



**Authored by: Melissa
Loehr, CEO**

**SUBMITTED
11.30.23**

GEOGRAPHIC AREA: *Clay, Kossuth, Osceola, Palo Alto, Winnebago, and Worth Counties*
APPROVED BY GOVERNING BOARD: 11.28.23



Mission:

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

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Introduction

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



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

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

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

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



COORDINATION OF SERVICES



INFORMATION & REFERRAL



BUILDING, CREATING AND SUPPORTING

Leadership



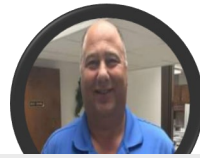
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Osceola County



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Holly Boettcher
Parent
Representative



Melissa Loehr
CEO



Carmen Moser
Palo Alto Auditor
CCNIA Fiscal Agent

A. Services Provided and Individuals Served

This section includes:

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

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

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

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

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

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

B. Regionally Designated Intensive Mental Health Services

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

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



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

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



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

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



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

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

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



Date Designated	Intensive Residential Services
Starting in FY 24	Lakes Life Skills & Sioux Rivers MHDS Region

C. Financials

Table C. Expenditures

FY 2023 Accrual	CCNIA MHDS Region	MI (40)	ID(42)	DD(43)	Admin (44)	Total
Core Domains						
COA	Treatment					
42305	Mental health outpatient therapy **	\$ 288,136				\$ 288,136
42306	Medication prescribing & management **	\$ 49,592				\$ 49,592
43301	Assessment, evaluation, and early identification **					\$ -
71319	Mental health inpatient therapy-MHI					\$ -
73319	Mental health inpatient therapy **	\$ 4,025				\$ 4,025
	Crisis Services					
32322	Personal emergency response system					\$ -
44301	Crisis evaluation	\$ 80,275				\$ 80,275
44302	23 hour crisis observation & holding	\$ 616,827				\$ 616,827
44305	24 hour access to crisis response					\$ -
44307	Mobile response **	\$ 179,658				\$ 179,658
44312	Crisis Stabilization community-based services **	\$ 186,201				\$ 186,201
44313	Crisis Stabilization residential services **	\$ 608,923				\$ 608,923
44396	Access Centers: start-up / sustainability	\$ 100,000				\$ 100,000
	Support for Community Living					
32320	Home health aide					\$ -
32325	Respite		\$ 2,932			\$ 2,932
32328	Home & vehicle modifications					\$ -
32329	Supported community living	\$ 194,502	\$ 8,324			\$ 202,827
42329	Intensive residential services					\$ -
	Support for Employment					
50362	Prevocational services					\$ -
50364	Job development					\$ -
50367	Day habilitation					\$ -
50368	Supported employment	\$ 1,901	\$ 39,517			\$ 41,418
50369	Group Supported employment-enclave	\$ 71,117	\$ 41,871	\$ 390		\$ 113,378
	Recovery Services					
45323	Family support					\$ -
45366	Peer support					\$ -
	Service Coordination					
21375	Case management					\$ -
24376	Health homes	\$ 4,000				\$ 4,000
	Sub-Acute Services					
63309	Subacute services-1-5 beds	\$ 26,811				\$ 26,811
64309	Subacute services-6 and over beds	\$ 8,400				\$ 8,400
	Core Evidenced Based Treatment					
04422	Education & Training Services - provider competency	\$ 28,699				\$ 28,699
32396	Supported housing	\$ 122,094				\$ 122,094
42398	Assertive community treatment (ACT)	\$ 64,558				\$ 64,558

45373	Family psychoeducation					\$ -
Core Domains Total		\$ 2,635,719	\$ 92,645	\$ 390		\$ 2,728,754
Mandated Services						
46319	Oakdale					\$ -
72319	State resource centers					\$ -
74XXX	Commitment related (except 301)	\$ 111,435				\$ 111,435
75XXX	Mental health advocate	\$ 119,270				\$ 119,270
Mandated Services Total		\$ 230,706	\$ -	\$ -		\$ 230,706
Additional Core Domains						
Justice system-involved services						
25xxx	Coordination services					\$ -
44346	24 hour crisis line*					\$ -
44366	Warm line*					\$ -
46305	Mental health services in jails	\$ 28,016				\$ 28,016
46399	Justice system-involved services-other					\$ -
46422	Crisis prevention training	\$ 29,182				\$ 29,182
46425	Mental health court related costs					\$ -
74301	Civil commitment prescreening evaluation					\$ -
Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers					\$ -
42397	Psychiatric rehabilitation (IPR)					\$ -
Additional Core Domains Total		\$ 57,198	\$ -	\$ -		\$ 57,198
Other Informational Services						
03371	Information & referral					\$ -
04372	Planning, consultation &/or early intervention (client related) **					\$ -
04377	Provider Incentive Payment					\$ -
04399	Consultation Other					\$ -
04429	Planning and Management Consultants (non-client related)					\$ -
05373	Public education, prevention and education **	\$ 121,109				\$ 121,109
Other Informational Services Total		\$ 121,109	\$ -	\$ -		\$ 121,109
Community Living Supports						
06399	Academic services					\$ -
22XXX	Services management	\$ 250,860				\$ 250,860
23376	Crisis care coordination					\$ -
23399	Crisis care coordination other					\$ -
24399	Health home other					\$ -

31XXX	Transportation		\$ 240			\$ 240
32321	Chore services					\$ -
32326	Guardian/conservator					\$ -
32327	Representative payee					\$ -
32335	CDAC					\$ -
32399	Other support					\$ -
33330	Mobile meals					\$ -
33340	Rent payments (time limited)	\$ 4,120				\$ 4,120
33345	Ongoing rent subsidy					\$ -
33399	Other basic needs	\$ 12,402				\$ 12,402
41305	Physiological outpatient treatment					\$ -
41306	Prescription meds	\$ 189				\$ 189
41307	In-home nursing	\$ 8,000				\$ 8,000
41308	Health supplies					\$ -
41399	Other physiological treatment					\$ -
42309	Partial hospitalization					\$ -
42310	Transitional living program					\$ -
42363	Day treatment					\$ -
42396	Community support programs	\$ 48,960				\$ 48,960
42399	Other psychotherapeutic treatment					\$ -
43399	Other non-crisis evaluation					\$ -
44304	Emergency care					\$ -
44399	Other crisis services					\$ -
45399	Other family & peer support					\$ -
46306	Psychiatric medications in jail	\$ 1,992				\$ 1,992
50361	Vocational skills training					\$ -
50365	Supported education					\$ -
50399	Other vocational & day services					\$ -
63XXX	RCF 1-5 beds (63314, 63315 & 63316)					\$ -
63XXX	ICF 1-5 beds (63317 & 63318)					\$ -
63329	SCL 1-5 beds					\$ -
63399	Other 1-5 beds					\$ -
	Community Living Supports	\$ 326,522	\$ 240	\$ -		\$ 326,762
Other Congregate Services						
50360	Work services (work activity/sheltered work)					\$ -
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 307,753				\$ 307,753
64XXX	ICF 6 and over beds (64317 & 64318)					\$ -

64329	SCL 6 and over beds					\$ -
64399	Other 6 and over beds					\$ -
	Other Congregate Services Total	\$ 307,753	\$ -	\$ -		\$ 307,753
Administration						
11XXX	Direct Administration				\$ 320,013.60	\$ 320,014
12XXX	Purchased Administration				\$ 107,698.21	\$ 107,698
	Administration Total				\$ 427,712	\$ 427,712
	Regional Totals	\$ 3,679,007	\$ 92,885	\$ 390	\$ 427,712	\$ 4,199,994
(45XX-XXX)County Provided Case Management						\$ -
(46XX-XXX)County Provided Services						\$ -
	Regional Grand Total					\$ 4,199,994

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

N/A	Accepted amount to be considered encumbered	\$ 655,031.68
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*24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.

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

Table D. Revenues

FY 2023 Accrual	CCNIA MHDS Region		
Revenues			
	FY22 Annual Report Ending Fund Balance		\$ 1,108,587

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

Total Funds Available for FY23	\$ 5,919,161
FY23 Actual Regional Expenditures	\$ 4,199,994
Acceptable Encumbrance	655,031.68
Unencumbered fund balance	1,719,166.36
Encumbered Accrual Fund Balance as of 6/30/23	\$ 1,064,135
Fund Balance %	25%

D. Status of Service Development in FY2023

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

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



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

Crisis Stabilization Residential:

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

Community Impact Grant Success:

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

Strategic Focus on Local Resources:

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

Forward-Looking Vision:

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

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

E. Outcomes/Regional Accomplishments in FY2022

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

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

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

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

2022

July

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

August:

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

September-

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

October:

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

November:

- Berryhill requests and is approved for Community Support Program Transportation Access Assistance to better serve individuals in Kossuth County.
- 1st Annual Crisis Summit by MHDS Regions. This engaged all Iowa crisis providers, explaining data expectations, and data tracking, and able to show quality assurance measures that would be utilized in the future for performance-based and data-driven decisions.

December:

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

2023:

January:

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

February:

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

March:

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

April:

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

May:

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



**Building, creating
& supporting.**

June:

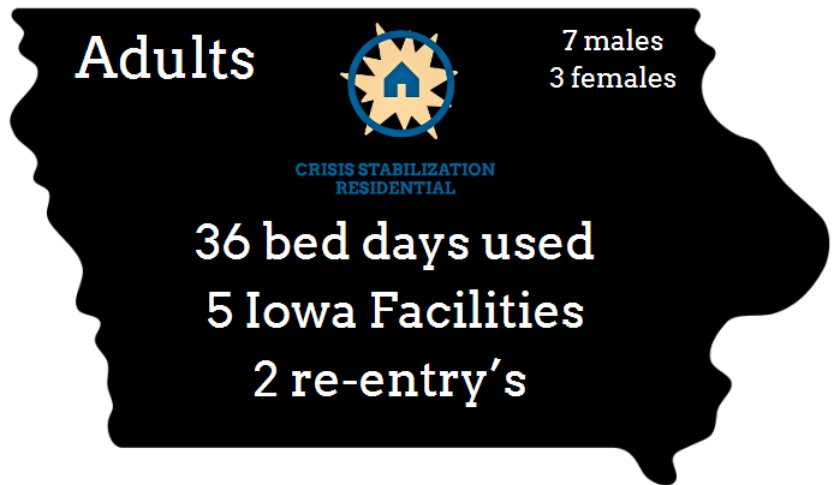
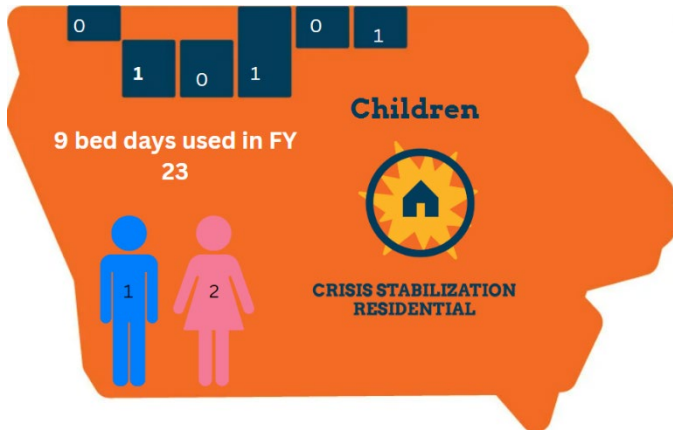
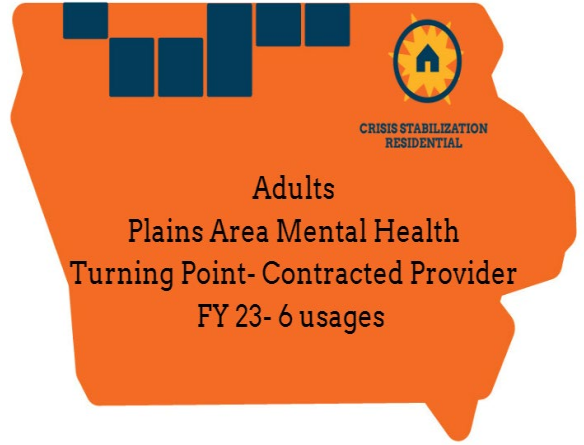
- Added an additional Grant Opportunity with Duncan Heights to support access for a dedicated worker in Winnebago and Worth Counties.
- A shared referral form for Plains Area Mental Health Crisis Stabilization, Siouxland Mental Health Crisis Center, and the upcoming Seasons Crisis Center was developed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

Crisis Stabilization Community-Based Services

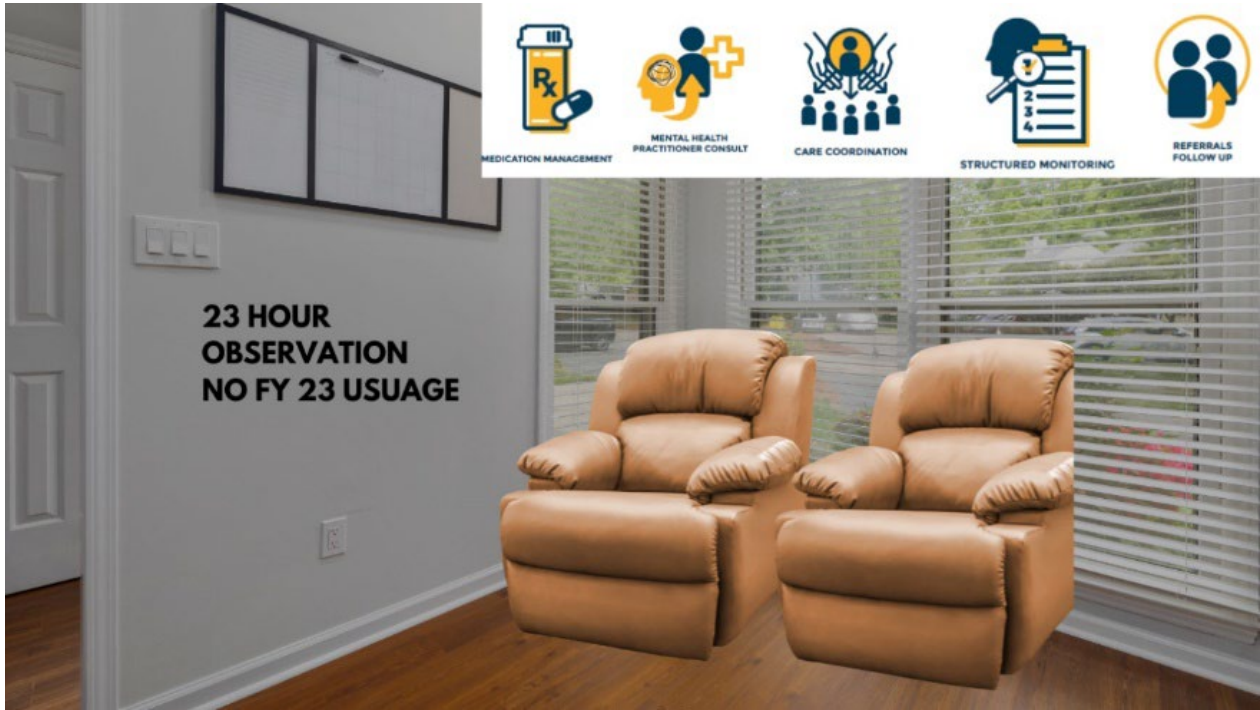
In FY 23, Crisis Stabilization Community-Based Services for children played a crucial role in supporting the mental health needs of young individuals, particularly in Worth County, Iowa. Notably, one child from Worth County availed themselves of these services, undergoing enrollment for a period of two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

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

Siouxland Mental Health Usage – Contracted Provider



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



Future Development:

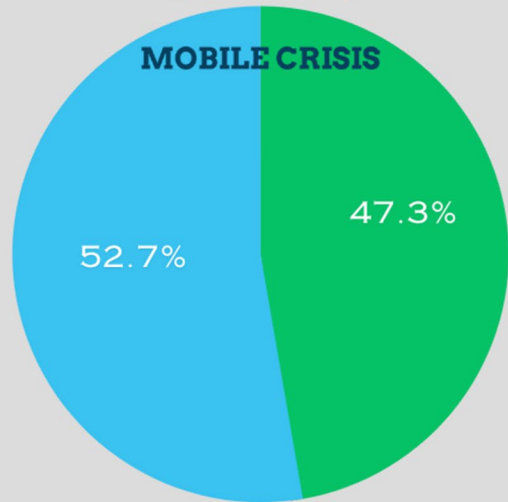
During fiscal year 23, Seasons Center has undertaken construction at their Spencer location to establish 2 Crisis Stabilization Residential Beds and 2 Crisis Observation beds, allowing individuals to stay for up to 23 hours. The anticipated opening is set for FY 24, attributing to shortages in supplies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

Mobile Response:

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

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





Eyerly Ball
87 dispatches

Seasons Center
78 dispatches

165 TOTAL
DISPATCHES

CLAY
OSCEOLA
PALO ALTO
POPULATION: 30,808

KOSSUTH
WINNEBAGO
WORTH
POPULATION: 32,366

TOTAL CCNIA REGION:
63,174

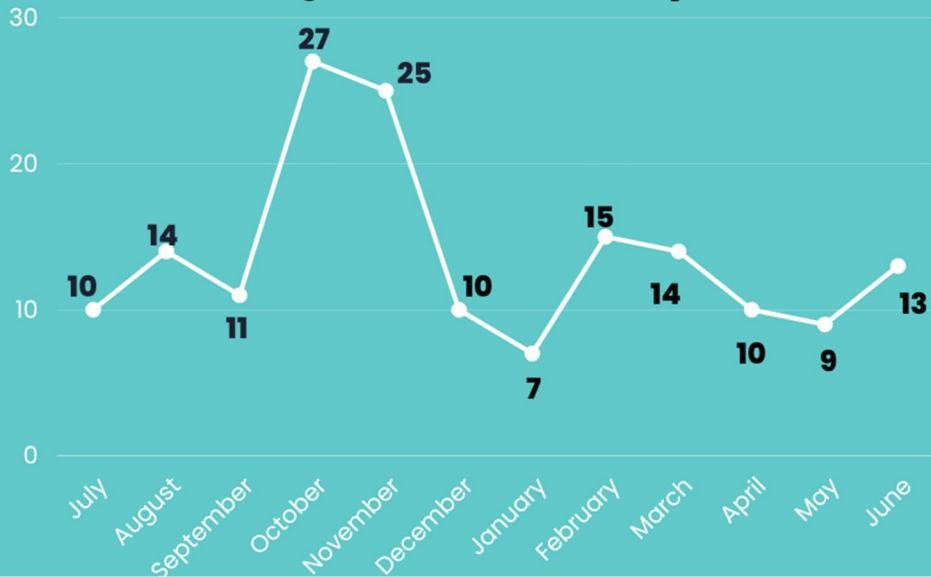


MOBILE CRISIS



CRISIS SERVICES

CCNIA Regional Mobile Crisis Dispatches



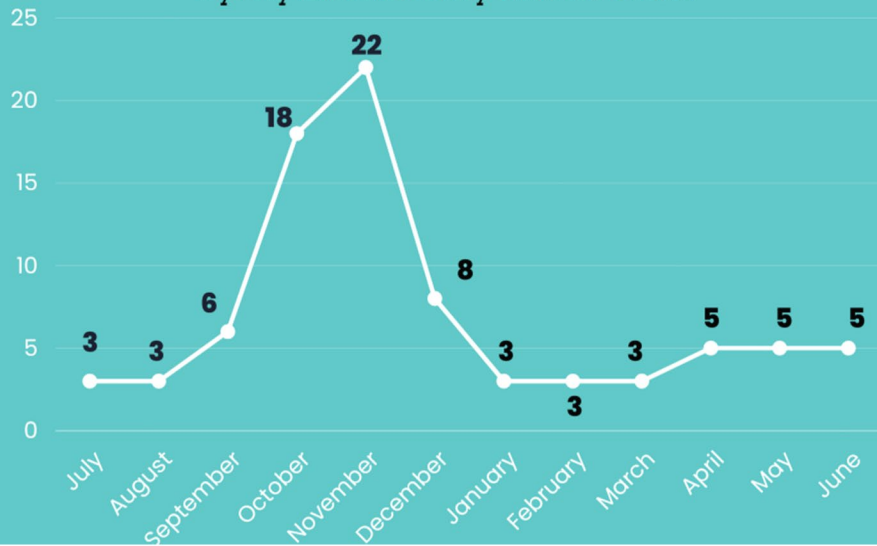


MOBILE CRISIS



UnityPoint Health
Eyerly Ball

Eyerly Ball Monthly Mobile Crisis

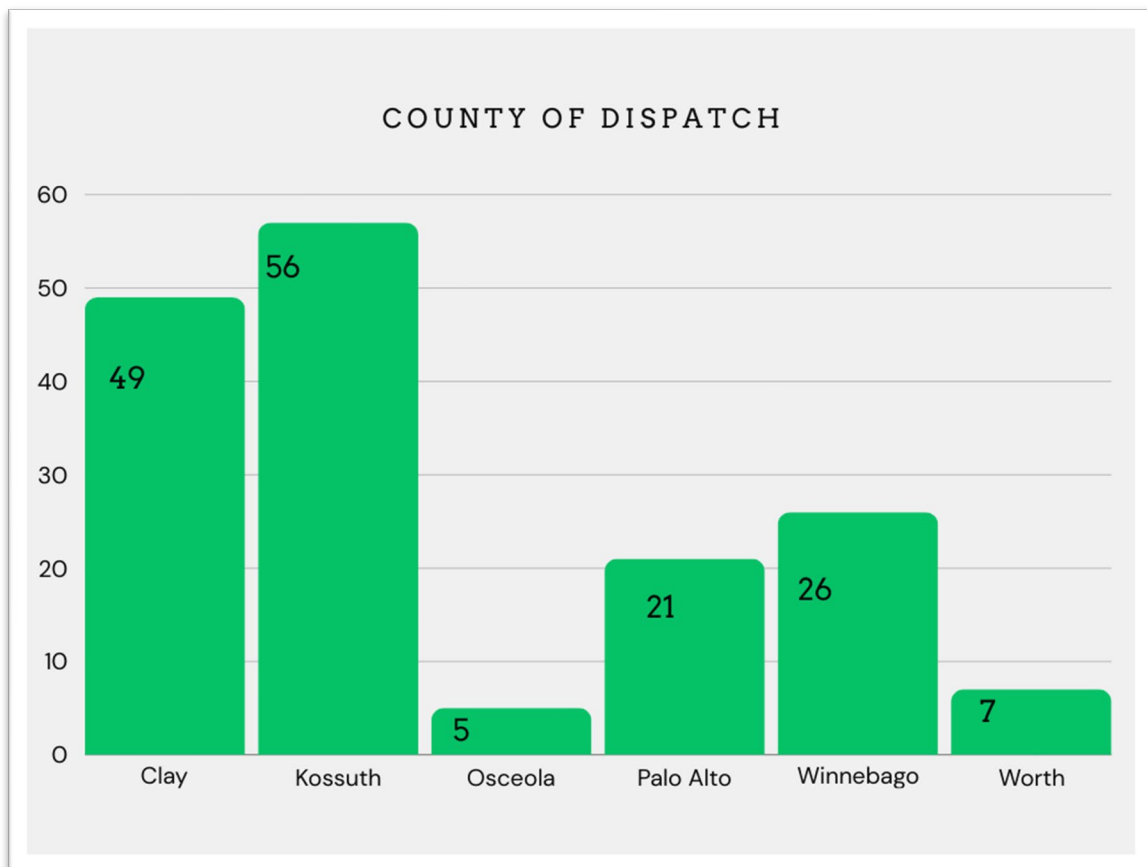
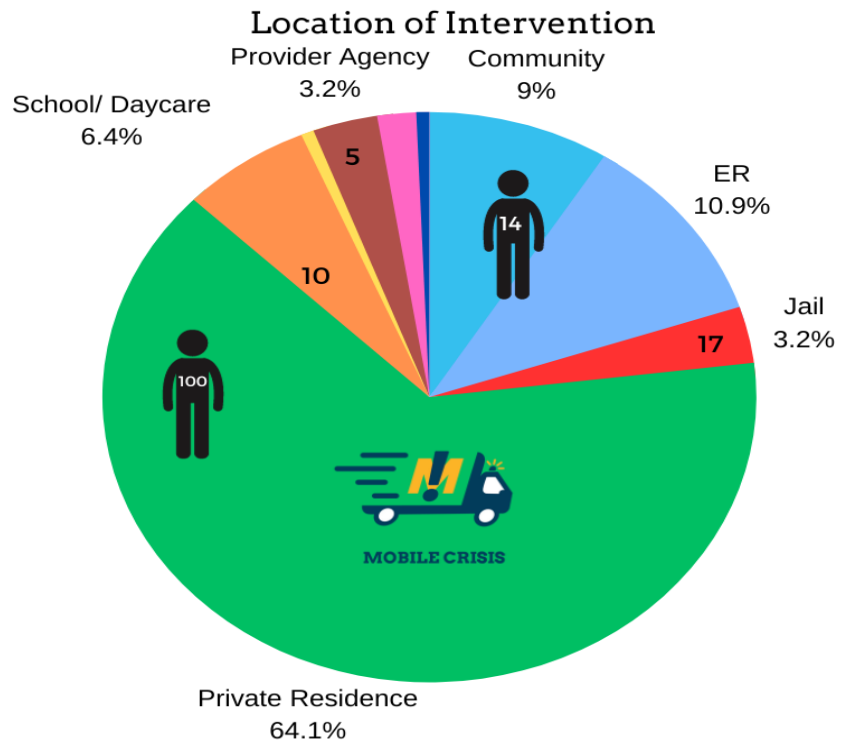


MOBILE CRISIS

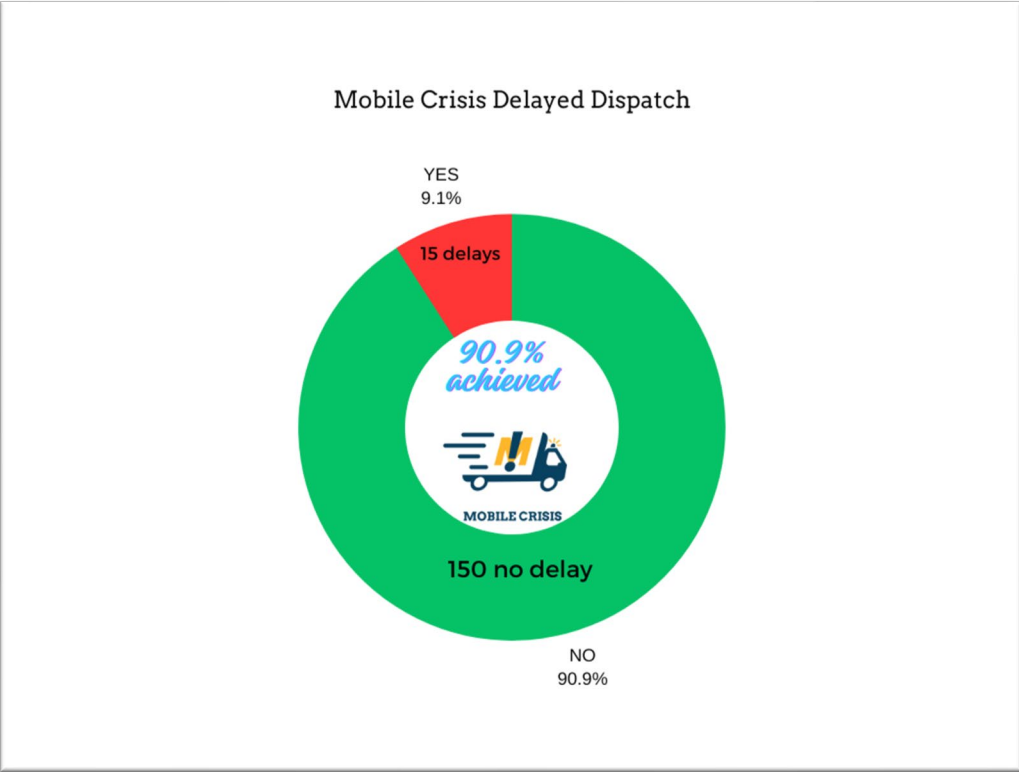


Seasons Center Monthly Mobile Crisis

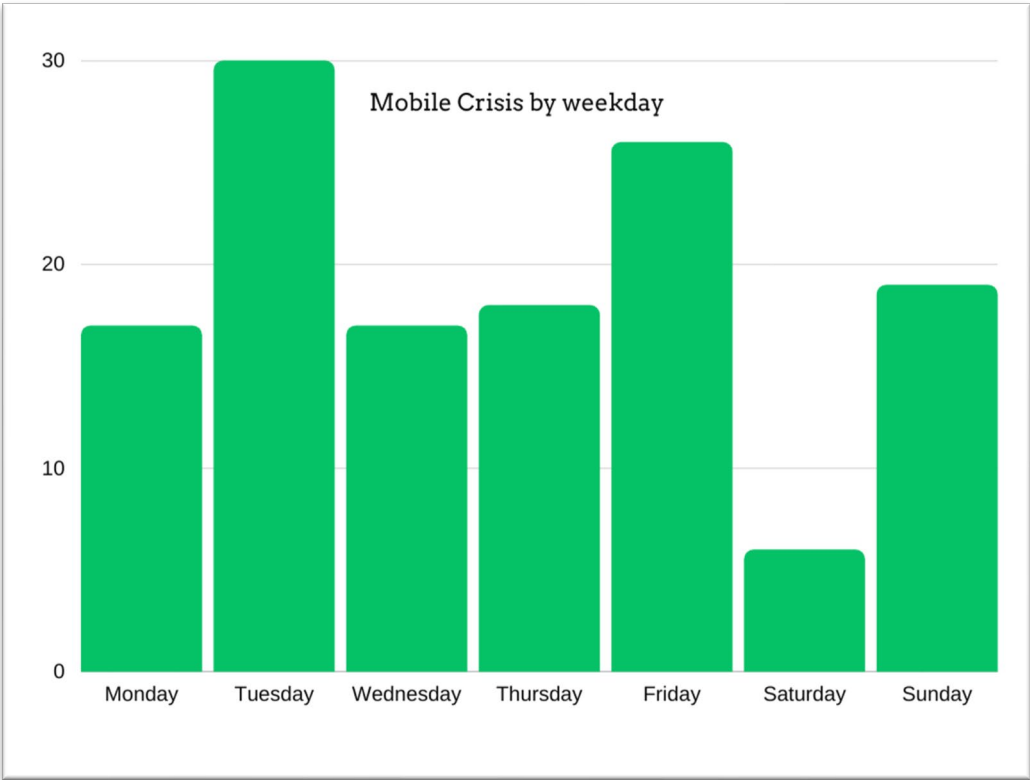


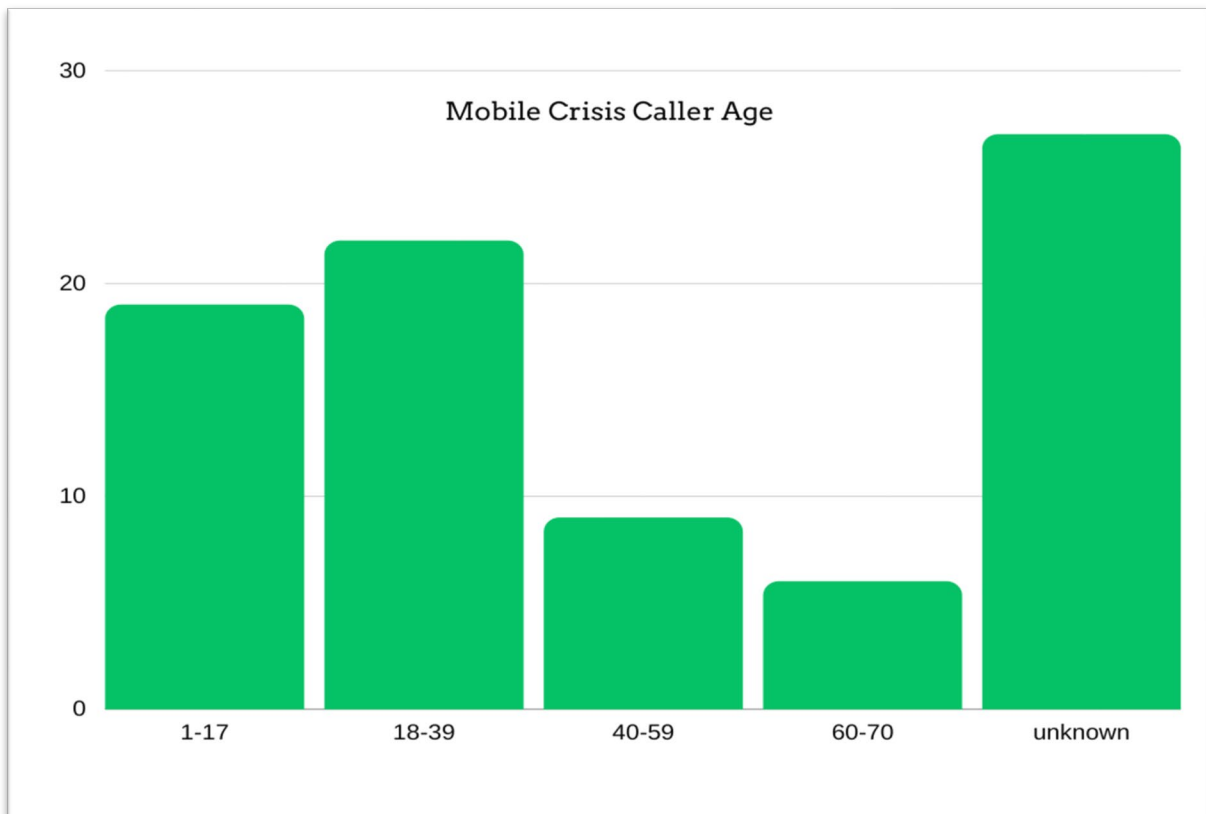
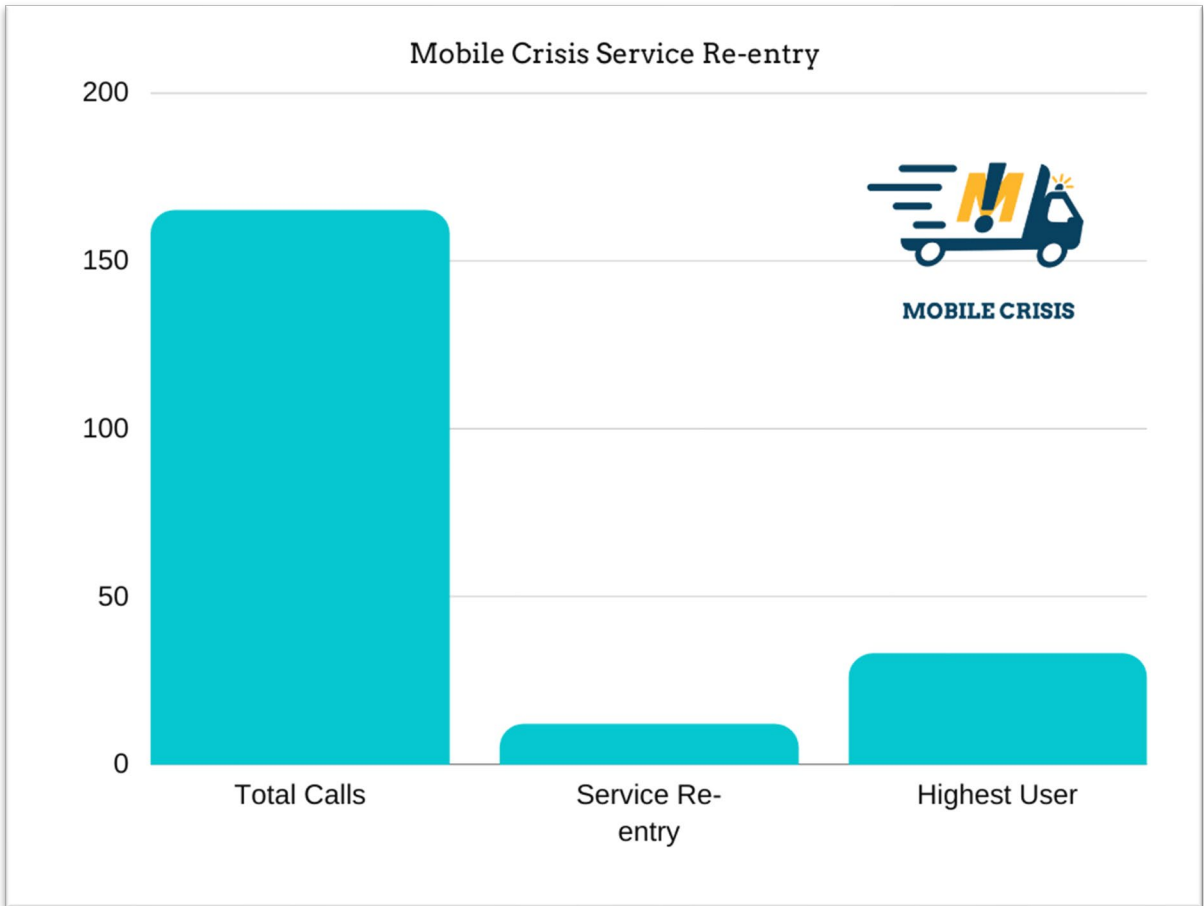


Duplicate caller in Kossuth (33 calls) Unique callers for Kossuth (56-33=23)

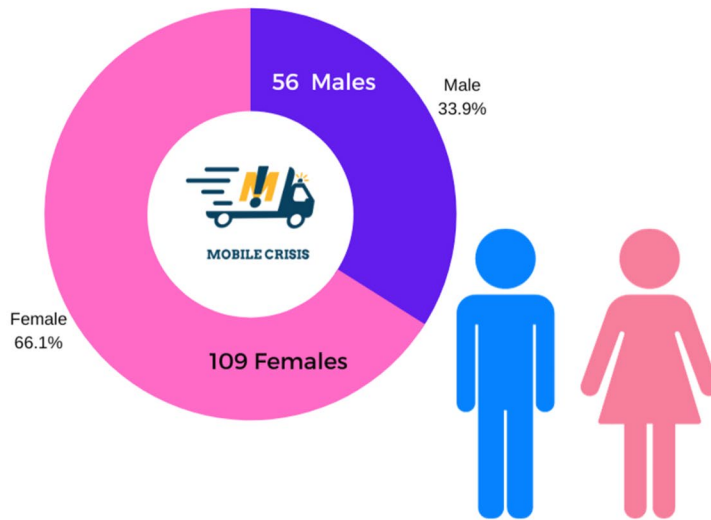


Standard: Mobile response staff have face-to-face contact with the individual in crisis within 60 minutes of dispatch. HHS Contracts states the access standard to reach is 85%





Gender Counts



Result in mobile crisis calls



MOBILE CRISIS

Stable- referral to crisis services
43.7%

Inpatient
10.6%

Jail
0.7%

Stable- no referrals
45.1%

**LESS THAN 1%
INCARCERATED**

**88.8% REMAINED
STABLE IN
COMMUNITY**

Successful Outcomes & Savings from Utilization of Mobile Crisis Services:

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

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

Assumptions:

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

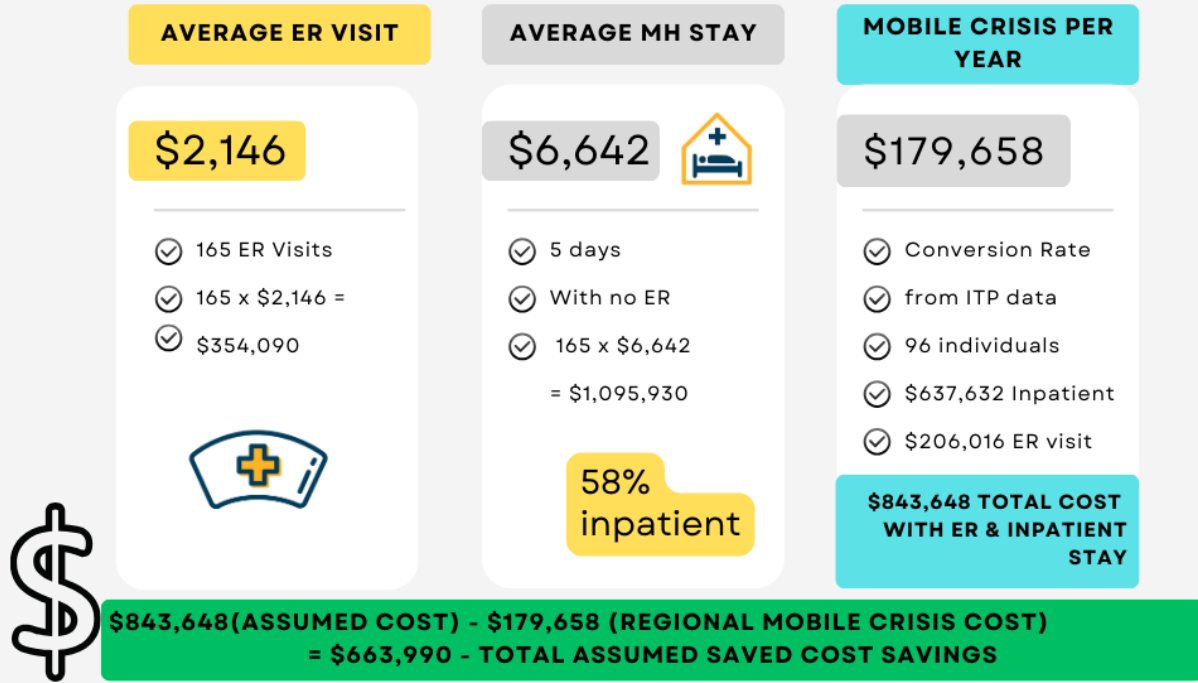
The following graph will give several scenarios to review:

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

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

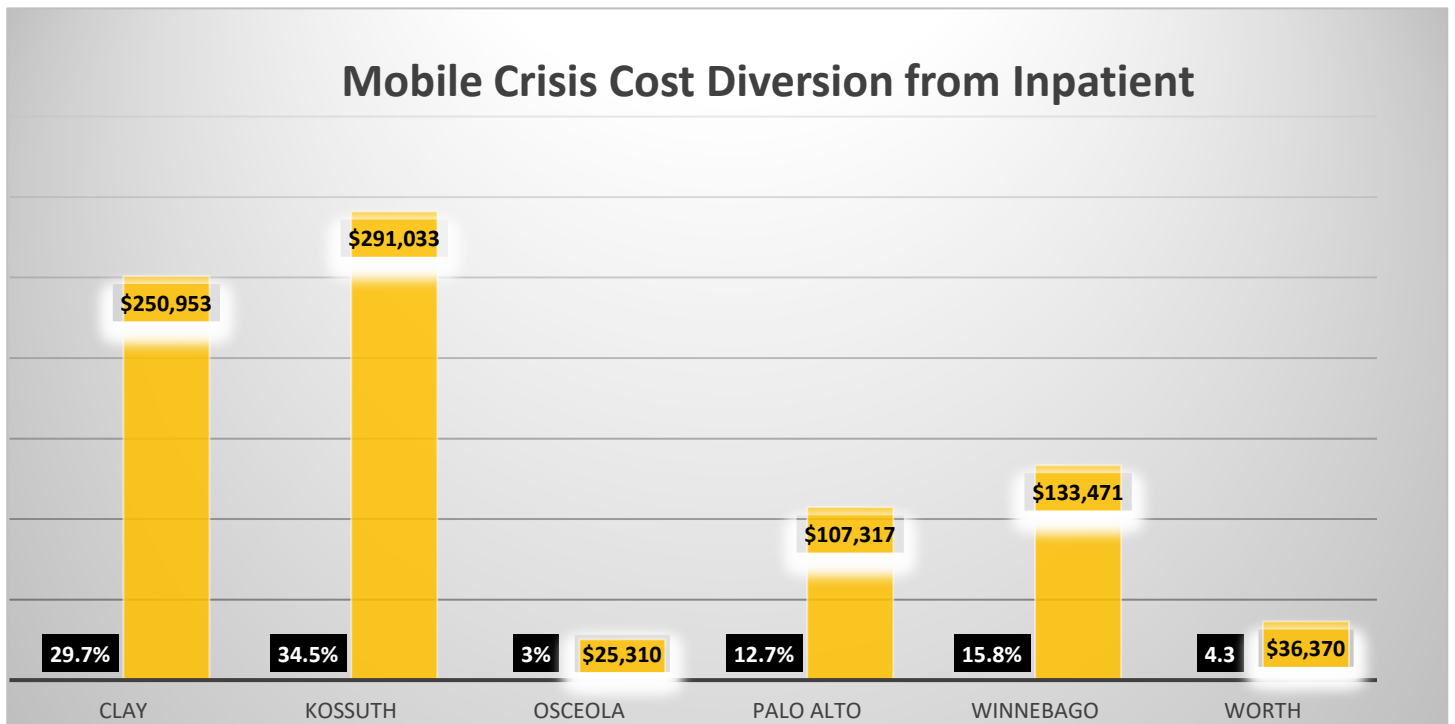
Based on the assumptions that could be made on the data, this supports the use of mobile crisis being a valuable service that has resulted in more successful outcomes and alternatives to jail and inpatient hospitalizations.

MOBILE CRISIS SAVINGS ASSUMPTIONS



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

Hospital Assessment



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




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

★★★★★ 4.4 27% cases were rated.

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

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

Demographics Overview

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

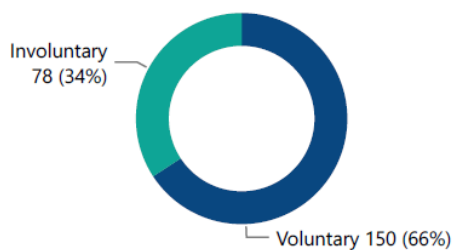
Case Outcomes

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

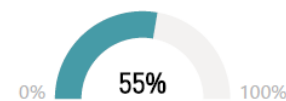
Top 10 Placement Facilities

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

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



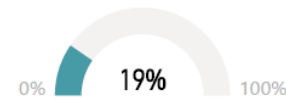
% with Suicidal Ideations



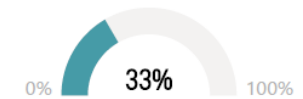
% with Alcohol in System



% with Criminal Charges



% with Drugs in System



Since entering this contract, CCNIA Regional Hospitals can choose to access telehealth assessments where specialty physicians may not be available in our rural hospitals. This provides access to assessment and

placement assistance when needed. Implementing new crisis services will provide resources to better equip the system and the staff, resulting in individuals getting quicker access to services at the correct level of care to best benefit their brain health.

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

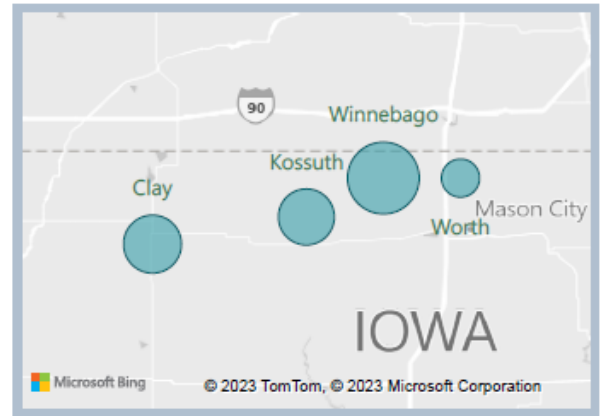


MENTAL HEALTH IN JAIL & JAIL SERVICES

% of Appointments by Type

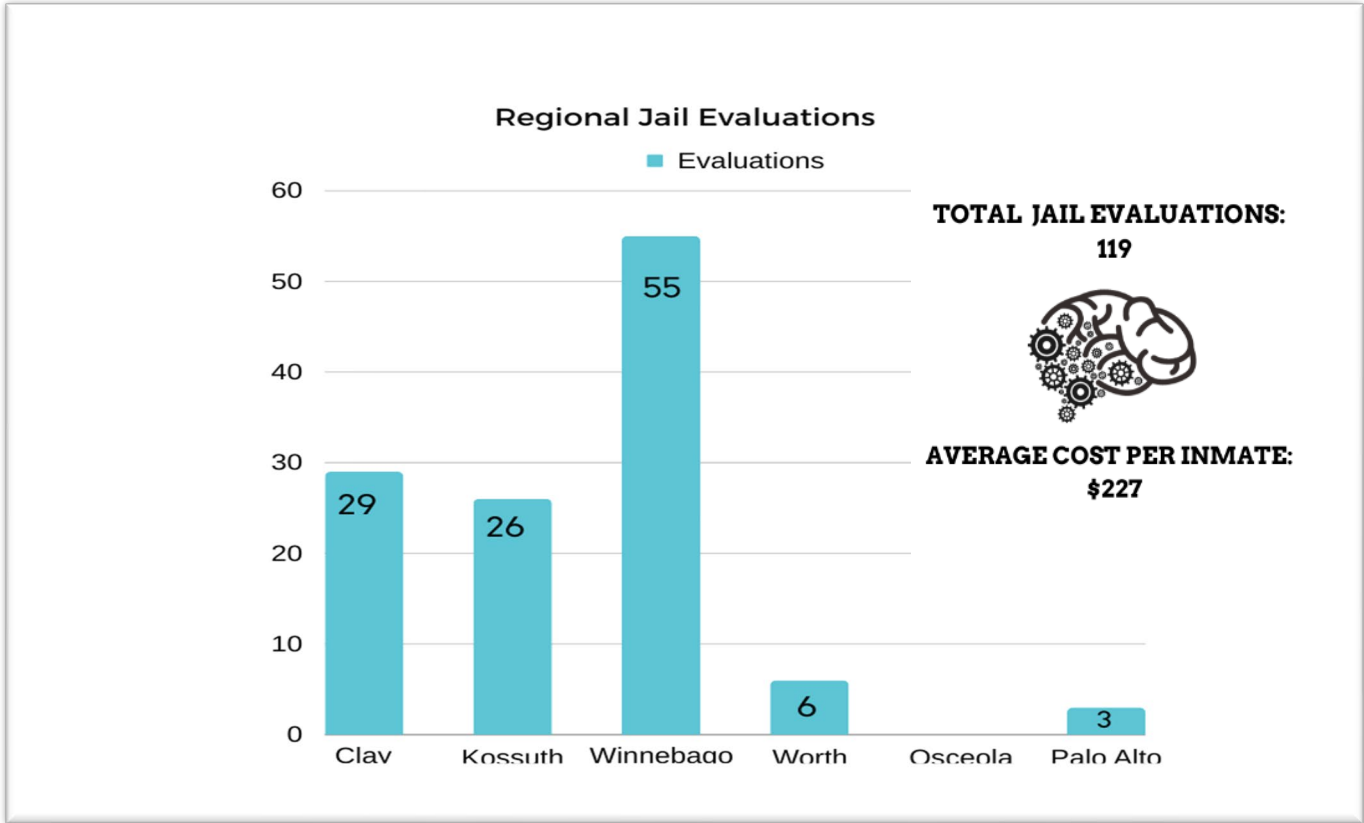


116	10	37
# Appointments	Avg Appts a Month	Average Age



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

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




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

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

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

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



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

Crisis Intervention Training

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

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

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

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

Prevention & Awareness

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

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

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



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

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



Clay County Behavioral Health Outreach Navigator:



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

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



Impact Grant

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

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

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

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

HHS/ CCNIA Regional Contract

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

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

Regional Collaboration with Providers, and Stakeholders:

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

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

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

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

Task Force Meetings:

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

Provider Network:

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

Conclusion:

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

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

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P: 712.264.3945 E: mloehr@ccnia.org

