# POLK COUNTY MENTAL HEALTH AND DISABILITY SERVICES REGION



# FY23 ANNUAL REPORT

# TO BE SUBMITTED 12/01/2023

GEOGRAPHIC AREA: Polk County Approved by Joint Advisory Committee: 10/17/2023 Approved by Governing Board: 11/07/2023

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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 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 2022/2023 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 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 Regional Governing Board, and guided by an Adult Advisory Committee and a Children's Advisory Committee.

<u>Member</u>	Representing
Robert Brownell	Polk County Board of Supervisors
Angela Connolly	Polk County Board of Supervisors
Tom Hockensmith	Polk County Board of Supervisors
Matt McCoy	Polk County Board of Supervisors
Steve Van Oort	Polk County Board of Supervisors
Mardi Deluhery	Adults/Actively Involved Relatives of an Adult who Utilizes Mental
	Health and Disability Services (designated by the regional adult
	mental health and disability services advisory committee)
Nikki Syverson	Parents/Actively Involved Relatives of a Child who Utilizes
	Children's Behavioral Health Services (designated by the regional
	children's behavioral health services advisory committee)
Jadie Boens	The Regional Education System (designated by the regional
	children's behavioral health services advisory committee)
Steve Johnson	Regional MHDS Adult Service Providers (designated by the regional
	adult mental health and disability services advisory committee)
Christina Smith	Regional Children's Behavioral Health Service Providers (designated
	by the regional children's behavioral health services advisory
	committee)
Sgt. Lorna Garcia	Local Law Enforcement
Judge Lynn Poschner	Judicial System

### 1. Region Governing Board

## 2. Region Adult Advisory Committee

<u></u>	
<u>Member</u>	<u>Representing</u>
Mardi Deluhery	Actively involved relative of an individual who utilizes services
Ashley Adams	Actively involved relative of an individual who utilizes services
Christina Smith	Adult mental health/disability service provider
Angela Wacker	Adult mental health/disability service provider
Jeff Johannsen	Adult mental health/disability service provider
Melissa Howard	Substance Use Provider
Officer Barry Graham	Local Law Enforcement
Jeremy Orcutt	Housing
Tim Larson	Community Corrections
Angela Connolly	Polk County Board of Supervisors
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## 3. <u>Region Children's Advisory Committee</u>

Member	Representing
Pamela Lowe	Parents/Actively Involved Relatives of a Child who Utilizes
	Children's Behavioral Health Services
Jadie Boens	The Education System
Jennifer Schreck	Early Childhood Advocate
Tony Timm	Child Welfare Advocate
Dr. Leenu Mishra	Children's Behavioral Health Service Providers
Nicole Davis	The Juvenile Court System
Dr. Andrea White	Pediatricians
Johnna Haggerty	Child Care Providers
Sgt. Corey Schneden	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 2023 Actual GAAP	Polk County Behavioral Health and Disability Services MHDS Region	MI (	40)	ID(42		DD(4	DD(43)		3I (7)	Ot	her	Total
		А	С	A	C	A	C	A	C	A	С	
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient	157	49									206
42306	Psychotherapeutic Treatment - Medication Prescribing	93										93
43301	Evaluation (Non Crisis) - Assessment and Evaluation	172	2	2								176
71319	State MHI Inpatient - Per diem charges	3										3
	Basic Crisis Response											
32322	Support Services - Personal Emergency Response System					3						3
44302	23 Hour Observation and Holding	539	3									542
44307	Mobile Response	1082	153									1235
44312	Crisis Stabilization Community Based Services (CSCBS)	20	95	1								116
44313	Crisis Stabilization Residential Service (CSRS)	47	62									109
	Support for Community Living											
32320	Support Services - Home Health Aides	59										59
32325	Support Services - Respite Services			1		3						4
32329	Support Services - Supported Community Living	656		36		195	1					888
	Support For Employment											
50364	Voc/Day - Job Development	5				16						21
50367	Day Habilitation	4				10						14

	Voc/Day - Individual						ĺ		
50368	Supported Employment	2			59				61
	Recovery Services								
	Service Coordination								
21375	Case Management - 100% County			1					1
24376	Health Homes Coordination - Coordination Services	11							11
	Sub-Acute Services								
64309	Sub Acute Services (6+ Beds)	14							14
	Core Evidence Based Treatment								
32396	Supported Housing	371		1	5				377
42398	Assertive Community Treatment (ACT)	72							72
	Core Subtotals:	3307	364	42	291	1			4005
Mandated									
74XXX	Commitment Related (except 301)	537	11						548
75XXX	Mental health advocate	626	7						633
	Mandated Subtotals:	1163	18						1181
Core Plus									
	Justice System Involved Services								
25XXX	Coordination services	492	1						493
	Additional Core Evidence Based Treatment								
	Core Plus Subtotals:	492	1						493
Other Informational Services									
Community Living Support Services									
22XXX	Services management	521	2	177	330	3			1033
23XXX	Crisis Care Coordination	399	35	3	1				438
31XXX	Transportation	143			51				194
32326	Support Services - Guardian/Conservator	14		4					18
32327	Support Services - Representative Payee	68		5					73
32335	Consumer-Directed Attendant Care	3		1	4				8
32399	Support Services - Other	34	1						35
33330	Mobile Meals	49			2				51
33345	Basic Needs - Ongoing Rent Subsidy	129							129

33399	Basic Needs - Other	127							127
	Psychotherapeutic								
	Treatment - Transitional								
42310	Living Program	71							71
50361	Vocational Skills Training	5		5	1				11
50365	Supported Education	1		3	22				26
	Comm Based Settings (1-5								
	Bed) - Supported								
63329	Community Living				1				1
63XXX	RCF 1-5 beds	1							1
	Community Living Support								
	Services Subtotals:	1565	38	198	412	3			2216
Congregate									
Services									
64XXX	ICF-6 and over beds	1							1
64XXX	RCF-6 and over beds	29							29
	Congregate Services								
	Subtotals:	30							30
Administration									
Uncategorized									
Regional									
Totals:		6557	421	240	703	4			7925

FY 2023 Actual GAAP	Polk County Behavioral Health and Disability Services MHDS Region	MI (⁄	MI (40)		ID(42)		3)	BI (47)		Other		Total
		А	С	А	С	А	С	A	С	A	C	
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient	156	50									206
42306	Psychotherapeutic Treatment - Medication Prescribing	93										93
43301	Evaluation (Non Crisis) - Assessment and Evaluation	171	3	2								176
71319	State MHI Inpatient - Per diem charges	3										3
	Basic Crisis Response											
32322	Support Services - Personal Emergency Response System					3						3
44302	23 Hour Observation and Holding	539	3									542
44307	Mobile Response	1082	153									1235
44312	Crisis Stabilization Community Based Services (CSCBS)	Crisis Stabilization Community Based Services (CSCBS) 20 95 1							116			
44313	Crisis Stabilization Residential Service (CSRS)	47	62									109
	Support for Community Living											
32320	Support Services - Home Health Aides	59										59
32325	Support Services - Respite Services			1		3						4
32329	Support Services - Supported Community Living	656		36		195	1					888
	Support For Employment											
50364	Voc/Day - Job Development	5				16						21
50367	Day Habilitation	4				10						14
50368	Voc/Day - Individual Supported Employment	2				59						61
	Recovery Services											
	Service Coordination											
21375	Case Management - 100% County			1								1
24376	Health Homes Coordination - Coordination Services	11										11
	Sub-Acute Services											
64309	Sub Acute Services (6+ Beds)	14										14
	Core Evidence Based Treatment											
32396	Supported Housing	371		1		5						377
42398	Assertive Community Treatment (ACT)	72				<u> </u>			1			72
	Core Subtotals:	3307	364	42		291	1					400
Mandated												
74XXX	Commitment Related (except 301)	537	11									548
75XXX	Mental health advocate	626	7									633
	Mandated Subtotals:	1163	18									118
a al		1103	18									118
Core Plus												
	Justice System Involved Services											

	Additional Core Evidence Based Treatment								
	Core Plus Subtotals:	492	1						493
Other Informational Services									
Community Living Support Services									
22XXX	Services management	521	2	177	330	3			1033
23XXX	Crisis Care Coordination	399	35	3	1				438
31XXX	Transportation	143			51				194
32326	Support Services - Guardian/Conservator	14		4					18
32327	Support Services - Representative Payee	68		5					73
32335	Consumer-Directed Attendant Care	3		1	4				8
32399	Support Services - Other	34	1						35
33330	Mobile Meals	49			2				51
33345	Basic Needs - Ongoing Rent Subsidy	129							129
33399	Basic Needs - Other	127							127
42310	Psychotherapeutic Treatment - Transitional Living Program	71							71
50361	Vocational Skills Training	5		5	1				11
50365	Supported Education	1		3	22				26
63329	Comm Based Settings (1-5 Bed) - Supported Community Living				1				1
63XXX	RCF 1-5 beds	1							1
	Community Living Support Services Subtotals:	1565	38	198	412	3			2216
Congregate Services									
64XXX	ICF-6 and over beds	1							1
64XXX	RCF-6 and over beds	29							29
	Congregate Services Subtotals:	30							30
Administration									
Uncategorized									
Regional Totals:		6557	421	240	703	4			7925

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	313	4023	4336	40
Mental Illness, Intellectual Disabilities	0	48	48	40, 42
Mental Illness, Intellectual Disabilities, Other				40, 42,
Developmental Disabilities	0	24	24	43
Mental Illness, Other Developmental Disabilities	0	132	132	40, 43
Intellectual Disabilities	0	88	88	42
Intellectual Disabilities, Other Developmental				
Disabilities	0	61	61	42, 43
Other Developmental Disabilities	4	225	229	43
Total	317	4601	4918	99

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

The region has designated Broadlawns Medical Center as the Regional 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.

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

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 subrule 25.6(2), and documentation of each team's most recent fidelity score.

Date Designated	Date ACT Teams Designated					
11/09/2021	Eyerly Ball Psychiatric Assertive Community Treatment (PACT), Des Moines	106				
11/09/2021	Eyerly Ball Forensic Assertive Community Treatment (FACT), Des Moines	98				

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

Date	<u>Sub-Acute</u>	
<b>Designated</b>		
11/09/2021	Osceola Access Center - Infinity Health	

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.

A designated IRSH provider shall meet these criteria at initial application and annually thereafter.

<u>Date</u> Designated	Intensive Residential Services
To be	Candeo
Designated on	
08/22/2023	

# 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 2023 Accrual	Polk County MHDS Region		MI (40)		ID(42)		DD(43)	BI (47)	Admin (44)		Total
Core Domains											
COA	Treatment										
42305	Mental health outpatient therapy **	Ś	436,176							Ś	436,176.10
	Medication prescribing & management **	Ś	19,058							Ś	19,058.41
43301		\$	76,229	Ś	299					\$	76,528.15
71319	Mental health inpatient therapy-MHI	ې \$	126,129	Ş	299					ş Ş	126,128.79
	Mental health inpatient therapy **	Ş	120,129							\$ \$	120,128.79
75515	Crisis Services									, ,	-
32322	Personal emergency response system					Ś	929			Ś	928.59
44301	Crisis evaluation					Ş	929			ş Ş	928.39
44301	23 hour crisis observation & holding	Ś	758,701							\$ \$	758,700.72
	24 hour access to crisis response	ې	/ 38,701							ŝ	738,700.72
	Mobile response **	\$	533,900							\$	533,899.56
		ې Ś	136,514	Ś	64					\$	136,578.12
44312		ŝ	1,329,988	Ŷ	04					Ś	1,329,988.07
		Ş	1,525,500							Ś	
4330	Support for Community Living									Ý	
32320	Home health aide	Ś	182,980							Ś	182,980.43
	Respite	Ŷ	102,500	Ś	3,056	Ś	11,936			\$	14,991.53
				Ŷ	5,050	Ť	11,550			Ś	-
32329		Ś	6,207,281	Ś	269,241	Ś	2,827,392			\$	9,303,914.09
42329	Intensive residential services	Ŷ	0,207,201	Ŷ	205,241	Ť	2,027,352			\$	
.2025						<u> </u>				Ť.	
50362	Support for Employment Prevocational services									Ś	
	Job development	Ś	3,842			ć	17,290			ş Ş	21,132.50
	Day habilitation	ş Ş	3,842			ş Ş	50,225			ş Ş	53,249.91
50367	Supported employment	ş Ş	3,025 (7,931)			ş Ś	114,627			ş Ş	106,695.51
	Group Supported employment-enclave	Ş	(7,951)			Ş	114,027			ĺ ĺ	100,095.51
50569										\$	-
	Recovery Services										
45323	Family support									\$	-
45366	Peer support									\$	-
	Service Coordination										
21375	Case management			ć	2,261					Ś	2,261.00
	Health homes	\$	183,069	Ŷ	2,201					Ś	183,069.18
24370	Sub-Acute Services	Ŷ	105,005							Ý	105,005.10
63309										Ś	
	Subacute services -6 and over beds	\$	46,073							\$	46,072.85
04303	Core Evidenced Based Treatment	Ŷ	40,075							Ý	40,072.03
04422	Education & Training Services - provider competency	Ś	66,204							Ś	66,203.88
-	Supported housing	\$	1,299,909	Ś	912	Ś	8,227			\$	1,309,047.70
42398	Assertive community treatment (ACT)	\$	452,644	Ŷ	512	Ť	0,227			\$	452,643.61
45373	Family psychoeducation	Ŷ	102,011			<u> </u>				Ś	152,010101
45575	Core Domains Total	\$	11,853,791	\$	275,832	\$	3,030,625	\$-		\$	15,160,249
Mandated Service	S										
46319	Oakdale									\$	-
72319	State resource centers					ľ				\$	-
74XXX	Commitment related (except 301)	\$	94,334							\$	94,334
75XXX	Mental health advocate	\$	172,897							\$	172,897
	Mandated Services Total	Ś	267,231	Ś	-	Ś		\$ -		Ś	267,231

									1	
Additional Core D										
	Justice system-involved services								_	
25xxx		\$	380,000						\$	380,000
44346	24 hour crisis line*								\$	-
44366	Warm line*								\$	-
	Mental health services in jails	\$	212,180						\$	212,180
	Justice system-involved services-other	<u> </u>	,						Ś	-
	Crisis prevention training	\$	5,294						\$	5,294
	Mental health court related costs	Ŷ	5,251						Ś	
74301									\$	
74301	Additional Core Evidenced based treatment								2	-
42200										
42366	Peer self-help drop-in centers								\$	-
42397	Psychiatric rehabilitation (IPR)								Ś	
	Additional Core Domains Total								 Ť	•
		Ş	597,474	\$	-	\$	-	\$ -	\$	597,474
Other Information										
03371	Information & referral	\$	139,584						\$	139,584
04372	Planning, consultation &/or early intervention (client related) **	\$							Ś	
		Ş	49,075							49,075
-	Provider Incentive Payment								\$	-
	Consultation Other			L		<u> </u>			\$	-
	Planning and Management Consultants (non-client related)	<u> </u>		L		I		1	\$	-
05373	Public education, prevention and education **	\$	99,938						\$	99,938
	Other Informational Services Total	\$	288,597	\$	-	\$	-	\$-	\$	288,597
Community Living	Supports									
06399	Academic services								\$	-
22XXX	Services management	\$	742,443	\$	197,170	\$	553,912		\$	1,493,526
23376	Crisis care coordination	\$	549,714	\$	2,400	\$	1,000		\$	553,114
23399	Crisis care coordination other								\$	-
24399	Health home other								\$	-
	Transportation	\$	209,735			\$	85,894		Ś	295,629
	Chore services	Ŷ	200,700			Ŷ	00,001		Ś	
	Guardian/conservator	Ś	30,850	Ś	7,550				Ś	38,400
		ş Ş		ې \$	3,362				ş	
	Representative payee	· ·	47,900	Ş		<i>.</i>	25 4 2 7		Ŧ	51,262
32335		\$	152,982	Ş	13,618	Ş	25,137		\$	191,736
	Other support	\$	1,644						\$	1,644
	Mobile meals	\$	92,792			\$	3,394		\$	96,186
	Rent payments (time limited)								\$	-
	Ongoing rent subsidy	\$	499,956						\$	499,956
33399	Other basic needs	\$	72,256						\$	72,256
41305	Physiological outpatient treatment								\$	-
41306	Prescription meds								\$	-
41307	In-home nursing								\$	-
41308	Health supplies								\$	-
	Other physiological treatment								Ś	-
	Partial hospitalization								Ś	-
	Transitional living program	Ś	133,643						Ś	133,643
		Ý	133,045	-					\$	- 155,645
	Day treatment			-					\$ \$	
	Community support programs			-						-
	Other psychotherapeutic treatment	<u> </u>		<u> </u>					\$	-
	Other non-crisis evaluation			<u> </u>		<u> </u>			\$	-
	Emergency care	<u> </u>		<u> </u>		<u> </u>			\$	-
	Other crisis services			L		L			\$	-
	Other family & peer support								\$	-
	Psychiatric medications in jail								\$	-
50361	Vocational skills training	\$	8,550	\$	21,600	Ś	1,710		\$	31,860
50365	Supported education	\$	421	Ś	9,068		71,037		\$	80,525
	Other vocational & day services	Ť	721	ŕ	5,008	ŕ	, 1,037			00,323
				L		L			\$	-
	RCF 1-5 beds (63314, 63315 & 63316)	\$	6,170						\$	6,170
	ICF 1-5 beds (63317 & 63318)								\$	-
63329	SCL 1-5 beds					\$	5,539		\$	5,539
63399	Other 1-5 beds								\$	-
	Community Living Supports	\$	2,549,056	\$	254,767	\$	747,624	\$ -	\$	3,551,447
Other Congregate	Services									
	Work services (work activity/sheltered work)								\$	-
	RCF 6 and over beds (64314, 64315 & 64316)	\$	758,910						\$	758,910
	ICF 6 and over beds (64317 & 64318)	\$ \$	738,910	-					\$	738,910
		ڊ ب	11,093	-					\$	
	SCL 6 and over beds			<u> </u>						-
64399	Other 6 and over beds							•	\$	-
	Other Congregate Services Total	Ş	830,603	Ş	-	\$	-	\$ -	\$	830,603

Administration								
11XXX Direct Administration						\$ 1,774,738	\$	1,774,738
12XXX Purchased Administration						\$ 128,742	\$	128,742
Ad	ministration Total					\$ 1,903,480	\$	1,903,480
	Regional Totals \$	16,386,751	\$ 530,600	\$ 3,778,249	\$ -	\$ 1,903,480	\$	22,599,079.54
(45XX-XXX)County Provided Case Management							\$	-
(46XX-XXX)County Provided Services							\$	-
Re	gional Grand Total						Ś	22,599,079.54

## Table D. Revenues

Please note – Rounding is causing the variance between the fund balances on the certified and the annual report documents.

FY 2023 Accrual	Polk County MHDS Region			
Revenues				
	FY22 Annual Report Ending Fund Balance		\$	691,307
	Adjustment to 6/30/22 Fund Balance		\$	-
	Audited Ending Fund Balance as of 6/30/22 (B	Beginning FY23)	\$	691,307
	Local/Regional Funds		\$	1,479,958
1010	Delinquent Property Tax			
25XX	Other Governmental Revenues	1,116,298		
4XXX-5XXX	Charges for Services			
	Client Fees			
60XX	Interest			
6XXX	Use of Money & Property			
8XXX	Miscellaneous	363,660		
9040	Other Budgetary Funds (Polk Transfer Only)			
	State Funds		\$ 1	8,711,238.00
24XX	State/Federal pass thru Revenue			
2644	State Regional Service Payments	18,711,238		
2643	State Incentive Funds			
	Other			
	Federal Funds		\$	-
2344	Social services block grant			
2345	Medicaid			
	Other			
	Other			
	Total Revenues		\$	20,191,196
	Total Funds Available for FY23	\$ 20,882,503		
	FY23 Actual Regional Expenditures	\$ 22,599,080	1	
	Accrual Fund Balance as of 6/30/23	\$ (1,716,577)	1	

# D. Status of Service Development in FY2023

The Polk Region continued to work collaboratively with Broadlawns Medical Center on the development and licensure of the components of an Access Center and has a Memorandum of Understanding with CROSS Region for subacute services.

Broadlawns achieved accreditation for all crisis services, except for Mobile Response which is in process.

The Polk County Region has two long-standing Assertive Community Treatment (ACT) teams, which have been evaluated for program fidelity. Polk County Regional staff participated in the regional Evidence Practice Group. Polk County Regional staff are working with a network provider to implement an Intensive Residential Services Home.

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.

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### Strategic Intent #1: Develop Accountable Mental Health and Disability Services

<u>GOAL:</u> Data driven decision-making is key to demonstrating services contribute to social determinants of health and are meaningful, cost-efficient and cost-effective.

**<u>OBJECTIVE:</u>** The Polk County Region will leverage and utilize data efficiently.

<u>ltem</u> <u>Number</u>	<u>Tactics</u>
1	Align data collection and reporting standards identified in the performance-based contract with the
	Department of Health and Human Services (HHS)
2	Analyze year one of children's system impact measures and review results for gaps and usefulness
3	Utilize longitudinal outcome data analysis to evaluate health of the Polk Mental Health and Disability
	Services Region system
4	Continue transitions from PolkMIS to CSN (technical build-out)
5	Collect baseline data for system goals during first half of calendar year 2023

### YEAR-END STATUS:

- 1. The Polk County Mental Health and Disability Services (MHDS) Region remain in compliance with the Department's performance-based contract. The Region participated in collaborative meetings and submitted quarterly reports to report child and adult core service compliance, evidence-based practices fidelity status, community trainings, and shared Region successes.
- 2. Crisis Outcomes as determined by the Regional CEO outcomes group are being collected and utilized for community discussion and utilized to ensure response is meeting service requirements. Customer satisfaction results collected are high (96% and higher) and indicate community support and overall satisfaction with the service.
- 3. Goal discontinued.
- 4. The Polk County Region transitioned from PolkMIS to CSN on 7/1/2022 and BHDS Staff have learned how to navigate the platform and request efficiency enhancements to CSN. The Region utilized an Iowa County Technology Services expert user during the upstart and has developed a plan to create an expert user within the BHDS department next fiscal year.

5. The Region participated in a joint MHDS Regions & HHS data analytics workgroup. The scope included standardizing definitions, data elements, processes for data collection, and reporting for system-wide crisis services.

### Strategic Intent #2: Strengthen Relationships in and Among Partners

<u>GOAL</u>: We can meet community needs better when we are inclusive and actively integrate feedback from individuals served, families, and our community partners.

**<u>OBJECTIVE:</u>** The Polk County Region will foster and facilitate strong, collaborative relationships.

<u>ltem</u> <u>Number</u>	<u>Tactics</u>
1	Revisit cadence and structure of meetings to increase attendance and cultivate trusting relationships.
2	Collaborate and provide leadership with the Department of Health and Human Services and Managed Care Organizations to develop and designate a Polk County Regional Provider for intensive residential service homes (IRSH)
3	Identify priority need areas for children's service development
4	Partner and Participate in a joint workgroup with Regional Colleagues and the Department of Health and Human Services to ensure outcome common language and consistency across regions
5	Encourage cross-sector engagements including, but not limited to: Public Health, Department of Education, Justice Involved Entities, Faith Communities
6	Actively participate in the CSN Operations Committee to discuss system enhancements
7	Participation and leadership in ISAC and CEO committees

#### YEAR-END STATUS:

- BHDS Staff discussed and proposed a change to the structure and meeting frequency for the MHDS Regional Governing Board, Adult Advisory Committee, Child Advisory Committee, and the Adult and Child (Joint) Advisory Committee. New Committee Members were onboarded and meetings transitioned back to in-person, with a hybrid option. The 2023 Legislative Session resulted in adding a judicial representative to the Regional Governing Board. Additionally, the Quarterly Network Provider Meetings were re-instituted to gather input and share information.
- 2. BHDS Staff met regularly with HHS, Amerigroup, and Candeo on progress of development of IRSH four-person site. A start-up budget was established. Candeo is actively recruiting for key staff for the program and searching for a community home to purchase. Services are anticipated to start November 1, 2023.
- 3. Regional staff attend various interest group meetings including children's crisis, early childhood, school counselors, and suicide prevention coalitions to be aware of challenges and priority needs areas. One on one meetings with community partners also help to define these priority areas.
- 4. Regional CEOs and HHS focused on standardizing administrative expenses, coordination, and service building and sustainability. HHS issued state service code guidance for administrative consistency across regions. Costs related to employment and expenses for coordinators of disability services and jail coordination resulted in a new state service code distinguishing region provided and region contracted coordination. Additionally, several new state service codes related to system service building and sustainability were added.
- 5. BHDS Staff and the Polk County Health Department meet monthly to collaborate efforts around suicide, gun safety, and overdose prevention. A bi-monthly meeting of intersecting law enforcement and behavioral health entities is held to share service updates and problem-solve any issues effecting service delivery.
- 6. BHDS Staff participate in the CSN Operations Committee and clarify to other Regions how the proposed enhancements support regional business processes. The Polk County Region holds 1 vote on the Operations Committee.
- 7. BHDS Staff provide leadership at a national level through the National Association of Behavioral Health and Disability Directors (NACBHDD). BHDS Staff continue to provide leadership locally through involvement in the ISAC

Community Services Affiliate Board, CEO meetings, and the service management and level of support regional standardization committees.

### Strategic Intent #3: Create and Retain a Solid and Effective Workforce

<u>GOAL:</u> Direct Support Professionals are the heart, soul, and cornerstone of disability supports as they build close, respectful, and trusted relationships that help those supported to lead meaningful and productive lives in our community. <u>OBJECTIVE:</u> The Polk County Region will address the chronic workforce shortage creating a crisis in service delivery capacity.

<u>ltem</u> <u>Number</u>	<u>Tactics</u>
1	Develop a talent pipeline in partnership with education and business sectors
2	Career ladder development, including Leadership development (fostering succession planning for future leaders of the provider agencies, strengthening change management skills)
3	Develop strategies that create recognition and visibility for the disability and mental health field
4	Advocate for changes in Federal laws tied to DSP occupational code and rates that impact frontline staff wages
5	Improve access to services by creating a sustainable workforce
6	Advocate for reduction in administrative burden with Managed Care Organizations, Regions, and private insurance providers

#### YEAR-END STATUS:

- 1. After the reorganization with the BHDS department, consultants lead a two, half day meeting to re-determine strategic commitment areas around the workforce crisis with network providers. The top priorities included wellness/social determinates of health among staff; staff retention and training; and cross collaboration of network providers.
- 2. The Positive Behavior Support Network (PBSN) included plans to provide leadership and management training. Trainers are being identified and training will begin in FY24. PBSN strategic plan
  - a. Provide different venues and connection points for the network.
  - b. Develop and deploy new content on web page and leverage social media
  - c. Build onboarding plan, processes, and ongoing engagement metrics and take pressure off of agencies.
- 3. Provider network priorities ranked strategies that create recognition and visibility for the disability and mental health field in relation to the commitment areas.
- 4. BHDS Staff continued to remain active with the National Association of Behavioral Health and Disability Directors (NACBHDD) and National Alliance of Direct Support Professionals who championed federal legislation that supported efforts to address the workforce shortage. NACBHDD successfully received formal support from National Association of Counties (NACo) to make it a strategic priority in their federal policy platform.
- 5. BHDS Staff provided workforce assistance to providers to support retention efforts, as well as continued to support Frontline Supervisor national certification and incentives to complete certification.
- 6. BHDS Staff attended Iowa Medicaid Workforce meetings to address and advocate for reductions in documentation requirements.

### Strategic Intent #4: Improve Literacy in Mental Health and Disability Supports

<u>GOAL</u>: We believe in the strengths-based model of support where individuals with unhealthy or injured brains and other disabilities are able to recover and lead resilient lives.

**<u>OBJECTIVE:</u>** The Polk County Region will improve literacy and build capacity in mental health and disability supports community-wide.

<u>ltem</u> <u>Number</u>	<u>Tactics</u>
1	Support families to access and engage in services
2	Expand partnership with business community
3	Expand partnership with faith community
4	Broaden relationships with K-12 school districts, AEA, and community colleges
5	Facilitate expansion of training across city departments throughout Polk County
6	Support families in connecting to community supports and services prior to crisis

#### YEAR-END STATUS:

- 1. BHDS Staff continued developing relationships with community partners to support children and families in all community settings. Contracted partners reach out within identified timelines and at families' convenience.
- 2. Discontinued
- 3. Region efforts have collaborated with DECAT efforts to support the Community Café model within the faith community. The Region supported primarily training with DECAT offering ongoing supports for the model.
- 4. Continued efforts to meet with school and educational staff to identify needs of individual students. Regional providers assist individuals with needed interventions such as IEP's, school visits, and needed assessments.
- 5. On Hold
- *6.* The Polk County Region contracted with EveryStep to ensure families gain access and engage in services through support of agency staff.

### <u>Strategic Intent #5:</u> Ensure Accessible, Community Based Services

<u>GOAL:</u> We are committed to providing excellence in our community-based services while exercising fiduciary responsibility.

**<u>OBJECTIVE:</u>** The Polk County Region will provide access to a continuum of community-based services and supports, rooted in strengths-based and person-centered philosophies to support residents of the region to attain stability in health, housing, and employment and to work toward recovery.

<u>ltem</u>	Tastisa
<u>Number</u>	<u>Tactics</u>
1	Timely submit an Annual Service Plan and Budget to the Department of Health and Human Services.
2	Increase capacity to support individuals with timely access to services, service coordination for
	individuals with complex needs.
3	Standardize and report on regional administrative costs
4	Quarterly and timely submit status and progress on core, additional core, non-core and utilization of
	evidence practices embedded in services
5	Support the crisis and intensive mental health services accreditation process
6	Support service components that fill gaps in legislative requirements and meet community need
7	Ensure provider communication and client first responses
8	Create individual and family supports through Children's Collaborative and additional sectors

### YEAR-END STATUS:

- The Fiscal Year 2023/2024 Annual Service and Budget Plan was approved by the Regional Governing Board on 3/21/2023 and submitted to HHS by 4/1/2023. The Region also submitted a request to access state incentive dollars to hold the MHDS service system whole and provide the new core service, Outpatient Competency Restoration (OCR) for the fiscal year ending 6/30/2024.
- 2. EveryStep expanded service capacity to children and their families. BHDS Staff continue to explore the best ways to support other groups with complex needs.

- 3. Regional CEOs and HHS discussed standardizing administrative expenses and in September, 2022, HHS issued administrative state service code guidance regarding categorizing MHDS Staff employment and benefits, Service Coordinators and Justice Involved Coordinators (region provided/region contracted), purchased administrative technical services (CSN dues) and purchased administration (Regional Fiscal Agent Fees), and miscellaneous costs that do not fit under any other code.
- 4. Quarterly Reports communicating compliance regarding core, additional core, non-core, and utilization of evidence-based practices (EBPs) were submitted timely.
- 5. BHDS Staff worked with child and adult Network Providers to obtain accreditation for community-based crisis stabilization and residential-based crisis stabilization. Mobile Crisis Response is still in the process of completing accreditation.
- 6. MHDS Region Staff and HHS continue to work collaboratively to develop outpatient competency restoration (OCR). The new OCR core service begins in Fiscal Year 2023/2024.
- 7. Regional staff meet with provider collaboratives such as crisis providers, early childhood providers and others, on an on-going basis.
- 8. Discontinued

# E. Outcomes/Regional Accomplishments in FY2023

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.

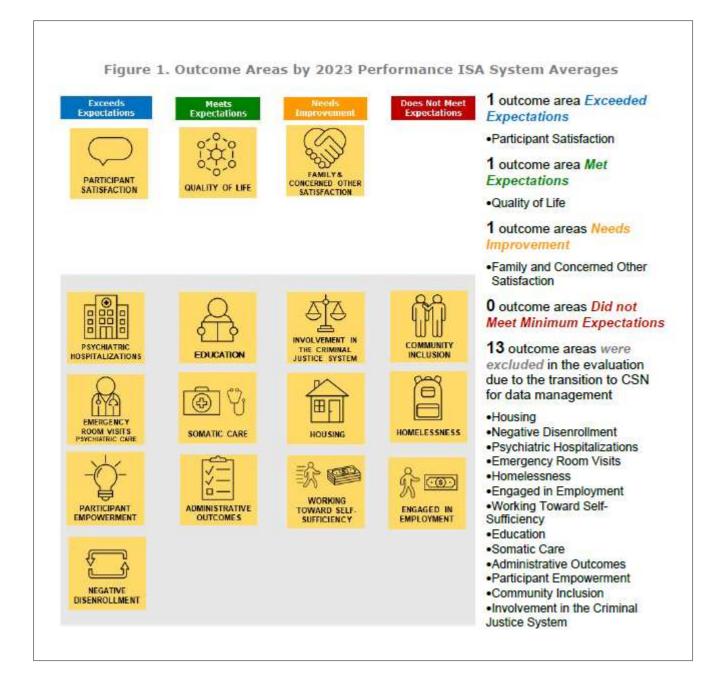
In this reporting period, outcome data is limited because of a transition in data management systems which track outcome reporting. Starting in July 2022, the Polk Region began using the Community Services Network (CSN) data management system, hosted by the Iowa Association of Counties. In prior years, Polk County managed its own data system via PolkMIS. When PolkMIS was operational, Polk County providers entered outcome data for 16 areas. PolkMIS was discontinued in June 2022. Due to this transition, this reported outcomes cover only 3 outcome areas, which are survey-based outcomes. Data reporting on all 16 outcome areas will resume for FY24.

## Integrated Services Agencies (ISAs)

In 2023, the ISA System scores were comprised of the three survey-based outcome areas. Of these three outcome areas, the ISA system *Exceeded Expectations* in *Participant Satisfaction*, *Met Expectations* in *Participant Quality of Life*, and *Needs Improvement* in *Family and Concerned Other Satisfaction*. Table 1 and Figure 1 shows each outcome area by performance.

	N (# of Participant respondents)	Particip Satisfac		Particip Quality Life	y of	N (# of Concerned Other respondents)	Family Concer Othe Satisfac	ned er	Agen Overa	
		Performance	Score	Performance	Score	,	Performance	Score	Performance	Score
Broadlawns	15	98%	4	96%	4	15	90%	3	95%	4
CSA	15	98%	4	92%	3	15	84%	1	91%	4
Easterseals	15	89%	2	91%	3	15	87%	2	89%	4
Eyerly Ball	15	99%	4	93%	3	15	94%	3	95%	4
System Average	60 (total)	96%	4	93%	3	60 (total)	89%	2	93%	4

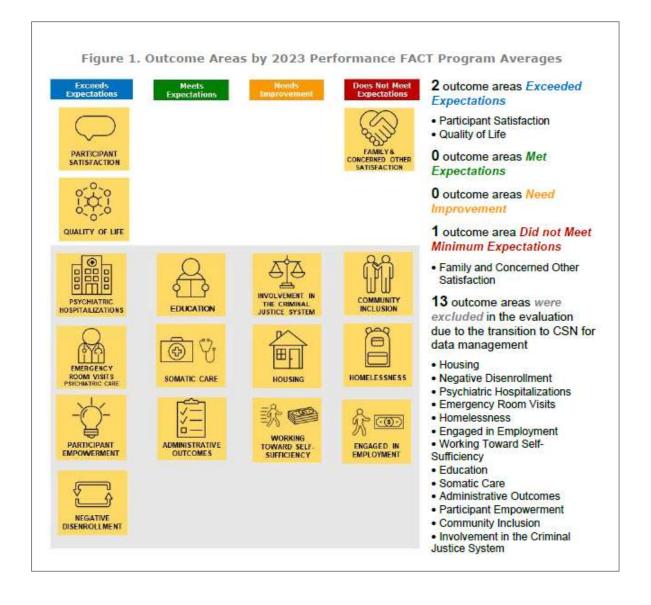
Table 1. Summary Table of ISA Outcome Performance by Agency



In 2023, the FACT Program scores were comprised of three survey-based outcome areas. Of these three outcome areas, the FACT Program *Exceeded Expectations* in *Participant Satisfaction* and *Participant Quality of Life*. Performance for *Family and Concerned Other Satisfaction Did not Meet Minimum Expectations*. The overall program performance *Exceeded Expectations*. Table 1 and Figure 1 show each outcome area by performance.

Table 1. Summary Table of FACT Program Performance

	N (# of Participant respondents)	Participant Satisfaction		Participant Quality of Life		N (# of Concerned Other respondents)	Family and Concerned Other Satisfaction		Program Overall	
		Performance	Score	Performance	Score		Performance	Score	Performance	Score
FACT Program	15	100%	4	<mark>9</mark> 9%	4	15	82%	1	94%	4



In 2023, the KEY Program scores were comprised of the two survey-based outcome areas. Of these two outcome areas, the KEY Program *Exceeded Expectations* in *Participant Satisfaction* and *Participant Quality of Life*. Performance for *Family and Concerned Other Satisfaction* was not reported due to a low sample size (N=6). Table 1 and Figure 1 shows each outcome area by performance.

	N (# of Participant respondents)	Participant Satisfaction		Participant Quality of Life		N (# of Concerned Other respondents)	Family and Concerned Other Satisfaction		Agency Overall	
		Performance	Score	Performance	Score		Performance	Score	Performance	Scor
KEY Program	15	100%	4	<mark>9</mark> 8%	4	6	NA	NA	99%	

### Table 1. Summary Table of KEY Program Performance

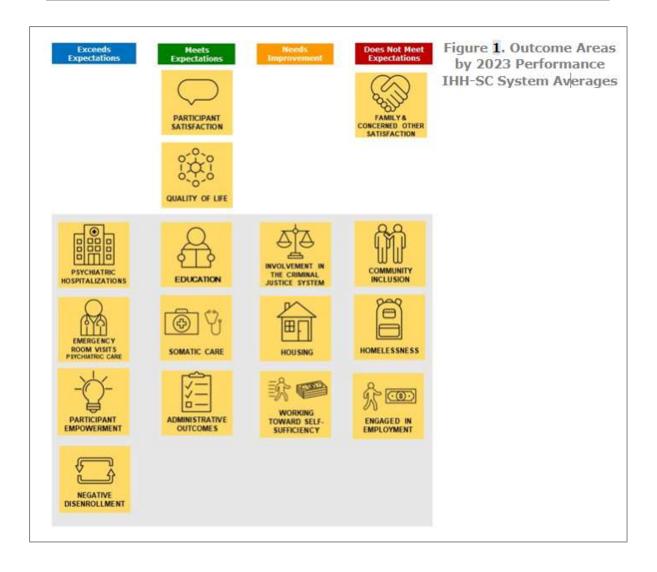


Exceeds Expectations	Meets Expectations	Meeds papeovenient	Does Not Meet Expectations	2 outcome areas Exceeded Expectations
$\bigcirc$				Participant Satisfaction     Quality of Life
PARTICIPANT SATISFACTION				0 outcome areas Met Expectations,
		A		Need Improvement, or Did not Meet Minimum Expectations
QUALITY OF LIFE		EDUCATION	NEGATIVE DISENBOLLMENT	1 outcome area was not reported in the evaluation due to small sample size
FAMILY'S CONCERNED DTHER			ÔÔ	Family and Concerned Other Satisfaction
SATISFACTION		THE CRIMINAL JUSTICE SYSTEM	COMMUNITY	13 outcome areas were excluded in the
	<b>()</b>	箭	Ä	evaluation due to the transition to CSN for data management
	SOMATIC CARE	HOUSING	ROMELESSNESS	Housing     Negative Disconcellment
		WORKING TOWARD SELF- BUFFICIENCY	ENGAGED IN EMPLOYMENT	<ul> <li>Negative Disenrollment</li> <li>Psychiatric Hospitalizations</li> <li>Emergency Room Visits</li> <li>Homelessness</li> <li>Engaged in Employment</li> </ul>
		EMERGENCY ROOM VISTS PROHATEC CARE	PSYCHIATRIC HOSPITALIZATIONS	Working Toward Self-Sufficiency     Education     Somatic Care     Administrative Outcomes
				<ul> <li>Participant Empowerment</li> <li>Community Inclusion</li> <li>Involvement in the Criminal Justice System</li> </ul>

In 2023, the IHH-SC System scores were comprised of the three survey-based outcome areas. Of these three outcome areas, the IHH-SC system *Met Expectations* in *Participant Satisfaction* and Participant *Quality of <u>Life</u>*, and **Did not Meet Minimum Expectations** in *Family and Concerned Other Satisfaction*. Table 1 and Figure 1 shows each outcome area by performance.

	N (# of Participant respondents)	Participant Satisfactio n		Participant Quality of Life		N (# of Concerned Other respondents	Family and Concerned Other Satisfactio		Agency Overall	
		Performance	Score	Performance	Scor	,	Performance	Score	Performanc e	Sco
Broadlawns	64	93%	3	88%	3	64	81%	1	87%	3
CSA	20	97%	4	91%	3	20	89%	2	92%	4
Eyerly Ball	43	96%	4	93%	3	43	88%	2	92%	4
System Average	127 (total)	94%	3	90%	3	127 (total)	84%	1	89%	4

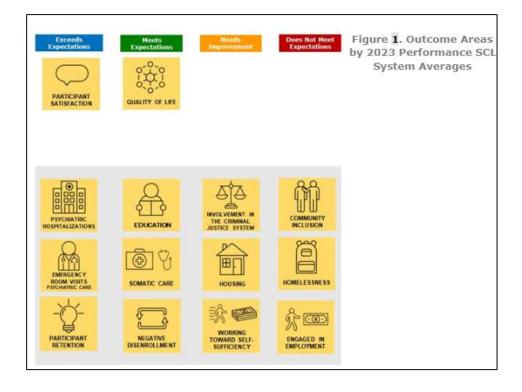
Table 1. Summary Table of IHH-SC Outcome Performance by Agency

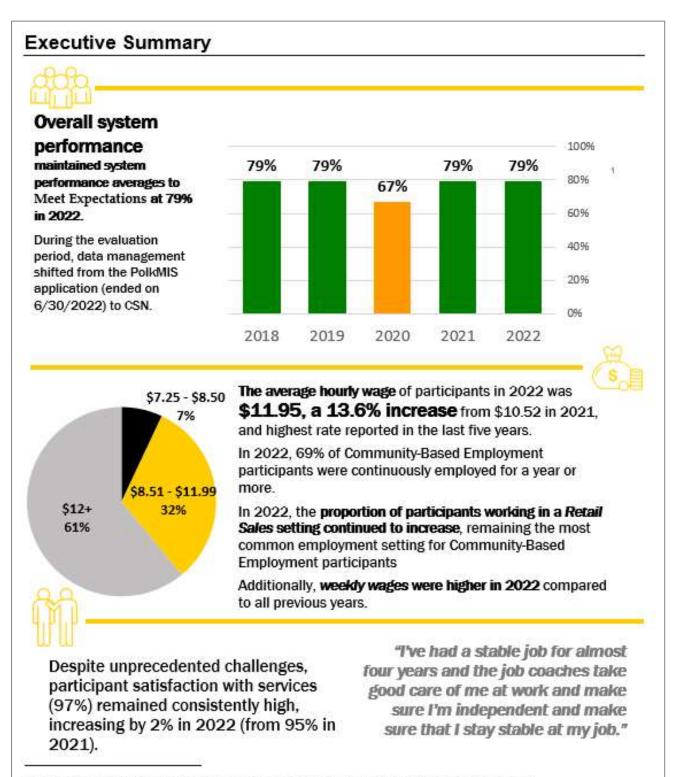


In 2023, the SCL System scores were comprised of the two survey-based outcome areas. Of these two outcome areas, the SCL system *Exceeded Expectations* in *Participant Satisfaction* and *Met Expectations* in *Participant Quality of Life*. Table 1 and Figure 1 shows each outcome area by performance.

	N (# of Participant respondents)	Partici Satisfa		Partici Quality	Agency Overall			
	respondents)	Performance	Score	Performance	Score	Parformance	Scons	
Balance Autism		( <del>.</del>				-		
Broadlawns	15	98%	4	90%	3	94%	4	
Candeo	15	90%	3	90%	3	90%	4	
ChildServe	10	98%	4	100%	4	99%	4	
COC	3	-		-	-			
Crest	5	1		5	-	s-		
Easterseals	15	95%	4	89%	3	92%	4	
Eyerly Ball	14	98%	4	89%	3	93%	4	
HOPE	15	100%	4	100%	4	100%	4	
Link Associates	15	94%	3	90%	3	92%	4	
Lutheran Services	15	95%	4	97%	4	96%	4	
Mainstream Living	15	88%	2	82%	2	85%	3	
Mosaic	15	100%	4	98%	4	99%	4	
Optimae	15	97%	4	95%	4	96%	4	
Progress Industries	15	92%	3	96%	4	94%	4	
Stepp <mark>ing</mark> Stone		15				æ		
System Average	177 (total)	95%	4	93%	3	94%	4	

Table 1. Summary Table of SCL Outcome Performance by Agency





<sup>&</sup>lt;sup>1</sup> The wage chart shown is missing data for one agency for one quarter of the reporting period

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 BHDS, Polk County Integrated Services, and Progress Industries.

#### FY22/23 Progress on Strategic Plan Goals

#### General Summary of FY22/23 Board Activity

The PBSN Board worked this year to learn the tools needed to implement the new strategic plan. This included working through several objectives and creating a timeline for the steps needed to complete the first objectives. The new plan serves as a working document that continues to evolve and guide the board in our Mission and Vision.

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.
- 19 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. Expand on new format of sharing the tools after the training. Focused on a book and did and provided training around it as a resource.
- Collaboration between agencies continued with sharing of trainings such as C3 and Motivational Interviewing. This continued to grow
- Returned to in person SIM training
- C3 training this year

#### 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 BHDS 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.

## Regional Collaboration - Criminal Justice Coordinating Council & Cost Avoidance

The Polk County Region participates in the Polk County Criminal Justice Coordinating Council which reviews issues that enhance collaboration among all areas of the justice system. Each meeting, the Region reports on outputs and outcome measures from the Post-Booking Jail Diversion Program, Crisis Observation Center, Mobile Crisis Response Team and Behavioral Health Urgent Care. We work collaboratively with law enforcement to divert individuals with mental illness to treatment and away from Jail. If an individual is booked into jail, we assist in providing pathways to services in order to shorten the length of stay for individuals with a disability.

The below slide demonstrates the cost avoidance attained through the Mobile Crisis Response Program:

