

Community Mental Health Center Self-Assessment

Organization Name: Click to enter text.	Date of Submission: Click to enter text.
Designated Counties: Click to enter text.	Organization Phone Number: Click to enter text.

Contact Person: Click to enter text.	Telephone Number: Click to enter text.	Email Address: Click to enter text.
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The Community Mental Health Center (CMHC) Self-Assessment shall be completed by agencies applying for CMHC designation and Designated CMHCs requesting a change in designation as required in IAC 441-24.51. Designated CMHCs must complete this form annually and submit to the Department by January 15.

Organization Demographics

Include all organization locations and identify if the site is in your proposed or current CMHC catchment area. Include a complete list of services available at each site location.

Site Location	CMHC site Y/N	Services Available	Number of full-time staff	Number of part-time staff	Telehealth Available (Y/N)
Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N	Click to enter text.	Click to enter text.	Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N
Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N	Click to enter text.	Click to enter text.	Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N
Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N	Click to enter text.	Click to enter text.	Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N
Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N	Click to enter text.	Click to enter text.	Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N
Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N	Click to enter text.	Click to enter text.	Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N
Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N	Click to enter text.	Click to enter text.	Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N
Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N	Click to enter text.	Click to enter text.	Click to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N

Target Population Demographics

Complete this section using information gathered from the last completed state fiscal year (SFY). Include all counties (inside and outside the catchment area) where individuals served by the organization lived during the SFY being reported. The crisis services column is the number of individuals who accessed a crisis service included in IAC 441.24.54(2). The co-occurring condition column is the number of individuals served with a serious mental illness or serious emotional disturbance and a diagnosis of a substance use disorder, intellectual disability, developmental disability, or traumatic brain injury.

SFY Reported: Click to enter text.

County	Number of Children Served with an SED	Number of Adults Served with a SMI	Number of Individuals who Accessed Crisis Services	Number of Individuals Served with a Co-Occurring Condition	Total Unduplicated Number of Individuals Served
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.

Indicate total number for each unduplicated population served category	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
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Total Number of Unduplicated Individuals Served: Click to enter text.

Payer Mix

Enter the percentage of individuals served with the following primary and secondary insurance coverage.

Medicaid:	Medicare:	Regional:	Private:	Uninsured:
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.

Sliding Fee Scale and Fee Assistance

Attach a copy of current sliding fee scale if utilized by the organization and percentage of individuals served receiving assistance by the sliding fee scale. Provide information on how the organization assists individuals regardless of individual's ability to pay for services or supports. Attach Policy.

Core Services and Supports

Complete this section using information gathered from the last completed state fiscal year (SFY). The number of individuals waiting to start a service is taken from the time an intake is complete to when

the individual begins the service. The average length of time to start the service is a point in time number and should be current as of 30 days from the time of submission.

Service	Number of Adults Served	Number of Children Served	Number of individuals waiting to start service	Average length of time to start service
Outpatient Psychotherapy	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Evaluation	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Community Support Services	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Emergency Services*	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
24 Hour Crisis Response*	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Day Treatment*	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Partial Hospitalization*	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Psychosocial Rehabilitation Services*	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Admission screening for voluntary patients	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Consultation Services	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Education Services	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Coordination with other providers	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.

* Services may either be provided directly or through a formal agreement with an appropriately accredited provider. If a service is being provided through a formal agreement, the reporting Organization must gather the required information from the organization providing the service.

All the below core supports should be tracked, reported and policies submitted:

Evaluation Services, defined in 441-24.4 means screening, diagnosis and assessment of individual and family functioning needs, abilities, and disabilities, and determining current status and functioning in the areas of living, learning, working and socializing. These are not evaluations completed as part of psychosocial evaluations. These may be outside referral requests or individuals currently served who have special requests for a specific time limited evaluation. Examples could include evaluations for custody, court, disability, medical procedures, social security determinations, psychological evaluations, educational needs, etc.

Education services as defined in 24.54 (7) shall be provided in accordance with Iowa Code section 230A.106.(2) (g). Education services may include information and referral services regarding available resources and information and training concerning mental health, mental illness, availability

of services and other support, the promotion of mental health and the prevention of mental illness. Education services may be made available to individuals, groups, organizations, and the community in general.

Consultation services as defined in 24.54 (6) shall be provided in accordance with Iowa Code section 230A.106.(2) (f). Consultation services may include provision of professional assistance and information about mental health and mental illness to individuals, service providers, or groups to increase such persons' effectiveness in carrying out their responsibilities for providing services. Consultations may be case-specific or program specific.

Coordination with un-affiliated agencies as defined in 24.54 (8) shall be provided in accordance with Iowa Code section 230A.106.(3) Coordination with associated services provided by other unaffiliated agencies to members of the target population in the catchment area and to integrate services in the community- with services provided to the target population in residential or inpatient settings.

Admission Screening for voluntary patients as defined in 24.54 (4) (a) (b) provided in accordance with Iowa Code section 230A.106.(2) (d) Screening and evaluation shall be made available to individuals shall be made available to individuals requesting admission to a mental health institute.

Formal Letters of Agreement - Include formal letters of agreement for all services and supports as required.

Core Service	Organization Providing Service
Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.

Additional Information:

Additional information helpful for the Department in reviewing the submitted materials. Please include any additional community-based services being provided by the Organization including, but not limited to, peer support and wellness centers, school-based services, illness management and recovery, IPS, permanent supportive housing, or other EBPs or services and supports that demonstrate the full array of services and supports provided. Provide any information on federal or state grants to support specific programs.