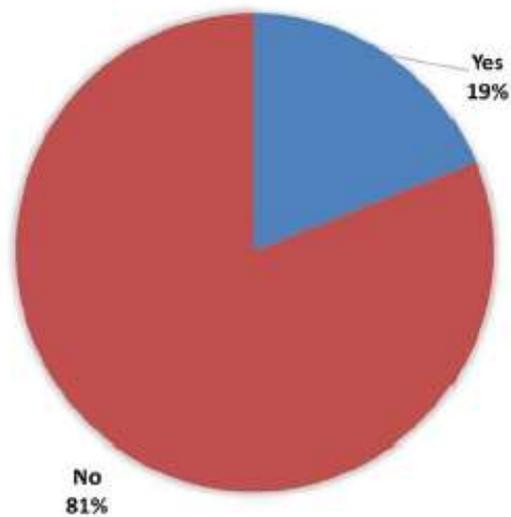




## Mobile Crisis Response Team: Disposition for Face to Face Calls



## MOBILE CRISIS RESPONSE TEAM: PERCENTAGE OF CHILDREN SERVED





## Summary for MCRT July 1, 2021 through June 30, 2022 Cost Avoidance

- **Mobile Crisis Response Team**
  - 1075 people treated in field would have cost
    - \$4,966,500 if taken to jail
    - \$1,075,000 if taken to Emergency Room
    - \$4,300,000 if taken to hospital
  - 530 taken to hospital for treatment would have cost \$2,448,600 if taken to jail

15



## Crisis Observation Center

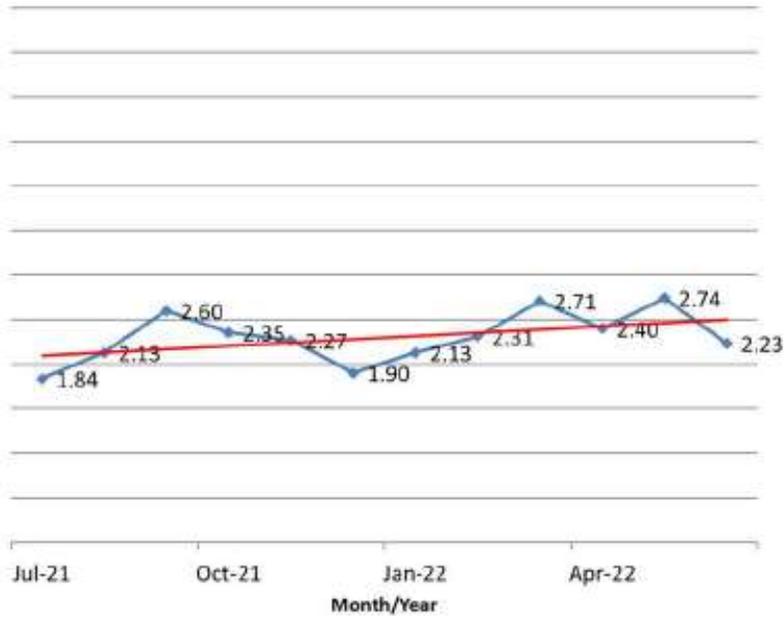
July 1, 2021 through June 30, 2022

16



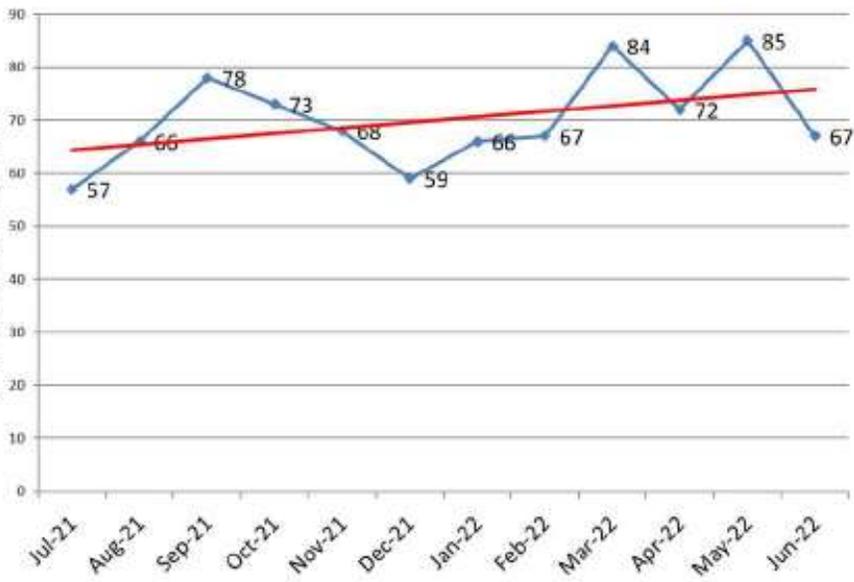
### Average People in Observation

Average People in Observation



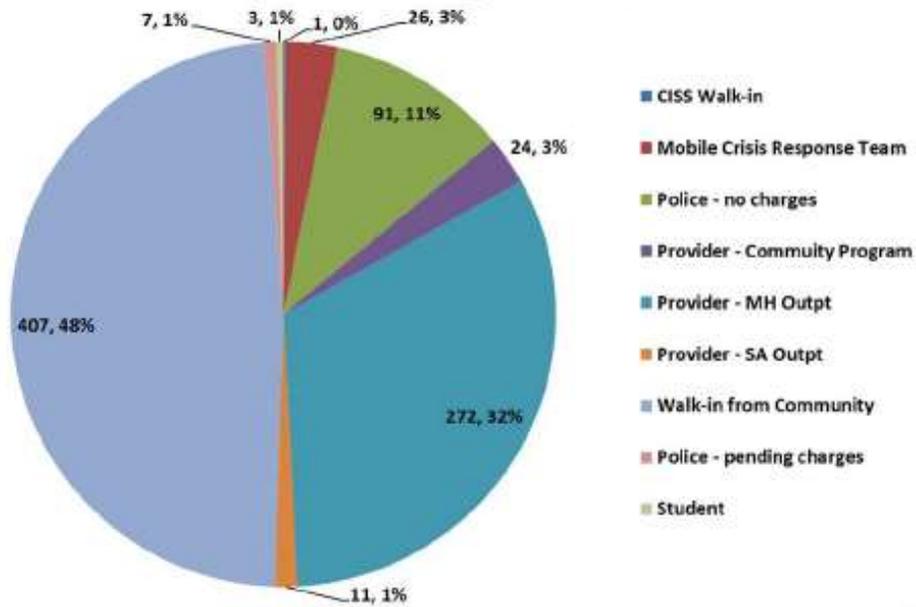
### Crisis Observation Center Admissions

Admissions

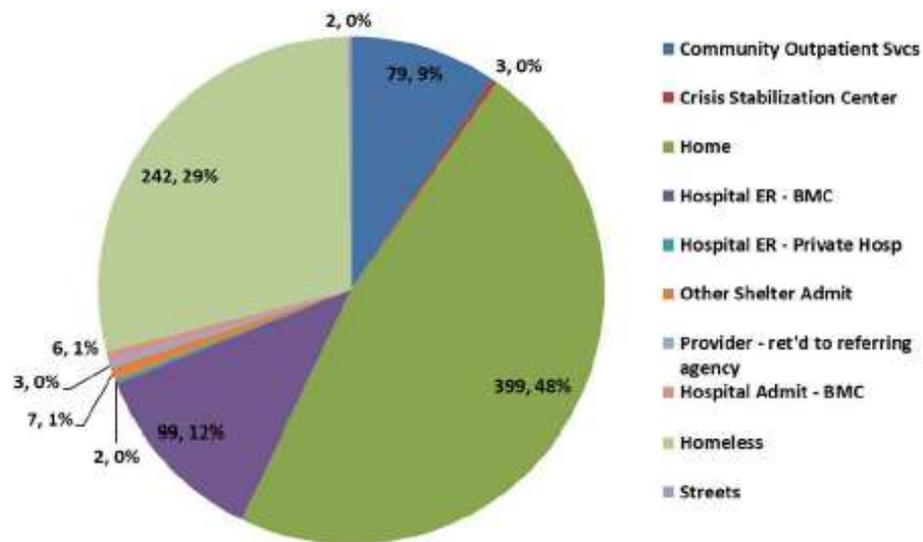




### Crisis Observation Center: Where people arrived from July 1, 2021 through June 30, 2022

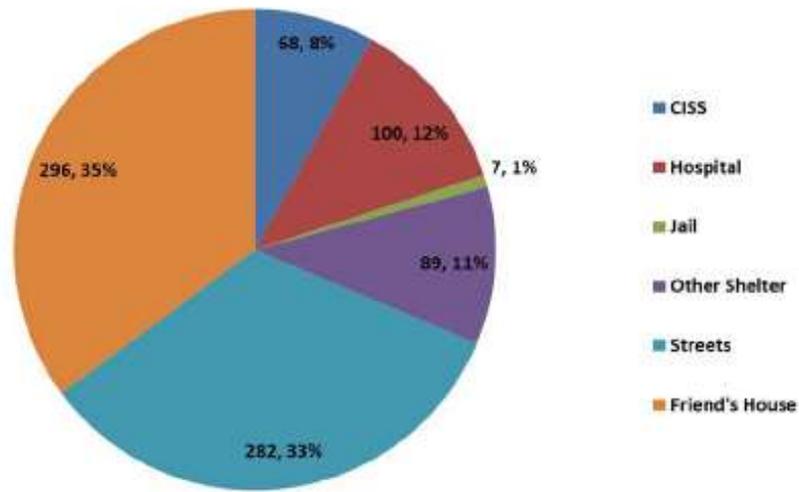


### Crisis Observation Center: Where people went at discharge July 1, 2021 through June 30, 2022





### Crisis Observation Center: Where people would have gone if this program was not available July 1, 2021 through June 30, 2022



### Crisis Observation Center July 1, 2021 through June 30, 2022 Cost Avoidance

- 91 brought by police
  - \$420,420 if taken to jail



# Broadlawns Psychiatric Urgent Care

July 1, 2021 through June 30, 2022

23



## Broadlawns Psychiatric Urgent Care July 1, 2021 through June 30, 2022

- 3233 patients
  - 317 patients from Corrections

24

## COMMUNITY ASSESSMENT FINDINGS

The community assessment conducted in Polk County consisted of key informant interviews with relevant stakeholders working in the county and a document review including meeting materials and various budget and evaluation reports. These efforts were implemented to understand the current state of children’s mental health services in Polk County and identify areas of improvement or need.

### KEY INFORMANT INTERVIEWS

Children’s mental health stakeholders in Polk County were engaged through key informant interviews to share their perspectives about the three services highlighted in the literature review and the current state of Polk County children’s mental health system, including the program and service needs of the county. Key informants were engaged from a variety of sectors in Polk County. Table 4 shows a comprehensive list of Polk County organizations from which a representative was interviewed.

**Table 4. Key Informant Organization Representatives**

Key Informant Interviewee Organizations	
Ankeny Police Department	Blank Children’s Hospital
Beaver Creek Schools	Polk County Regional Mental Health and Disability Services Children’s Advisory Committee
Drake Head Start	Easterseals
Heartland Area Education Agency	Juvenile Justice Advisory Council
Homeward Iowa	Broadlawn Medical Center
Johnston Community Schools	Unity Point Health
Mobile Crisis	Children and Families of Iowa
Polk County Housing Trust Fund	Lutheran Services of Iowa
Second Chance Juvenile Mentoring Program	Community Support Advocates

Key informant interview findings in this section are broken down by five overarching themes related to awareness, service value, challenges and barriers to accessing services, funding barriers, and training needs.

### ***Increased awareness and education on the array of available mental health services in Polk County is needed.***

- There is a general lack of awareness of the availability of 23-hour stabilization services in Polk County.
- Limited awareness was attributed to the siloed nature of services. There is not one entity (e.g., point person or organization) responsible for ensuring effective implementation of services.
- There is a lack of connection to resources for mental health services (e.g., home health services, drop-in services, youth advocacy programs, mental health navigation). A network or database of services and/or accessible handouts outlining available services would be valuable for stakeholders, parents, and youth.
- Knowledge of services available to support parents of children with mental health needs is limited.

- Lack of communication and collaboration has led to a lack of awareness.
  - There is a lack of communication among many mental health providers and stakeholders and even less communication between different sectors (e.g., healthcare providers, school systems, criminal justice systems).
- More program/service implementation and outcome data are necessary to better support and advocate for the work done by mental health organizations across Polk County.

***In general, all three specified practices (i.e., TAY, respite care, 23-hour stabilization) would be beneficial for youth in Polk County.***

- Youth transitioning to adulthood need reliable supports through that time to help them be successful.
- Respite is important, especially in keeping families together, and should be expanded to serve more children and youth. Specific emphasis was placed on utilizing the in-home respite model.
- It is critical that 23-hour stabilization is available for children and youth in Polk County with limited or no restrictions to accessing the service. This would serve as a great alternative to hospitalizing a child.

- “We need more crisis stabilization available in Polk County. There are not enough options, and a number of times crisis situations are dealt with through hospitalization.”

**We need more crisis stabilization available in Polk County. There are not enough options, and a number of times crisis situations are dealt with through hospitalization.**

***Children’s mental health needs are not always met in Polk County due to a host of challenges and barriers.***

- There is a need for community buy-in and acknowledgment of the need for mental health services.
- TAY services start at 17.5 years rather than 16 as is recommended nationally because 16-17 year olds cannot receive TAY services without a guardian/parental consent. Expanding the age limit to include people under 17.5 is necessary for early preparation for transition to adulthood.
- There is a lack of adequate mental health services for transition aged youth, especially outside of employment and homeless youth services.
- Discontinuity of mental health services occurs from youth to adulthood.
  - “There are different processes for those that are ages 16 to 17 and 364 days and those 18 to 25 years old. We need those processes to work together to create a seamless transition.”
- 23-hour stabilization services are available in Polk County, but the unit is tailored towards adults. There is a need for a youth-specific 23-hour stabilization unit.
- Better options for the crisis response system are needed, these include shorter wait times for stabilization and a way to reach mobile crisis outside of calling 9-1-1.
- Respite services exist in Polk County but need to be expanded to reach more families.
- Changes to legislation are needed to improve the children’s mental health service array and availability in Polk County.
- Expansion of the eligibility criteria for respite services would help to improve access to mental health services.

**There are different processes for those that are ages 16 to 17 and 364 days and those 18 to 25 years old. We need those processes to work together to create a seamless transition.**

- Transportation is a barrier to accessing services for many children and their families.
- There are significant workforce shortages for mental health providers, especially therapists, leading to long wait-times and a general lack of availability of mental health services.
- Some programs do have available funding from COVID-19 relief funds and other sources, but the lack of providers makes it difficult to implement or expand these programs.
- Incentives (e.g., student loan repayment, higher salaries) may be valuable to attract qualified mental health providers to Polk County.
- Effective dual programming for substance use treatment and mental health is lacking.
- There is a lack of commitment and follow-through from parents due to burnout from having to maneuver the complex children's mental health system.

***Funding is a major barrier to implementing and expanding mental health services.***

- Potential funding sources for children's mental health work were identified by key informants and could be grouped into federal and private funds.
  - Federal funds include Housing and Urban Development (HUD), The American Rescue Plan Act (ARPA) and Covid Relief, Medicaid/Child Mental Health Waiver, and the Substance Abuse and Mental Health Services Administration (SAMHSA).
  - Private funding sources include impact investment, community funds, Mid-Iowa Health Foundation, Wells Fargo Foundation, and Prairie Meadows grant programs.
- It takes children and youth covered by Medicaid longer to find a psychologist and other supports than those with private insurance due to low reimbursement rates.
- Polk County can save money in the long run by focusing on prevention and early intervention services that prevent children and youth from experiencing a crisis.
  - Services need to target the root causes of mental illnesses.

***Training opportunities are needed for parents, providers, front-line staff, and law enforcement staff to learn to manage crisis situations and trauma.***

- It would be valuable to provide families training to strengthen communication with their children and community stakeholders. Improved communication would help families become better advocates for their children.
- Cultural competency training is needed for stakeholders serving people experiencing homelessness, LGBTQIA+ youth, and English language learners or foreign-born persons.
- Stakeholders should be trained to handle working with individuals with negative experience with the criminal justice system or the crisis response team.

## RECOMMENDATIONS

Findings from the literature review and community-level assessment were synthesized to develop the following recommendations to guide the best services/models to implement in Polk County to improve children's mental health services.

1. Consider expanding in-home respite services in Polk County. In-home services have been proven to eliminate transportation barriers and cost constraints. In-home services are convenient for parents and children. Adding an element of networking and development for parents to the respite services has been found to be successful and should be considered as well.
2. Expand 23-hour stabilization services for youth in need to prevent unnecessary hospitalization.
3. Increase communication about the existing service array between key stakeholders involved with the mental health and crisis continuum of care, including law enforcement personnel and school staff, to allow for increased awareness of services.
  - a. Create accessible handouts outlining available services and contact information and make them available through a wide array of distribution channels such as social media, websites, and community resources.
4. Implement multi-disciplinary trainings, including providers, law enforcement, parents, and other stakeholders, about the programs and services available in Polk County, how to access them, and how to meet the needs of children and youth with mental health conditions.
5. Work in collaboration with mental health providers to address the workforce shortages and improve the quality and availability of services in Polk County. Consider using State and Local Fiscal Recovery Funds included in the American Rescue Plan Act<sup>42</sup> to address workforce challenges through retention bonuses, or other support.
6. Educate legislators about the importance of expanding TAY services to align with the nationally identified TAY definition of 16-25 years old. Youth need to start preparing for adulthood before the age of 17.5.
7. Place emphasis on upstream prevention efforts to keep children and youth in their homes and communities whenever possible.
  - a. Evaluate services to identify which services prevent "downstream" involvement.
  - b. Incrementally shift funds from downstream services to upstream services to make the system more preventive.
8. Address stigma around mental health through the implementation of public campaigns, community presentations, and programming.
9. Increase culturally competent care through training and recruiting a more diverse workforce; ensuring marginalized youth (*e.g.*, LGBTQIA+ youth, immigrant populations, English language learners) feel welcomed and safe.

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<sup>42</sup> State and Local Fiscal Recovery Funds can be broadly used to address the COVID-19 pandemic, including addressing behavioral health needs.