COUNTY SOCIAL SERVICES

FY19 ANNUAL REPORT

SUBMITTED
12/04/19

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

PRESENTED TO STAKEHOLDERS: 11/20/19

APPROVED BY GOVERNING BOARD: 12/04/19

Table of Contents

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.

During FY2019, Hancock, Kossuth, Winnebago and Worth Counties all submitted letters requesting to leave the region. Hancock County subsequently withdrew their request; the requests of the other three counties were accepted by the CSS Board. The region has had to expend much time, energy and financial resources in holding Kossuth and Winnebago Counties accountable to the 28E Agreement that they willingly entered into. CSS asked for DHS' assistance in holding them accountable; DHS stated this is not their role. CSS asked for DHS' assistance to find another region for these three counties to join; however, DHS assigned them back to County Social Services until such a time that another region is willing to accept them. There needs to be an easier path for counties and regions whose business relationship is no longer healthy to part ways so all may continue the work of serving the most vulnerable people in our state.

The FY2019 Annual Report covers the period of July 1, 2018 to June 30, 2019. The annual report includes documentation of the services provided, individuals served, documentation of designated intensive mental health services, and the costs associated with regional obligations as well as regional outcomes and accomplishments for the year.

The County Social Services Governing Board meets on the 4th Wednesday of each month, rotating the location by county in alphabetical order, with the exception of April, August and November. In April and August, the Advisory Groups from each quadrant meet and in November, they all come together for the CSS Annual Stakeholder Meeting. The CSS Board members are listed below. Since 2018 was an election year, there are two members listed for some counties.

County	Board Member(s)
Allamakee	Dennis Koenig, 2018 CSS Board Chair
Black Hawk	Craig White, 2019 CSS Board Secretary/Treasurer
Butler	Greg Barnett
Cerro Gordo	Chris Watts
Chickasaw	Jacob Hackman
Clayton	Ron McCartney (2018); Sharon Keehner (2019)
Emmet	Bev Juhl (2018), 2018 CSS Board Vice-Chair; John Pluth (2019)
Fayette	Jeanine Tellin, 2018 CSS Board Secretary/Treasurer; 2019 CSS Board Chair
Floyd	Mark Kuhn (2018); Roy Schwickerath (2019), 2019 CSS Board Vice-Chair
Grundy	James Ross
Hancock	Ron Sweers (2018); Gary Rayhons (2019)
Howard	Pat Murray
Humboldt	Carl Matthes (2018); Sandy Loney (2019)
Kossuth	Roger Tjarks (2018); Donnie Loss (2019)
Mitchell	Joel Voaklander (2018); Barb Francis (2019)
Pocahontas	Clarence Siepker
Tama	Larry Vest
Webster	Bob Thode (2018); Mark Campbell (2019)
Winnebago	Bill Jensvold

Winneshiek	Floyd Ashbacher
Worth	Ken Abrams
Wright	Karl Helgevold

The CSS Quadrant Advisory Groups consist of CSS Board members, law enforcement, public health and primary care representatives, network provider representation from the developmental disability and community mental health center areas, schools, the children's system, community members, family members and clients. Each group meets separately twice a year and will come together at the CSS Annual Stakeholder Meeting in November.

WELCOME FROM THE CSS GOVERNING BOARD CHAIR

I assumed the duties of Chair for the County Social Services Board in January 2019. The CSS directors had been working for approximately two years on having the county employees who work for County Social Services become employees of County Social Services. This was a long and tedious undertaking, as we had to take into consideration the fact that we had 22 employee handbooks dealing with sick leave, vacation time, paid time off, insurance, etc. A Human Resource Committee was appointed to oversee this transition. The HR Committee worked closely with the Executive Committee, the Directors, the Chief Executive Officer and the Financial personnel. There was meeting held with the employees. They did an excellent job expressing their concerns and many questions as to how this was going to affect them and their positions within County Social Services, as this was a major change for all. At our July 24, 2019 meeting the CSS Directors decided that this was the best way to advance our organization and provide stability for our employees. Congratulations to all.

County Social Services held, what I hope will be an annual event, our first Legislative Forum. This was held in Charles City on October 23, 2019, with approximately 16 Legislators and a representative from the Iowa State Association of Counties in attendance. Thank you to all who took the time to attend. The most important issue on the agenda was the unfunded mandates passed by the Legislature. When this happens, it put an unnecessary financial burden on County Social Services and all Mental Health Regions in the state. I feel that all the Legislators in attendance took away a sense of concern that we, as Director of County Social Services, need to be fiscally responsible to our taxpayers and passing unfunded mandated is not that! We also spoke of counties that want to leave the Region; however, by leaving they are placing those counties that want to stay in jeopardy because they lose their contiguous status.

Thank you for allowing me the opportunity to serve as the Chair for this year. I know I have my faults; however, I hope that in the future and for the sake of those we serve we can all move forward in a positive and professional way.

Respectfully submitted,
Jeanine Tellin, Chair CSS

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 2019 Actual GAAP	COUNTYSOCIALSERVICES MHDS Region	MI (40)		ID(42)		DD(43)		BI(47)		Other (I-START)		Total
		A	C	A	C	A	C	A	C	A	C	
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient	534	18	2		2						**556**
42306	Psychotherapeutic Treatment - Medication Prescribing	715	11	2				1				**729**
71319	State MHI Inpatient - Per diem charges	14		3								**17**
73319	Other Priv./Public Hospitals - Inpatient per diem charges	3										**3**
	Crisis Services											
32322	Support Services - Personal Emergency Response System	3										**3**
44313	Crisis Stabilization Residential Service (CSRS)	128		19		2		2				**151**
	Support for Community Living											
32320	Support Services - Home Health Aides	3		1				1				**5**
32325	Support Services - Respite Services	6		3	1							**10**
32329	Support Services - Supported Community Living	141	1	69	1	35		9				**256**
	Support For Employment											
50362	Voc/Day - Prevocational Services		1	5		5	1	1				**13**
50364	Voc/Day - Job Development	1										**1**
50367	Day Habilitation	8		22		13		1				**44**
50368	Voc/Day - Individual Supported Employment	10		21		21						**52**
50369	Voc/Day - Group Supported Employment	2		10		8		1				**21**
	Recovery Services											
45366	Peer Family Support - Peer Support Services	63		5		1						**69**
	Service Coordination											
	Sub-Acute Services											
64309	Sub Acute Services (6+ Beds)	9										**9**
	Core Evidence Based Treatment											
42398	Assertive Community Treatment (ACT)	92										**92**
	Core Subtotals:	**1732**	**31**	**162**	**2**	**87**	**1**	**16**				**2031**
Mandated												

74XXX	CommitmentRelated (except 301)	911	139	19		7		1				**1077**
75XXX	Mental health advocate	1094	56	14	1	3						**1168**
	Mandated Subtotals:	**2005**	**195**	**33**	**1**	**10**		**1**				**2245**
Core Plus												
	Justice System Involved Services											
25XXX	Coordination services	129	3	1		1						**134**
46305	Mental Health Services in Jails	694	1	6		3		1				**705**
	Additional Core Evidence Based Treatment											
42366	Psychotherapeutic Treatment - Social Support Services	123		18		7						**148**
42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	1										**1**
	Core Plus Subtotals:	**947**	**4**	**25**		**11**		**1**				**988**
Other Informational Services												
04372	Planning and/or Consultation Services (Client Related)									11		**11**
	Other Informational Services Subtotals:									**11**		**11**
Community Living Support Services												
22XXX	Services management	1266	26	115	7	34	8	15				**1471**
23376	Crisis Care Coordination - Coordination Services	208		8				1				**217**
31XXX	Transportation	239		41	1	15		4				**300**
32326	Support Services - Guardian/Conservator	68		42		2		1				**113**
32327	Support Services - Representative Payee	243	2	51	1	10		3				**310**
32335	Consumer-Directed Attendant Care	2						3				**5**
33340	Basic Needs - Rent Payments	76				3						**79**
33345	Basic Needs - Ongoing Rent Subsidy	15										**15**
33399	Basic Needs - Other	16				2		1				**19**
41305	Physiological Treatment - Outpatient	32										**32**
41306	Physiological Treatment - Prescription Medicine/Vaccines	108	1	6		6	1					**122**
41307	Physiological Treatment - In-Home Nursing	13		3				1				**17**
42396	Psychotherapeutic Treatment - Community Support Programs	24				1						**25**
42399	Psychotherapeutic Treatment - Other	493	7	24		15	1	1		113	3	**657**
63329	Comm Based Settings (1-5 Bed) - Supported Community Living	2				1						**3**
	Community Living Support Services Subtotals:	**2805**	**36**	**290**	**9**	**89**	**10**	**30**		**113**	**3**	**3385**
Congregate Services												
64329	Comm Based Settings (6+ Beds) - Supported Community Living	39		10		3						**52**
64399	Comm Based Settings (6+ Beds) - Other		1									**1**
64XXX	RCF-6 and over beds	122		15		3		2				**142**
	Congregate Services Subtotals:	**161**	**1**	**25**		**6**		**2**				**195**
Regional Totals:		**7650**	**267**	**535**	**12**	**203**	**11**	**50**		**113**	**3**	**8844**

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

Disability Group	Children	Adult	Unduplicated Total
Mental Illness	205	4093	4298
Mental Illness, Intellectual Disabilities	1	116	117
Mental Illness, Intellectual Disabilities, Other Developmental Disabilities	0	8	8
Mental Illness, Intellectual Disabilities, Brain Injury	0	1	1
Mental Illness, Other Developmental Disabilities	2	47	48
Mental Illness, Other Developmental Disabilities, Brain Injury	0	2	2
Mental Illness, Brain Injury	0	13	13
Intellectual Disabilities	7	197	204
Intellectual Disabilities, Other Developmental Disabilities	1	10	11
Other Developmental Disabilities	8	57	65
Other Developmental Disabilities, Brain Injury	0	2	2
Brain Injury	0	16	16
TOTAL	224	4562	4786

B. Regionally Designated Intensive Mental Health Services

The region is working diligently with three agencies to become **Access Centers** between February 2020 and the deadline of July 1, 2021. We are working with them to ensure they will meet 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.

The region has designated the following **Assertive Community Treatment (ACT)** teams. The region is working with the teams to evaluate them for program fidelity by the end of FY2020, 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
7/1/2011	UnityPoint Health – Berryhill Center for Community Mental Health, Webster County	Working on FY20
9/1/2016	Resources for Human Development, Black Hawk, Butler and Grundy Counties	Working on FY20
1/1/2017	Seasons Center for Community Mental Health, Emmet County	Working on FY20

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
2/1/2019	North Iowa Elite Mental Health (Adult Crisis Stabilization Center), Black Hawk County

The region is working diligently with provider agencies to designate **Intensive Residential Service** providers by the deadline of July 1, 2021. 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

FY 2019 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	$262,127	$80	$45	$0		$262,252
42306	Medication prescribing & management	$151,765	$288	$0	$276		$152,328
43301	Assessment & evaluation	$0	$0	$0	$0		$0
71319	Mental health inpatient therapy-MHI	$385,214	$47,682	$0	$0		$432,897
73319	Mental health inpatient therapy	$7,520	$0	$0	$0		$7,520
	Crisis Services						
32322	Personal emergency response system	$751	$0	$0	$0		$751
44301	Crisis evaluation	$184,500	$0	$0	$0		$184,500
44302	23 hour crisis observation & holding	$0	$0	$0	$0		$0
44305	24 hour access to crisis response	$0	$0	$0	$0		$0
44307	Mobile response	$0	$0	$0	$0		$0

44312	Crisis Stabilization community-based services	$0	$0	$0	$0		$0
44313	Crisis Stabilization residential services	$511,286	$227,924	$2,161	$14,768		$756,139
44396	Access Centers: start-up / sustainability	$0	$0	$0	$0		$0
	Support for Community Living						
32320	Home health aide	$2,100	$1,530	$0	$2,060		$5,690
32325	Respite	$11,500	$30,560	$0	$0		$42,060
32328	Home & vehicle modifications	$0	$0	$0	$0		$0
32329	Supported community living	$1,032,864	$585,605	$173,757	$44,343		$1,836,569
42329	Intensive residential services	$0	$0	$0	$0		$0
	Support for Employment						
50362	Prevocational services	$430	$8,764	$17,813	$1,289		$28,296
50364	Job development	$827	$0	$0	$0		$827
50367	Day habilitation	$29,734	$118,682	$83,801	$8,957		$241,175
50368	Supported employment	$24,803	$49,699	$90,151	$0		$164,654
50369	Group Supported employment-enclave	$2,672	$26,747	$28,076	$454		$57,950
	Recovery Services						
45323	Family support	$465	$0	$0	$0		$465
45366	Peer support	$52,822	$8,142	$163	$0		$61,127
	Service Coordination						
21375	Case management	$0	$0	$0	$0		$0
24376	Health homes	$0	$0	$0	$0		$0
	Sub-Acute Services						
63309	Subacute services-1-5 beds	$0	$0	$0	$0		$0
64309	Subacute services-6 and over beds	$24,400	$0	$0	$0		$24,400
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	$246	$0	$0	$0		$246
32396	Supported housing	$0	$0	$0	$0		$0
42398	Assertive community treatment (ACT)	$303,032	$0	$0	$0		$303,032
45373	Family psychoeducation	$902	$0	$0	$0		$902
	Core Domains Total	**$2,989,961**	**$1,105,703**	**$395,968**	**$72,146**		**$4,563,779**
Mandated Services							
46319	Oakdale	$0	$0	$0	$0		$0
72319	State resource centers	$0	$0	$0	$0		$0
74XXX	Commitment related (except 301)	$410,083	$5,016	$1,698	$216		$417,014
75XXX	Mental health advocate	$478,008	$5,926	$259	$0		$484,193
	Mandated Services Total	**$888,091**	**$10,943**	**$1,957**	**$216**		**$901,206**
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services	$108,166	$151	$782	$0		$109,100
44346	24 hour crisis line**	$0	$0	$0	$0		$0

44366	Warm line**	$0	$0	$0	$0		$0
46305	Mental health services in jails	$230,797	$2,879	$1,119	$207		$235,001
46399	Justice system-involved services-other	$0	$0	$0	$0		$0
46422	Crisis prevention training	$0	$0	$0	$0		$0
46425	Mental health court related costs	$0	$0	$0	$0		$0
74301	Civil commitment prescreening evaluation	$0	$0	$0	$0		$0
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	$87,840	$5,353	$2,058	$0		$95,252
42397	Psychiatric rehabilitation (IPR)	$135	$0	$0	$0		$135
	Additional Core Domains Total	**$426,938**	**$8,384**	**$3,959**	**$207**		**$439,488**
Other Informational Services							
03371	Information & referral	$0	$0	$0	$0		$0
04372	Planning and/or Consultation (client related)	$0	$0	$0	$0		$0
04377	Provider Incentive Payment	$0					$0
04399	Consultation Other	$0	$0	$0	$0		$0
04429	Planning and Management Consultants (non-client related)	$0	$0	$0	$0		$0
05373	Public education	$17,149	$0	$0	$0		$17,149
	Other Informational Services Total	**$17,149**	**$0**	**$0**	**$0**		**$17,149**
Community Living Supports							
06399	Academic services	$0	$0	$0	$0		$0
22XXX	Services management	$1,541,636	$156,123	$31,837	$30,225		$1,759,821
23376	Crisis care coordination	$95,392	$3,241	$0	$633		$99,267
23399	Crisis care coordination other	$0	$0	$0	$0		$0
24399	Health home other	$0	$0	$0	$0		$0
31XXX	Transportation	$119,515	$61,813	$30,052	$626		$212,006
32321	Chore services	$0	$0	$0	$0		$0
32326	Guardian/conservator	$86,902	$49,454	$2,198	$1,448		$140,003
32327	Representative payee	$237,575	$51,926	$6,492	$135		$296,128
32335	CDAC	$13,874	$0	$0	$6,359		$20,233
32399	Other support	$0	$0	$0	$0		$0
33330	Mobile meals	$0	$0	$0	$0		$0
33340	Rent payments (time limited)	$148,388	$0	$1,337	$0		$149,725
33345	Ongoing rent subsidy	$16,310	$0	$0	$0		$16,310
33399	Other basic needs	$39,556	$0	$6,661	$2,095		$48,311
41305	Physiological outpatient treatment	$3,033	$0	$0	$0		$3,033
41306	Prescription meds	$6,431	$88	$108	$0		$6,627
41307	In-home nursing	$29,440	$920	$0	$1,265		$31,625
41308	Health supplies	$0	$0	$0	$0		$0
41399	Other physiological treatment	$0	$0	$0	$0		$0
42309	Partial hospitalization	$0	$0	$0	$0		$0

42310	Transitional living program	$0	$0	$0	$0		$0
42363	Day treatment	$0	$0	$0	$0		$0
42396	Community support programs	$31,705	$0	$189	$0		$31,894
42399	Other psychotherapeutic treatment	$80,950	$31,768	$16,582	$237		$129,537
43399	Other non-crisis evaluation	$0	$0	$0	$0		$0
44304	Emergency care	$0	$0	$0	$0		$0
44399	Other crisis services	$0	$0	$0	$0		$0
45399	Other family & peer support	$0	$0	$0	$0		$0
46306	Psychiatric medications in jail	$48,366					$48,366
50361	Vocational skills training	$0	$0	$0	$0		$0
50365	Supported education	$0	$0	$0	$0		$0
50399	Other vocational & day services	$0	$0	$0	$0		$0
63XXX	RCF 1-5 beds *(63314, 63315 & 63316)*	$0	$0	$0	$0		$0
63XXX	ICF 1-5 beds *(63317 & 63318)*	$0	$0	$0	$0		$0
63329	SCL 1-5 beds	$11,983	$0	$1,200	$0		$13,183
63399	Other 1-5 beds	$0	$0	$0	$0		$0
	Community Living Supports	**$2,511,057**	**$355,333**	**$96,654**	**$43,024**		**$3,006,068**
Other Congregate Services							
50360	Work services (work activity/sheltered work)	$0	$0	$0	$0		$0
64XXX	RCF 6 and over beds *(64314, 64315 & 64316)*	$1,628,014	$84,872	$23,033	$16,746		$1,752,665
64XXX	ICF 6 and over beds *(64317 & 64318)*	$0	$0	$0	$0		$0
64329	SCL 6 and over beds	$477,582	$108,528	$24,344	$0		$610,454
64399	Other 6 and over beds	$886	$0	$0	$0		$886
	Other Congregate Services Total	**$2,106,482**	**$193,400**	**$47,377**	**$16,746**		**$2,364,005**
Administration							
11XXX	Direct Administration					$1,032,361	$1,032,361
12XXX	Purchased Administration					$199,376	$199,376
	Administration Total					$1,231,738	$1,231,738
	Regional Totals	**$8,939,678**	**$1,673,762**	**$545,915**	**$132,339**	**$1,231,738**	**$12,523,433**
(45XX-XXX)County Provided Case Management						$188,994	$188,994
(46XX-XXX)County Provided Services						$621,745	$621,745
	Regional Grand Total						**$13,334,172**

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**	$ 17,950,299
14951	**MHDS fiscal agent reimbursement to MHDS regional member county**	$ 4,207,120

** 24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.

Table D. Revenues

FY 2019 Accrual	County Social Services MHDS Region		
Revenues			
	FY18 Annual Report Ending Fund Balance		**$ 6,446,826**
	Adjustment to 6/30/18 Fund Balance		**$ 96,242**
	Audited Ending Fund Balance as of 6/30/18 (Beginning FY19)		**$ 6,543,068**
	Local/Regional Funds		$ 15,772,809
10XX	Property Tax Levied	14,536,667	
12XX	Other County Taxes	18,150	
16XX	Utility Tax Replacement Excise Taxes	505,476	
25XX	Other Governmental Revenues	-	
4XXX-5XXX	Charges for Services	133,577	
5310	Client Fees	-	
60XX	Interest	77,519	
6XXX	Use of Money & Property	1,488	
8XXX	Miscellaneous	495,778	
9040	Other Budgetary Funds (Polk Only)	-	
9XXX	Other	4,154	
	State Funds		**$ 1,285,676.00**
21XX	State Tax Credits	936,821	
22XX	Other State Replacement Credits	335,686	
2250	MHDS Equalization	-	
24XX	State/Federal pass thru Revenue	-	
2644	MHDS Allowed Growth // State Gen. Funds	-	
29XX	Payment in Lieu of taxes	2,270	
26XX	Other	10,899	
	Federal Funds		**$ 337,011.18**
2344	Social services block grant	-	
2345	Medicaid	337,011	
	Other	-	
	Total Revenues		$ 17,395,496

Total Funds Available for FY19	$	23,938,564
FY19 Actual Regional Expenditures	$	13,334,172
Accrual Fund Balance as of 6/30/19	$	10,604,393

Footnote: County Social Services did have a loan receivable, entered into on 12/5/2013, with The Spectrum Network for $250,000 to purchase a building in Decorah, IA. The no interest loan was to be repaid in five annual installments of $50,000 each, beginning January 2, 2016. CSS had a first security mortgage interest in the property. The Spectrum Network made the first $50,000 payment in February 2016. On 9/1/2016, CSS entered into a lease agreement with The Spectrum Network to lease a portion of the building located in Decorah, IA. CSS agreed to pay The Spectrum Network $2,075 per month, allocated as forgiveness of the remaining $200,000 loan owed to CSS, until the loan is repaid. During the year ended June 30, 2019, $24,900 of lease payments were applied to the loan. The loan receivable at June 30, 2019 was $129,450. The loan was paid off in the first quarter of FY2020.

Table E. County Levies

Insert Expenditure Levy from FY19 AR Financial Workbook

County	2016 Est. Pop.	Regional Per Capita	FY19 Max Levy	FY19 Actual Levy	Actual Levy Per Capita
Allamakee	13,884	43.65	606,037	$ 488,439	35.18
Black Hawk	132,904	43.65	5,801,260	$ 4,675,563	35.18
Butler	14,791	43.65	645,627	$ 520,347	35.18
Cerro Gordo	43,070	43.65	1,880,006	$ 1,515,203	35.18
Chickasaw	12,023	43.65	524,804	$ 422,969	35.18
Clayton	17,590	43.65	767,804	$ 618,816	35.18
Emmet	9,658	43.65	421,572	$ 339,768	35.18
Fayette	20,054	43.65	875,357	$ 705,500	35.18
Floyd	15,873	43.65	692,856	$ 558,412	35.18
Grundy	12,313	43.65	537,462	$ 433,171	35.18
Hancock	10,835	43.65	472,948	$ 381,175	35.18
Howard	9,332	43.65	407,342	$ 328,300	35.18
Humboldt	9,487	43.65	414,108	$ 333,753	35.18
Kossuth	**15,114**	**43.65**	**659,726**	**$ 321,195**	**21.25**
Mitchell	10,763	43.65	469,805	$ 378,642	35.18
Pocahontas	6,886	43.65	300,574	$ 242,249	35.18
Tama	17,319	43.65	755,974	$ 609,282	35.18
Webster	36,769	43.65	1,604,967	$ 1,293,533	35.18
Winnebago	10,631	43.65	464,043	$ 373,999	35.18
Winneshiek	20,561	43.65	897,488	$ 723,336	35.18
Worth	7,572	43.65	330,518	$ 266,383	35.18
Wright	12,779	43.65	557,803	$ 449,565	35.18
Total CSS Region	**460,208**		**20,088,079**	**15,979,602**	**34.72**

D. Outcomes/Regional Accomplishments in FY2019

Core Services Access Standards: The chart below identifies intensive mental health core services and their access standards that were established in HF2456 and are outlined in IAC Chapter 441-25.3(2). These core services and their access standards are to be available and met by July 1, 2021.

Core Services	Access Standard: Timeliness/ Proximity/ Capacity	Description	Outcome
24 Hour Crisis Response	Timeliness	Immediate access by telephone, electronic, or face-to-face 24/7 and 365 days per year	Met
Crisis Stabilization Community-Based	Timeliness	Face to face contact from CSCBS provider within 120 minutes from referral	Unmet
Crisis Stabilization Residential-Based	Timeliness	Receive services within 120 minutes from time of referral	Met
	Proximity	Service located within 120 miles from individual's residence	Met
Mobile Response	Timeliness	Face to face contact with mobile crisis staff within 60 min of dispatch	Unmet
23 Observation and Holding	Timeliness	Receive services within 120 minutes of referral	Unmet
	Proximity	Service is located within 120 miles from individual's residence	Unmet
Assessment and Evaluation (Outpatient)	Timeliness: Emergency	Outpatient services initiated to individual within 15 minutes of telephone contact	Met
	Timeliness: Urgent	Services provided within one hour of presentation or 24 hours of telephone contact	Met
	Timeliness: Routine	Services provided within 4 weeks of request for appointment	Met
	Proximity	Services offered within 30 miles for individual residing in urban area and 45 miles if residing in rural area	Met
Mental Health Outpatient Therapy	Timeliness: Emergency	Outpatient services initiated to individual within 15 minutes of telephone contact	Met
	Timeliness: Urgent	Services provided within 1 hour of presentation or 24 hours of telephone contact	Met
	Timeliness: Routine	Services provided within 4 weeks of request for appointment	Met
	Proximity	Services offered within 30 miles of individual residing in urban area and 45 miles if residing in rural area	Met
Medication Prescribing and Management (Outpatient)	Timeliness: Emergency	Outpatient services initiated to individuals within 15 minutes of telephone contact	Met
	Timeliness: Urgent	Services provided within 1 hour of presentation or 24 hours of telephone contact	Met

	Timeliness: Routine	Services provided within 4 weeks of request for appointment	Met
	Proximity	Services provided within 30 miles for individual residing in urban area and 45 miles if residing in rural area	Met
Mental Health Inpatient Therapy	Timeliness: Emergency	If individual needs inpatient services they shall receive treatment within 24 hours	Met
	Proximity	Inpatient services shall be within a reasonably close proximity to the region (100 miles)	Met
Assessment & Evaluation after Inpatient Treatment	Timeliness	Individual who has received inpatient services shall be assessed within 4 weeks of discharge	Met
Subacute Facility-Based MH Services	Timeliness	Services provided within 24 hours of referral	Met
	Proximity	Service is located within 120 miles from individual's residence	Unmet
Support for Community Living	Timeliness	First unit of service shall occur within 4 weeks of individual's request for services	Met
Support for Employment	Timeliness	First unit of service shall occur within 60 days of individual's request for services	Met
Family Support	Proximity	Individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in rural area	Unmet
Peer Support	Proximity	Individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in rural area	Unmet
Case Management and Health Home	Timeliness: Routine	Individual shall receive service coordination within 10 days of initial request or when being discharged from inpatient facility	Met
	Proximity	Individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in rural area	Met
Assertive Community Treatment (ACT)	Capacity	A sufficient number of ACT teams shall be available to serve individuals eligible for ACT. Estimated population is around 0.06% of the adult population of the region.	Met
Access Center	Timeliness	Service available within 120 minutes from determination that services are needed	Unmet
	Proximity	Service is located within 120 miles from individual's residence	Unmet
Intensive Residential Services	Timelines	Services provided within 4 weeks of referral	Unmet
	Proximity	Service is available within 2 hours from individual's residence	Unmet

Additional Core Services: According to IAC Section 331.397 subsection 7 additional core services are not required, but are to be made available if the region has public funds available.

- **Mental Health Services in Jail-** all 22 counties within the CSS Region have mental health services available in their jails, funded by the region.
- **Jail Diversion Services-** Black Hawk and Cerro Gordo offer Jail Diversion Services. See reports that follow from each of these programs.
- **Civil Commitment Prescreening Evaluation-** this service is in our Community Mental Health Center contracts; however, no CMHC providers are completing these evaluations at this time.
- **Justice System-Involved Training-**CSS has offered to host a training in addition to our March 2018 training; however, we are being told it is difficult for police/sheriff departments to participate due to lack of staff coverage. There currently is work being done to host a train the trainer model.
- **Crisis Prevention Training-** CSS provides Mental Health First Aid training to any county/agency that requests this throughout the CSS Region.
- **Peer Self-Help Drop-In Centers-** Plugged-In Iowa offers peer zone drop-in center services in Charles City, Decorah, Elkader, Garner, Mason City, New Hampton, Tama and West Union. Black Hawk-Grundy MHC's Mental Health Recovery Center offers a peer run drop-in services in Waterloo 4 days a week and Freedom Pointe of Greater Webster County offers these services in Fort Dodge.

Evidence Based Practices: The chart below describes the region's efforts towards implementing and demonstrating competencies necessary in providing evidenced-based services.

Evidence Based Practice (EBP)	No Progress	Training	Implementing	Fidelity Verified	Region's Efforts to Increase Provider Competency in EBP
Core: IAC441-25.4(3)	List Agencies	List Agencies	List Agencies	How are you verifying? List Agencies	Description
Assertive Community Treatment (ACT)			Resources for Human Development; Unity Point Health-Berryhill Center	SAMHSA Tool Kit.	RHD is fully operational. We have not independently verified fidelity at this time. We are working on developing ACT teams in our Eastern and Northern Quadrants as well.
Strength-Based Case Management		County Social Services (CSS)			CSS staff has been participating in SBCM training. We plan to hold a SBCM workshop in Jan 2020 and plan to launch the SBCM program 2/1/20.
Integrated Treatment of Co-occurring MH and SA			NE Iowa Behavioral Health; Pathways Behavioral Health; Prairie Ridge Integrated Behavioral Health; Season's Center; Youth and Shelter Services	SAMHSA Tool Kit. Community and Family Resources	In FY2020 CSS will work with provider agencies to obtain fidelity.
Supported Employment				SAMHSA Tool Kit	In FY2020 CSS will work with agencies to obtain fidelity.
Family Psychoeducation				SAMHSA Tool Kit	CSS supports caregivers of individuals with persistent mental illness to meet with a clinical SW to learn about mental illness and how to support others with a mental illness. CSS supports the education programs of our NAMI organizations, the Family to Family class that was designated by SAMHSA as an EBP in 2013. In FY2020 CSS will work with our agencies to obtain fidelity.
Additional Core Services: 331.397(6)d					
Positive Behavioral Support		CSS I-Start Team			Positive Behavioral Support is incorporated in our ISTART model

					that uses a variety of interventions through an inter-disciplinary team.
Peer Self-Help Drop In Center					Peer Zones are available in 10 locations throughout our region.
Other Research Based Practice: 331.397(7)					In FY2020 CSS will work with agencies to identify other EBP they are providing and verify fidelity of these services.

Provider Competencies: The chart below is a description of the region's efforts to ensure that access is available to providers of core services that demonstrate competencies necessary for serving individuals with co-occurring conditions and providing trauma-informed care that identifies the presence of trauma symptoms in individual's receiving services.

Provider Practices	No Progress	Training	Implementing	Region's Efforts To Increase Provider Competency
441.25.4(331)	List Agencies	List Agencies	List Agencies	Description
Provider Agencies who provide services to individuals with 2 or more of the following co-occurring conditions: a. Mental Illness b. Intellectual Disability c. Developmental Disability d. Brain Injury e. Substance Use Disorder			Community & Family Resources Northeast Iowa Behavioral Health Pathways Behavioral Services Prairie Ridge Integrated Behavioral Health Youth and Shelter Services Seasons Center	CSS provides Mental Health First Aid (MHFA) training free to any group or agency within the region to increase awareness of mental health. CSS trained 310 individuals in Adult MHFA and 22 people in Youth MHFA in FY2019. 17 8-hour courses were held in Black Hawk, Cerro Gordo, Clayton, Emmet, Fayette, Hancock, and Winneshiek Counties. CSS' ISTART program provides a professional learning community to anyone serving individuals with a developmental disability. The ISTART team provides Clinical Education Trainings to assist providers in learning how to best support individuals with ID/DD and behavioral issues. CSS partners with the Brain Alliance of Iowa to have a Brain Injury Project Manager available to the region and its provider agencies. CSS sponsors the annual NE Iowa Brain Injury Conference available to all providers. CSS has made Motivational Interviewing (MI) training available to our staff and provider network. MI is an evidenced-based approach to supporting individuals with a substance use disorder.
Trauma Informed Care			All of providers above are trained in trauma-informed care as well as many others within our region. In FY 2020 we will begin collecting a more comprehensive list.	University of Northern Iowa Dept of Social Work hosts an annual Trauma Informed Conference in Cedar Falls which is available to all of our providers. The CSS Transition Specialist is part of a team that is providing instruction throughout the region on Justice Involved Trauma Informed Care.

Region Program Outcomes

I-START

A note from the National START Team:

The Clinical Team that Could: The I-START team took a leap forward in FY19 in nearly every area, while maintaining the excellence to model fidelity and outcomes that has been the hallmark of their program. This occurred within the context of a change in leadership and turn over in 85% of coordinator positions. Change is constant and Bob Lincoln and County Social Services are no stranger to it. Felicia Bates and her drive to continually improve and to blend the START program to the needs and services of Iowans, was promoted to Director with the retirement of Jim Aberg. Jim, with the connections, skills, and the systemic trust he engenders, was able to stay on in a consulting role. Tiffany Liska was promoted to Team Lead and a coordinator was added in her area of the region. These three then went on a hiring frenzy as only one coordinator finished the year in the same spot she was at the start of the fiscal year. With that level of disruption, it would not be surprising to see a backslide in numbers served or crisis coverage breakdowns, relationships with partners strained, etc. In fact, the opposite occurred. Almost a 50% increase in individuals served this year. Crisis contacts went up by 30%. Expensive tertiary services like Emergency Room visits and Hospitalizations continued to decrease.

This year, the thorough understanding of the START model by the leadership team and diligence in training new coordinators have coalesced this team into one that is hitting all major fidelity measures. I-START has emerged as a leader in the state in serving individuals with intellectual and developmental disabilities. The article based on their first year outcomes, "Improving Mental Health Outcomes for Individuals with an Intellectual Disability through the Iowa START (I-START) Program." (Beasley, & Kalb) was published this FY further enhancing the reputation. It is no wonder that the state is paying attention. With the successful support and collaborative expansion into the Rolling Hills and CROSS regions, other Regions are asking and exploring linkage and creation of teams. The state is rolling out crisis incentives that mesh well with I-START. The state also is showing interest in providing incentives and programming geared toward serving children, I-START is well positioned to continue to expand, take on new regions, take on new age groups and to do it with the same levels of success we have already seen in their history.

The program is on target to achieve National START Program Certification in FY20. Sustainability is key, as the landscape continues to evolve, we must evolve with it. Creating new partners and working with the citizens of Iowa to increase the capacity of all people and systems in understanding the needs, the strengths, and the potential positive outcomes for all individuals with intellectual and developmental disabilities. There is more work to do and changes to come. We are not where we want to be, but we are thrilled with progress to date and excited about what the future holds.

David O'Neal
Project Manager, Center for START Services, I-START Program Project Facilitator

Testimonial
"I am grateful for the partnership with I-START! Their dedication to serving individuals in our region is appreciated. I-START was innovative in bringing ideas to the table and her communication to a large group of people was so important to make sure everyone was on the same page. In a very stressful time for so many people, the ISTART Coordinator and the entire I-START team spent countless hours working on behalf of the member and came together to find a solution. Thank you I-START for the work you do and for your dedication to people and their needs."

The I-START program has continued to positively impact individuals served and their systems of support throughout the year. The program has increased in size, expanded to additional regions and continues to maintain fidelity to the START clinical team model. Program staff have worked over the past year to address recommendations from FY 17/18 and to prepare for program certification in FY20.

Positive developments during the past year include an increase of in-person response to crisis calls, which supports people to remain in their community setting. Through the work of this team, reductions in emergency service use continue to be seen for the individuals enrolled. Individuals enrolled in I-START have over a 30% reduction in emergency service utilization post enrollment. The outreach and partnerships developed within the community are key contributors to this success.

I-START has become an integral part of the service system in the community and the staff's creativity and innovation are seen not only in the work with individuals, but in their community outreach and partnership development.

As the program continues to strive to meet all START clinical team model fidelity expectations, it plans to obtain national program certification in FY20. Additionally, funding for I-START services has been approved by the East Central Region Board of Directors. CSS and ECR have entered into a contract to begin I-START services in the ECR during FY20. This furthers CSS's mission to increase community inclusion and capacity through nurturing partnerships. More individuals will be able to be served in their community continuously, no matter where they may choose to live. Community capacity to serve these individuals will be further enhanced and the cost effectiveness of the program continues to improve.

Below you will find a sample of the I-START FY19 Data Summary, prepared by Ann Klein, Director of Outcomes & Evaluations – Center for START Services. For the full report, please go to our website at www.countysocialservices.org. You will also find the full FY19 I-START Annual Report on our website.

Census Summary

During FY2019, I-START expanded to serve both the CROSS and Rolling Hills Regions and that has increased overall enrollment in I-START. I-START served a total of 124 individuals in FY2019 with 99 individuals still active at the end of the fiscal year.

In FY2019, over 50% of referrals came from community providers, hospitals and other sources outside of case managers. This is a continuation of a trend described last year and is further evidence of the strong relationships I-START has in the region, particularly with providers. The team has actively engaged with the Iowa Community Association of Providers as a way of increasing referrals.

Total Served in FY2019

Active at beginning of reporting period	**65**
FY2019 New Enrollees	59
Individuals inactivated	25
Stable functioning	10 (40%)
Moved out of START region	10 (40%)
No longer requesting services	2 (8%)
Incarcerated	1 (4%)
Deceased	2 (8%)
Active Caseload at the end of reporting period	**99**
Total Served during reporting period	**124**
Total served by I-START since inception	**175**

Most Common Reasons for Enrollment

Aggression	76%
Leaving unexpectedly	59%
Diagnosis & treatment planning	51%
Decreased functionality	41%
Self-Injurious behavior	37%
Risk of losing placement	37%
Family needs assistance	25%
Mental health symptoms	19%
Suicidality	15%
Sexualized behavior	15%
Transition from hospital	14%

Current and New Caseloads by County: **numbers in parentheses represent new enrollees during FY2019*

County	Number Enrolled
Allamakee	4 (2)
Black Hawk	18 (8)
Buena Vista	1
Calhoun	1
Carroll	4 (4)
Cerro Gordo	16 (7)
Crawford	6 (5)
Decatur	1 (2)
Delaware	1 (1)

County	Number Enrolled
Dickinson	1 (1)
Emmet	2
Fayette	4 (3)
Floyd	6 (5)
Kossuth	2 (1)
Lucas	1 (1)
Marion	4 (3)
Mitchell	1
Monroe	1

County	Number Enrolled
Pocahontas	1 (1)
Ringgold	1 (1)
Sac	1 (1)
Tama	1
Wayne	2 (2)
Webster	10 (5)
Winnebago	1 (1)
Winneshiek	6 (1)
Wright	2 (3)

Enrollee Characteristics

The I-START Clinical team meets weekly with the I-START Medical Director and this has led to a strong understanding among all team members of how medical vulnerabilities may contribute to crisis. Additionally, the medical director provides guidance as to next steps and provides direct medical consultation to teams or links with other medical providers when necessary.

Individuals enrolled in I-START have over a 30% reduction in emergency service utilization post enrollment. These data provide support to the observation in START programs nationally, and in research on the START model, that receiving START services is associated with reduced emergency service use.

Demographics	FY19	***Demographics***	FY19
Variable (N)		n=124	
Mean Age (Range)		33 (18-63)	
Gender (% male)		55%	
Race		*Level of Intellectual Disability* (%)	
White/Caucasian	91%	No ID/Borderline	9%
African American	4%	Mild	55%
Asian	1%	Moderate	20%
Other	2%	Severe-Profound	14%
Unknown	2%	None Noted in record	2%
Ethnicity (% Hispanic)	2%	*Living Situation* (%)	
Level of Intellectual Disability (%)		Family	28%
No ID/Borderline	9%	Group Home and Community ICF/DD	24%
Mild	55%	Independent/Supervised	42%
Moderate	20%	Psych. Hospital/IDD Center	1%
Severe-Profound	14%	Other (Jail, Homeless, "Other")	5%
None Noted in record	2%		

Mental Health Characteristics	FY19	***Medical Characteristics***	FY19
Variable (N) n=124			
Mental Health Conditions (%)		*Medical Diagnosis* (%)	
At least 1 diagnosis	87%	At least 1 diagnosis	66%
Mean Diagnoses (range)	2.3 (1-8)	Mean Diagnoses	2.2 (1-9)
Most Common MH Conditions (%)		*Most Common Medical Conditions* (%)	
Anxiety Disorders	20%	Cardiovascular	14%
ADHD	27%	Endocrine	15%
ASD	15%	Gastro/Intestinal	25%
Bipolar Disorders	18%	Genitourinary	4%
Depressive Disorders	34%	Immunology/Allergy	9%
Disruptive Disorders	27%	Musculoskeletal	5%
OCD	6%	Neurologic	20%
Personality Disorders	7%	Obesity	10%
Schizophrenia Spectrum Disorders	19%	Pulmonary disorders	4%
Trauma/Stressor Disorders	15%	Sleep Disorder	7%

Emergency Service Utilization	FY19 (n=124)	
Variable	Psychiatric Hospitalization	Emergency Department Visits
Prior to enrollment, N (%)	**42 (34%)**	**54 (44%)**
Mean Admissions (range)	2.9 (1-10)	4.6 (1-37)
During START, N (%)	**27 (22%)**	**37 (34%)**
Mean (range)	2.5 (1-15)	3.4 (1-18)
Average length of stay (hospital)	24 days	N/A

Outreach and Training

The I-START program has few formal linkage agreements and the majority are with IDD and mental health residential providers. This has been an area of recent focus and a protocol for formalizing new agreements has been developed. Formalized linkage work is also being done with a specialized MI/ID program out of the University of Iowa. The goal of this effort is to enhance the collaborative effort without duplication of services or overwhelming systems. This linkage continues to improve as both agencies gain understanding on our similarities, our uniqueness and how we can work together to enhance outcomes and community capacity.

In FY2019 I-START logged 291 community outreach hours, including 54 provider trainings, linkage activities and Advisory Council meetings. I-START also offers a monthly Clinical Education Team education event, which is open to anyone interested. In addition, a number of informal outreach efforts were made. These included providing community partners with information about I-START and issues pertaining to the population served.

Conclusion

I-START has continued to positively impact individuals served and their systems of support throughout the year. The program has increased in size, expanded to additional regions and continues to maintain fidelity to the START clinical team model.

I-START has become an integral part of the service system in the community and the staff's creativity and innovation are seen not only in the work with individuals, but in their community outreach and partnership development. The program continues to strive to meet all START clinical team model fidelity expectations.

PATHWAY TO THE COMMUNITY

At County Social Services, we feel it's important to identify the collaborative efforts that take place when transitioning a person from a residential care facility (RCF) to a less restrictive community-based placement. In the past the RCFs were often used as long-term solutions to serving people with severe behavioral health needs. Today, the stays are intended to be short (approximately 90 days), with a focus on treatment and education to support one's recovery.

The transition process usually begins as soon as the person is accepted by the RCF. With the great work being done by our CSS Transition Specialist, using our transition action planning tool, there is normally a plan in motion before the person being served ever arrives at the facility.

Upon arrival at the RCF, the person being served is assigned by the provider to one of their service coordinators. The service coordinator often reaches out to CSS to see which one of our Strength Based Case Managers will be assigned to the client being served. Simultaneously, a referral is made to an Integrated Health Home (IHH) Care Coordinator, to start the process of getting long term support services in place.

While the person is at the facility, there are many actions to support recovery taking place. First and foremost, the staff at the facility are providing the services to assist the person with their recovery plan. The IHH Care Coordinator is working with the person to establish eligibility with the Managed Care Organization (MCO) for long-term support services. The CSS Strength Based Case Manager is assisting the person with identifying services the person may want to access.

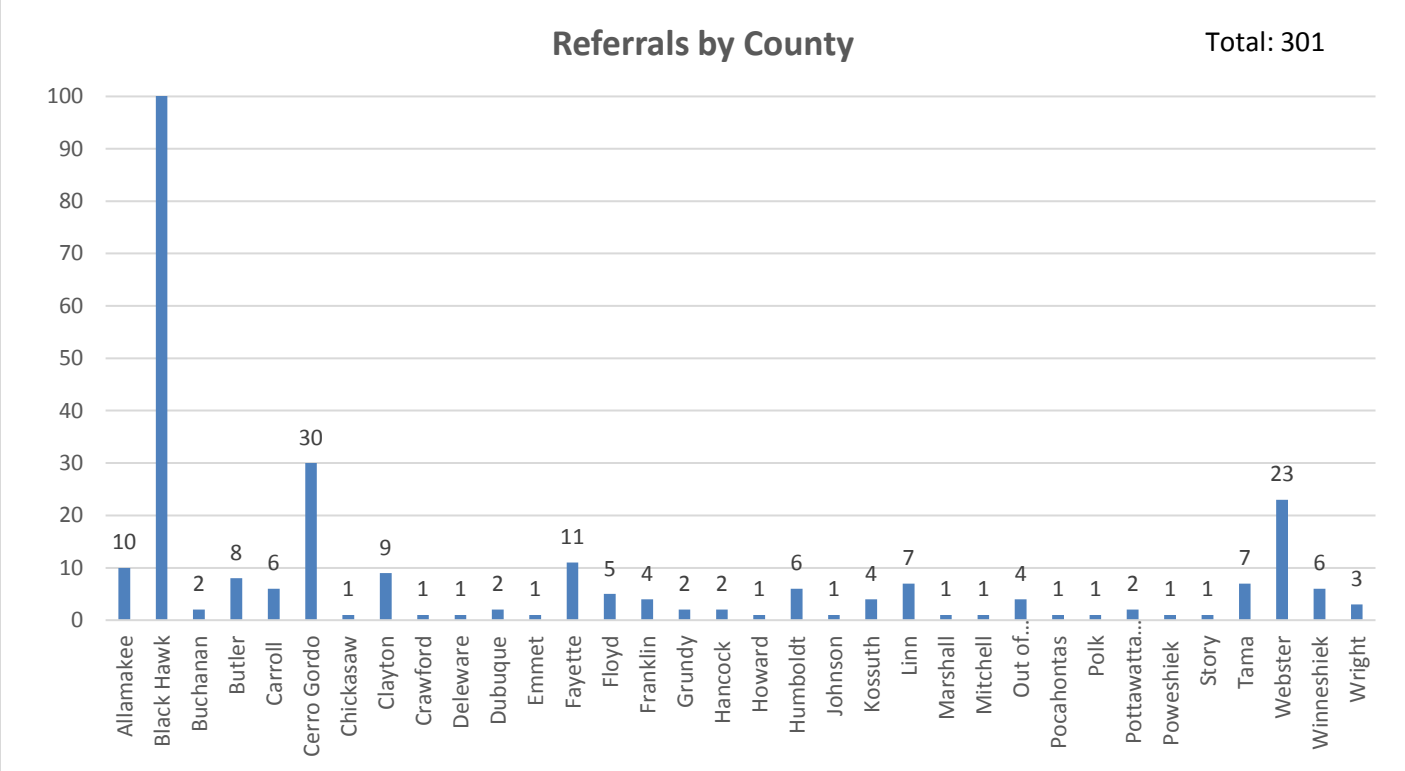
During this time, referrals for long-term support services are being made, primarily by the IHH Care Coordinator, in collaboration with the RCF Service Coordinator, and the CSS Strength Based Case Manager.

With a great plan in place, and the primary focus being on the client's hopes and desires, the chances for recovery and success in the community are greatly increased.

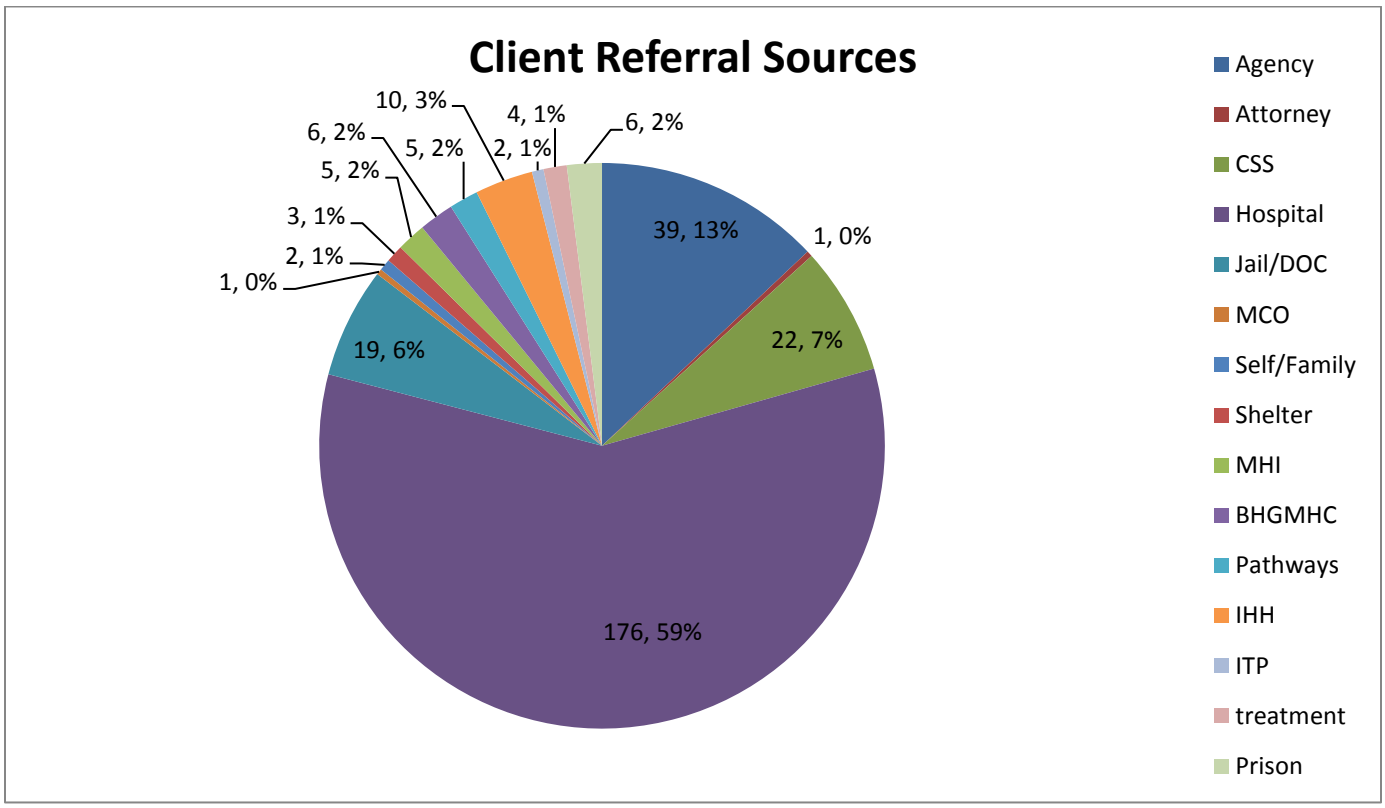
TRANSITION REFERRALS

The CSS Transition Specialist is responsible for managing all the referrals from and to tertiary levels of care. This includes referrals for those committed to residential level of care, individuals needing access to sub-acute level of care, crisis stabilization, or discharge from hospital inpatient units, prisons and jails. The Transition Specialist works with social workers at the facilities on a plan that will benefit that individual and the community. North Iowa Elite Mental Health Services (NIEMHS) in Waterloo has 10 crisis beds and 6 sub-acute beds. Community and Family Resources (CFR) in Fort Dodge has 7 crisis beds. CFR also works with CSS by admitting individuals into their inpatient substance abuse program. Many individuals have utilized crisis beds there while waiting for inpatient beds to open. North Iowa Transition Center offers 2 crisis beds in Mason City. CSS has also contracted with two youth shelter agencies to admit youth experiencing a mental health crisis. CSS partners with Lutheran Services in Iowa in Waverly and Youth and Shelter Services in Mason City, each having two regional youth crisis beds.

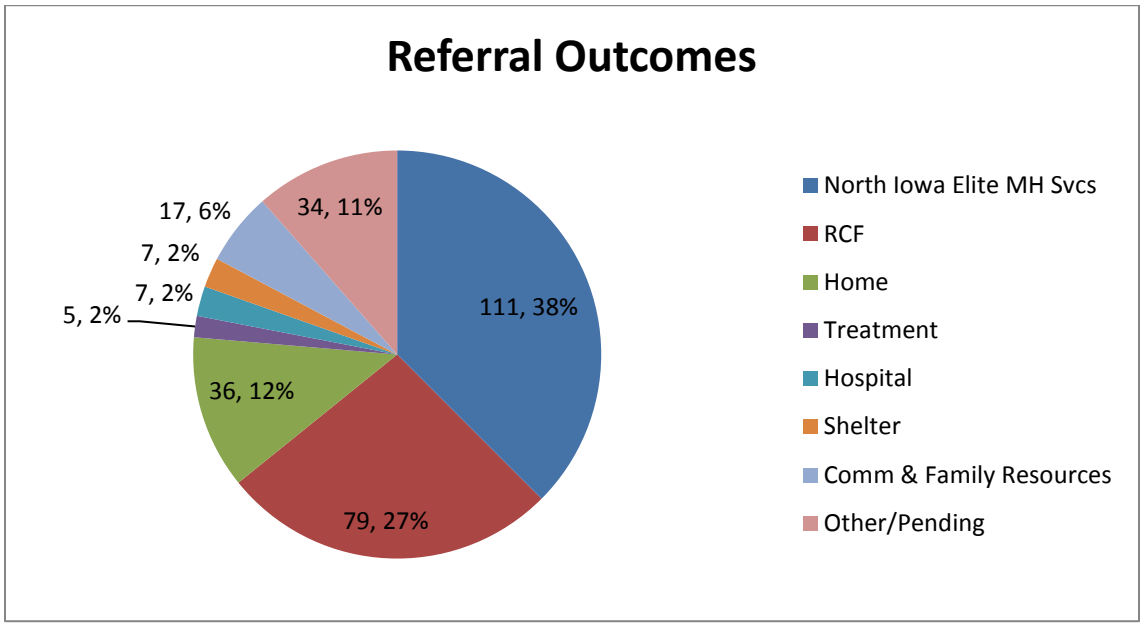
The trend in referrals to the tertiary level of care has increased since data has been collected. In FY2018 there were 190 referrals for transition services and in FY2019 301 referrals were made. As shown on the following graph, there were individuals referred from almost every county within the CSS region, and several from outside the region.



The main sources of referrals are the inpatient mental health units at the hospitals, followed by the other sources listed below.

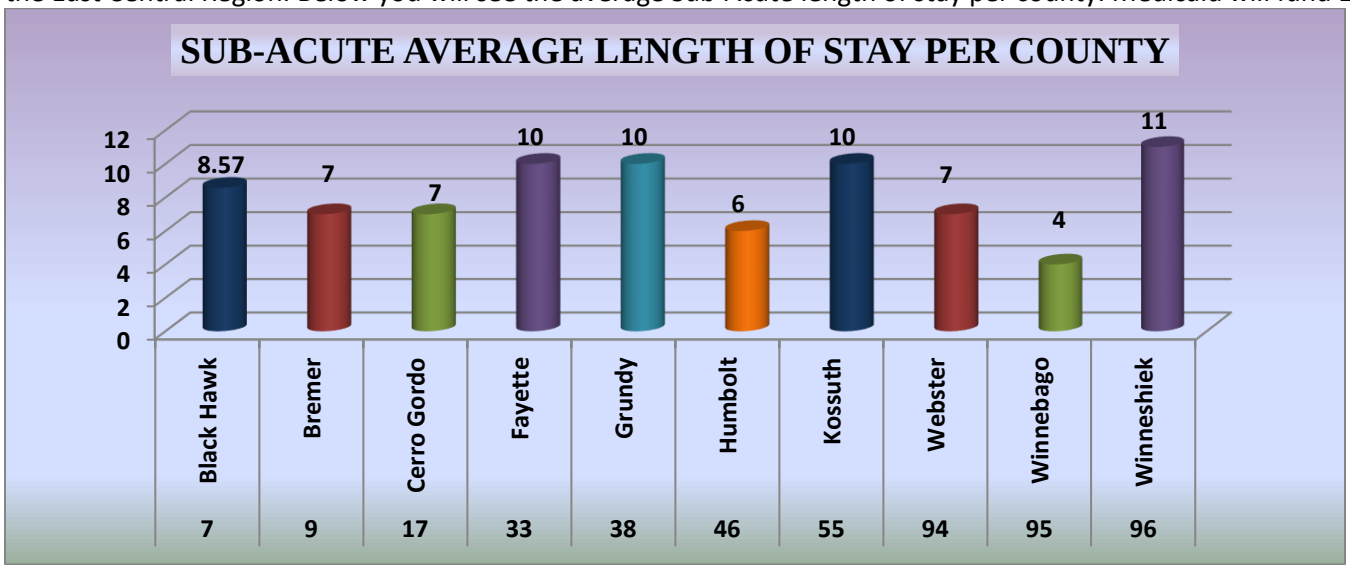


Where do individuals go when they are referred to CSS for transition? The outcomes of these referrals are shown below. As you can see, most go to one of our Crisis Centers for a short stay, until they are well enough to return to the community or until alternate placement is found. Assisting



Statistics from NIEMHS show that there were 277 admissions into Crisis Stabilization in FY2019, compared to 279 admissions in FY2018. These 277 admissions yielded 2942 billable bed days, compared to 3198 billable bed days in FY2018. While that appears to be a decrease, the addition of Sub-Acute services in FY2019 at this location yielded 41 admissions with 340 billable bed days. A significant statistic from a regional funding standpoint is that both the Crisis Stabilization-Residential and Sub-Acute services are now Medicaid-reimbursable services. CSS still funds psychosocial necessity after the Medicaid approval period has ended.

While 96% of the FY2019 admissions to Crisis Stabilization Residential at NIEMHS were from within the CSS region, 78% of the FY2019 admissions to the Sub-Acute were from within our region and the other 22% were from our neighbors in the East Central Region. Below you will see the average Sub-Acute length of stay per county. Medicaid will fund 10 days.



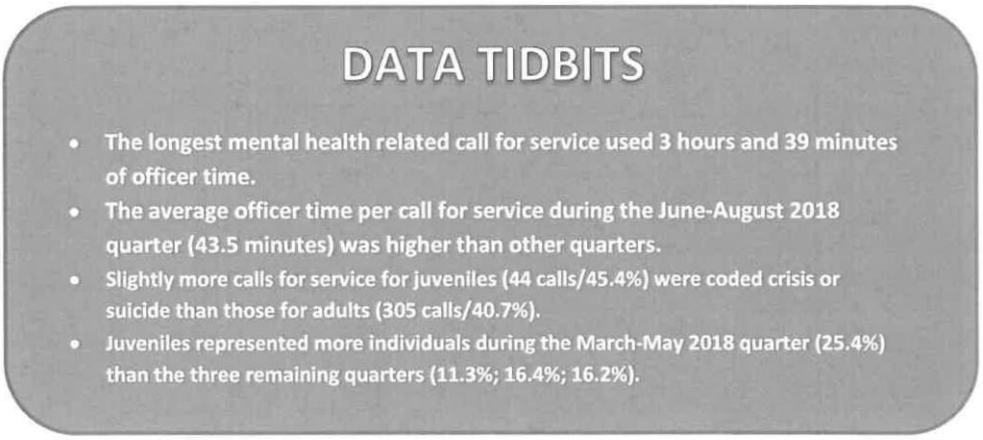
JUSTICE AND MENTAL HEALTH COLLABORATION PROGRAM GRANT

County Social Services and the Mason City Police Department continued its partnership that began in 2018 through a grant from the Bureau of Justice. The grant period expired at the end of February 2019; however, the partnership remains. Due to the success of this program, the Mason City Police Department applied for, and was awarded, a second grant for a period beginning October 1, 2019. This is very exciting for our region. The following is a summary of the results from the first grant period.

Mason City Police Department Mental Health Related Calls for Service 3/1/2018 – 2/28/2019:

- Total mental health related calls for service: 846
    - Single calls for service represented 76.5% of all calls for service
    - 68.8% of calls for service were from County Social Services' clients
- Profile of Individuals – calls for service
    - 575 individuals placed calls for service during this time
    - Of these 575 individuals, 46.1% were male and 53.9% were female. 83% of the callers were adults and 93% were of white ethnicity
- Total Officer hours spent on calls for service with CSS clients: 546.8
    - Average officer time per call was 38.9 minutes
    - "Hands on" force was reported in only 1.1% (9) of total calls for service
    - Diversion from jail was tracked during quarters 2 and 3. 35 calls for service resulted in jail diversion during this time.
    - Incarceration resulted for 7.3% (62) of total calls for service.
    - 20% (169) calls for service resulted in trips to the Emergency Department.
    - Calls for service coded "No report" decreased from 28.6% in quarter 1 to 0 in quarter 4.
- 41.3% of total calls for service were coded as crisis or suicide. 12.3% of calls for service were coded "No Medication." This number decreased 52% from quarter 1 to quarter 4.
- Substance use was involved in 20.2% of total calls for service. Slightly more calls involved drugs (11.1%) than alcohol (8.3%). 0.8% of calls involved both drugs and alcohol.

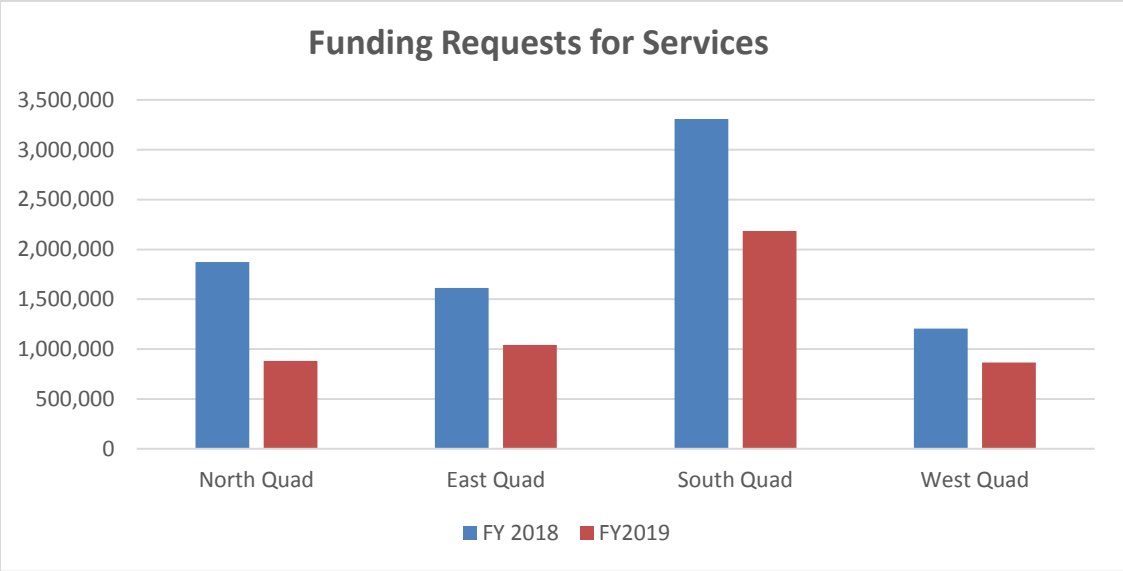
64.5% (546) of calls for service were referred to the CSS Justice Coordinator by officers. Referrals to the Justice Coordinator increased 51.6% between quarters 1 and 4. The CSS Justice Coordinator was successful in making contact with family members in 29.1% (159) of these calls. Messages were left for an additional 133 family members or clients but the calls were not returned. 39 individuals referred were not able to be located and 119 declined assistance.



Data submitted by Mary Schissel, MS Consulting

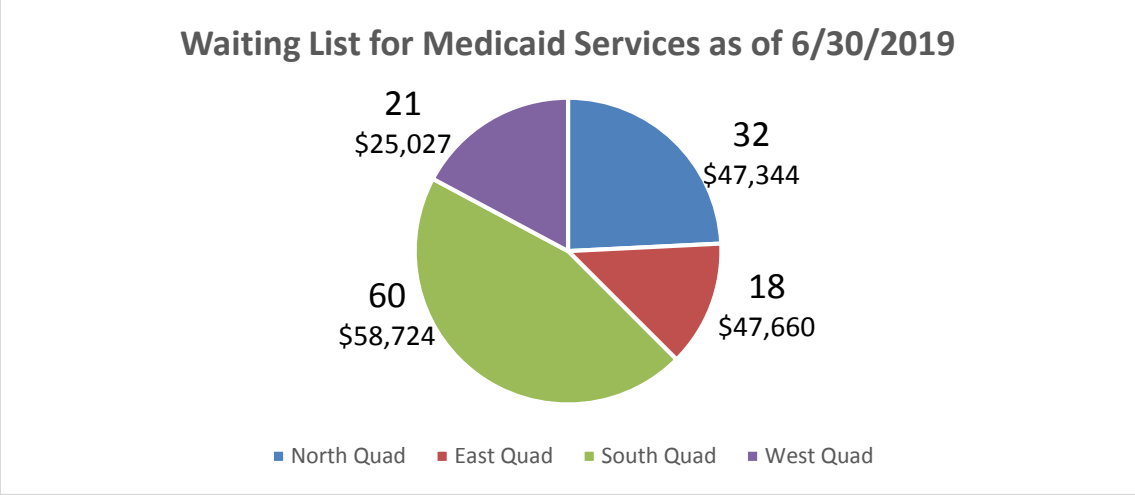
UTILIZATION REVIEW

CSS uses a Utilization Review process to determine that the most appropriate level of care is being requested based on medical necessity for the individual. CSS has a Utilization Review committee which consists of the Quality Improvement Coordinator and one service broker from each of our four quadrants. The service brokers review funding requests based on assessments and service plans completed by the individual and their support team. The service brokers review claims submitted to identify services utilized in the past to determine the level of support needed. The UR committee provides supportive resource management to improve individual outcomes, quality of services, and to monitor the cost effectiveness of services to individuals throughout the CSS Region.



*FY 18= $8,003,369 *FY 19= $4,976,499

The Service Brokers generate and track a waiting list dashboard to monitor individuals who are on waiting lists for Medicaid Services.



*Dollar amount indicated is per quadrant per month

*Total Number= 131 individuals

*Total Cost= $178,755/month

Appeals
As part of our Utilization Review process, individuals or their representatives are encouraged to file Appeals when they feel an adverse decision has been made and is detrimental to the individual's health and well-being. One of our Intake staff receives all Appeals and arranges the reconsideration meeting with the CEO. In FY2019 there were four appeals filed. All four appeals were granted.

Exceptions to Policy
County Social Services will only approve time-limited funding, usually for 60 days maximum, after a person has applied for HCBS Habilitation or after a person has been offered an HCBS waiver slot. The managed care organizations seem to be taking much longer to enroll an individual and transfer his or her funding from region to Medicaid. Therefore, exceptions to policy (ETPs) are common, as we require these exceptions in order to continue to bridge the gap. On average, CSS processed 26 ETPs a month in FY2019. We did see a dramatic decrease from a high of 44 in September 2018 to 20 by June 2019. The total number of affected individuals was 80 and the local taxpayer dollar amount committed to this process that should be funded by managed care organizations in FY2019 was over $500,000.

Statewide Outcomes

Outcomes Tracking for Quality Service Development & Assessment
County Social Services began tracking outcomes data in May of 2015 on four social determinants: housing, health & wellness, employment and life in the community. In the past three years, we have not seen much movement in these outcomes. It is now time to reassess this process. We track this data as an individual enters our service delivery system for the first time, and then again on a yearly basis, or when the individual enters our system again. It is possible that these are not the optimal times to collect this data. It is also possible that we are not asking the right questions, or not asking the questions in the right way. We will take some time in the second half of FY20 to re-evaluate this process.

HOUSING: What is your current housing situation? (1396 respondents)				HOUSING: Are you in safe, affordable, accessible housing?		
Homeless	In Placement	Staying w/Friends or Family	Housed	Safe	Affordable	Accessible
180	228	161	827	1083	1032	1009
13%	16%	12%	59%	89%	85%	83%

MEDICAL CARE: How often do you see a primary care physician? (1512 respondents)			
Never	Less Than Once a Year	Once a Year	More Than Once a Year
66	145	249	1052
4%	10%	16%	70%

EMPLOYMENT: Are you successfully employed? (1507 respondents)			
Unemployed	Sheltered Work	Supported Employment	Community Employment
1209	17	83	198
80%	1%	6%	13%

The encouraging news regarding employment is that the average hourly wage reported continues to increase. In FY2019, the average reported wage was $10.00/hour, compared to $9.21/hour in FY2018. The average number of hours worked per week remained steady at 21.

COMMUNITY INTEGRATION: Are you participating in integrated community activities?				
Clubs / Social Groups	Church	Community Activities / Events	Volunteer	Other
136	242	219	87	191

Regional Collaboration with Providers, Stakeholders, and other Regions

Provider Representative Report

The last year has been one of frustration for many providers as they adjust to changes and challenges within the managed care system. As the provider representative I have tried to keep the CSS Board up to date on the issues. Losing providers directly impacts each county and their residents.

We have seen a huge push for increased integrated services. IDPH launched a new Integrated Provider Network (IPN) to not only provide substance use disorder treatment but also integrated prevention, gambling, and increased co-occurring treatment for each contracted agency. Though CSS is not mandated to provide SUD, Prevention or Gambling, I have tried to keep the Board abreast of these changes. When we look at the whole health of a person we need to make sure all needs are being addressed or quality of life continues to be impacted. Increased collaboration makes sense for the individual receiving services and the region.

I have been able to bring agency specific issues to CSS administration to help facilitate communication and resolution. I email all CSS contracted providers prior to monthly meetings for feedback, issues, concerns, program changes or positives they have had happen in the last month.

Providers have had the opportunity to showcase their programs through short presentations to keep the Board up to date about services in the region.

Marcia Oltrogge, Executive Director
Northeast Iowa Behavioral Health

Provider Connection Meetings

The CSS Program Development Committee hosts quarterly Provider Connection meetings in each of the four quadrants to discuss program implementation and CSS updates. Providers have an opportunity to share what is going on within their agencies and to address any needs they may have. These meetings offer networking and collaboration with our providers and stakeholders.

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, as well as funding education and training opportunities for individuals. Black Hawk County NAMI served 310 people through one or more of their varied services, programs and support groups, fielded more than 400 calls/emails from people requesting information and handled 191 mental health crisis interventions, either through calls, emails, or during support groups/educational programs. We value our partnership with all of our NAMI chapters.

Peer Recovery Zones

At the beginning of FY2019, Plugged-In Iowa was running Peer Recovery Zones (PRZ's) in three locations within the County Social Services region: Decorah, Mason City, and Tama. Our PRZ managers receive a lot of feedback and suggestions from the people who attend to foster a stronger community bond.

The Decorah PRZ recently opened for an additional day. This site is now open Tuesday, Wednesday, and Thursday. This group has worked on several projects with their local NAMI chapter. They created coloring books that hospitals and law enforcement could give to children of the parents they encounter. They are participating in a new community program to help prepare projects for local elementary schools. They are working to start a community mental health panel. Decorah has seen an 80% increase in attendance. They have hosted Mental Health First Aid and other mental health related trainings.

The Mason City PRZ has moved from the Community Kitchen to a larger space at the Public Library. This location is open three days a week and two days a week the PRZ is at the North Iowa Transition Center. They have created a community "cabinet" stocked with personal hygiene items and resource brochures. This cabinet is open to the public at the Community Kitchen. They have also volunteered to serve food at the Community Kitchen. They are also getting ready to volunteer for the second year in a row as bell ringers for The Salvation Army.

Our Tama PRZ had some issues with consistent staffing for a period, but this PRZ now has very dependable staff in place and attendance has increased 200%.

Throughout FY2019, we have opened new PRZ locations in Charles City, New Hampton, Garner, Elkader, and West Union. The Charles City PRZ has held lunch and learns, involving the community by asking them to come speak with clients about things like money management, dieting, etc. This PRZ has been featured in the local paper on a few occasions.

Our PRZ in New Hampton has partnered with Prairie Lakes Church and local law enforcement to promote peer support. The Garner PRZ has recently seen a 300% increase in attendance. We are working on getting those numbers consistent. The PRZ has a very good relationship with the Public Library. Our West Union PRZ has been reaching out to local agencies, looking to collaborate to provide resources and activities in the area.

County Social Services allocates each location 5 hours each month to do outreach in their areas. Outreach has included introducing our services to other agencies and to the public at large, attending events to promote the PRZ's and peer support, working with individuals in need to help them apply for region funding to be able to receive services, such as one-on-one peer support through Plugged-In Iowa, and exploring ways to maximize outreach efforts to the public and explain services. We have also just started providing one-on-one services in the CSS region, helping those who need a little more support. We look forward to increasing that, as well.

It is very exciting to continue to expand Peer Recovery Zones in the CSS region. We have already opened two more PRZs in FY2020. Plugged-In Iowa got its start in the ECR region; however, the growth in the CSS region skyrocketed in FY2019. CSS to me seems to have a clear vision of where they want to go with peer support and I couldn't be happier to be involved in that. No other region in the state is doing more to expand peer support services.

Jason Orent, Director of Peer-Based Recovery Services - Plugged-In Iowa

Therapeutic Alternatives to Incarceration

The Department of Correctional Services has operated a jail diversion program for those with mental illness or other behavioral health needs since 2004. The purpose of this program is to find appropriate services, treatment, and placement for those that have behavioral health issues and are justice involved. The Black Hawk County Sherriff's office partners with DCS to fund the jail diversion program.

The criminalization of the mentally ill is a nationwide concern and the State of Iowa is no less a victim. Nationwide statistics within the criminal justice system show that approximately 50% of those in the criminal justice system (CJS) have a diagnosable mental illness. 17% of men and 31% of women in the CJS have a serious and persistent mental illness. Treatment is best provided in the community, as jail and prison are not equipped to manage the needs of those with significant mental illness. In addition, it is very costly to the taxpayers and to the quality of life of the individual. Incarceration interrupts an individual's connections to supports and can exacerbate symptoms the person is experiencing as a part of their illness. We must develop a robust system with a continuum of services where there really is no wrong door. Those with mental illness should not penetrate the criminal justice system as a greater rate than those without mental illness. In addition, if they do come in contact with the criminal justice system, we should have a comprehensive response, which we have been building over the last 15 years.

Over the years there has been a strong relationship with County Social Services. This partnership began with DCS and the then Black Hawk County Central Point of Coordination Director Steve Tisue in 2004. Since that time, the partnership has remained strong both on a micro level and macro level for larger programmatic development. It is this partnership that, especially over the last several years, has brought about some vital steps forward in crisis services. Crisis services are the first intercept point at which there are ways to intervene and divert individuals away from the criminal justice system.

As the coordinator of the diversion program, I feel the program's relationship with the Adult Crisis Stabilization Center has been very important for individuals. Our partnership with Monica Paulsen, CSS Transition Specialist, and the staff at the ACSC has allowed the transition of individuals from jail to a more appropriate treatment center. The combination of Monica, Amber Lacina, myself, and the other ACSC staff to coordinate treatment plans has been very successful. Team collaboration is very effective in managing someone with serious and persistent mental illness.

I have been working alongside other entities, including CSS, Sherriff's Office, Waterloo Police Department, Black Hawk-Grundy Mental Health Center, Pathways Behavioral Services, Black Hawk County Attorney's Office and Judges, and the Board of Supervisors on long term projects under the auspice of *Stepping Up*. This is a national movement to develop best practice programs to address those with behavioral health issues who come in contact with the judicial system. Out of this collaboration, Bob Lincoln, Monica Paulsen, and myself have been collaborating to bring a crisis intervention team (CIT) training to law enforcement in our community to give them tools to interact successfully in the community with those with behavioral health issues. 1 in 3 individuals with mental illness come in contact with law enforcement before they interact with the treatment field and police are often the first responders to crisis situations. We had one 16-hour training and one full 40-hour training in Black Hawk County in FY18 with Solution Point out of San Antonio Texas and are currently working to develop a plan to train a core group of officers to then train their own staff.

In addition, Mr. Lincoln, Monica Paulsen, Amber Lacina, and myself provided several trainings to all shifts of the Waterloo Police Department in FY2019 to educate them on resources that are currently available to them when responding to crisis situations, ways to divert those with mental illness, and future programs that are in development

This group, in addition to other CSS staff and Pathways staff, are working to develop the Access Center. One of the goals of this center would be to have a law enforcement friendly drop off, which would be a vital step forward in diverting individuals away from jail to more appropriate services.

In addition, I will begin to enter information in to the CSN system with the development of the justice-involved module that was recently added. This will allow for more coordinated care, not only within the region but throughout the state.

Approximately 120-140 people are diverted out of the Black Hawk County Jail each year. The partnership between CSS and DCS is vital in keeping those individuals with mental illness out of jail while on pretrial, probation, and parole. There is a specialized mental health unit within our office with 5 officers who all supervise those with behavioral health issues including mental illness, intellectual disabilities, and brain injuries. We work with the staff at CSS to access needed services for the clients we serve and try to keep them as independent as possible.

In summary, County Social Services has been a vital partner to the success of the jail diversion program. I look forward to the future of crisis services and building a robust set of diversion options for all those who come in contact with the criminal justice system.

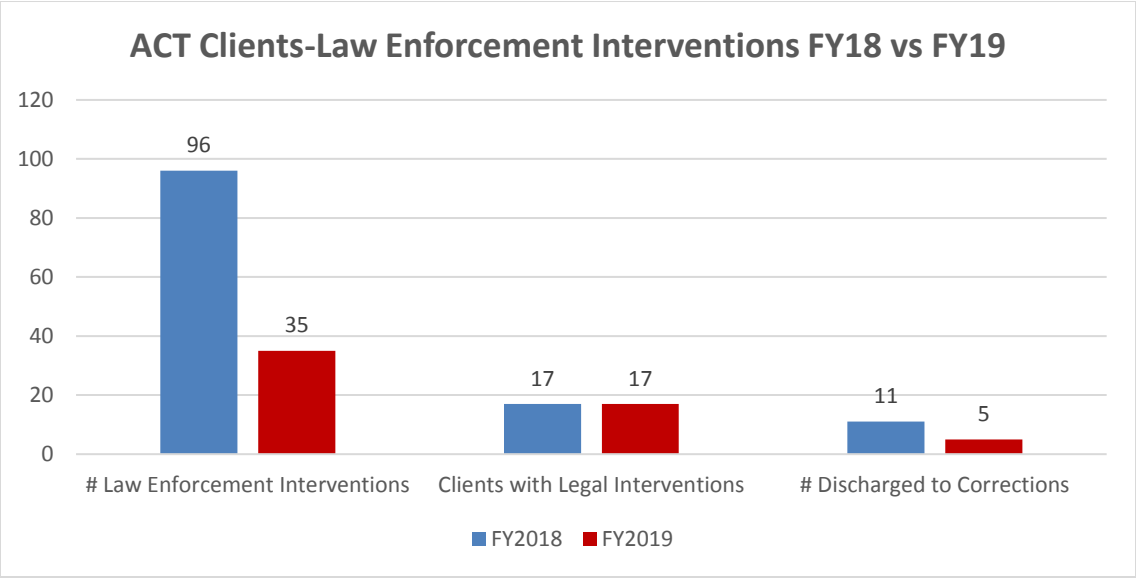
Sara Geiger, LMSW - Department of Correctional Services

Resources for Human Development

In FY2017 County Social Services partnered with Resources for Human Development to bring the first Assertive Community Treatment (ACT) team to Waterloo. ACT is a multidisciplinary recovery-oriented program bringing together a mental health clinician, peer specialist, psychiatric provider, registered nurse, vocational specialist, a peer specialist and community support (housing specialist). The low staff to client ratio (1:10), flexibility of supports and 24/7 accessibility when needed makes ACT a viable alternative for individuals who have not been able to be successful in other support settings.

In FY2019, RHD served a total of 92 individuals in the Waterloo program. One of the goals is to assist individuals in diverting from psychiatric hospitalizations. In FY2018, 43% of enrolled individuals had psychiatric hospitalizations, while that number decreased in FY2019 to 38%. Helping individuals maintain their independence is vital.

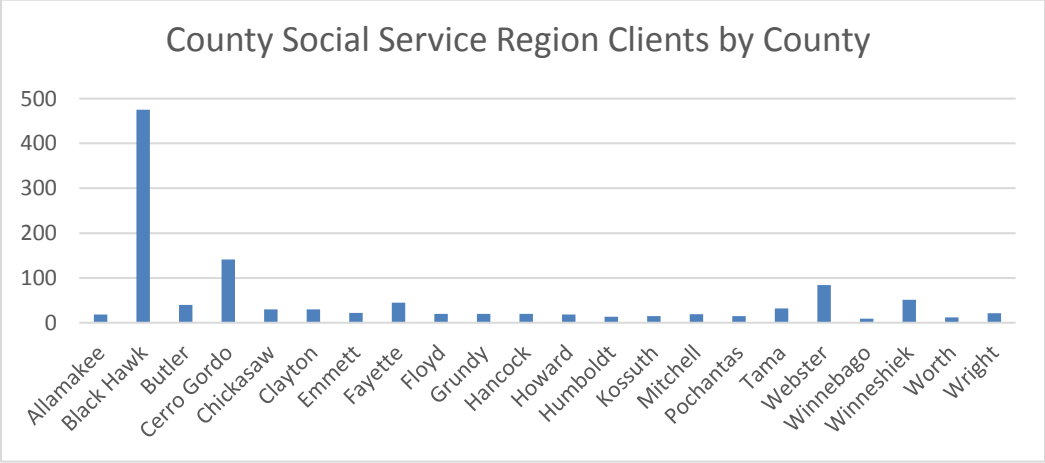
This program has also been one of the programs assisting in diverting individuals out of the Black Hawk County Jail. Collaboration between staff, primary care providers, natural supports, and probation staff is key. Data regarding law enforcement interventions can be seen below.



Brain Injury Alliance of Iowa

County Social Services and the Brain Injury Alliance of Iowa (BIAIA) initiated a collaboration in the Fall of 2013. Since then the Brain Injury Alliance of Iowa has maintained regional staff within the CSS region providing service, education and advocacy to clients with brain injury and their families within the County Social Services region. Additionally, BIAIA offers case consultation to a wide range of mental health, disability, and community professionals who often struggle to support clients with brain injury. These BIAIA services are offered via its Neuro Resource Facilitation program which responds statewide to more than 25,000 client requests each year.

Neuro Resource Facilitation (NRF) is a nationally recognized best-practice for individuals and families impacted by brain injury. The program provides outreach, education, service linkage, and advocacy to individuals with brain injury, their family members, caregivers and community. BIAIA's highly trained staff are effective in assisting clients navigating complex medical, behavioral, physical, and social changes following brain injury. Staff offer evidence-based education, guidance and referral in support of maximum recovery and in adaptation after brain injury too life, work, and learning in their communities. NRF support frequently results in clients being able to remain in jobs, school, relationships, and communities of their choice and preference. NRF also supports early risk of medical complications, incarceration, psychiatric/mental health issues, unemployment and homelessness. Within the County Social Services Region three survivor and family support groups are offered in Black Hawk, Cerro Gordo and Winneshiek Counties.

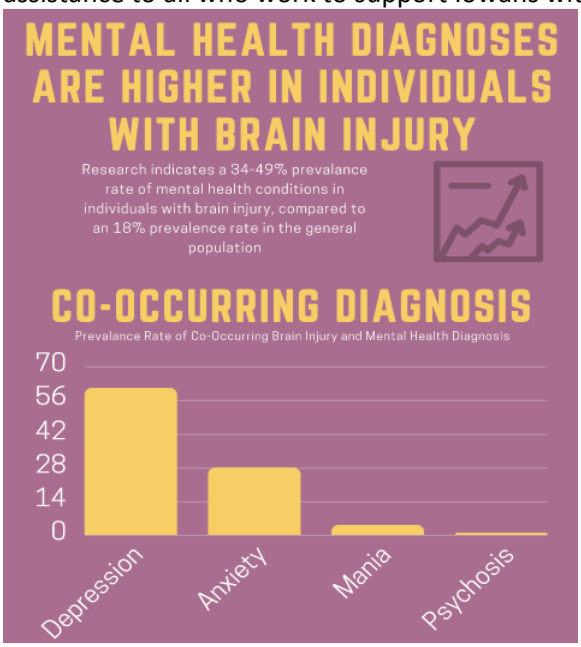


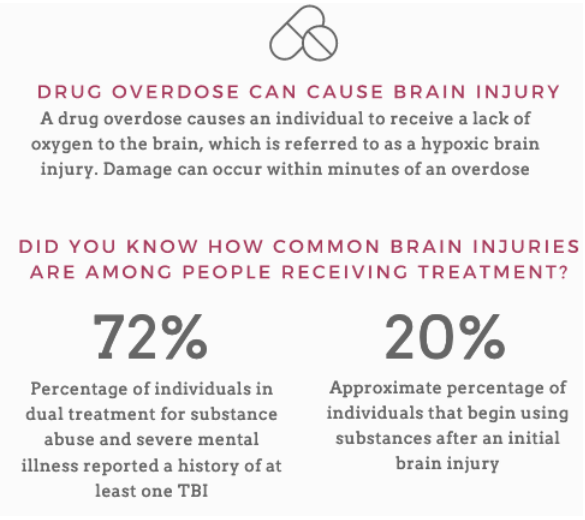
With a statewide mission, the Brain Injury Alliance of Iowa also maintains a statewide network of agencies and professionals forming the Iowa Brain Injury Resource Network (IBIRN) to better integrate coordinated and comprehensive care for Iowans and their families experiencing a brain injury. County Social Services is a partner in this network, as are numerous medical, mental health, community-based providers organizations in the region. The network collectively serves to increase the availability of access points providing relevant and reliable brain injury related information and referring to appropriate specialized services. IBIRN members have access to current brain injury resources and information to provide to their clients, are informed of training opportunities and case consultation services.

County Social Services has also engaged in a provider agreement with the Brain Injury Alliance of Iowa to provide brain injury functional assessments to support service planning. BIAIA administers the Mayo Portland Adaptability Inventory-IV, an internationally recognized valid and reliable functional assessment for individuals with brain injury. This service provides County Social Service staff with a report to supporting service and program planning including MPAI scores and narratives to support the assessment.

BIAIA also maintains a focus on educations of families, caregivers and professionals across a range of issues including information and guidance related to brain injury and multi-occurring conditions such as mental health, substance use disorders and high-risk populations such as those who are justice involved. For more than 30 years the Brain Injury

Alliance of Iowa has maintained a mission to support Iowans with brain injury and provide consultation and technical assistance to all who work to support Iowans with brain injury.





Collaboration with other MHDS Regions

The County Social Services CEO continues to participate in the monthly collaborative Region CEO meetings. 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. Other CSS staff participate in workgroups and task forces, as well.

Annual Stakeholder Meeting

County Social Services holds its Annual Stakeholder Meeting each November. This FY2019 Annual Report was presented at the CSS Annual Stakeholder Meeting held at the Grundy Center Community Center on Nov. 20, 2019.