COUNTY SOCIAL SERVICES

FY2021 ANNUAL REPORT

SUBMITTED
12/01/2021

GEOGRAPHIC AREA: *Allamakee, Black Hawk, Butler, Cerro Gordo, Chickasaw, Clayton, Emmet, Fayette, Floyd, Grundy, Hancock, Howard, Humboldt, Mitchell, Pocahontas, Tama, Webster, Winneshiek, Wright Counties*

APPROVED BY ADVISORY COMMITTEES: 11/17/2021
APPROVED BY GOVERNING BOARD: 12/01/2021

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Introduction

County Social Services was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390. The annual report is a component of the Management Plan which includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual in compliance with Iowa Administrative Code 441.25.

County Social Services began FY2021 with 19 member counties and in the search process for a new CEO. On October 5, 2020, Mary McKinnell began her position as the new County Social Services CEO. During FY2021, the Region spent time preparing for the smooth transition of staff and clients in seven member counties, as they moved to other Regions at the end of the fiscal year. We also established a Regional Coordinator for Children's Behavioral Services position as we prepared for the responsibility of ensuring crisis and prevention services for youth and their families were available and accessible in our communities.

FY2021 was a challenging year, dealing with the COVID-19 pandemic for the full year. As with many other businesses, County Social Services has been navigating through workplace culture shifts, while at the same time, keeping at the forefront that we are here to serve the public. This culture shift will continue to aid in strengthening our internal operations, as well as improving service delivery to individuals in our communities.

The County Social Services Governing Board meets on the 4th Wednesday of each month (December fluctuates), except for April, August and November. Due to the COVID-19 pandemic, the board meetings remained on a virtual platform in FY2021. The FY2021 CSS Board members are listed below.

County	**Board Member(s)**
Allamakee	Dennis Koenig (2020); Larry Schellhammer (2021)
Black Hawk	Craig White,2020 CSS Board Vice-Chair; 2021 CSS Board Chair
Butler	Greg Barnett, 2021 CSS Board Secretary/Treasurer
Cerro Gordo	Chris Watts
Chickasaw	Jacob Hackman
Clayton	Sharon Keehner
Emmet	John Pluth
Fayette	Jeanine Tellin
Floyd	Roy Schwickerath, 2020 CSS Board Chair
Grundy	James Ross (2020); Heidi Nederhoff (2021)
Hancock	Gary Rayhons
Howard	Pat Murray
Humboldt	Sandy Loney
Mitchell	Barb Francis (2020); Mark Hendrickson (2021)
Pocahontas	Clarence Siepker
Tama	Larry Vest
Webster	Mark Campbell
Winneshiek	Floyd Ashbacher
Wright	Karl Helgevold, 2020 CSS Board Secretary/Treasurer; 2021 CSS Board Vice-Chair
Adult Consumer Rep	Eric Donat
CBH Parent/Relative Rep	June Klein-Bacon
Education System Rep	Jamie Heard, Mason City Community School District
Adult Services Provider Rep	Marcia Oltrogge, Northeast Iowa Behavioral Health (2020); Britney Montross, Exceptional Persons, Inc. (2021) (ex-officio)
CBH Provider Rep	Cody Williams, Turning Leaf Counseling (ex-officio)

In August 2020, the CSS Service Area Advisory Groups met via GoToMeeting in the four service areas of the Region. The CSS Annual Stakeholder Meeting was held virtually in November 2020. With the knowledge that our Region was losing seven counties on July 1, 2021, we chose to phase out meetings by service area in the spring of 2021.

The FY2021 Annual Report covers the period of July 1, 2020 to June 30, 2021. 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 levies and specific Regional outcomes for the year.

The CSS Management Plan is available on our website, www.countysocialservices.org, and the Iowa DHS website, https://dhs.iowa.gov.

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 2021 Actual GAAP	COUNTYSOCIALSERVICES MHDS Region	MI (40)		ID(42)		DD(43)		BI (47)		Other		Total
		A	C	A	C	A	C	A	C	A	C	
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient	376	9	1			1					**387**
42306	Psychotherapeutic Treatment - Medication Prescribing	535	6	5		2						**548**
43301	Evaluation (Non Crisis) - Assessment and Evaluation	4		33		1						**38**
71319	State MHI Inpatient - Per diem charges	28		2								**30**
73319	Other Priv./Public Hospitals - Inpatient per diem charges	3										**3**
	Basic Crisis Response											
32322	Support Services - Personal Emergency Response System	1										**1**
44301	Crisis Evaluation	753	289	29	2	4	1					**1078**
44307	Mobile Response	175	66	7	1							**249**
44313	Crisis Stabilization Residential Service (CSRS)	92	32	5		2	2					**133**
44396	Access Center start-up/sustainability/coordination	60	1									**61**
	Support for Community Living											
32320	Support Services - Home Health Aides	1		1								**2**
32325	Support Services - Respite Services							1				**1**
32329	Support Services - Supported Community Living	120	1	43		25		5				**194**
	Support For Employment											

50362	Voc/Day - Prevocational Services					5						**5**
50367	Day Habilitation	6		11	1	8		2				**28**
50368	Voc/Day - Individual Supported Employment	8		15		20	1	1				**45**
50369	Voc/Day - Group Supported Employment	2		2		8		2				**14**
	Recovery Services											
45366	Peer Family Support - Peer Support Services	12										**12**
	Service Coordination											
24376	Health Homes Coordination - Coordination Services	1										**1**
	Sub-Acute Services											
64309	Sub Acute Services (6+ Beds)	40	1	4								**45**
	Core Evidence Based Treatment											
42398	Assertive Community Treatment (ACT)	18										**18**
	Core Subtotals:	**2235**	**405**	**158**	**4**	**75**	**5**	**11**				**2893**
Mandated												
74XXX	Commitment Related (except 301)	766	90	22		4		1				**883**
75XXX	Mental health advocate	969	67	4								**1040**
	Mandated Subtotals:	**1735**	**157**	**26**		**4**		**1**				**1923**
Core Plus												
	Justice System Involved Services											
25XXX	Coordination services	245	4	3		2						**254**
46305	Mental Health Services in Jails	654	4	4		3						**665**
	Additional Core Evidence Based Treatment											
42366	Psychotherapeutic Treatment - Social Support Services	92		3								**95**
	Core Plus Subtotals:	**991**	**8**	**10**		**5**						**1014**
Other Informational Services												
Community Living Support Services												
22XXX	Services management	964	26	72	4	24	3	10		128		**1231**
23XXX	Crisis Care Coordination	71	26	2			1					**100**
31XXX	Transportation	256	4	32	2	14	1	5				**314**
32326	Support Services - Guardian/Conservator	73		55	1	2		2				**133**
32327	Support Services - Representative Payee	152	1	21	1	4						**179**
32335	Consumer-Directed Attendant Care	1						1				**2**
33340	Basic Needs - Rent Payments	38										**38**
33345	Basic Needs - Ongoing Rent Subsidy	38										**38**
33399	Basic Needs - Other	22		1								**23**
41305	Physiological Treatment - Outpatient	34										**34**
41306	Physiological Treatment - Prescription Medicine/Vaccines	44										**44**
41307	Physiological Treatment - In-Home Nursing	5										**5**
42396	Psychotherapeutic Treatment - Community Support Programs	15										**15**
42399	Psychotherapeutic Treatment - Other	5		103	3	6						**117**

44399	Other Crisis Services	28	8									**36**
46306	Prescription Medication (Psychiatric Medications in Jail)	708	5									**713**
63399	Comm Based Settings (1-5 Bed) - Other							1				**1**
Community Living Support Services Subtotals:		**2454**	**70**	**286**	**11**	**50**	**5**	**19**		**128**		**3023**
Congregate Services												
64329	Comm Based Settings (6+ Beds) - Supported Community Living	27		5		1		1				**34**
64XXX	RCF-6 and over beds	41	1	4		1		1				**48**
	Congregate Services Subtotals:	**68**	**1**	**9**		**2**		**2**				**82**
Administration												
11XXX	Direct Administration									128		**128**
	Administration Subtotals:									**128**		**128**
Regional Totals:		**7483**	**641**	**489**	**15**	**136**	**10**	**33**		**256**		**9063**

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	474	4090	4564	40
Mental Illness, Intellectual Disabilities	5	85	90	40, 42
Mental Illness, Intellectual Disabilities, Other Developmental Disabilities	0	10	10	40, 42, 43
Mental Illness, Intellectual Disabilities, Other Developmental Disabilities, Brain Injury	0	1	1	40, 42, 43, 47
Mental Illness, Intellectual Disabilities, County Provided Services	0	22	22	40, 42, 46
Mental Illness, Intellectual Disabilities, County Provided Services, Brain Injury	0	1	1	40, 42, 46, 47
Mental Illness, Other Developmental Disabilities	7	39	46	40, 43
Mental Illness, Other Developmental Disabilities, County Provided Services	0	1	1	40, 43, 46
Mental Illness, Other Developmental Disabilities, Brain Injury	0	1	1	40, 43, 47
Mental Illness, County Provided Services	0	6	6	40, 46
Mental Illness, Brain Injury	0	15	15	40, 47
Intellectual Disabilities	6	113	119	42
Intellectual Disabilities, Other Developmental Disabilities	0	8	8	42, 43
Intellectual Disabilities, Other Developmental Disabilities, County Provided Services	0	5	5	42, 43, 46
Intellectual Disabilities, County Provided Services	0	71	71	42, 46
Other Developmental Disabilities	2	30	32	43
Other Developmental Disabilities, Brain Injury	0	1	1	43, 47
County Provided Services	0	22	22	46
Brain Injury	0	7	7	47
Total	494	4528	5022	99

B. Regionally Designated Intensive Mental Health Services

The Region has designated the following provider as an **Access Center** which has met the following requirements:

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

Date Designated	Access Center
7/1/2020	North Iowa Regional Services, Waterloo, IA Black Hawk County

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

Date Designated	ACT Teams	Fidelity Score
7/1/2020	Resources for Human Development, Waterloo, IA Black Hawk County	122/140
7/1/2020	UnityPoint Health-Berryhill Center, Fort Dodge, IA Webster County	129/140

The Region also funded the Seasons Center for Community Mental Health ACT Team for services in Emmet County in FY2021. Seasons Center is a provider within the Northwest Iowa Care Connections and Sioux Rivers Regions, which are responsible for the independent fidelity review.

The Region has designated the following **Subacute** service provider which meets the criteria and is licensed by the Department of Inspections and Appeals.

Date Designated	Subacute
7/1/2020	North Iowa Regional Services, Waterloo, IA Black Hawk County

The Region continues to work with provider agencies and intends to be able to designate an **Intensive Residential Service** provider in FY2022. We will work with them to ensure they will 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.

C. Financials

Table C. Expenditures (Includes the CARES Act expenditures)

FY 2021 Accrual	County Social Services MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	**Treatment**						
42305	Mental health outpatient therapy **	$ 1,148,449	$ 80	$ 1,365	$ -		$ 1,149,894
42306	Medication prescribing & management **	$ 106,189	$ 1,010	$ 814	$ -		$ 108,013
43301	Assessment, evaluation, and early identification **	$ 1,106	$ 8,709	$ 77	$ -		$ 9,892
71319	Mental health inpatient therapy-MHI	$ 560,187	$ 20,591	$ -	$ -		$ 580,778
73319	Mental health inpatient therapy **	$ 12,814	$ -	$ -	$ -		$ 12,814
	Crisis Services						
32322	Personal emergency response system	$ 404	$ -	$ -	$ -		$ 404
44301	Crisis evaluation	$ 418,330	$ 14,088	$ 2,030	$ -		$ 434,448
44302	23 hour crisis observation & holding	$ 3,793	$ -	$ -	$ -		$ 3,793
44305	24 hour access to crisis response	$ -	$ -	$ -	$ -		$ -
44307	Mobile response **	$ 708,363	$ 10,804	$ -	$ -		$ 719,167
44312	Crisis Stabilization community-based services **	$ 4,200	$ -	$ -	$ -		$ 4,200
44313	Crisis Stabilization residential services **	$ 92,964	$ 16,569	$ 6,844	$ -		$ 416,376
44396	Access Centers: start-up / sustainability	$ 28,641	$ -	$ -	$ -		$ 28,641
	Support for Community Living						
32320	Home health aide	$ 1,120	$ 1,320	$ -	$ -		$ 2,440
32325	Respite	$ -	$ -	$ -	$ 180		$ 180
32328	Home & vehicle modifications	$ -	$ -	$ -	$ -		$ -
32329	Supported community living	$ 1,061,773	$ 425,618	$ 82,264	$ 9,306		$ 1,578,961
42329	Intensive residential services	$ -	$ -	$ -	$ -		$ -
	Support for Employment						
50362	Prevocational services	$ -	$ -	$ 8,684	$ -		$ 8,684
50364	Job development	$ -	$ -	$ -	$ -		$ -
50367	Day habilitation	$ 21,698	$ 120,968	$ 27,045	$ 11,163		$ 180,873
50368	Supported employment	$ 240,020	$ 45,693	$ 116,520	$ 723		$ 402,956
50369	Group Supported employment-enclave	$ 758	$ 3,343	$ 14,890	$ 6,171		$ 25,162

	Recovery Services						
45323	Family support	$ -	$ -	$ -	$ -		$ -
45366	Peer support	$ 16,144	$ -	$ -	$ -		$ 16,144
	Service Coordination						
21375	Case management	$ -	$ -	$ -	$ -		$ -
24376	Health homes	$ 2,524	$ -	$ -	$ -		$ 2,524
	Sub-Acute Services						
63309	Subacute services-1-5 beds	$ -	$ -	$ -	$ -		$ -
64309	Subacute services-6 and over beds	$ 250,000	$ 36,800	$ -	$ -		$ 286,800
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	$ 25,112	$ -	$ -	$ -		$ 25,112
32396	Supported housing	$ -	$ -	$ -	$ -		$ -
42398	Assertive community treatment (ACT)	$ 88,671	$ -	$ -	$ -		$ 88,671
45373	Family psychoeducation	$ -	$ -	$ -	$ -		$ -
	Core Domains Total	**$ 5,093,260**	**$ 705,593**	**$ 260,531**	**$ 27,543**		**$ 6,086,928**
Mandated Services							
46319	Oakdale	$ -	$ -	$ -	$ -		$ -
72319	State resource centers	$ -	$ -	$ -	$ -		$ -
74XXX	Commitment related (except 301)	$ 308,651	$ 5,450	$ 921	$ 470		$ 315,491
75XXX	Mental health advocate	$ 404,934	$ 546	$ -	$ -		$ 405,480
	Mandated Services Total	**$ 713,584**	**$ 5,996**	**$ 921**	**$ 470**		**$ 720,971**
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services	$ 101,457	$ 1,466	$ 821	$ -		$ 103,744
44346	24 hour crisis line*	$ -	$ -	$ -	$ -		$ -
44366	Warm line*	$ -	$ -	$ -	$ -		$ -
46305	Mental health services in jails	$ 254,943	$ 1,238	$ 881	$ -		$ 257,062
46399	Justice system-involved services-other	$ -	$ -	$ -	$ -		$ -
46422	Crisis prevention training	$ 126,165	$ -	$ -	$ -		$ 126,165
46425	Mental health court related costs	$ -	$ -	$ -	$ -		$ -
74301	Civil commitment prescreening evaluation	$ -	$ -	$ -	$ -		$ -
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	$ 327,155	$ 10,685	$ -	$ -		$ 337,839
42397	Psychiatric rehabilitation (IPR)	$ -	$ -	$ -	$ -		$ -
	Additional Core Domains Total	**$ 809,720**	**$ 13,389**	**$ 1,702**	**$ -**		**$ 824,811**
Other Informational Services							
03371	Information & referral	$ 18,529	$ -	$ -	$ -		$ 18,529
04372	Planning, consultation &/or early intervention (client related) **	$ -	$ -	$ -	$ -		$ -
04377	Provider Incentive Payment	$ -					$ -
04399	Consultation Other	$ -	$ -	$ -	$ -		$ -
04429	Planning and Management Consultants (non-client related)	$ -	$ -	$ -	$ -		$ -
05373	Public education, prevention and education **	$ 2,201,345	$ -	$ -	$ -		$ 2,201,345

	Other Informational Services Total	**$ 2,219,874**	**$ -**	**$ -**	**$ -**		**$ 2,219,874**
Community Living Supports							
06399	Academic services	$ -	$ -	$ -	$ -		$ -
22XXX	Services management	$ 1,642,248	$ 91,519	$ 31,610	$ 7,953		$ 1,773,330
23376	Crisis care coordination	$ 50,503	$ 776	$ 457	$ -		$ 51,736
23399	Crisis care coordination other	$ -	$ -	$ -	$ -		$ -
24399	Health home other	$ -	$ -	$ -	$ -		$ -
31XXX	Transportation	$ 77,875	$ 43,822	$ 6,748	$ 6,022		$ 134,466
32321	Chore services	$ -	$ -	$ -	$ -		$ -
32326	Guardian/conservator	$ 68,116	$ 90,731	$ 3,263	$ 3,600		$ 165,710
32327	Representative payee	$ 34,288	$ 3,384	$ 451	$ -		$ 38,123
32335	CDAC	$ 335	$ -	$ -	$ 17,406		$ 17,741
32399	Other support	$ -	$ -	$ -	$ -		$ -
33330	Mobile meals	$ -	$ -	$ -	$ -		$ -
33340	Rent payments (time limited)	$ 45,890	$ -	$ -	$ -		$ 45,890
33345	Ongoing rent subsidy	$ 113,715	$ -	$ -	$ -		$ 113,715
33399	Other basic needs	$ 396,125	$ 570	$ -	$ -		$ 396,695
41305	Physiological outpatient treatment	$ 2,453	$ -	$ -	$ -		$ 2,453
41306	Prescription meds	$ 4,210	$ -	$ -	$ -		$ 4,210
41307	In-home nursing	$ 11,450	$ -	$ -	$ -		$ 11,450
41308	Health supplies	$ -	$ -	$ -	$ -		$ -
41399	Other physiological treatment	$ -	$ -	$ -	$ -		$ -
42309	Partial hospitalization	$ -	$ -	$ -	$ -		$ -
42310	Transitional living program	$ -	$ -	$ -	$ -		$ -
42363	Day treatment	$ -	$ -	$ -	$ -		$ -
42396	Community support programs	$ 32,130	$ -	$ -	$ -		$ 32,130
42399	Other psychotherapeutic treatment	$ 8,830	$ 655,200	$ 38,400	$ -		$ 702,430
43399	Other non-crisis evaluation	$ -	$ -	$ -	$ -		$ -
44304	Emergency care	$ -	$ -	$ -	$ -		$ -
44399	Other crisis services	$ 19,930	$ -	$ -	$ -		$ 19,930
45399	Other family & peer support	$ -	$ -	$ -	$ -		$ -
46306	Psychiatric medications in jail	$ 36,269	$ -	$ -	$ -		$ 36,269
50361	Vocational skills training	$ -	$ -	$ -	$ -		$ -
50365	Supported education	$ -	$ -	$ -	$ -		$ -
50399	Other vocational & day services	$ -	$ -	$ -	$ -		$ -
63XXX	RCF 1-5 beds *(63314, 63315 & 63316)*	$ -	$ -	$ -	$ -		$ -
63XXX	ICF 1-5 beds *(63317 & 63318)*	$ -	$ -	$ -	$ -		$ -
63329	SCL 1-5 beds	$ -	$ -	$ -	$ 119,321		$ 119,321
63399	Other 1-5 beds	$ -	$ -	$ -	$ -		$ -
	Community Living Supports	**$ 2,544,367**	**$ 886,001**	**$ 80,929**	**$ 154,302**		**$ 3,665,598**
Other Congregate Services							
50360	Work services (work activity/sheltered work)	$ -	$ -	$ -	$ -		$ -
64XXX	RCF 6 and over beds *(64314, 64315 & 64316)*	$ 730,575	$ 52,615	$ 1,574	$ 21,209		$ 805,972

64XXX	ICF 6 and over beds *(64317 & 64318)*	$ -	$ -	$ -	$ -		$ -
64329	SCL 6 and over beds	$ 448,310	$ 79,059	$ 18,900	$ 40,268		$ 586,537
64399	Other 6 and over beds	$ -	$ -	$ -	$ -		$ -
	Other Congregate Services Total	**$ 1,178,884**	**$ 131,674**	**$ 20,474**	**$ 61,476**		**$ 1,392,509**
Administration							
11XXX	Direct Administration					1,156,133	$ 1,156,133
12XXX	Purchased Administration					194,503	$ 194,503
	Administration Total					$ 1,350,636	$ 1,350,636
	Regional Totals	**$ 12,559,689**	**$ 1,742,654**	**$ 364,556**	**$ 243,792**	**$ 1,350,636**	**$ 16,261,327**
(45XX-XXX)County Provided Case Management						$ 179,814	$ 179,814
(46XX-XXX)County Provided Services						$ 197,934	$ 197,934
	Regional Grand Total						$ 16,639,075

Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)

13951	**Distribution to MHDS regional fiscal agent from member county**	$ 12,677,370
14951	**MHDS fiscal agent reimbursement to MHDS regional member county**	$ 409,870

Table C. Expenditures (exclusive of CARES Act)

FY 2021 Accrual	County Social Services MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	**Treatment**						
42305	Mental health outpatient therapy **	$ 171,121	$ 80	$ 1,365	$ -		$ 172,566
42306	Medication prescribing & management **	$ 106,189	$ 1,010	$ 814	$ -		$ 108,013
43301	Assessment, evaluation, and early identification **	$ 1,106	$ 8,709	$ 77	$ -		$ 9,892
71319	Mental health inpatient therapy-MHI	$ 560,187	$ 20,591	$ -	$ -		$ 580,778
73319	Mental health inpatient therapy **	$ 12,814	$ -	$ -	$ -		$ 12,814
	Crisis Services						
32322	Personal emergency response system	$ 404	$ -	$ -	$ -		$ 404
44301	Crisis evaluation	$ 418,330	$ 14,088	$ 2,030	$ -		$ 434,448
44302	23 hour crisis observation & holding	$ -	$ -	$ -	$ -		$ -
44305	24 hour access to crisis response	$ -	$ -	$ -	$ -		$ -
44307	Mobile response **	$ 698,913	$ 10,804	$ -	$ -		$ 709,717
44312	Crisis Stabilization community-based services **	$ 4,200	$ -	$ -	$ -		$ 4,200
44313	Crisis Stabilization residential services **	$ 390,470	$ 16,569	$ 6,844	$ -		$ 413,882
44396	Access Centers: start-up / sustainability	$ 28,641	$ -	$ -	$ -		$ 28,641

	Support for Community Living						
32320	Home health aide	$ 1,120	$ 1,320	$ -	$ -		$ 2,440
32325	Respite	$ -	$ -	$ -	$ 180		$ 180
32328	Home & vehicle modifications	$ -	$ -	$ -	$ -		$ -
32329	Supported community living	$ 1,012,894	$ 425,618	$ 82,264	$ 9,306		$ 1,530,082
42329	Intensive residential services	$ -	$ -	$ -	$ -		$ -
	Support for Employment						
50362	Prevocational services	$ -	$ -	$ 8,684	$ -		$ 8,684
50364	Job development	$ -	$ -	$ -	$ -		$ -
50367	Day habilitation	$ 3,973	$ 120,968	$ 27,045	$ 11,163		$ 163,148
50368	Supported employment	$ 7,676	$ 45,693	$ 116,520	$ 723		$ 170,612
50369	Group Supported employment-enclave	$ 758	$ 3,343	$ 14,890	$ 6,171		$ 25,162
	Recovery Services						
45323	Family support	$ -	$ -	$ -	$ -		$ -
45366	Peer support	$ 13,133	$ -	$ -	$ -		$ 13,133
	Service Coordination						
21375	Case management	$ -	$ -	$ -	$ -		$ -
24376	Health homes	$ 2,524	$ -	$ -	$ -		$ 2,524
	Sub-Acute Services						
63309	Subacute services-1-5 beds	$ -	$ -	$ -	$ -		$ -
64309	Subacute services-6 and over beds	$ 250,000	$ 36,800	$ -	$ -		$ 286,800
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	$ 25,112	$ -	$ -	$ -		$ 25,112
32396	Supported housing	$ -	$ -	$ -	$ -		$ -
42398	Assertive community treatment (ACT)	$ 84,971	$ -	$ -	$ -		$ 84,971
45373	Family psychoeducation	$ -	$ -	$ -	$ -		$ -
	Core Domains Total	**$ 3,794,535**	**$ 705,593**	**$ 260,531**	**$ 27,543**		**$ 4,788,203**
Mandated Services							
46319	Oakdale	$ -	$ -	$ -	$ -		$ -
72319	State resource centers	$ -	$ -	$ -	$ -		$ -
74XXX	Commitment related (except 301)	$ 308,651	$ 5,450	$ 921	$ 470		$ 315,491
75XXX	Mental health advocate	$ 404,934	$ 546	$ -	$ -		$ 405,480
	Mandated Services Total	**$ 713,584**	**$ 5,996**	**$ 921**	**$ 470**		**$ 720,971**
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services	$ 101,457	$ 1,466	$ 821	$ -		$ 103,744
44346	24 hour crisis line*	$ -	$ -	$ -	$ -		$ -
44366	Warm line*	$ -	$ -	$ -	$ -		$ -
46305	Mental health services in jails	$ 254,943	$ 1,238	$ 881	$ -		$ 257,062
46399	Justice system-involved services-other	$ -	$ -	$ -	$ -		$ -
46422	Crisis prevention training	$ 12,489	$ -	$ -	$ -		$ 12,489
46425	Mental health court related costs	$ -	$ -	$ -	$ -		$ -
74301	Civil commitment prescreening evaluation	$ -	$ -	$ -	$ -		$ -

	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	$ 324,143	$ 10,685	$ -	$ -		$ 334,828
42397	Psychiatric rehabilitation (IPR)	$ -	$ -	$ -	$ -		$ -
	Additional Core Domains Total	**$ 693,032**	**$ 13,389**	**$ 1,702**	**$ -**		**$ 708,124**
Other Informational Services							
03371	Information & referral	$ 18,529	$ -	$ -	$ -		$ 18,529
04372	Planning, consultation &/or early intervention (client related) **	$ -	$ -	$ -	$ -		$ -
04377	Provider Incentive Payment	$ -					$ -
04399	Consultation Other	$ -	$ -	$ -	$ -		$ -
04429	Planning and Management Consultants (non-client related)	$ -	$ -	$ -	$ -		$ -
05373	Public education, prevention and education **	$ 17,850	$ -	$ -	$ -		$ 17,850
	Other Informational Services Total	**$ 36,379**	**$ -**	**$ -**	**$ -**		**$ 36,379**
Community Living Supports							
06399	Academic services	$ -	$ -	$ -	$ -		$ -
22XXX	Services management	$ 1,641,219	$ 91,519	$ 31,610	$ 7,953		$ 1,772,301
23376	Crisis care coordination	$ 50,503	$ 776	$ 457	$ -		$ 51,736
23399	Crisis care coordination other	$ -	$ -	$ -	$ -		$ -
24399	Health home other	$ -	$ -	$ -	$ -		$ -
31XXX	Transportation	$ 69,596	$ 43,822	$ 6,748	$ 6,022		$ 126,187
32321	Chore services	$ -	$ -	$ -	$ -		$ -
32326	Guardian/conservator	$ 68,116	$ 90,731	$ 3,263	$ 3,600		$ 165,710
32327	Representative payee	$ 33,703	$ 3,384	$ 451	$ -		$ 37,538
32335	CDAC	$ 335	$ -	$ -	$ 17,406		$ 17,741
32399	Other support	$ -	$ -	$ -	$ -		$ -
33330	Mobile meals	$ -	$ -	$ -	$ -		$ -
33340	Rent payments (time limited)	$ 41,591	$ -	$ -	$ -		$ 41,591
33345	Ongoing rent subsidy	$ 113,715	$ -	$ -	$ -		$ 113,715
33399	Other basic needs	$ 72,283	$ 570	$ -	$ -		$ 72,853
41305	Physiological outpatient treatment	$ 2,453	$ -	$ -	$ -		$ 2,453
41306	Prescription meds	$ 4,210	$ -	$ -	$ -		$ 4,210
41307	In-home nursing	$ 11,450	$ -	$ -	$ -		$ 11,450
41308	Health supplies	$ -	$ -	$ -	$ -		$ -
41399	Other physiological treatment	$ -	$ -	$ -	$ -		$ -
42309	Partial hospitalization	$ -	$ -	$ -	$ -		$ -
42310	Transitional living program	$ -	$ -	$ -	$ -		$ -
42363	Day treatment	$ -	$ -	$ -	$ -		$ -
42396	Community support programs	$ 32,130	$ -	$ -	$ -		$ 32,130
42399	Other psychotherapeutic treatment	$ 8,830	$ 655,200	$ 38,400	$ -		$ 702,430
43399	Other non-crisis evaluation	$ -	$ -	$ -	$ -		$ -
44304	Emergency care	$ -	$ -	$ -	$ -		$ -
44399	Other crisis services	$ 8,050	$ -	$ -	$ -		$ 8,050
45399	Other family & peer support	$ -	$ -	$ -	$ -		$ -

46306	Psychiatric medications in jail	$ 36,269	$ -	$ -	$ -		$ 36,269
50361	Vocational skills training	$ -	$ -	$ -	$ -		$ -
50365	Supported education	$ -	$ -	$ -	$ -		$ -
50399	Other vocational & day services	$ -	$ -	$ -	$ -		$ -
63XXX	RCF 1-5 beds *(63314, 63315 & 63316)*	$ -	$ -	$ -	$ -		$ -
63XXX	ICF 1-5 beds *(63317 & 63318)*	$ -	$ -	$ -	$ -		$ -
63329	SCL 1-5 beds	$ -	$ -	$ -	$ 119,321		$ 119,321
63399	Other 1-5 beds	$ -	$ -	$ -	$ -		$ -
	Community Living Supports	**$ 2,194,453**	**$ 886,001**	**$ 80,929**	**$ 154,302**		**$ 3,315,685**
Other Congregate Services							
50360	Work services (work activity/sheltered work)	$ -	$ -	$ -	$ -		$ -
64XXX	RCF 6 and over beds *(64314, 64315 & 64316)*	$ 720,575	$ 52,615	$ 1,574	$ 21,209		$ 795,972
64XXX	ICF 6 and over beds *(64317 & 64318)*	$ -	$ -	$ -	$ -		$ -
64329	SCL 6 and over beds	$ 448,310	$ 79,059	$ 18,900	$ 40,268		$ 586,537
64399	Other 6 and over beds	$ -	$ -	$ -	$ -		$ -
	Other Congregate Services Total	**$ 1,168,884**	**$ 131,674**	**$ 20,474**	**$ 61,476**		**$ 1,382,509**
Administration							
11XXX	Direct Administration					1,142,488	$ 1,142,488
12XXX	Purchased Administration					194,503	$ 194,503
	Administration Total					$ 1,336,991	$ 1,336,991
	Regional Totals	**$ 8,600,868**	**$ 1,742,654**	**$ 364,556**	**$ 243,792**	**$ 1,336,991**	**$ 12,288,860**
(45XX-XXX)County Provided Case Management						$ 179,814	$ 179,814
(46XX-XXX)County Provided Services						$ 197,934	$ 197,934
	Regional Grand Total						$ 12,666,608

Table D. Revenues

FY 2021 Accrual	County Social Services MHDS Region		
Revenues			
	FY20 Annual Report Ending Fund Balance		**$ 12,520,611**
	Adjustment to 6/30/20 Fund Balance		**$ (140,717)**
	Audited Ending Fund Balance as of 6/30/20 (Beginning FY21)		**$ 12,379,894**
	Less Fund 4150 Balance Allocation to Counties exiting 6/30/20		**$ (397,819)**
	Less Fund 10 Balances of Counties exiting 6/30/20		**$ (317,434)**
	Local/Regional Funds		$ 12,455,811
10XX	Property Tax Levied	11,679,790	
12XX	Other County Taxes	15,232	
16XX	Utility Tax Replacement Excise Taxes	401,045	
25XX	Other Governmental Revenues	283,810	

4XXX-5XXX	Charges for Services	29,473	
5310	Client Fees		
60XX	Interest	5,156	
6XXX	Use of Money & Property		
8XXX	Miscellaneous	41,306	
9040	Other Budgetary Funds (Polk Transfer Only)		
	State Funds		**$ 973,201**
21XX	State Tax Credits	707,926	
22XX	Other State Replacement Credits	264,059	
24XX	State/Federal pass thru Revenue		
2644	MHDS Allowed Growth // State Gen. Funds		
29XX	Payment in Lieu of taxes	1,216	
	Federal Funds		**$ 4,265,706**
2345	Medicaid	294,184	
2347	CARES Act	3,971,522	
	Other		
	Total Revenues		$ 17,694,718

Total Funds Available for FY21	$ 29,359,359
FY21 Actual Regional Expenditures	$ 16,639,075
Accrual Fund Balance as of 6/30/21	$ 12,720,285

Other note regarding Medicaid: County Social Services had to apply for a new Medicaid number in January 2020 when we became our own employer. It took us until November 2020 to get a claim accepted and paid by Iowa Medicaid Enterprise with our new information. So, while it appears as though County Social Services made a large profit providing Case Management in FY2021, part of the revenue was for FY2020 Case Management. Total revenue received for FY2021 Case Management is $195,051, for a profit of roughly $12,000.

Table E. County Levies

County	2018 Est. Pop.	Regional Per Capita	FY21 Max Levy	FY21 Actual Levy	Actual Levy Per Capita
Allamakee	13,832	43.65	603,767	414,960	30.00
Black Hawk	132,408	43.65	5,779,609	3,972,240	30.00
Butler	14,539	43.65	634,627	436,170	30.00
Cerro Gordo	42,647	43.65	1,861,542	1,279,410	30.00
Chickasaw	11,964	43.65	522,229	358,920	30.00
Clayton	17,556	43.65	766,319	526,680	30.00
Emmet	9,253	43.65	403,893	277,590	30.00
Fayette	19,660	43.65	858,159	589,800	30.00
Floyd	15,761	43.65	687,968	472,830	30.00
Grundy	12,304	43.65	537,070	369,120	30.00
Hancock	10,712	43.65	467,579	321,360	30.00
Howard	9,187	43.65	401,013	275,610	30.00
Humboldt	9,547	43.65	416,727	286,410	30.00
Mitchell	10,569	43.65	461,337	317,070	30.00

Pocahontas	6,740	43.65	294,201	202,200	30.00
Tama	16,904	43.65	737,860	507,120	30.00
Webster	36,277	43.65	1,583,491	1,088,310	30.00
Winneshiek	20,029	43.65	874,266	600,870	30.00
Wright	12,690	43.65	553,919	380,700	30.00
Total CSS Region	**422,579**		**18,445,573**	**12,677,370**	**30.00**

D. Status of Service Development in FY2021

FY2021 Adult Services Development

Mobile Crisis Response (MCR): CSS actively worked to develop Mobile Crisis Response services in every county in the Region during FY2021. The following services were developed for Mobile Crisis in FY2021:

- Humboldt, Pocahontas, Webster and Wright Counties – CSS contracted with UnityPoint Health-Berryhill Center to start MCR on 7/1/2020 in Webster County and on 8/1/2020 in Humboldt, Pocahontas, and Wright Counties.
- Black Hawk County - Elevate CCBHC launched MCR on 9/1/2020 with SAMHSA funds.
- Black Hawk, Butler, Grundy, and Tama Counties – CSS contracted with Elevate CCBHC to provide MCR starting on 1/1/21.
- Allamakee, Chickasaw, Clayton, Fayette, Floyd, Howard, Mitchell & Winneshiek Counties – CSS contracted with Elevate CCBHC to provide MCR starting on 4/1/21.
- Cerro Gordo & Hancock Counties – CSS contracted with Eyerly Ball to start MCR on 4/1/2021.

23-Hour Observation and Holding: CSS worked with Elevate CCBHC to provide this service to the Region by the end of April 2021. Elevate CCBHC is accredited to provide 23-hour observation and holding services based out of Black Hawk County. Currently the service is available during Elevate's hours of operation. In FY2021, 70 episodes of crisis observation were provided to 58 individuals, ages 13 through 56, with most individuals able to transition home after observation.

Access Center: CSS has this service available to every county within the Region through North Iowa Regional Services in Black Hawk County. CSS has identified the northeast portion of the Region as a possible area of need for development due to distance to Black Hawk County.

Crisis Stabilization Residential Services: CSS had been working with Inspiring Lives to develop CSRS within their facility in Fayette County. However, they found out they could not provide this service within the facility. They are continuing to look for a community-based setting in one of the homes they own to develop this service.

Subacute Services: CSS has been working with Inspiring Lives to develop Subacute services within their facility in Fayette County. Inspiring Lives was approved to provide this service beginning 5/1/2021. No individuals were served in May or June 2021. Lack of staff was provided as the reason for the delayed launch date. CSS does plan to designate this program in FY2022.

Assertive Community Treatment (ACT): CSS worked with Inspiring Lives to develop ACT services in our East Service Area by 4/1/2021. This program has a small number of individuals they are currently serving and are in the process of working on obtaining contracts with the MCO's. CSS plans on completing a fidelity review for this service in 2022. CSS does plan on designating this program in FY2022.
Intensive Residential Services (IRS): CSS has been working with Elevate CCBHC and Inspiring Lives on developing IRS services within the Region. Inspiring Lives is in the process of identifying a location for these services as well as contracting with Medicaid/MCOs. They anticipated a possible opening in fall of FY2022; however, the start

date has been delayed due to several factors. They still anticipate opening in FY2022. Elevate CCBHC anticipates a start date sometime in 2022.

Crisis Stabilization Community Based Services: CSS worked with Elevate CCBHC on providing this service in Allamakee, Butler, Chickasaw, Clayton, Fayette, Floyd, Grundy, Howard, Mitchell, Tama and Winneshiek Counties by a target date of 4/1/2021. However, program implementation was delayed due to MCO contracts needing to be in place. This program is still in development and plans are to launch in FY2022.

FY2021 Children's Services Development

County Social Services hired a Regional Coordinator of Children's Behavioral Health (CBH) in February 2021. The following is a list of initiatives the Region was involved in during FY2021 to help develop our network for Children's Behavioral Health Services.

- Regional CBH Coordinator serves on the DHS transition committees to support youth transitioning from state foster care to independent living. Coordinator also attends statewide CBH meetings, state CBH board meetings, DECAT/CPPC meetings, AEA collaborations, and others as needed.
- Regional CBH Coordinator provided education on the Region's CBH services to Area Education Agencies, Community Mental Health Centers, DECAT/CPPC meetings, schools, individual county collaboratives, and service providers within the Region.
- CSS joined the Coalition to Advance Mental Health for Kids in Iowa (CAMHI4Kids).
- CSS staff began to provided service coordination to children and their families within the Region.
- CSS funded Behavioral Health Intervention Services for two youth leaving Youth Crisis Stabilization to decrease utilization of crisis services and equip families with skills to prevent and address challenging behaviors within their home setting.
- CSS hosts meetings with our youth crisis stabilization providers every 2 months to discuss updates, provide networking, discuss the referral and billing process, and ask these providers to report on their progress on becoming Chapter 24 accredited through DHS by 7/1/2021.
- Mobile Crisis Response provided onsite, crisis intervention for children within 15 counties
    - CBH Coordinator and leadership team attended MCR summit
- Prevention and Education funding was provided for Youth Mental Health First Aid, Challenge to Change programming in schools, and Question Persuade Refer (QPR)
- CSS developed resource guides to provide information on behavioral health services, food insecurity, DV/SA resources, and refugee services within the Region.

E. Outcomes/Regional Accomplishments in FY2021

CARES Act Grants

CSS was charged with distributing $4,016,726 of Federal CARES Act dollars. The process involved entities submitting a grant request along with a budget. Each application was reviewed to ensure that it met the set guidelines for the CARES dollars.

CSS had the pleasure of being able to fund a variety of projects ranging from brain health awareness campaigns to sanitation systems that allowed services to be provided. CARES Act funding was also provided to several schools within the Region to increase access to PPE, Social Emotional Learning, and other brain health initiatives.

One of the most impactful projects was investing in a yoga and mindfulness program for the elementary and middle schools in the Region. This program was very well received by our school districts at a time when

students and staff were all struggling with pandemic-related issues. In fact, this is a project that the Region decided to budget for and carry on into FY2022.

As a County Social Services staff, we utilized a portion of the funds to provide a duffel bag or backpack filled with COVID related items to individuals who were either homeless or in danger of being in a homeless situation. This was a great way to involve multiple staff in a project to serve our communities.

Listed below are the detailed expenditures by Chart of Account code for the CARES Act grants. Total funds expended were $3,972,466. CSS returned $45,203.97 to the Iowa Department of Human Services, which was $944.08 too much. DHS will be refunding this difference to the Region.

County Social Services FY2021 CARES Act Funding		Total
Core		
42305	Mental health outpatient therapy	$977,327.95
44302	23 hour crisis observation & holding	$3,792.89
44307	Mobile response	$9,450.62
44313	Crisis Stabilization residential services	$2,493.78
32329	Supported community living	$48,879.12
50367	Day habilitation	$17,725.00
50368	Supported employment	$232,344.65
45366	Peer support	$3,011.25
42398	Assertive community treatment (ACT)	$3,700.00
Additional Core		
46422	Crisis prevention training	$113,676.04
42366	Peer self-help drop-in centers	$3,011.23
Other Services		
05373	Public education, prevention and education	$2,183,494.80
22XXX	Services management	$1,029.08
31XXX	Transportation	$8,279.00
32327	Representative payee	$585.28
33340	Rent payments (time limited)	$4,299.00
33399	Other basic needs	$323,841.29
44399	Other crisis services	$11,880.00
64XXX	RCF 6 and over beds *(64314, 64315 & 64316)*	$10,000.00
Administration		
11XXX	Direct Administration	$13,645.23
	Regional Totals	**$3,972,466.21**

CSS Single Employer

County Social Services has now successfully come through our first full fiscal year of being the employer. This enormous accomplishment is not one to take lightly. Every day there is something that we learn about how to be the employer, whether it's payroll-related, learning GASB Accounting Standards and IRS rules, employment law, or, possibly the most important thing, how to create and maintain a positive workplace culture for all

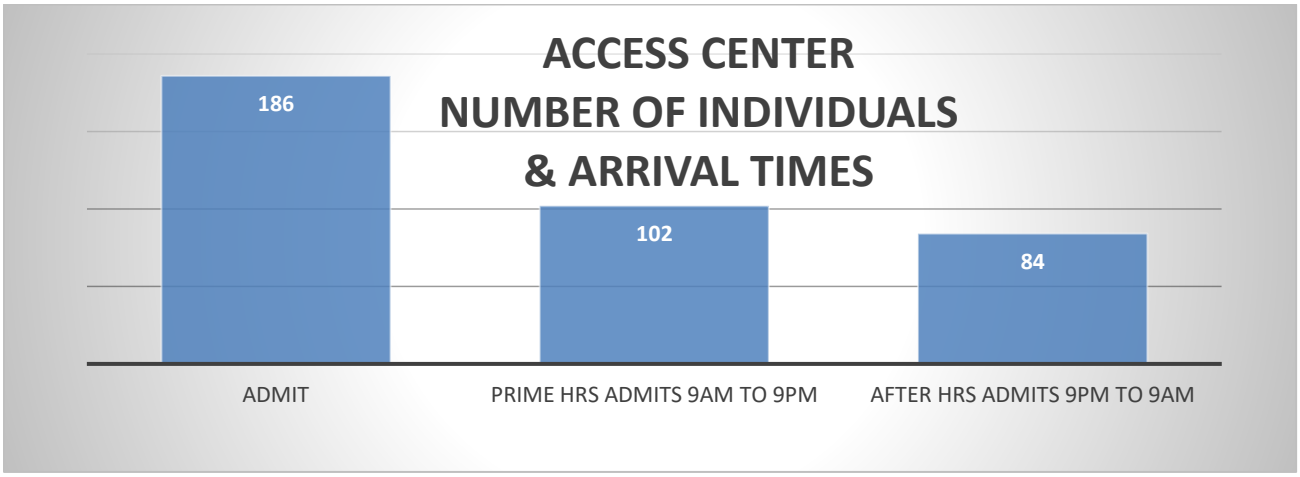
employees. In FY2021, we worked through an amendment to our very new Employee Handbook and dealt with the challenges that come from more change. Of course, we also spent much time creating and amending leave policies and work-from-home guidelines due to the pandemic.

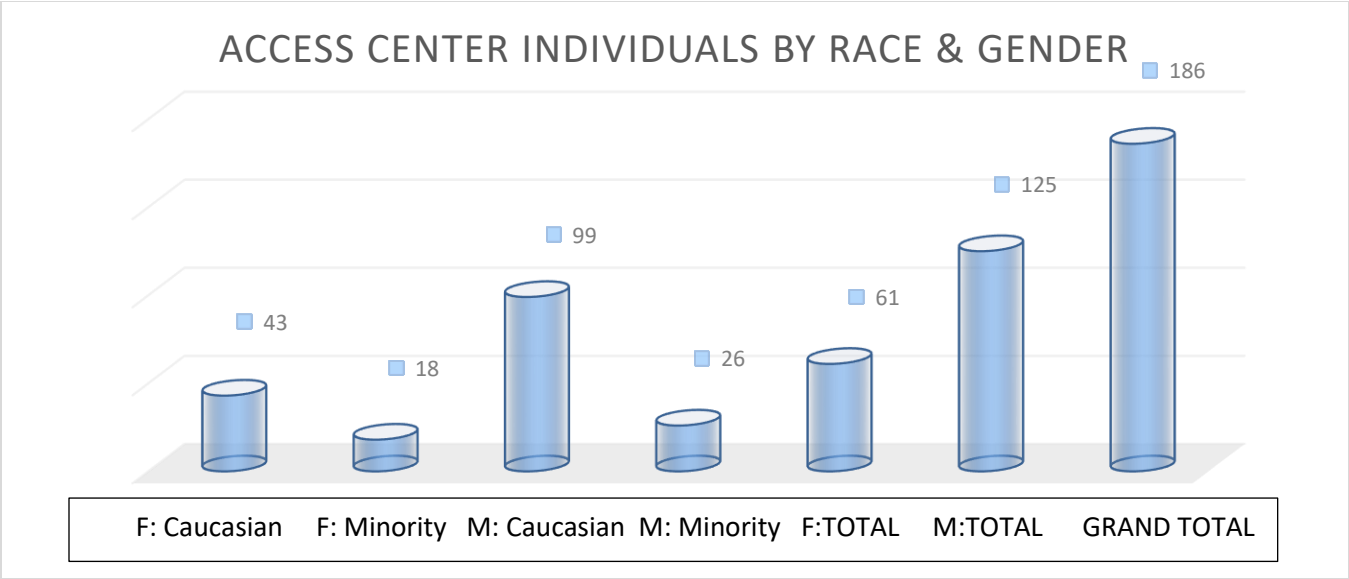
County Social Services as an employer is in a good position moving forward, as we have figured out most of the nuts and bolts of running a business. We are positioned well to weather the next legislative change with the elimination of the County Fund 10 in FY2023. As every good employer, we do not take for granted that our success is based on the quality of our staff and the dedication of our Governing Board. This organization will continue to be a learning organization, evolving and improving every day.

Core Services Access Standards

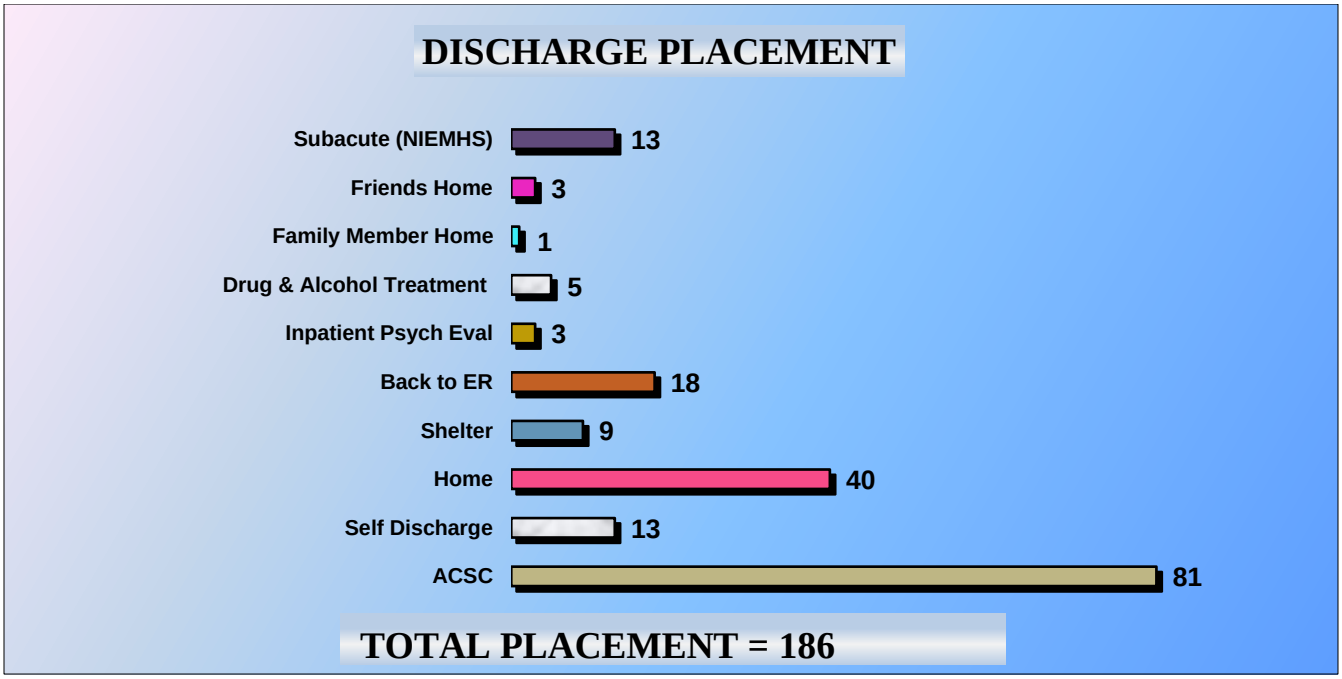
Treatment services are readily available in the Region. Outpatient providers have been able to utilize telehealth during the pandemic to ensure individuals are receiving needed services. With four inpatient psychiatric units, the Region also meets access standards for this service. CSS also met access standards for children's behavioral health services in assessment and evaluation relating to eligibility for services, behavioral health outpatient therapy, and medication prescribing and management prior to July 1, 2021.

Crisis services have obviously been the focus for the last couple of years. In its first full fiscal year, the Region's Access Center provided services to 186 individuals. Below are some statistics from the North Iowa Regional Services Access Center:

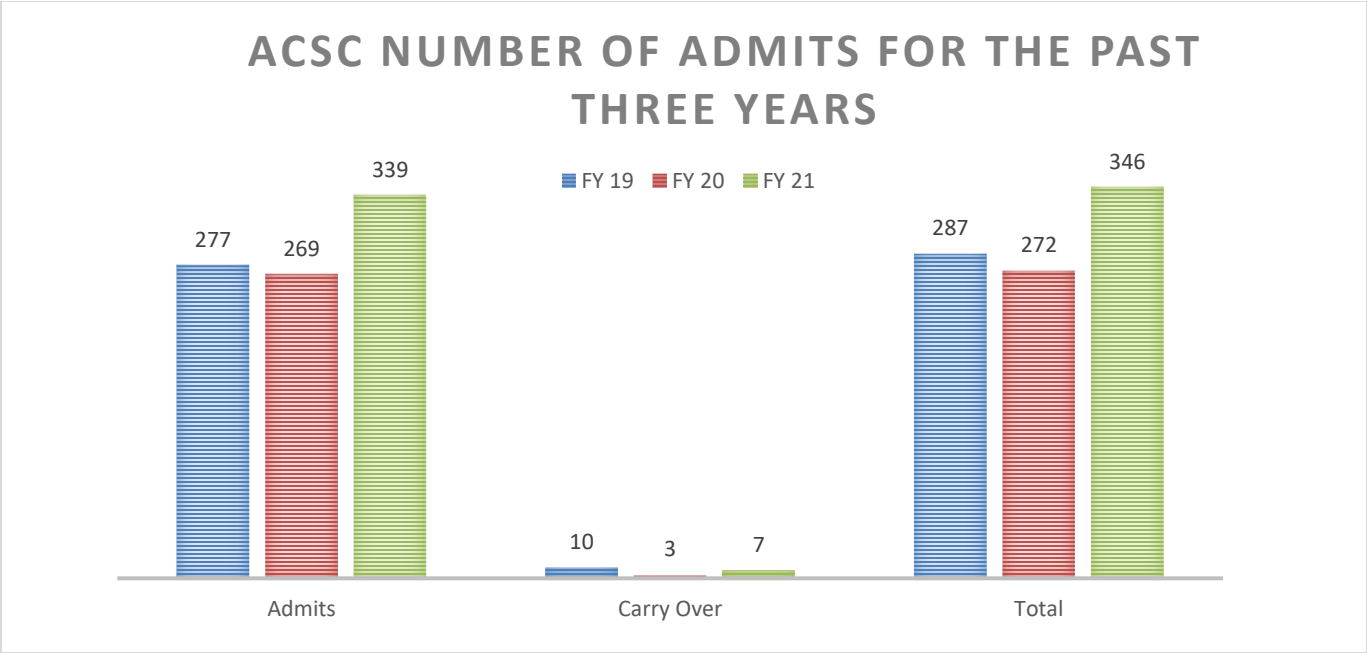


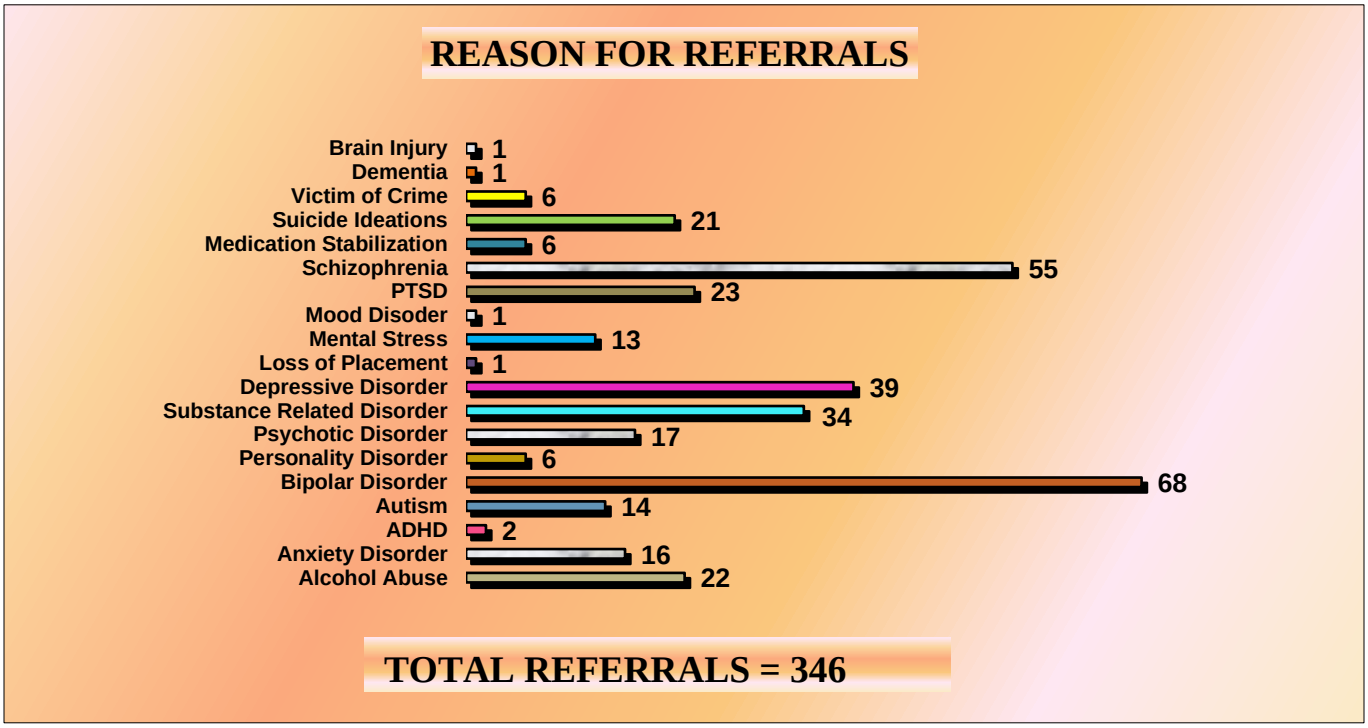


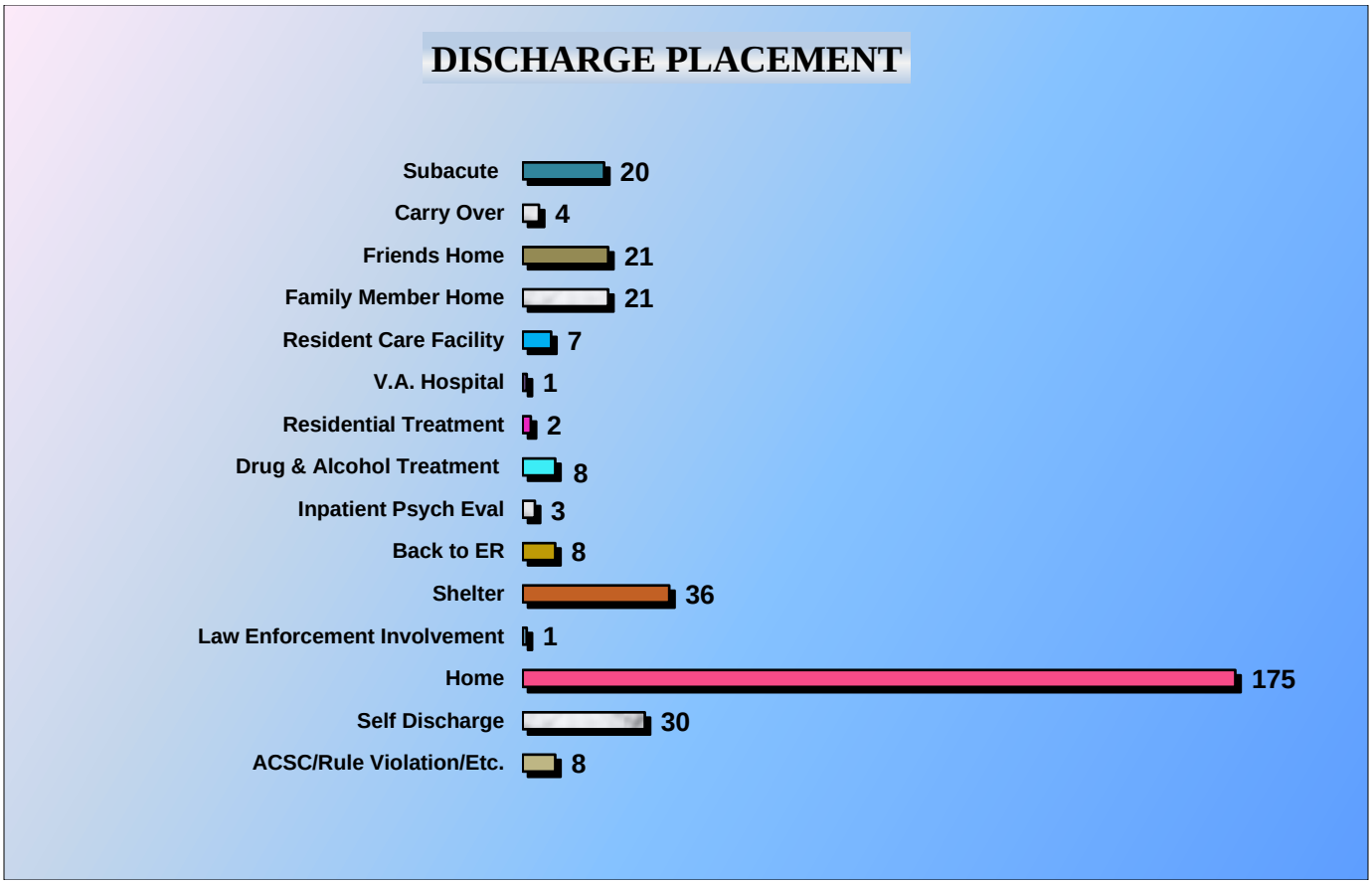
The most frequent reason for referral to Access Center Services was for substance related disorder, followed closely by bipolar disorder and unstable housing situations. Results of discharge are shown below. Many individuals were admitted into Crisis Stabilization Residential (ACSC as labeled below) after assessment.

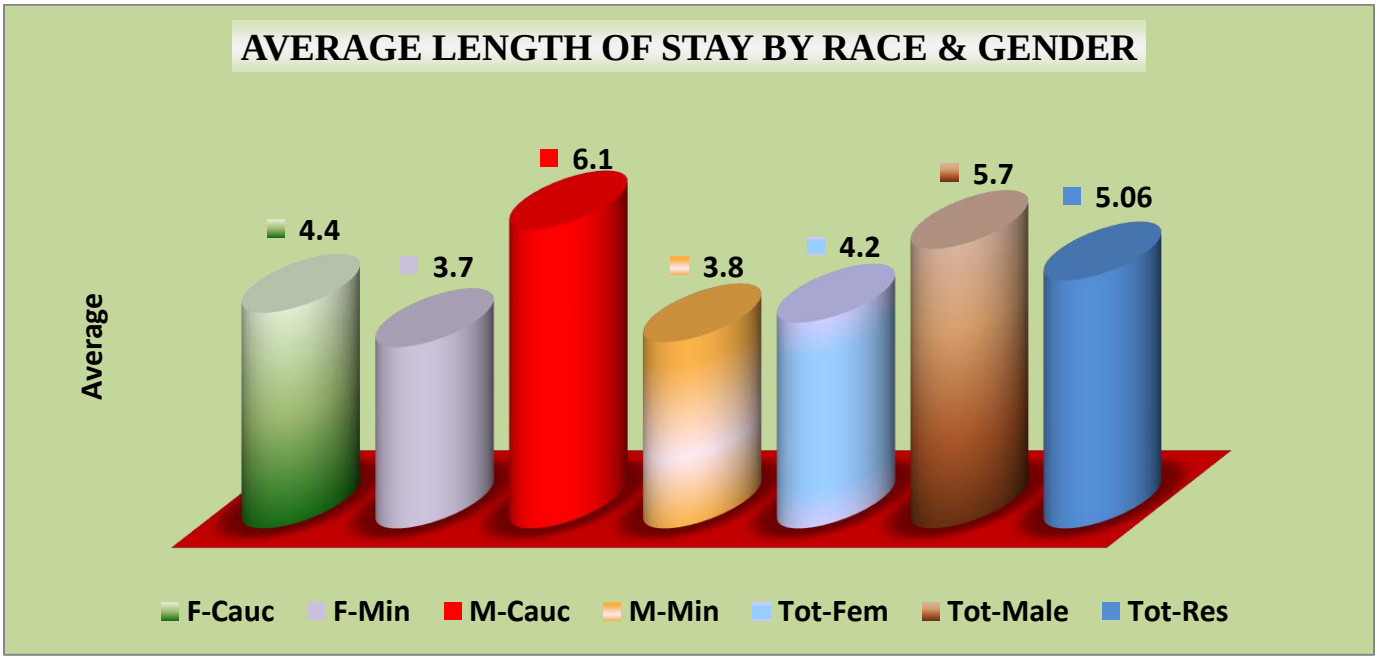


Crisis Stabilization Residential Services (CSRS) have been available in the Region for many years. With the managed care associations funding much of the cost, CSS still authorizes continued stay when necessary for psychosocial needs after the MCO authorized period has expired. Admissions to Adult CSRS at North Iowa Regional Services in FY2021 increased from the prior two years, with most referrals coming from Black Hawk County. The reason for referral varies greatly, while most discharges are back to the community home. This outcome is what Crisis Stabilization Residential Services were really designed to accomplish – help individuals in crisis stabilize and return to their home or other community placement.


ACSC NUMBER OF ADMITS FOR THE PAST THREE YEARS
FY 19
FY 20
FY 21
277
269
339
10
3
7
287
272
346
Admits
Carry Over
Total

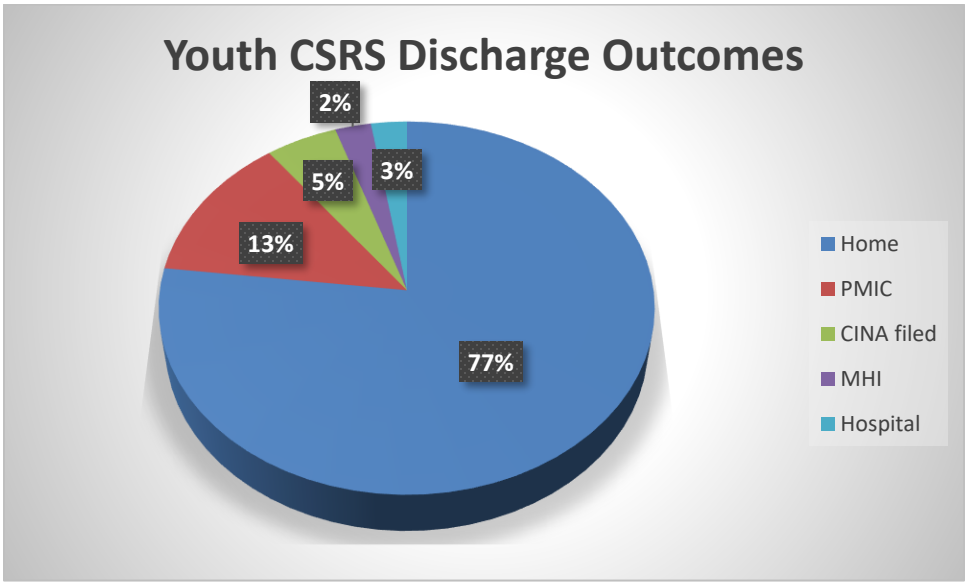

REASON FOR REFERRALS
Brain Injury 1
Dementia 1
Victim of Crime 6
Suicide Ideations 21
Medication Stabilization 6
Schizophrenia 55
PTSD 23
Mood Disoder 1
Mental Stress 13
Loss of Placement 1
Depressive Disorder 39
Substance Related Disorder 34
Psychotic Disorder 17
Personality Disorder 6
Bipolar Disorder 68
Autism 14
ADHD 2
Anxiety Disorder 16
Alcohol Abuse 22
TOTAL REFERRALS = 346



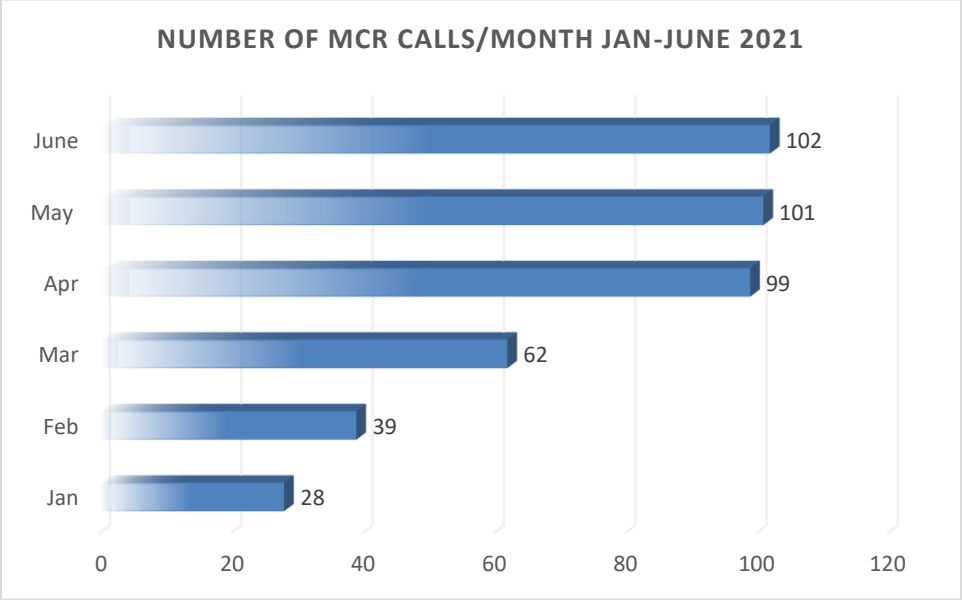


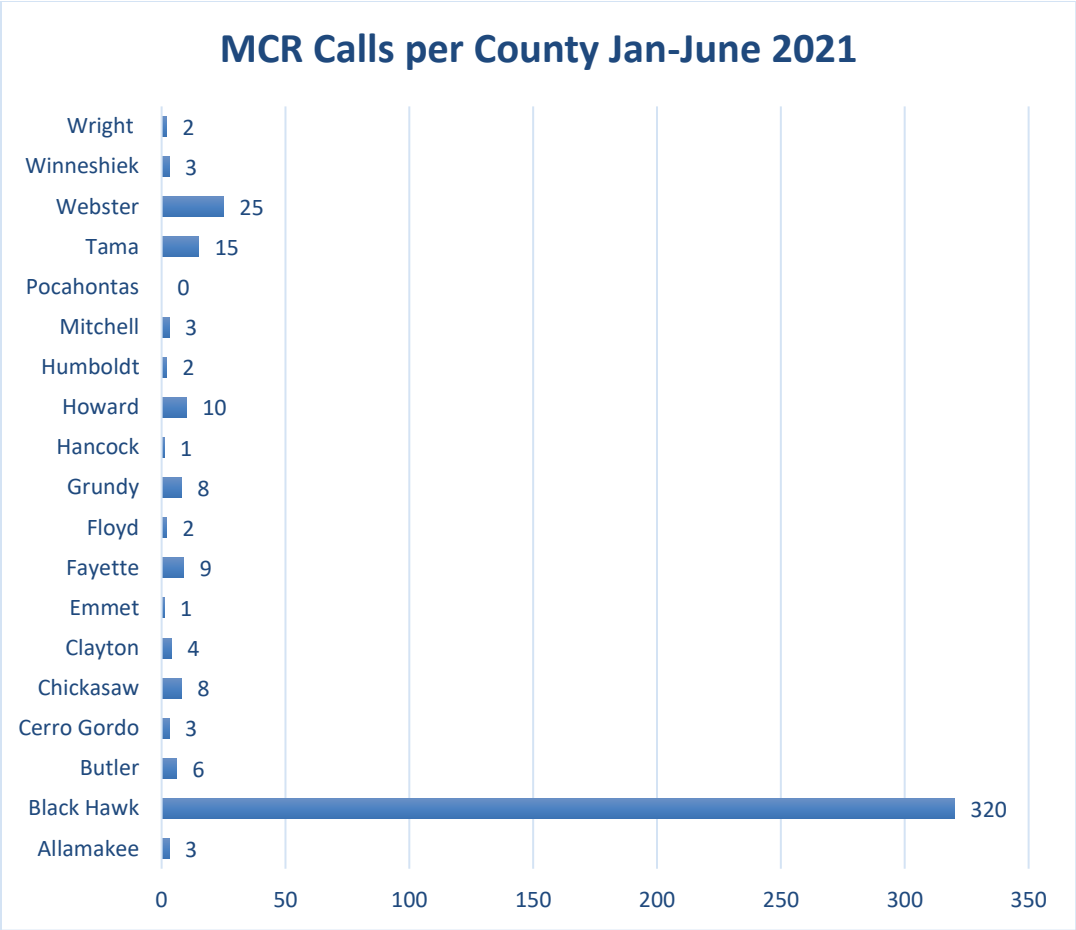
In FY2021, CSS also had Crisis Stabilization Residential available to children and their families during a crisis through Youth & Shelter Services, Lutheran Services in Iowa, and Youth and Shelter Care of North Central Iowa. CSS received 55 referrals in FY2021 for youth crisis stabilization residential. Of those 55 referrals, 46 youth were admitted into CSRS in one of our Region's facilities, with an average length of stay of 10.3 days. The Region will fund an initial stay of up to 5 days; if a longer stay is necessary, the service provider connects with the CSS

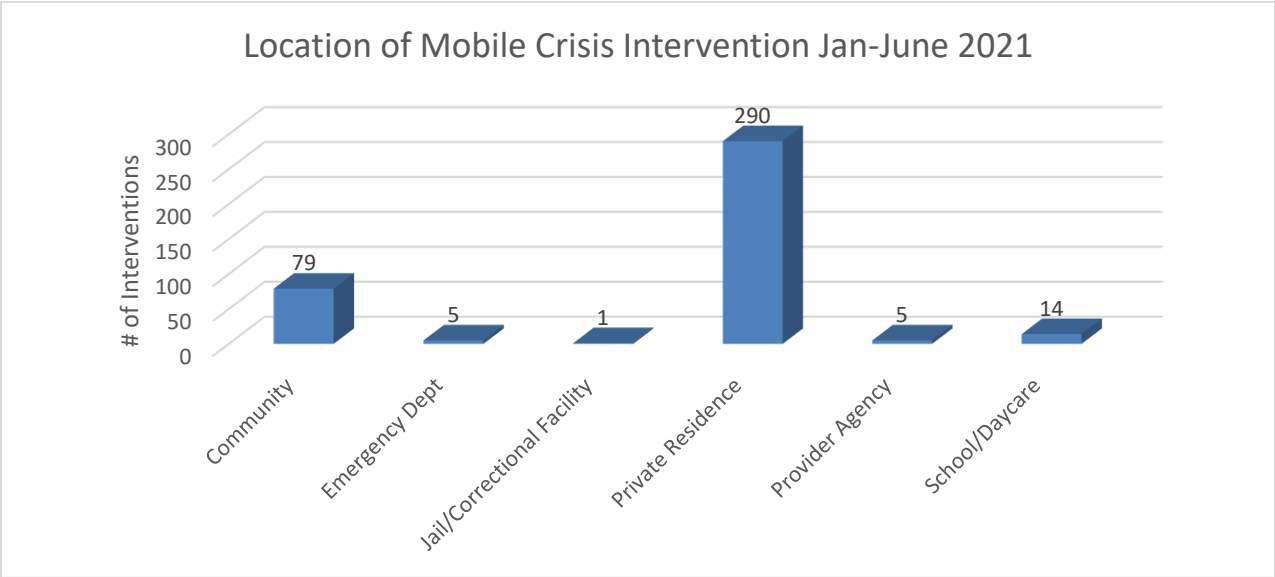
Transition Coordinator to request extended funding, providing an assessment and plan for successful discharge. Most of the youth accessing this service were able to return successfully to their family homes with referrals for scheduled appointments for Behavioral Health Intervention Services (BHIS), and individual and family therapy. Three youth accessed CSRS twice during the fiscal year, and one accessed this service more than twice.



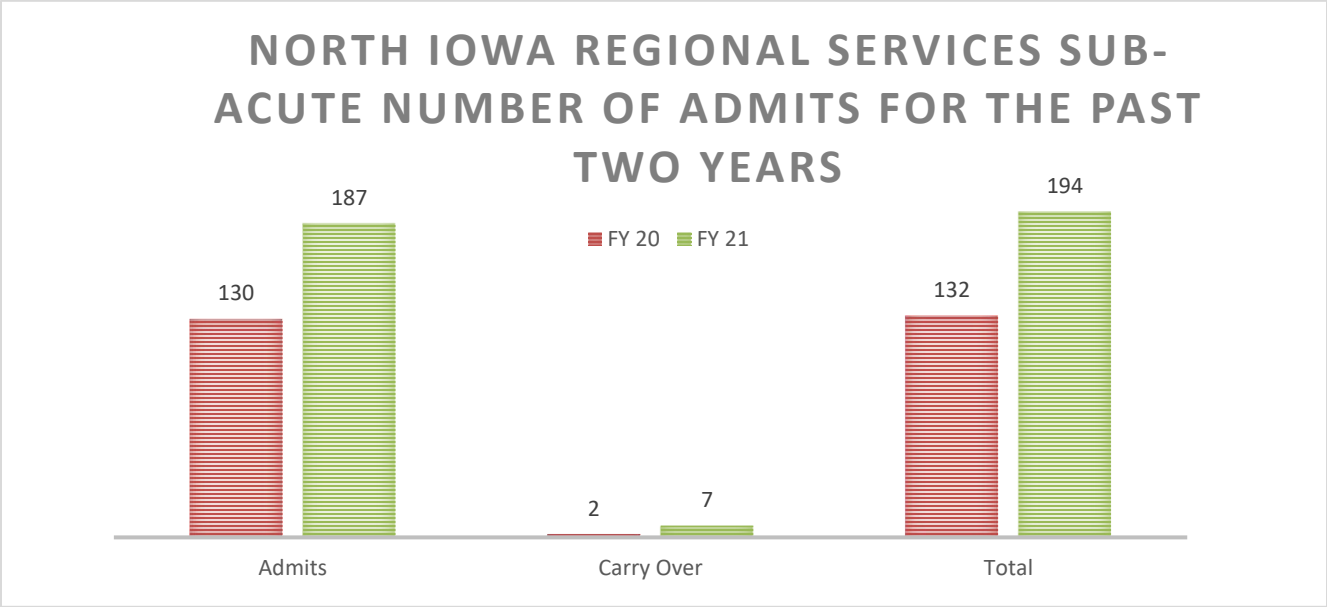
Although Mobile Crisis Response began in some of our counties in July 2020, the number of calls was insignificant until January 2021. There were 38 total responses between July and December 2020. As shown by the charts below, the call volume significantly increased the second half of the fiscal year, primarily due to Black Hawk County having mobile crisis response available and funded by the Region. The primary location of mobile crisis intervention is private residence, followed distantly by other settings within the community. Average response times were 60 minutes or less for this six-month period.

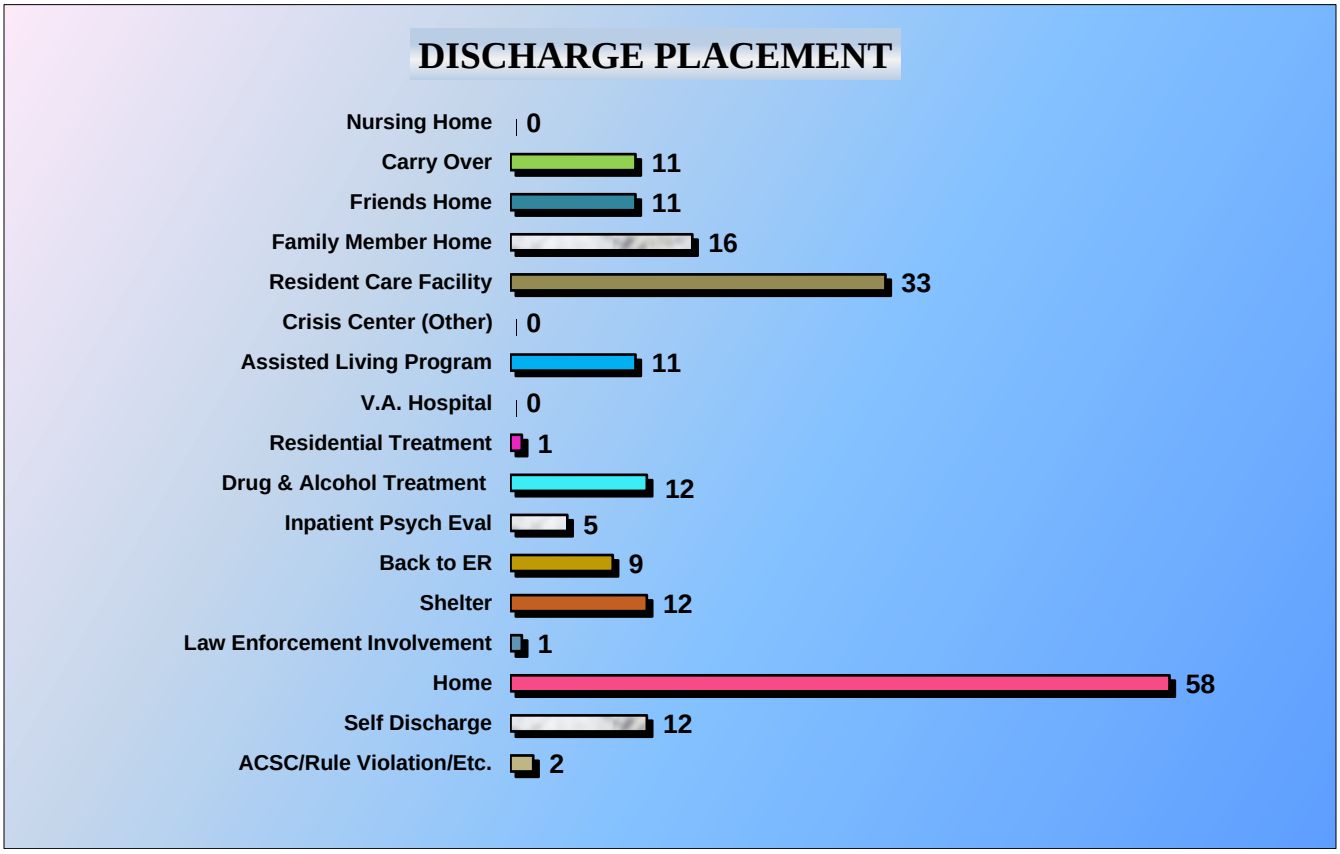


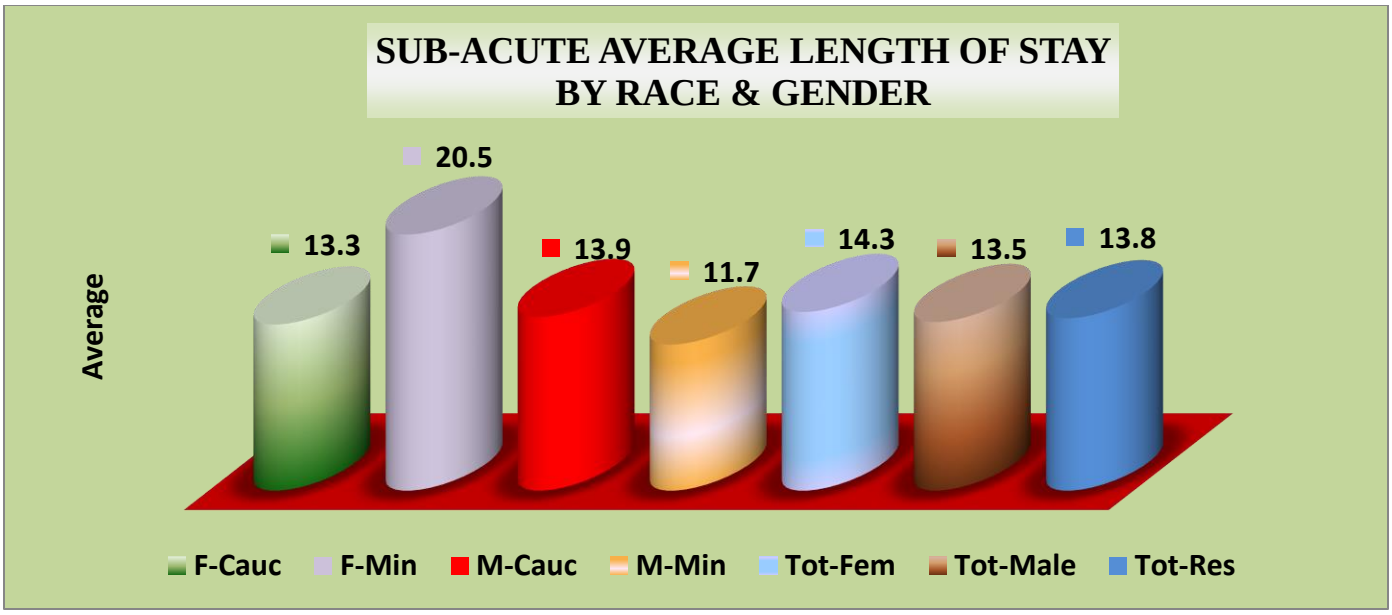




Sub-Acute Services were accessed at a higher rate in FY2021 than in FY2020, as shown below. Of the 194 admissions (or holdovers from FY2020) in FY2021, 30 were repeat admissions. 164 unduplicated individuals access Sub-Acute services in FY2021. Discharge to the home was the most utilized discharge plan, followed closely by discharge to residential care facility. This number may be skewed a bit high because the Sub-Acute facility is able to hold a commitment to RCF level of care until placement is secured to facilitate timely discharge from inpatient level of care.


NORTH IOWA REGIONAL SERVICES SUB-ACUTE NUMBER OF ADMITS FOR THE PAST TWO YEARS
FY 20
FY 21
130
187
2
7
132
194
Admits
Carry Over
Total


DISCHARGE PLACEMENT
Nursing Home 0
Carry Over 11
Friends Home 11
Family Member Home 16
Resident Care Facility 33
Crisis Center (Other) 0
Assisted Living Program 11
V.A. Hospital 0
Residential Treatment 1
Drug & Alcohol Treatment 12
Inpatient Psych Eval 5
Back to ER 9
Shelter 12
Law Enforcement Involvement 1
Home 58
Self Discharge 12
ACSC/Rule Violation/Etc. 2



Additional Core Services

County Social Services hosted five 40-hour Crisis Intervention Trainings in FY2021 for law enforcement agencies in and around the Region. These trainings were funded both by the Region and through CARES Act dollars. A total of 95 officers attended this training, instructed by SolutionPoint+ out of San Antonio, TX. Much positive feedback has been received, and CSS will continue to support CIT within the Region. The more we can provide law enforcement the tools to assist individuals with mental illness safely and effectively, the more time they will have to focus on law enforcement. CIT should also aid in reducing arrests for individuals with mental illness. Using CARES Act dollars, CSS was able to host four 24-hour De-Escalation trainings for staff of our outpatient services and crisis services providers, as well as Department of Corrections and local Sheriff office staff. A total of 71 professionals attended these trainings. The most immediate future goal of the 24-hour training will be to focus on Dispatch staff.

County Social Services is proud of the fact that we fund mental health services and psychiatric medications in all our county jails. This is something that the Region has done for many years. Integrated Telehealth Partners remains the psychiatric provider in most of our jails, while the larger facilities have mental health professionals on staff. We feel is it vital to incarcerated individuals to be able to continue their psychiatric medications to assist in a successful return to the community.

Public Education

Mental Health First Aid: CSS offers Mental Health First Aid training through the Region. We currently have one certified Adult Mental Health First Aid instructor and one certified Youth Mental Health First Aid instructor who are available to provide this training to CSS staff, agencies, and community members within the Region. We did fund one Youth Mental Health First Aid training by an outside instructor in August 2020 and hosted two Adult MHFA trainings led by our staff.

Question-Persuade-Respond (QPR): In FY2021, CSS participated in a grant with the Community Foundation of Northeast Iowa to fund QPR trainings throughout the Region led by Alive and Running Iowa, a local suicide prevention nonprofit agency. This grant was able to fund 41 QPR trainings with 756 participants in northeast Iowa.

Region Program Outcomes

Service Coordination continued to be a challenge as the pandemic continued through FY2021. CSS Service Coordinators continued with their creativity to find ways to support the individuals we serve in this COVID-19 landscape. As our staff returned to the office, virtual meetings continued, as well as a lot of telephone contact. The biggest challenge was around face-to-face client contact. We had to navigate how to meet in person with someone, keeping both the client and staff as safe as possible from infection. We used CDC guidelines to assist, which was also challenging, as there were constant changes which made communication to our staff vitally important. The following charts identify the number of contacts for Service Coordination and Information & Referral in FY2021.

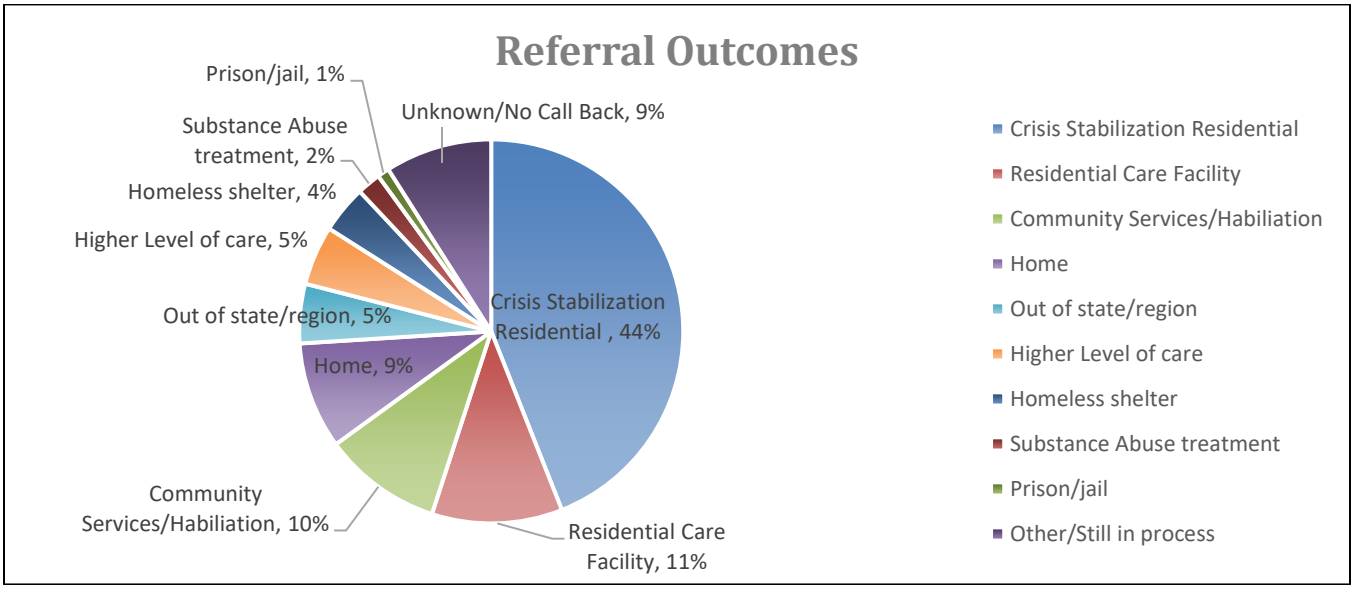
Service Coordination

Number of client contacts	Average number of contacts/mo.	Unduplicated number of clients served
6,934	578	1,083

Information & Referral

Number of I&R contacts	Average number of contacts/mo.	Average number of minutes per client contact
1,507	125	16

Transition: In FY2021, 300 referrals were made to the CSS Transition Program for individuals ready to discharge from many different tertiary care services. The Transition Specialist works directly with the social workers at these facilities on a plan that will benefit the individual and the community. The chart below shows the outcomes of these referrals by percentage.

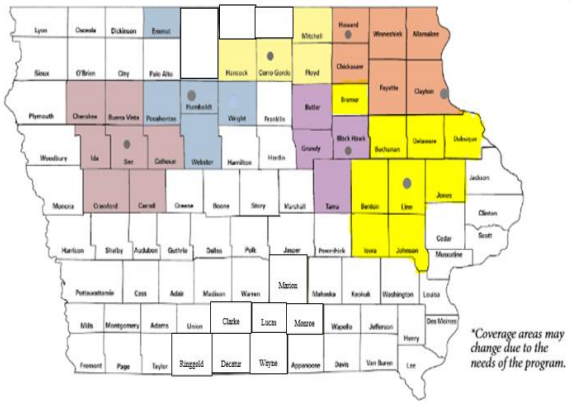


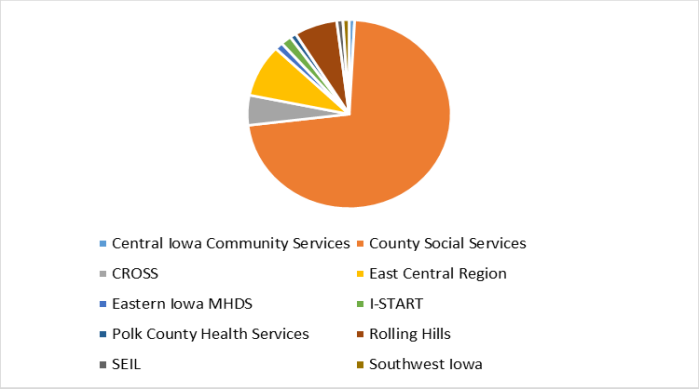
While the Transition program in the Region manages all referrals from tertiary level of care, the most challenging referrals tend to be the transition of individuals out of the prison system. One individual could have been paroled; however, the lack of landlords willing to rent to an individual discharging from prison forced his stay to be lengthened. CSS was able to find a landlord who would provide an opportunity for the individual and then the team put together a successful discharge plan. Discharge from prison was to the Sub-Acute at North Iowa Regional Services. While at the facility, the individual was able to have both Social Security and Medicaid reinstated. CSS agreed to fund deposit and first month's rent for the individual, while contacting local agencies to assist with basic household items and furniture for the apartment. The individual was also set up with supported community living services prior to discharging from Sub-acute to help make the transition to the community as successful as possible. It takes many agencies working together to accomplish what sometimes may feel impossible. This individual was still in his apartment in the community doing well at the end of FY2021.

I-START has been actively serving individuals with IDD and mental health needs in the Region since August 2015. I-START was initially fully funded through CSS; however, through the years other MHDS Regions requested I-START services in their areas and contracted with CSS to make this happen, cost sharing the program's administrative overhead and reducing CSS's overall expenditure for the program.

Iowa's Mental Health and Disability Services Regional structure created some challenges to the continuity of I-START services. Additionally, Regional changes and legislative mandates jeopardized funding and sustainability of the program. As such, County Social Services worked closely with Elevate CCBHC to explore options for sustainability of the I-START Program. As of July 1st, 2021, I-START transitioned operations to Elevate CCBHC. This transition will help align and prepare the I-START program for potential service expansion, improve continuity of service delivery, further strengthen the collaboration with the crisis mental health services Elevate already offers, and enhance opportunities for more sustainable funding mechanisms.

The map below shows the I-START Service Area for FY2021.





I-START is a clinical START program serving primarily adults. Since program inception, I-START has served 275 individuals with a current active enrollment population of 89. With Regional expansion, I-START significantly increased program capacity, serving 160 individuals in FY21, the most of any year to date (Figure IV.A).

The overall I-START census increased slightly in FY21. Inactivations outpaced new enrollments, but less than 20% of individuals were inactivated due to loss of engagement or loss of contact. I-START continues to have a high percentage of individuals who move out of the Region, but the new expansion efforts may help with this. The merger with Elevate will allow the I-START program more autonomy in assessing the ability to successfully support and individual who has moved outside of the Region.

Figure IV.A: Number of Individuals Served by I-START by Fiscal Year*

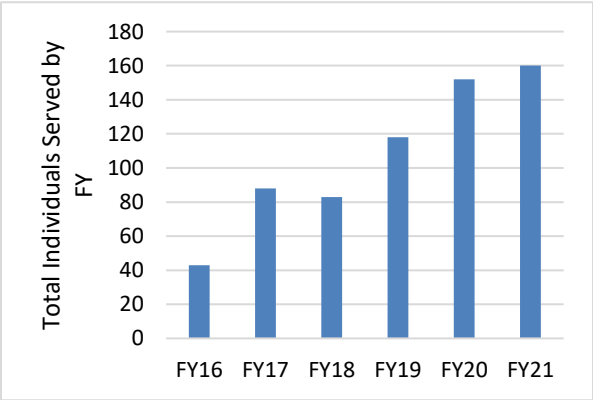


Table IV: A I-START Census Summary FY21

I-START	FY21 (n=160)
Total Served during reporting period N (%)	**160**
FY21 New Enrollments	45
Individuals inactivated	**71**
Stable functioning	37 (52%)
Moved out of START region	22 (31%)
No longer requesting services	10 (14%)
Unable to contact	2 (3%)
Deceased	-
Active Caseload at the end of reporting period	**89**
Total Served by I-START since inception	**275**

A number of I-START service recipients have a history of emergency service use prior to enrollment into the program. Figure V.A looks at emergency service trends for individuals one year prior to enrollment in START and emergency service utilization for individuals post-START enrollment. A target goal of the START program is to help avoid unnecessary emergency service use and reduce recidivism. The reduction in emergency service use suggests that the START commitment to principles of positive psychology and wellness, in addition to maintaining fidelity to START service elements such as comprehensive assessment and evaluation, cross-systems crisis planning, outreach, and emergency response, can be effective in improving the outcomes for individuals enrolled in services.

Table V.A: Change in frequency of pre- and post-START emergency service utilization

I-START	FY21 (n=160)	
Variable	Psychiatric Hospitalization	Emergency Department Visits
Prior to enrollment, N (%)	**48 (30%)**	**64 (40%)**
Mean Admissions (range)	2.5 (1-10)	3.8 (1-20)
During START, N (%)	**36 (25%)**	**57 (36%)**
Mean (range)	3.2 (1-21)	3.9 (1-24)
Average length of stay (hospital)	12 days	N/A

In addition to planned START clinical services, the I-START team provides 24-hour crisis support to enrolled individuals and their families/caregivers. I-START responded to nearly 350 calls in FY21.

Table V.B: I-START crisis response FY21

I-START	FY21
Crisis Contacts	
Number of Individuals with a contact	44
Number of Crisis Contacts	348
Range of Contacts	(1-67)
Frequency of calls with each type of Intervention N (%)	
In-Person	3 (1%)
Phone Consultation	299 (86%)
Virtual response	41 (12%)
Average Length of In-Person Intervention	2 hours
Crisis Disposition for each crisis contact N (%)	
Maintain Setting	262 (75%)
Psychiatric Hospital Admission	15 (4%)
Emergency Department (released)	23 (7%)
Emergency Department (held)	4 (1%)
ED (disposition not specified)	6 (2%)
Medical Hospital Admission	-
Jail/Incarceration	1 (-)
Crisis Stabilization	34 (10%)
Unreported	3 (1%)

The Aberrant Behavior Checklist (ABC) is a 58-item informant reported psychopathology rating tool designed specifically for use with individuals with IDD (Aman, Burrow, & Wolford, 1997). It is administered to enrollees at intake and at 6-month intervals. The ABC has been reported in literature as an *outcome measure*, demonstrating sensitivity to changes in psychopathology ratings over time. For this analysis, individuals enrolled in START for at least 6 months with at least two ABCs were included. Table V.C shows the percentage of individuals in I-START who had a decrease in scores (improvement in symptoms) between initial assessment at intake and the most recent ABC assessment completed.

Table V.C: ABC Analysis

		Mean Score			
(n=132) Average elapsed time: 23 months	**Percent with Improvement**	**Initial**	**Most Recent**	**t Stat**	**P(T<=t) one-tail**
Hyperactivity/Noncompliance	71%	18.86	12.18	6.24	0.00
Irritability/Agitation	77%	19.15	12.21	6.59	0.00
Lethargy/Social Withdrawal	61%	10.89	8.20	2.55	0.01

Alpha=0.05

I-START continues to provide free community training events each month. These trainings are open to the provider network, as well as to community members. Trainings in FY2021 were held virtually. Our network also has access to the Center for Start Services' National Online Training Series.

Table VI. B: I-START Community Training Events and Hours

	I-START
Total Community Outreach/Training Episodes (N)	103
Total Hours of Community Outreach/Training	122 hours

Utilization Review: County Social Services' Utilization Review process is quite extensive. We use this process to ensure individuals receive medically necessary services and, at the same time, ensure the responsible use of taxpayer dollars. We continue to provide time-limited gap funding for individuals in the enrollment process of HCBS Habilitation Services and for individuals on a waiting list for one of the Medicaid waivers. The Exception to Policy (ETP) is used to continue to bridge this gap, if needed, after the time-limited funding period has expired. ETPs must be filed by the individual's MCO care coordinator, IHH care coordinator, or CSS care coordinator if the ETP is for something other than gap funding (typically basic needs). On average, CSS processed 19 ETPs a month in FY2021. 48 unduplicated individuals were granted ETPs, and the total dollar amount authorized was over $221,000, which is down significantly from FY2020. If an ETP is denied, or an adverse funding decision has been made, which the individual or the individual's representative feels is detrimental to their health and safety, an appeal may be filed. CSS Intake receives and files all appeals and arranges the reconsideration meeting with the CEO. In FY2021 there were three ETP denials. No appeals were filed.

Statewide Outcomes

CSS staff participates in the statewide Data Analytics Committee. This committee, made up of individuals from most MHDS Regions, meets monthly to work on standardized data collection for crisis services and justice-involved services, as well as a statewide client satisfaction survey. The goal is to be able to assess outcomes statewide and use this data for informed decision-making, as well as to ensure Regions and our providers are meeting standards set forth in IAC Chapter 25.

CSS continues to track outcomes on four social determinants of health: housing, health & wellness, employment, and life in the community. Again, in FY2021, the percentages for most outcomes have remained relatively the same as the last five years. We still have not taken the time to re-evaluate these outcomes to see if we are asking the right questions at the right times. We did see some significant increase in the number of individuals responding that they never see a primary care physician. We will keep an eye on this category and see if the trend continues or if it is simply a result of the pandemic.

There was a slight increase in the average reported hourly wage. In FY2020, the average reported wage was $11.00/hour, and, in FY2021, the average rose to $11.13/hour. The average number of hours worked increased more significantly, from 23.5 hours per month to 26 hours per month. However, the percentage of unemployed individuals did increase. Again, that could be a result of individuals not working due to the pandemic.

HOUSING: What is your current housing situation? (1528 respondents)				**HOUSING: Are you in safe, affordable, accessible housing?**		
Homeless	**In Placement**	**Staying w/Friends or Family**	**Housed**	**Safe**	**Affordable**	**Accessible**
278	239	165	846	1068	1036	1065
18%	16%	11%	55%	70%	68%	70%

MEDICAL CARE: How often do you see a primary care physician? (1607 respondents)			
Never	**Less Than Once a Year**	**Once a Year**	**More Than Once a Year**
138	186	332	951
9%	11%	21%	59%
EMPLOYMENT: Are you successfully employed? (1524 respondents)			
Unemployed	**Sheltered Work**	**Supported Employment**	**Community Employment**
1267	11	96	150
83%	1%	6%	10%

COMMUNITY INTEGRATION: Are you participating in integrated community activities?			
Clubs / Social Groups	**Church**	**Community Activities**	**Volunteer**
105	221	222	90

We added the tracking of two outcomes for children's behavioral services in FY2021. The first year's results are listed below, and we will be able to utilize this data going forward to try to make a positive effect on youth dealing with serious emotional disturbance and their families.

SCHOOL ATTENDANCE : I consistently attend school (172 respondents)			
Strongly Disagree	Disagree	Agree	Strongly Agree
44	35	34	59

SCHOOL PERFORMANCE : I take responsibility for completing my school assignments (151 respondents)			
Strongly Disagree	Disagree	Agree	Strongly Agree
34	28	52	37

Regional Collaboration with Providers, Stakeholders, and Regions

Adult and Children's Behavioral Health Advisory Committees: While County Social Services began FY2021 with four service area advisory groups meeting to discuss adult services, we did end the year with a single Adult Services Advisory Committee. As previously mentioned, due to the decrease in the geographic area the Region will cover after FY2021, the decision was made to consolidate into a single committee. This Advisory Committee currently meets three times a year – April, August and at the Annual Stakeholder Meeting in November. The CSS Service Coordination Supervisors facilitate these meetings. In FY2021 the Adult Advisory Committee consisted of the following members:

Representing	Member(s)
CSS Governing Board Members	Greg Barnett, Butler County Board of Supervisors
	Craig White, Black Hawk County Board of Supervisors
Service providers of adult mental health and disability services	Allison Andrews, Brain Injury Alliance of Iowa
	Erika Benedict, Optimae LifeServices
	Shirley Christiansen, Scenic Acres
	Tom Eachus, Black Hawk-Grundy Mental Health Center
	June Klein-Bacon, Brain Injury Alliance of Iowa **(CHAIR)**

	Brittney Montross, Exceptional Persons, Inc.
	Melody Moser, Cedar Valley Community Support Services
Individuals who utilize service or the actively involved relatives of such individuals	Eric Donat **(VICE CHAIR)**
	Janel Clarke
Law Enforcement	Dan Marx, Winneshiek County Sheriff
	Tony Thompson, Black Hawk County Sheriff

The County Social Services Children's Behavioral Health Advisory Committee met in October 2020 and again in Marcy 2021. Going forward, this group will meet on the same day as the Adult Advisory Committee, following that meeting. The CSS Regional Coordinator for Children's Behavioral Health facilitates the communication of this group and facilitates these meetings. In FY2021 the Children's Behavioral Health Advisory Committee consisted of the following members:

Representing	Member(s)
Parents/Actively Involved Relatives of a Child who Utilizes Children's Behavioral Health Services	June Klein-Bacon, Brain Injury Alliance of Iowa
The Education System	Kristi Aschenbrenner, Osage Community Schools
	Donna Kitrick, Waterloo Community Schools **(CHAIR)**
	Dana Miller, Central Rivers AEA **(VICE CHAIR)**
Early Childhood Advocate	To be determined
Child Welfare Advocate	Melissa Clough, Community Partnership for Protecting Children
Children's Behavioral Health Service Providers	Katie Wahl, UnityPoint-Black Hawk-Grundy Mental Health Center
The Juvenile Court System	Terrance Campbell, First Judicial District Juvenile Court Services
Pediatrician	Kendra Elwood, MercyOne Waterloo
	Stuart Feldman, MercyOne Waterloo
Child Care Provider	Brenda Loop, Child Care Resource & Referral
Local Law Enforcement	To be determined
Regional Governing Board	Sharon Keehner, Clayton County Board of Supervisors

Local Boards

Many CSS staff members serve on local social services boards, which encourages collaboration within the local communities. Boards, such as Homeless Coalitions, AEA Transition Advisory Boards, Regional Transit and Regional Housing boards, are vital to the health of the individuals we serve so participation of our staff is valuable to the Region.

National Alliance on Mental Illness (NAMI)

County Social Services continues to collaborate with our local NAMI chapters, providing funds for local chapter needs each year. Slowly our local NAMI chapters have been able to bring back in-person opportunities; however, the pandemic continues to disrupt some in-person activities of our local NAMI chapters. As we all have, they have become adept at utilizing virtual opportunities to connect with individuals. In fact, Black Hawk County NAMI was able to serve 294 unduplicated individuals in Black Hawk and surrounding counties in FY2021 through an online support group, Sharing and Caring group, Education/Support groups and their Family-to-Family Class. CSS values our partnership with our NAMI chapters.

Collaboration with other MHDS Regions

The County Social Services CEO continues to participate in the CEO Collaborative, which meets on a monthly basis. This provides a wonderful networking opportunity, as well as an opportunity to share ideas and strategies for moving the Regions forward in a positive manner. The CSS Chief Operating Officer continues to serve on the CSN Operations Committee, which is also a great opportunity to learn how other Regions work and share operational ideas with each other and joined the Legislative Review Committee in FY2021. The CSS Training & Development Specialist is serving on the newly created Evidence Based Practices Steering Committee. Three CSS staff are CSN Expert Users, as well. Other CSS staff participate in statewide workgroups and task forces as opportunities arise.

Annual Stakeholder Meeting

County Social Services holds its Annual Stakeholder Meeting each November. This FY2021 Annual Report was presented at the CSS Annual Stakeholder Meeting held in Black Hawk County on Wednesday, November 17, 2021. There were 21 stakeholders present.