Southwest Iowa MHDS Region

FY 2023 Annual Report



Geographic Area: Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, and Shelby counties.

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INTRODUCTION

The Southwest Iowa MHDS Region (SWIA MHDS) formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region. In compliance with IAC 441-25 the SWIA MHDS Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

The FY2023 Annual Report covers the period of July 1, 2022, to June 30, 2023. The Annual Report includes documentation of the services provided, individuals served, an outline of designated intensive mental health services, the costs associated with regional obligations as well as regional outcomes and or accomplishments for the year.

The <u>mission</u> at SWIA MHDS is to provide a responsive and welcoming system of support for overall mental wellness. Our <u>vision</u> is empowering individuals and instilling hope for their future. Our <u>values</u> include being:

- Welcoming it is important to us, that we are approachable and positive.
- Open-minded We do not judge; we want to listen.
- Compassionate our work is hard at times, but we love it.
- Helpful We will meet you where you are at with kindness and respect.
- Understanding Your story is important to us.

In FY23, the region continued its work with stakeholders to create systems that work. The region continued to enhance its system of care for Children's Behavioral Health as well as its Crisis Access Network. Workforce shortages continued to delay the start of the children's crisis stabilization residential service, but the region continued to work closely with the provider to address the barriers to hiring staff. Grant opportunities were made available to impact the work of our provider community to strengthen their ability to continue services given the additional struggles they faced with workforce shortages and reimbursement models.

The region continued to provide start-up funds for the rural ACT program as well as the community- based crisis services. The term "Anywhere Crisis Care" was coined to better describe these services in a manner to set it apart from residential based services. Crisis Intervention Training was provided within the region three times with a very positive response from regional law enforcement agencies filling all the classes.

The end of the fiscal year brought planning and changes to the 28E agreement and Policies and Procedures due to the legislative changes in HF 471. These changes included restructuring the Governing Board membership, code reference changes, and the additional service of outpatient competency restoration.

With changes to regional requirements, funding, and pending state restructuring, we continue to strive to do the absolute best we can for the citizens of our nine-county region. As always, we want our systems to be robust and meet needs, while at the same time be sustainable for years to come. We invite you, the reader, to be an involved stakeholder and give us continuous feedback as our system grows and changes. Please see our website www.swiamhds.com for information on meetings, minutes, resources, and trainings.

A list of Governing Board and Advisory Committee members can be found in the appendix.

A. SERVICES PROVIDED AND INDIVIDUALS SERVED IN FY2023

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	SouthwestlowaMHDS MHDS Region	MI ((40)	ID(42)	DD	(43)	ВІ	(47)	0	ther	Total
GAAP		А	С	А	С	A	С	Α	С	Α	С	
Core												
	Treatment										-	
42305	Psychotherapeutic Treatment - Outpatient	34							1		1	34
71319	State MHI Inpatient - Per diem charges	2					_		_		_	2
73319	Other Priv./Public Hospitals - Inpatient per diem charge	4						_				4
	Basic Crisis Response											
44301	Crisis Evaluation	8	1									9
44307	Mobile Response	359	146									505
44312	Crisis Stabilization Community Based Services (CSCBS)	7										7
44313	Crisis Stabilization Residential Service (CSRS)	132	1									133
	Support for Community Living											
32320	Support Services - Home Health Aides	9		1								10
32325	Support Services - Respite Services		1		1							2
32329	Support Services - Supported Community Living	31		4								35
	Support For Employment											
50362	Voc/Day - Prevocational Services	3		14								17
50367	Day Habilitation	2		4								6
50368	Voc/Day - Individual Supported Employment	29		31	1	1						62
	Recovery Services											
	Service Coordination											
	Sub-Acute Services											
64309	Sub Acute Services (6+ Beds)	2										2
	Core Evidence Based Treatment											
42398	Assertive Community Treatment (ACT)	24										24
	Core Subtotals:	647	149	54	2	1						852
Mandat	ted											
46319	Iowa Medical and Classification Center (Oakdale)	1										1
74XXX	CommitmentRelated (except 301)	156	12						1	1	1	168
	Mental health advocate	250	1						1	1	1	251
	Mandated Subtotals:	407	13									420

Core Pl	us								
	Justice System Involved Services								
25XXX	Coordination services	278	5						283
46305	Mental Health Services in Jails	181	1						182
46425	Mental Health Court related expenses	31							31
74301	Civil Commitment Prescreening	28	2						30
	Additional Core Evidence Based Treatment								
42366	Psychotherapeutic Treatment - Social Support Services	319							319
	Core Plus Subtotals:	837	8						845
Other I	nformational Services								
04372	Planning and/or Consultation Services (Client Related)		1						1
	Other Informational Services Subtotals:		1						1
Commu	ınity Living Support Services								
22XXX	Services management	897	135						1032
31XXX	Transportation	39	2	4		1			46
32326	Support Services - Guardian/Conservator	2		8					10
33340	Basic Needs - Rent Payments	22							22
33399	Basic Needs - Other	1							1
41306	Physiological Treatment - Prescription Medicine/Vaccines	5							5
42310	Psychotherapeutic Treatment - Transitional Living Program	82	1						83
42396	Psychotherapeutic Treatment - Community Support Programs	3							3
46306	Prescription Medication (Psychiatric Medications in Jail)	243	2						245
63329	Comm Based Settings (1-5 Bed) - Supported Community Living	13		2					15
	Community Living Support Services Subtotals:	1307	140	14		1			1462
Congre	gate Services								
64329	Comm Based Settings (6+ Beds) - Supported Community	5							5
64399	Comm Based Settings (6+ Beds) - Other		1						1
64XXX	ICF-6 and over beds	4							4
64XXX	RCF-6 and over beds	39		1		2			42
	Congregate Services Subtotals:	48	1	1		2			52
Admini	stration								
Uncate	gorized								
Regiona	al Totals:	3245	312	69	2	4			3632

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	239	1944	2183	40
Mental Illness, Intellectual Disabilities	1	19	20	40, 42
Mental Illness, Other Developmental Disabilities	0	2	2	40, 43
Intellectual Disabilities	1	43	44	42
Other Developmental Disabilities (DD)	0	2	2	43
Total	241	2010	2251	

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 professionals.
- Peer support services.
- Mental health treatment.
- Substance abuse treatment.
- Physical health services.
- Care coordination.
- Service navigation and linkage to needed services.

Date Designated	Access Center
July 1, 2021, via	*The region has an MOU with the CROSS Region beginning July 1, 2021, for their designated Access Center
MOU agreement	service provider – Infinity Health. The provider, located in Osceola, meets the 120-mile access standard for
	all but Monona County in the far northwest corner of SWIA MHDS.
	*The region has an MOU with the Heart of Iowa Region beginning July 1, 2021, for their designated Access
	Center service provider – Zion Integrated Behavioral Health/Safe Harbor . This provider, located in
	Woodward, meets the 120-mile access standard for the entire SWIA MHDS.
	*The region also has an MOU agreement with Siouxland Mental Health Access Center in Sioux City effective
	July 1, 2023. This program covers Monona County and all but the most southern area of SWIA MHDS.

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

Date Designated	Date Designated ACT Teams	
10/1/2021	The region designated the Assertive Community Treatment team operated by Heartland Family Service. They provide ACT services in all nine counties in the region since expanding to include a rural team during FY22. A fidelity review was completed by the Centers of Excellence for Behavioral Health in January 2023.	116

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

Date Designated	Subacute
July 1, 2021, via	The region has an MOU with the CROSS Region beginning July 1, 2021, as their designated Subacute service
MOU agreement	provider – Infinity Health. This provider, located in Osceola, meets the 120-mile access standard for all but a
	section of Monona County in the far northwest corner of SWIA MHDS.

The region has designated the following Intensive Residential Service providers that 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 use 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 support.
- 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
6/27/2022	The SWIA MHDS Region and Rolling Hills Region designated Trivium Life Services as an Intensive Residential
	Service provider during FY22. The initial 4-bed home in Sioux City served women and at the end of FY23 they
	were preparing to open an additional 4-bed home for men in Sioux City.

C. FINANCIALS

Table C. Expenditures

FY 2023 Accrual	SWIA MHDS Region		MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains								
COA	Treatment							
	Mental health outpatient therapy **	\$	203,686					\$ 203,686
	Medication prescribing & management **	_						\$
	Assessment, evaluation, and early identification **	_						\$
	Mental health inpatient therapy-MHI	\$	207,588					\$ 207,588
73319	Mental health inpatient therapy **	\$	234,882					\$ 234,882
	Crisis Services							
	Personal emergency response system	_						\$ -
	Crisis evaluation	\$	57,800					\$ 57,800
	23 hour crisis observation & holding							\$ -
	24 hour access to crisis response	\$	48,000					\$ 48,000
	Mobile response **	\$,					\$ 385,992
	Crisis Stabilization community-based services **	\$	191,690					\$ 191,690
44313	Crisis Stabilization residential services **	\$	784,255					\$ 784,255
44396	Access Centers: start-up / sustainability							\$ -
	Support for Community Living							
32320	Home health aide	\$	18,519	\$ 556				\$ 19,076
32325	Respite	\$	1,947	\$ 14,944				\$ 16,891
32328	Home & vehicle modifications							\$ -
	Supported community living	\$	125,505	\$ 7,727				\$ 133,231
42329	Intensive residential services							\$ -
	Support for Employment							
50362	Prevocational services	\$	12,528	\$ 71,872				\$ 84,400
50364	Job development							\$ -
50367	Day habilitation	\$	18,685	\$ 10,993				\$ 29,678
50368	Supported employment	\$	202,903	\$ 109,387	\$ 2,000			\$ 314,290
50369	Group Supported employment-enclave							\$ -
	Recovery Services							
45323	Family support							\$ -
45366	Peer support							\$ -
	Service Coordination							
21375	Case management							\$ -
	Health homes							\$ -

	Sub-Acute Services								
62200	Subacute services-1-5 beds							\$	
	Subacute services-6 and over beds	s	3,200	\vdash				\$	2 200
64309	Core Evidenced Based Treatment	2	5,200					,	3,200
04422		-	424.026					\$	424.025
	Education & Training Services - provider competency	\$	424,036 48,658					\$	424,036 48,658
	Supported housing Assertive community treatment (ACT)	_	48,658	\vdash				\$	48,658
		_		\vdash				_	
453/3	Family psychoeducation Core Domains Total	\$	29,000 ,442,118	٠ ۾	345 470	£ 2,000	-	\$ S	29,000 3,659,595
Mandated Ser		\$ 3	,442,110	\$.	215,476	\$ 2,000	5 -	Ş	3,055,555
	Oakdale	-	1.000					-	1.000
		\$	1,800	\vdash				\$	1,800
	State resource centers	_	20.427	\vdash				\$	
	Commitment related (except 301)	\$	30,437	_				\$	30,437
/SXXX	Mental health advocate Mandated Services Total		157,425	•		S -	\$ -	\$ S	157,425 189,663
Additional Co		Ş	189,663	Ş	-	5 -	5 -	Þ	185,663
Additional Co			_						
25	Justice system-involved services	_	242.547					_	242.547
	Coordination services	\$	240,647	_				\$	240,647
	24 hour crisis line*	\$	38,450	_				\$	38,450
	Warm line*			_				\$	-
	Mental health services in jails	\$	35,042	_				\$	35,042
	Justice system-involved services-other			_				\$	-
	Crisis prevention training	\$	77,080	_				\$	77,080
46425	Mental health court related costs	\$	130,102	_				\$	130,102
74301	Civil commitment prescreening evaluation	\$	20,004					\$	20,004
	Additional Core Evidenced based treatment								
42366	Peer self-help drop-in centers	\$	279,085	_				\$	279,085
42397	Psychiatric rehabilitation (IPR)							\$	-
	Additional Core Domains Total	\$	820,411	\$	-	\$ -	\$ -	\$	820,411
	ational Services								
03371	Information & referral			_				\$	-
04372	Planning, consultation &/or early intervention (client related) **	\$	111,794					\$	111,794
04377	Provider Incentive Payment							\$	-
04399	Consultation Other							\$	-
04429	Planning and Management Consultants (non-client related)	\$	100,000	_				\$	100,000
05373	Public education, prevention and education **	_	181,832					\$	181,832
	Other Informational Services Total	\$	393,626	\$	-	\$ -	\$ -	\$	393,626
Community Li	ving Supports								
	Academic services			_				\$	-
	Services management		,142,859	_			1		1,142,859
	Crisis care coordination		195,500	_			1	\$	195,500
	Crisis care coordination other	\$	124,889	\$	4,496	\$ 464		\$	129,849
	Health home other							\$	-
31XXX	Transportation	\$	5,775	\$	12,019			\$	17,794
	Chore services			_				\$	-
	Guardian/conservator							\$	-
32327	Representative payee			_			1	\$	-
32335	CDAC							\$	-
32399	Other support							\$	-
33330	Mobile meals							\$	-
33340	Rent payments (time limited)	\$	33,944					\$	33,944
33345	Ongoing rent subsidy							\$	-

22200	Other basic needs	\$ 49		l			s	49
	Physiological outpatient treatment	\$ 45					\$	43
	Prescription meds	\$ 929					\$	929
	In-home nursing	\$ 323					\$	323
	_						\$	
	Health supplies Other physiological treatment						\$	
	Partial hospitalization	¢ 016.412					\$	016 412
	Transitional living program	\$ 816,412					\$	816,412
	Day treatment Community and the second secon	£ 430.400					\$	420.400
	Community support programs	\$ 139,420					_	139,420
	Other psychotherapeutic treatment						\$	-
	Other non-crisis evaluation						\$	-
	Emergency care						\$	
	Other crisis services						\$	-
	Other family & peer support	_					\$	-
	Psychiatric medications in jail	\$ 15,630					\$	15,630
	Vocational skills training						\$	
	Supported education						\$	-
	Other vocational & day services						\$	-
$\overline{}$	RCF 1-5 beds (63314, 63315 & 63316)						\$	-
63XXX	ICF 1-5 beds (63317 & 63318)						\$	-
63329	SCL 1-5 beds	\$ 237,930	\$ 25,764				\$	263,695
63399	Other 1-5 beds						\$	-
	Community Living Supports	\$ 2,713,338	\$ 42,280	\$ 464	\$ -		\$	2,756,081
Other Congres								
50360	Work services (work activity/sheltered work)						\$	-
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 992,190	\$ 24,455	\$44,823			\$	1,061,468
64XXX	ICF 6 and over beds (64317 & 64318)						\$	-
64329	SCL 6 and over beds	\$ 19,063					\$	19,063
64399	Other 6 and over beds	\$ 550					\$	550
	Other Congregate Services Total	\$1,011,803	\$ 24,455	\$44,823	\$ -		\$	1,081,081
Administratio	n							
11XXX	Direct Administration					856,330	\$	856,330
12XXX	Purchased Administration					107,407	\$	107,407
	Administration Total					\$ 963,738	\$	963,738
	Regional Totals	\$8,570,958	\$ 282,213	\$47,287	\$ -	\$ 963,738	\$	9,864,195
(45XX-XXX)Cou	unty Provided Case Management						\$	-
(46XX-XXX)Cou	unty Provided Services						\$	-
	Regional Grand Total						\$	9,864,195

Table D. Revenues

FY 2023 Accrual	Southwest Iowa MHDS Region		
Revenues			
	FY22 Annual Report Ending Fund Balance		\$ 4,879,441
	Adjustment to 6/30/22 Fund Balance		\$ 19,136
	Audited Ending Fund Balance as of 6/30/22 (B	eginning FY23)	\$ 4,898,577
	Local/Regional Funds		\$ 124,704
1010	Delinquent Property Tax	3,868	
25XX	Other Governmental Revenues	5,148	
4XXX-5XXX	Charges for Services		
5310	Client Fees		
60XX	Interest	40,124	
6XXX	Use of Money & Property		
8XXX	Miscellaneous	75,563	
9040	Other Budgetary Funds (Polk Transfer Only)		
	State Funds		\$ 6,390,469.22
24XX	State/Federal pass thru Revenue		
2644	State Regional Service Payments	6,390,469	
2643	State Incentive Funds		
	Other		
	Federal Funds		\$ 45,049.57
2344	Social services block grant		
2345	Medicaid		
2590	Interim Assistance Reimbursement	45,050	
	Other		
	Total Revenues		\$ 6,560,222
	Total Funds Available for FY23	\$ 11,458,799	
	FY23 Actual Regional Expenditures	\$ 9,864,195	
	Accrual Fund Balance as of 6/30/23	\$ 1,594,605	

D. STATUS OF SERVICE DEVELOPMENT IN FY2023

SWIA MHDS Region officially rolled out its Crisis Access Network (CAN) on July 1, 2022, after a soft roll out the prior year. The region did not officially designate the CAN as an Access Center due to the loss of its dedicated crisis hotline and the changeover to 988, however, during FY24 the process for designation is intended to be completed. The CAN meets all the Access Center requirements but is done in a virtual manner. The assessment is completed where individuals are or where they arrive for treatment and then additional services are coordinated based on that assessment. The Crisis Access Network is made functional through extensive communication amongst all its providers.

Heartland Family Service received a planning and start up grant for the roll out of the new rural ACT team in FY22 and the funds continued in FY23. By the end of the fiscal year, the team had enrolled 13 individuals. This team also began providing Crisis Stabilization Community Based Services in FY23.

SWIA MHDS collaborated in planning for Intensive Residential Services Homes (IRSH) with the Rolling Hills Region with the first women's home opening at the beginning of FY23 through Trivium Life Services. An additional men's home opened at the end of the fiscal year and became operational in the first quarter of FY24. Both homes are in Sioux City.

The SWIA MHDS applied for and received on behalf of its partners VODEC and Heartland Family Service, an ASPIRE implementation grant for Individual Placements and Supports (IPS). Work began on this project in the spring of 2023 with the official kick-off of the program on May 31, 2023. This Evidenced Based Practice is an exciting opportunity for individuals to gain employment in the community through strong collaboration of their employment support professionals and mental health providers.

SWIA MHDS continued implementation of Children's Behavioral Health Services in FY23 including planning for a Children's Crisis Stabilization Residential Service. The service was originally scheduled to open in December 2022; however, workforce challenges and accreditations kept the Children's Square program from opening. SWIA MHDS provided a grant to fund a capacity building strategy in April 2023 aimed at leadership, supervisor and staff development, cultural inclusion and competitive wage increases in their behavioral health programs. The grant resulted in Children's Square retaining staff and successfully filling most of its vacant positions during the first quarter of FY24. The Children's CSRS program will be opening in November 2023.

Additional children's service expansion continued during FY23. Mobile crisis continued to expand and be mobilized for children within the community including at schools. Information about the region's coordination of children's services was provided to the Area Education Agencies, School Districts, and other providers within the region as more referrals were made to SWIA MHDS Service Coordinators. The region led a coordinated effort with the Greenhills Area Education Agency and Thriving Families (Decat program) to strategize training opportunities for community providers, educators and community members around mental health prevention and education. The SWIA MHDS region website was enhanced to include a calendar for easy access to training opportunities and the group continues to work to refine efforts in this area. Finally, the region provided a grant to begin data analysis and architectural design of a center of excellence for children's mental health needs in Southwest lowa through the two lead agencies of CHI Health and Children's Square. Conversation and development will continue into the next fiscal year with the goal of a high-quality program to meet the mental health needs of children with ease of access and assessment.

The Region provided grant opportunities in FY23 which enabled providers to continue to build upon their programs and to meet the needs of the communities throughout Southwest Iowa. A training and licensing stipend opportunity was awarded to Community Mental Health Centers and Certified Community Behavioral Health Clinics in the region to enhance the skills of their workforce and encourage meaningful activities toward job stability and employee retention.

Several region-contracted mental health providers began having vehicle and client transportation issues which resulted in a creative approach to assisting providers with this necessary and expensive access issue. Providers were allowed the purchase of a vehicle to be used for individual or group transportation for access to their services, community events and mental health programs. The providers accessing these region funds were able to keep programs operational which were otherwise in jeopardy due to loss of revenue because of clientele not being able to access their location or program funds being needed for vehicle maintenance instead of direct client engagement and services.

Additional funds were provided for start-up costs of therapists and social workers in emergency departments, psychiatric immediate care clinic and homeless services to assure follow-up and appropriate after-care services following emergency visits. The availability of evening and weekend staff also prevents further crises by educating patients on less expensive, community-based services accessible outside of hospital-based care.

Taking care of the mental health of our health care providers was also a project the SWIA MHDS supported through providing funds for all hospitals in the region to promote resiliency within the workforce before more healthcare staff removed themselves from their high-stress employment situations which continued after the pandemic. The region experienced first-hand the impact of losing long-term staff at local hospitals. With staff leaving employment, the knowledge of community support left with them. The number of calls to the region from people with unmet needs following behavioral health treatment increased as did the recidivism to emergency departments and inpatient behavioral health. Collaboration between CHI Mercy Health and Methodist Jennie Edmundson foundations once again demonstrated their dedication to all the communities of the SWIA MHDS Region with their creative approach to programming for Southwest Iowa caregivers.

E. OUTCOMES/REGIONAL ACCOMPLISHMENTS IN FY2023

Core Services Access Standards

SWIA MHDS Region contracts with providers or other regions for all required core services and has worked to continue to expand additional services to help fill gaps and create programs that are welcoming and least intrusive into people's lives. We are most interested in meeting people where they are and providing services as close to their home as possible. In that spirit, we have created a Crisis Service System that is mobile and brought as close to a person's community as possible. Bringing services to people instead of someone needing to worry about transportation or for law enforcement to have to transport to a facility-based service provides a better opportunity for people to get the help they need.

During FY23, the region used multiple data sources to determine whether core services met the access standards outlined in the code. Standardized data collection for all crisis services statewide was implemented in FY23. For core services related to treatment, recovery, and support there was no standardized data collection available. The region relied on regular communication with providers about access to services to determine whether access standards were met. Service accomplishments regarding access standards are highlighted below.

Core Services: Crisis

The region continued to enhance the array of crisis services that comprised the Crisis Access Network (CAN) during FY23. Twenty-Four Hour Crisis Response was provided by mental health centers and clinics located throughout the region. Providers met access standards for this service. Screening services were available by means of telephone, electronic, or face-to-face communication 24 hours per day, 365 days per year. Crisis assessment services were provided by Licensed Mental Health Professionals who completed a crisis assessment immediately if screening indicated the need for an assessment.

Mobile Crisis Response, known as the Mental Health Crisis Response Team (MHCRT), was contracted through Heartland Family Service. MHCRT continued to serve as an effective and timely connection to community-based services or to a higher level of crisis care when appropriate for both adults and children. In FY23, MHCRT provided contact within 60 minutes of dispatch to all clients with an average response time of 11 minutes.

Crisis Stabilization Residential Service (CSRS) for adults was provided at Harbor Point contracted through Zion Integrated Behavioral Health Services and Bridges contracted through Heartland Family Service. Harbor Point and Bridges locations in Clarinda and Council Bluffs ensure that all residents are within 120 miles of CSRS services throughout the region. During FY23, the timeliness access standard was met for twenty-nine percent of admissions to service. Like last year, this is often due to the definition of referral used when recording the data, to the time required to transport clients to the service from counties that were not adjacent to the service location, and to client-related delays. The region will continue to work with providers to ensure that individuals have access to CSRS services in a manner consistent with the state's access standards.

Access standards for children's CSRS were not met. Opening of the children's CSRS continued to be delayed due to a delay in receiving accreditation from HHS and to workforce challenges at Children's Square, Inc., the region's contracted provider for this service. The provider continued to work through barriers to service implementation and is scheduled to open in the second quarter of FY24.

Crisis Stabilization Community Based Service (CSCBS) began operations January 1, 2023. The service, known as Anywhere Crisis Care, is contracted through Heartland Family Service. Service was available to clients throughout the region in FY23. The timeliness access standard was met for forty-five percent of admissions to service. Unlike delays in access to CSRS, delays reported by the CSCBS provider involve inability to locate client in the community after referrals are made and client cancellation of scheduled meetings. The region will continue to support providers to overcome delays in access to services.

Core Services: Treatment, Recovery and Support

Contracted providers of treatment (inpatient and outpatient), recovery, support services, and service coordination were able to serve residents of the region meeting proximity and most timeliness standards for adults and children. Where inpatient services are concerned, the region is fortunate to have access to two inpatient units that serve adults and one that serves adolescents. Individuals were able to access inpatient therapy within defined access standards most of the time.

The distributed network of outpatient providers ensures that services were available close to where people live. Timeliness standards were largely met by treatment providers, even when the need for treatment was emergent or urgent. Access to outpatient treatment and medication prescribing and management services was enhanced by the opening of the Psychiatric Immediate Care Clinic (PICC) in Council Bluffs and by increased provider capacity in late FY22 and early FY23 due to IMPACT grants awarded by the region.

Providers of supported services such as supported community living and supported employment indicated they were mostly able to offer the first unit of service within specified timeliness standards. Similarly, providers of health home/service coordination indicated they were 'always' or 'almost always' able to provide services within ten days of the initial request.

Additional Core Services

SWIA MHDS Region has worked to continue to expand additional core services to help fill service gaps. Six of the counties in the region have signed onto the national Stepping Up Initiative and SWIA MHDS has also signed a

commitment to participate in creating new ways to help people with mental health needs stay out of the county jails through this initiative. We continue our efforts through the Southwest Iowa Mental Health Court as well as our transitional housing program that began to assist those leaving jails, amongst others, to have a successful housing experience and establish services after release. Our Jail Based Service Coordinators are a critical component of assisting people with these transitions.

Training is available in the region for Adult, Child, and Public Safety Mental Health First Aid through Region trainers. Crisis Intervention Training (CIT) for law enforcement is also available with Solution Point+ several times per year in SWIA MHDS, with additional availability for training throughout the state. In FY23, CIT was provided July 11-15th, August 1-5th, and January 9-13th. C3-Deescalation Training is also available to providers throughout the region, along with services of a behavioral health coach for individuals living in ID Waiver and Habilitation Services homes.

Evidence Based Practices

The region requires all new services considered for implementation to be evidence informed or evidence-based practices. Guiding this effort, the region encourages all providers to embrace trauma-informed agency culture and to implement integrated treatment of co-occurring disorders. Providers indicated they provide services based on the understanding of vulnerabilities of those who have experienced trauma and respond in ways that reflect this awareness based on training that is recognized by the National Center for Trauma-Informed Care or other generally recognized professional organization. Similarly, nearly all agencies indicated they provide services for individuals with two or more co-occurring conditions consistent with training by SAMHSA, Dartmouth Psychiatric Research Center, or other generally recognized organizations.

Providers continued offering a variety of Evidence Based Practices in FY23. They included Assertive Community Treatment, Strength-Based Case Management, Integrated Treatment of Co-Occurring Substance Abuse & Mental Health, Supportive Employment, Family Psychoeducation, Illness Recovery & Management, Permanent Supportive Housing, Positive Behavior Support, and Peer Self-Help Drop-In Center. When asked which EBPs were assessed and found to be implemented with fidelity, only Assertive Community Treatment services met the criteria. A fidelity review in January 2023 found the ACT program to be implemented with fidelity.

In late FY23, the region was selected to receive an ASPIRE grant through the US Department of Labor, Office of Disability Employment Policy (ODEP) and awarded by Iowa DHHS for technical assistance to implement Individual Placements and Supports (IPS). The program was implemented through the collaborative efforts of the region, Heartland Family Service, VODEC, and Iowa Vocational Rehabilitation Services. The IPS program began accepting referrals in June 2023 and will undergo an initial fidelity review in FY24.

Region Program Outcomes

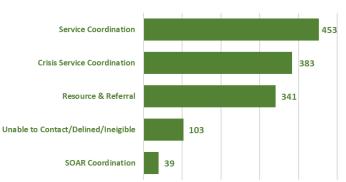
Intake and Referral

All requests for information, resource and referral, and service coordination are processed through the region's Central Intake Office. In FY23, calls were received from all nine of the region's counties as well as ten other surrounding counties and out of state. Overall, calls to Central Intake decreased slightly, 1.6 percent, from FY22. Data on documented initial contacts and disposition of calls for FY23 are presented in the charts below.



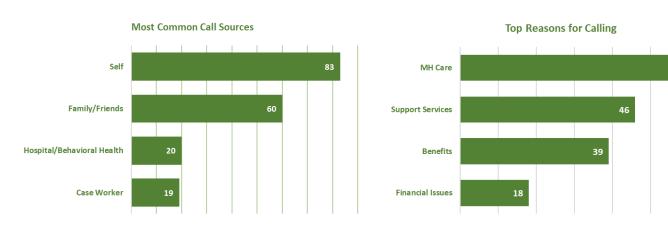


Central Intake: Disposition of Calls



66

Resource and Referral calls were initiated by a variety of sources, some of which included the individual's advocate, corrections, crisis response, DHS, family, friend, group care, HOPE4IOWA, hospitals, IHH, legal counsel, MCO, medical provider, mental health provider, school/AEA, case worker, and individuals themselves. Callers expressed a variety of needs, including but not limited to advocacy, benefits/Medicaid/SSA, case management/service coordination questions, community resource questions, financial issues, food, funding issues, guardianship services, housing, in-home supports, IHH questions, legal issues, MCO questions, outpatient mental health, rent subsidy, placement, waiver questions, transition services, SOAR, and vocational services. Data on the most common call sources and reasons for calling are presented in the charts below.

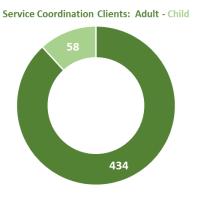


Service Coordination

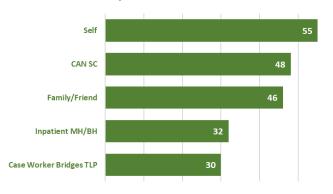
SWIA MHDS had nine Service Coordinators (8.5 FTE) that served the nine-county region in FY23. Referrals for service coordination come directly from the region's intake/referral coordinator. Once the Initial Contact Report is provided to the Region's Service Coordinator Supervisor, the supervisor assigns the new referrals to the appropriate service coordinator based on location and caseload. The service coordinator contacts the new referral within 24 hours to set up an initial meeting. Service coordination utilization, common referral sources, and primary needs identified are presented in the charts below.

Service Coordination Referrals: FY16-FY23

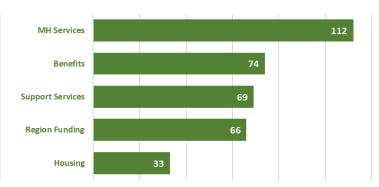




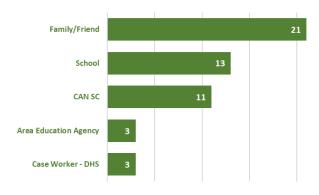
Top Five Referral Sources: Adult



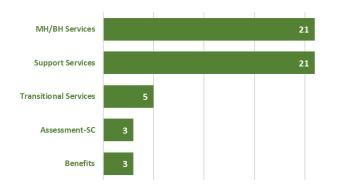
Top Five Primary Needs for Service Coordination: Adult



Top Five Referral Sources: Children



Top Five Primary Needs for Service Coordination: Children

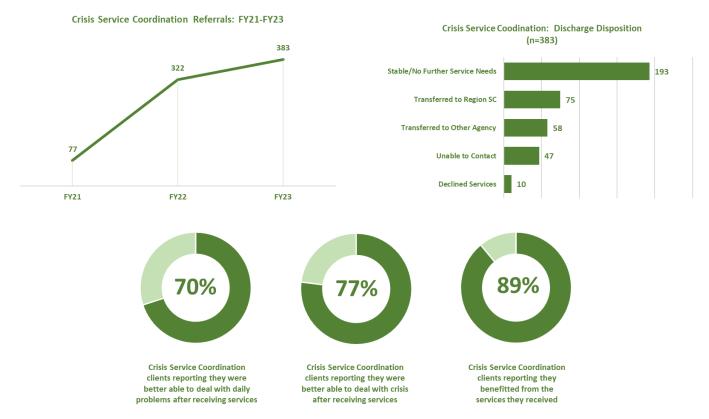


Crisis Service Coordination:

The Region started a soft roll out of the Crisis Access Network's Service Coordination on January 25, 2021. This soft roll out was designed to begin working on the warm hand off between Heartland Family Service's Mental Health Crisis Response Team (MHCRT) and the Region's Crisis Service Coordination. The Region added warm hand offs with Zion's CSRS on July 1, 2021, and Heartland Family Services CSRS on March 17, 2023. Children's Crisis Service Coordination, through referrals from CSRS and MHCRT, was added July 1, 2022. Additionally, the Region provided Crisis Service Coordination for the Adult Community Based Crisis Stabilization Services (Anywhere Crisis Care) when the Heartland Family Service program began in January of 2023. The Children's Anywhere Crisis Care will begin in the fall of 2023.

The Region Crisis Service Coordinator follows up within 24 hours of the referral and continues to follow the individual for at least 30 days, ensuring that the appropriate Mental Health/Substance Use services are set up for the individual. After 30 days, the Crisis Service Coordinator completes a Follow-Up Questionnaire with the individual to ensure the appropriate services are in place and then discharges the individual from crisis service coordination if they no longer require assistance.

During FY23, there were 383 Crisis Service Coordination referrals from MHCRT, CSRS, Subacute and Anywhere Crisis Care through the Crisis Access Network (CAN). Of the 383 cases, 52 were children and 331 were adults. The Region has received positive feedback from both individuals served and the MHCRT/CSRS/Anywhere Crisis Care staff regarding the helpfulness of the crisis service coordination process. The Region plans to continue with Crisis Service Coordination in FY24.



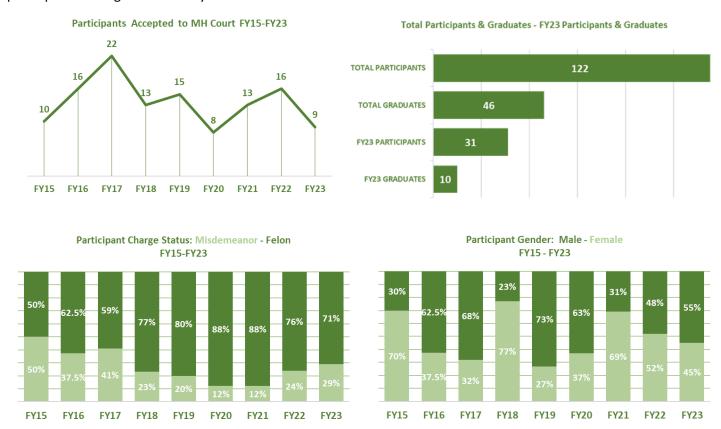
Along with Crisis Service Coordination, the Service Coordinators continue to work closely with Integrated Health Homes (IHH), MCOs, and CCBHC for individuals with Medicaid. The region supports these case managers with regular communication and reminders about needs such as funding requests and reauthorizations. The region's intake/referral coordinator directed people who were eligible for these services to the appropriate agencies as necessary. The region also worked with the Connections Area Agency on Aging and local school districts on mutual individuals when it was appropriate.

<u>Mental Health Court</u>

The Southwest Iowa Mental Health Court provides an alternative to jail for persons with chronic mental health needs who commit crimes meeting the criteria set by the mental health court policies and procedures. Mental Health Court helps offenders who have chronic mental health challenges treat their illness, take their medication as prescribed, meet their basic food and shelter needs, and avoid expensive incarceration or hospitalization. The Mental Health Court seeks to impose a sentence that provides maximum opportunity for the rehabilitation of the defendant, the protection of the community from further offenses by the defendant, and consideration of the victim's rights and safety.

In FY16, Southwest Iowa MHDS Region assumed the cost of the MH Court case manager, mental health service contract, and management of the program. The Mental Health Court team is comprised of a Fourth Judicial District Judge, Assistant County Attorney, Defense Attorney, Mental Health/Substance Abuse Therapists, Mental Health Court Case Manager, Integrated Health Home worker, local jail personnel, local police officer and probation officer. A Peer Support Specialist joined the team in FY18.

The Mental Health Court team meets once a week in staffing to discuss potential new referrals as well as the progress of current mental health court participants. Mental Health Court typically holds court twice monthly at the Pottawattamie County Courthouse. Program length is twelve to twenty-four months for most participants depending on whether the participant is charged with felony or misdemeanor offenses.



Jail Based Service Coordination

SWIA MHDS continued its Jail Based Service Coordination program in FY23, serving all nine of the region's member counties. The region employs two full-time service coordinators who office at the Pottawattamie County Jail, the largest jail facility in the region. The program assists individuals with mental health or co-occurring conditions to connect with needed services and support prior to release from incarceration. The region believes assisting individuals in getting the help they need increases their ability to meet mental health and basic needs and be successful once back in the community. The program has continued to evolve to best serve those with the most serious mental health needs. Most referrals originate at the Pottawattamie County Jail and occur through the jail medical department. Individuals who see the psychiatrist at the jail are automatically assessed for a jail service coordination referral. Individuals in the outlying jails continue to self-refer or are referred by jail staff, attorneys, probation, family members, and others.

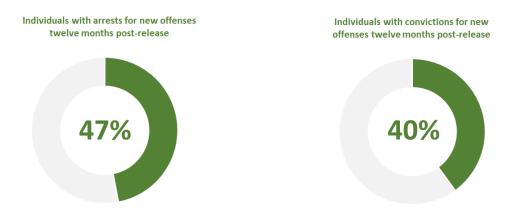
The Jail Based Service Coordination program has continued to refine its processes in working with clients to devote the, often intense, time and resources needed to those who are in greatest need of support and services. Examples include clients who need residential placement, inpatient treatment, and multiple resource/referrals.



Making referrals to numerous services and support in the community for individuals served is fundamental. Key referral areas include outpatient mental health services, inpatient and outpatient substance use treatment services, basic needs services (i.e., food stamps, Medicaid, housing, medications), Mental Health Court, Drug Court, residential supported community living, and Bridges Housing transitional program services.

In addition to services discussed above, the jail coordinators processed 202 requests for service or resource information at the Pottawattamie County Jail received through the electronic interface, or kiosks, available to inmates. The typical process involves staff placing service or resource information in the individual's property upon their release. Like requests made by those referred for service coordination, kiosk inquiries involve multiple needs and information on multiple resources within the community.

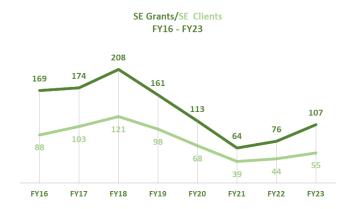
Jail-based service coordination completed an exploratory review of recidivism for clients served who were released from jail between July 1, 2021, through June 30, 2022. Jail service coordinators focused on two distinct measures of recidivism, arrest and conviction for new offenses committed within twelve months or release from jail. Results are displayed below.

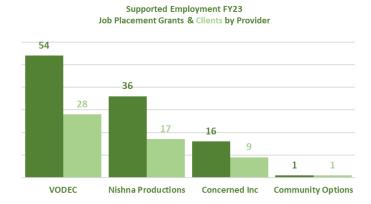


Supported Employment Development

SWIA MHDS continued to offer Supported Employment Vocational Grants for vocational providers in FY23. This program began in FY16 and has helped incentivize providers to seek jobs for individuals who may have previously been supported in a sheltered work environment or had no job development at all. Incentives for vocational providers to secure employment for an individual included a \$1,000 reimbursement if the individual remained employed for at least 2 weeks. After 3 months of employment, the provider received \$1,500. The final incentive, \$2,000, was available upon 6 months of employment. The Job Placement Grant Program continues to be appreciated by providers. FY23 saw 107 individual grants awarded totaling \$151,500. A variety of employment opportunities were gained by individuals. Hours

worked per week averaged 10.89. Since the beginning of the grant program in 2015, the average work week continues to be 14.49 hours. Below is a graphic outlining the number of grants awarded to providers during FY23.

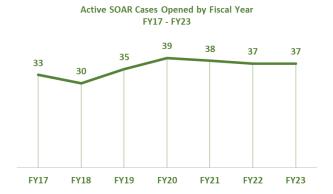


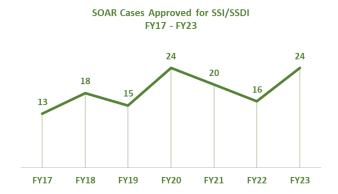


SOAR

The SOAR (Social Security Outreach Access and Recovery) process assists a person with the Social Security disability determination process. The individual must be diagnosed with a mental illness and be homeless or at risk of being homeless. The SOAR Service Coordinator assists by providing guidance on accessing mental health or medical services, completing assessments, reminders for appointments and checking on the status of their case. By presenting the application information to the Social Security Administration in an organized and complete package, the time from application to determination is shortened.

SWIA MHDS has 2 Service Coordinators (1 FTE) that focus on SOAR referrals, a reduction of .5 FTE from the previous fiscal year. SWIA MHDS had thirty-nine new referrals in FY23. Of those referred, two cases were not opened as the individuals either declined the service or could not be located. There were seventy-two active cases in FY23 and of those forty-six were closed due to various reasons including: approved for SSI/SSDI, denied for SSI/SSDI and referred to an attorney or other assistance, unable to contact after initial meeting, and moved out of state after initial meeting. At the end of FY23, there were 26 Active cases in SOAR. Trend data on cases opened and approved for SOAR are provided below.





A successful SOAR determination can benefit the individual, the region, and local community. The stability and security of having financial resources and insurance that comes with a disability determination is invaluable to the people assisted by the program. Additionally, the Region and county General Assistance programs may benefit from successful SOAR determinations as Medicaid reimburses for covered services previously paid by those sources.

Dollars Returned to the Community: FY23 - FY22



Other Community Living Support Services

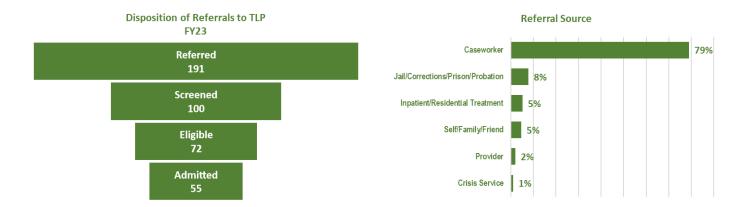
Block Grant Information

The region utilizes Block Grants where traditional fee for service type payments do not make fiscal sense or because it is a crisis service, where prior funding authorization is not feasible. The region has utilized block grants this fiscal year for the following services. Look for much of the data surrounding the number of people served in these programs under Crisis Stabilization System later in this report.

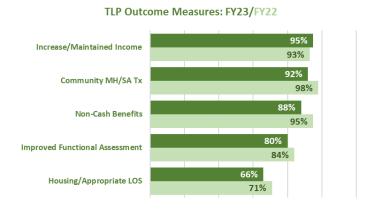
- Heartland Bridges Transitional Living Program- individuals served are authorized, however, SWIA MHDS pays operating costs that exceed the per diem charge.
- Harbor Point and Bridge Crisis Care Crisis Stabilization Residential Service- individuals served are authorized, however, SWIA MHDS pays operating costs that exceed the per diem charge paid by Medicaid and regions.
- Hope4Iowa Crisis Call Line (ended September 2022).
- 24 Hour Crisis Response through the community mental health centers.
- C3 De-Escalation Training by the Heartland Family Service Behavioral Health Coach.
- Other block grants included enhancing mental health services in region inpatient units, children's behavioral
 health services analysis, resiliency training for healthcare professionals, mental health resources for the local
 Area Education Agency, start-up funds for a homeless shelter mental health technician, funding for training and
 licensing of mental health professionals at region contracted mental health centers, and vehicle purchases for
 client services at contracted mental health providers.

Transitional Living Program

The Region opened Heartland Bridges, a transitional housing initiative, in March 2017. The program developed due to a recognized need of housing for mentally ill individuals leaving our region jails as well as a lack of housing for participants in the region's Mental Health Court program. The Bridges program focuses on preventing crises due to housing needs. It is a short-term (up to three months) model to work on permanent housing solutions for people in a temporary housing crisis due to their mental health or complex needs. While housing is the focus, the setting is recovery oriented and MHDS services can be provided within the 15-bed setting by other community providers. Data for FY23 are presented in the charts below.



During FY23, 59 individuals were discharged from the Bridges program. Bridges measures success based on five outcome measures including percent of individuals discharged who were connected to community-based mental health/substance use disorder services, established temporary or permanent housing or placement in a higher level of care, maintained or increased income, improved functional assessment scores, and established access to non-cash benefits. Outcome data for FY22 and FY23 are presented in the chart below.



Crisis Services

Implementation of the Region's crisis stabilization services began in 2015. In FY23, the region's array of crisis services included the Mental Health Crisis Response Team operated by Heartland Family Service, Crisis Stabilization Residential Services for adults Harbor Point CSRS operated by Zion Integrated Behavioral Health and Bridges CSRS operated by Heartland Family Service, and Anywhere Crisis Care (Crisis Stabilization Community Based Service) operated by Heartland Family Service. Services are available in all counties in the region.

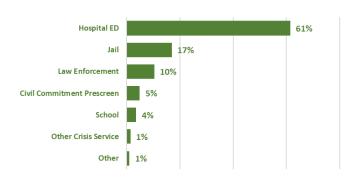
Mental Health Crisis Response Team (MHCRT)

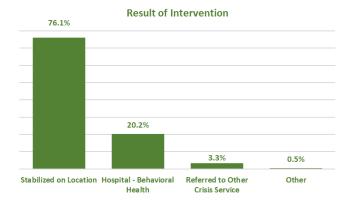
Mental Health Crisis Response Team (MHCRT) provides immediate therapeutic intervention for mental illness and substance use crises wherever the crisis occurs throughout the nine counties of the Southwest Iowa MHDS Region. MHCRT also provides civil commitment prescreening services throughout the region. Data on utilization, intervention sources and result of calls for FY23 are presented in the charts below.

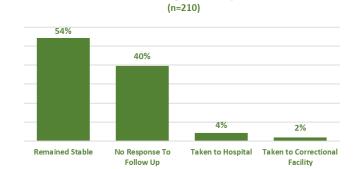
MHCRT Interventions Completed FY16 - FY23

Intervention Source









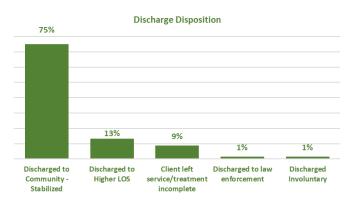
24 Hour Follow Up For Those Stabilized On Location

Consenting to Follow Up

Crisis Stabilization Residential Service: Harbor Point and Bridges

The region has provided access to short-term crisis stabilization residential services for adults in mental health crisis since January 2016 in Clarinda. In March Bridges CSRS began operations in Council Bluffs. Utilization data for FY23 for both locations is presented below.





Stabilized that Consented to Follow Up (n=125)

55%

44%

44%

Remained stable in the community

No response to 24 hr follow

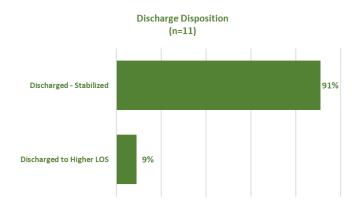
Taken to correctional facility up

24 Hour Follow Up for Those Discharged to Community -

Crisis Stabilization Community Based: Anywhere Crisis Care

In January 2023, Heartland Family Service began accepting referrals for Anywhere Crisis Care, the region's crisis stabilization community-based service for adults. Services are provided by staff from the Assertive Community Treatment team throughout the region. Utilization data for FY23 are provided in the charts below.





Statewide Outcomes

The SWIA MHDS region continues to work toward making sure providers are multi-occurring, culturally capable, utilizing evidence-based practices, and focusing on trauma informed care in their organizations. The region recognizes it has providers in all stages of development, implementation, and full integration of best practice delivery models. Over the next several years, SWIA MHDS will work closely with providers in continuing to assess their needs, provide training where applicable, encourage and implement new models of care, and provide support and financial incentives where necessary to encourage enhancement of care. All new services developed within the region have an expectation to be implemented utilizing the most up-to-date, recommended, and proven models of care and practices.

The region intends to phase out any practices not meeting its expectations and models of care through the annual contracting process. Providers receive an opportunity for education and support in recognition that these transitions to new models of care do not happen overnight. The region may eventually move to a pay for performance method within SWIA MHDS, however, the current focus will remain on the education and support component to lay a proper foundation for future funding which is more highly dependent on outcomes.

The region's Data Analyst continued participation in the Data Analytics Group steering committee throughout FY23. The Data Analytics Group presented statewide mobile crisis response data at the Crisis Services Summit in November 2022. In FY23, statewide data collection for mobile crisis response continued and data collection for crisis stabilization residential services, crisis stabilization community-based services, and 23-hour observation began on January 1, 2023. Baseline data for all crisis services was collected from January 1 through June 30, 2023.

Region Training Opportunities

The Region continues to provide community-training opportunities offered region-wide and without a fee to attend. The staff who initially began offering Mental Health First Aid in 2009, continue to maintain a training team in Adult, Youth, and the Public Safety versions of Mental Health First Aid in the region. The region continued to support C3 Deescalation training to providers and community members. In FY23 the region began collaboration with Heartland Family Service to provide needed trainings for therapists and provisionally licensed therapists. The region provided collaboration and financial support to NAMI and reached out to law enforcement to provide Crisis Intervention Trainings.

TRAINING DATE	TRAINING TITLE	TRAINER	LOCATION
07/11/2022- 11/15/2022	Crisis Intervention Training (CIT)	Solution Point	Oakland, IA
08/01/2022- 08/05/2022	Crisis Intervention Training (CIT)	Solution Point	Oakland, IA
09/29/2022	Understanding Medicare	Jessica Duncan	Council Bluffs, IA
10/01/2022- 11/19/2022	NAMI SWIA: Family to Family	NAMI staff	Virtual
10/04/2022	Mental Health First Aid (Adult)	Region Trainers	Council Bluffs, IA
10/11/2022	Mental Health First Aid (Adult)	Region Trainers	Council Bluffs, IA
10/13/2022	NAMI C.A.R.E.S. "The Crisis of Youth Mental Health"	NAMI Trainers	Virtual
10/18/2022	Safe Space	Dr. Jessi Hitchins and Audre Bedford	Council Bluffs, IA
10/18/2022	NAMI SWIA: C.A.R.E.S.	NAMI trainers	Virtual
10/31/2022	Understanding Medicare	Jessica Duncan	Glenwood, IA
11/10/2022	NAMI SWIA: C.A.R.E.S. "Understanding Intersectionality in Mental Health"	NAMI staff	Virtual
11/22/2022	NAMI SWIA: Ending the Silence	NAMI trainers	Virtual
12/08/2023	NAMI SWIA: C.A.R.E.S. "Holidays, The Most Wonderful Time of the Year?"	NAMI trainers	Virtual
01/08/2023- 02/26/2023	NAMI: Peer-to-Peer	NAMI trainers	Virtual
01/12/2023	NAMI: C.A.R.E.S. "What is NAMI"	NAMI trainers	Virtual
01/09/2023- 01/13/2023	Crisis Intervention Training (CIT)	Solution Point	Council Bluffs, IA
02/01/2023- 03/05/2023	Daily Living Assessment (DLA) Train the Trainer	Annie Jensen	Virtual
02/09/2023	Harm Reduction Overview	Taeko Frost, MPH and Sarah Deutsch, MPH	Virtual
02/10/2023	Harm Reduction Overview	Taeko Frost, MPH and Sarah Deutsch, MPH	Virtual
02/20/2023	NAMI: C.A.R.E.S. "Family-to-Family Overview"	NAMI trainers	Virtual
02/24/2023 (3-day training)	Diving into DBT (Intro and Skills)	Dr. April Sobieralski	Virtual
03/02/2023	What is the SWIA MHDS Region	Region staff	Logan, IA
03/02/2023	Harm Reduction Applied	Taeko Frost, MPH and Sarah Deutsch, MPH	Virtual
03/03/2023	Harm Reduction Applied	Taeko Frost, MPH and Sarah Deutsch, MPH	Virtual
03/03/2023	Sand Tray in Play Therapy	Camy Goodwin	Virtual

03/03/2023- 03/05/2023	Eye Movement Desensitization and Reprocessing (EMDR)	Jill Archer	Virtual
03/17/2023- 04/21/2023	Essential of Cognitive Behavior Therapy and Cognitive Processing for Trauma	Dr. Halloway	Virtual
03/20/2023- 03/21/2023	Acceptance and Commitment Therapy (ACT)	Matt Boone	Virtual
03/20/2023	NAMI: C.A.R.E.S. "Improving Lives: How Peer Groups Enhance Recovery"	NAMI Trainers	Virtual
04/17/2023	NAMI C.A.R.E.S. "Tardive Dyskinesia"	NAMI Trainers	Virtual
05/16/2023	Mental Health First Aid (Adult)	Region Trainers	Council Bluffs, IA
05/18/2023	NAMI C.A.R.E.S. "Make it OK"	NAMI Trainers	Virtual
05/23/2023	Mental Health First Aid (Youth)	Region Trainers	Denison, IA
06/01/2023	C3 De-Escalation	Sonia Keffer	Council Bluffs, IA
06/06/2023	Mental Health First Aid (Adult)	Region Trainers	Council Bluffs, IA
06/22/2023- 06/23/2023	Motivational Interviewing	Brenda K Jennings	Virtual
06/26/2023	NAMI C.A.R.E.S "The Power of Peers"	NAMI Trainers	Virtual
06/28/2023- 06/29/2023	Motivational Interviewing	Brenda K Jennings	Virtual

Collaboration

The SWIA MHDS Region regularly collaborates with the Iowa Health and Human Services BHDS Division for assistance and guidance regarding state policy and direction. The Service Coordinators for the region work with the HHS income maintenance workers to help assure individuals are receiving appropriate benefits and to coordinate or trouble shoot when there are benefit questions or eligibility concerns.

Managed Care Organizations (MCOs) manage Medicaid services in Iowa. The two MCOs in FY23 were Iowa Total Care and Amerigroup. The region has requested assistance or brought matters of concern to the MCOs when necessary for individual care issues. The region has been able to facilitate conversations regarding reimbursement as well as individual placement issues.

The region works closely with Integrated Health Homes (IHHs) and makes frequent referrals to these agencies throughout the Region. The Region also works to increase the IHHs knowledge of services created by the Region that will help mutual individuals and provide better services within the community. Both the MCOs and the IHHs offer care coordination, therefore, it is important the region continue to work with them to make sure duplication is not occurring for individuals on which we may receive referrals.

The SWIA MHDS Advisory Committee meets at least twice a year. Both the adult and children's advisory committee met on September 23, 2022, and on March 24, 2023. The Advisory Committees, amongst other items, review management plans, provide feedback to the region on new and needed services, discuss service system barriers, provide positive experience feedback, and are updated on intake and referrals for both children and adults to look at continuous quality improvement.

The Collaborative Support Team (CST), facilitated by the Southwest Iowa MHDS Region is another example of support for individuals and agencies serving individuals with complex needs. Since August 2013, a dedicated group of providers throughout the region have been meeting to discuss and support individuals in our community that have complex needs. CST is an interconnected, multi-agency continuum of service providing support for individuals experiencing mental health symptoms or who have developmental disability needs with frequent admissions to the community hospitals, emergency rooms, jail as well as broken relationships with provider agencies leading to involuntary discharges from services. The shared vision is that our collaboration will create a community of support for individuals receiving community support services that have complex mental health and/or developmental disability needs to build a network of support and hope for everyone's future. Through shared information and open collaboration, the team can brainstorm solutions for individuals with complex needs. The team currently consists of 13 professionals and has served a range of 6-10 individuals in the past year. A refresh of the program was completed over the past year. The team continues to meet twice a month or as needed.

Caring for Our Communities is a collaborative team led by Methodist Jennie Edmundson Hospital. It helps people with limited resources and complex and chronic conditions including those with behavioral health needs connect to the care they need. Caring for Our Community partners help individuals find appropriate health care, access existing resources, and navigate the health care exchange system. The team can also help meet needs not otherwise funded via the philanthropy of the program. The program is available to anyone in the Southwest Iowa area. The Southwest Iowa MHDS Region has worked closely through this program with local law enforcement and emergency services to assist individuals with behavioral health needs to connect to support and services. The plan is to expand these services into additional region counties.

The Southwest Iowa MHDS Region also facilitates and participates in additional community collaborations to help improve service delivery and relationships including facilitating communication between the shelters and local hospitals and attending community specific meetings including Healthy Cass and the Human Services Advisory Committee. The Region has also participated in numerous community events to promote the importance of mental health and the services and supports available.

<u>Appendix A – Advisory Committees and Governing Board</u>

Adult Advisory Committee Members

NAME	AGENCY	representation
Barb Belstene		Individual
Scott Halverson	CHI Health	Provider MI
Daryn Richardson	VODEC	Provider MI/DD
Sherrie McDonald	Connections AAA	Provider MI
Mary O'Neill	Heartland Family Service	Provider MI/ IHH/substance
Kate Smith	Myrtue Community MHC	Provider MI
Berneeta Wagoner	Southwest IA families	Individual

Children's Advisory Committee Members

NAME	AGENCY	representation
Kathy Hanafan	Greenhills AEA	Education system
Scott Halverson	CHI Health	Behavioral health provider
Tarah Devlin-Lawler	West Ctrl Comm Action	Early Child Adv / Ch welfare
Melissa Nation	DHS	Child Welfare
Ryan McCormick	4 th Judicial District	Juvenile Court
Allison Leach		Parent
Ashley Harlow	Children's Hospital Pediatrics	Pediatrician
Anthony Kava	Iowa Internet Crimes Against	Law Enforcement
	Children (ICAC) Task Force &	
	Pott Co Sheriff Department	
Jonathan Holland	Children's Square USA	Childcare Provider

Governing Board Members

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NAME	Agency or County residence	representation
John Hartkopf	Cass County (June-Dec 2022)	
Bernard Pettinger	Cass County (Jan-June 2023)	County Board of Supervisor
Randy Hickey	Fremont County (June-Dec 2022)	County Board of Supervisor
Clint Blackburn	Fremont County (Jan-June 2023)	County Board of Supervisor
Tony Smith	Harrison County	County Board of Supervisor
Richard Crouch	Mills County	County Board of Supervisor
Tom Brouillette	Monona County	County Board of Supervisor
Mark Peterson	Montgomery County	County Board of Supervisor
Chuck Morris	Page County (June-Dec 2022)	County Board of Supervisor
Judy Clark	Page County (Jan-June 2023)	County Board of Supervisor
Lynn Grobe	Pottawattamie (June-Dec 2022)	County Board of Supervisor
Tim Wichman	Pottawattamie (Jan-June 2023)	County Board of Supervisor
Steve Kenkel	Shelby County	County Board of Supervisor
Kathy Hanafan	Greenhills Area Education Agency	Education
Mary O'Neill	Heartland Family Service	Adult Provider
Scott Halverson	Alegent Psychiatric Associates	Children's Provider
Berneeta Wagoner	Page	Adult Family Member
Allison Leach	Page	Parent of Child Member