Southwest Iowa MHDS Region

# FY 2019 Annual Report


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

**APPROVED BY GOVERNING BOARD: NOVEMBER 4, 2019**

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# Introduction

The Southwest Iowa MHDS Region (SWIA MHDS) formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390. In compliance with IAC 441-25 the SWIA MHDS Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

The 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 or accomplishments for the year.

It is the vision of SWIA MHDS to mindfully, creatively and responsibly serve the residents of our region. With respect and dignity for all people being the center of our approach to providing and funding services, we will strive to offer choice based on individual need. As funding is available, we will develop services for unmet needs working closely with stakeholders to enhance people's options within the region.

The region has continued its work with stakeholders to create systems that work. Many additional Crisis Stabilization program requirements have been added, thus the region has sought input from law enforcement, hospitals, service providers and families as we continue down the road to furthering and enhancing the system which has been constructed during our first five years of operations as a region. SWIA MHDS will have the required services in place no later than July 2021 as required by law. During FY19 regions were also tasked by the legislature to create a Children's Behavioral Health System. Therefore, planning will begin for these services as well so that the system of care for children is more streamlined and easier to access and understand.

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

# A. 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 | Southwest Iowa 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 | 109 | 3 | | | | | | | | | **112** |
| 71319 | State MHI Inpatient - Per diem charges | 3 | | | | | | | | | | **3** |
| 73319 | Other Priv./Public Hospitals - Inpatient per diem charges | 14 | | | | | | | | | | **14** |
| | **Basic Crisis Response** | | | | | | | | | | | |
| 44301 | Crisis Evaluation | 10 | 2 | | | | | | | | | **12** |
| | **Support for Community Living** | | | | | | | | | | | |
| 32320 | Support Services - Home Health Aides | 3 | | | | | | | | | | **3** |
| 32329 | Support Services - Supported Community Living | 38 | | 11 | | 2 | | | | | | **51** |
| | **Support For Employment** | | | | | | | | | | | |
| 50362 | Voc/Day - Prevocational Services | 5 | | 32 | | | | | | | | **37** |
| 50367 | Day Habilitation | 1 | | 2 | | 2 | | | | | | **5** |
| 50368 | Voc/Day - Individual Supported Employment | 47 | | 48 | 1 | 1 | | | | | | **97** |
| 50369 | Voc/Day - Group Supported Employment | | | 3 | | | | | | | | **3** |
| | **Recovery Services** | | | | | | | | | | | |
| | **Service Coordination** | | | | | | | | | | | |
| | **Core Evidence Based Treatment** | | | | | | | | | | | |
| 42398 | Assertive Community Treatment (ACT) | 14 | | | | | | | | | | **14** |
| | **Core Subtotals:** | **244** | **5** | **96** | **1** | **5** | | | | | | **351** |
| **Mandated** | | | | | | | | | | | | |
| 46319 | Iowa Medical and Classification Center (Oakdale) | 2 | | | | | | | | | | **2** |
| 74XXX | CommitmentRelated (except 301) | 249 | 14 | | | | | | | | | **263** |
| 75XXX | Mental health advocate | 238 | 2 | | | | | | | | | **240** |
| | **Mandated Subtotals:** | **489** | **16** | | | | | | | | | **505** |
| **Core Plus** | | | | | | | | | | | | |
| | **Comprehensive Facility and Community Based Treatment** | | | | | | | | | | | |
| 44313 | Crisis Stabilization Residential Service (CSRS) | 53 | 1 | | | | | | | | | **54** |
| | **Sub-Acute Services** | | | | | | | | | | | |
| 64309 | Sub Acute Services (6+ Beds) | 1 | | | | | | | | | | **1** |
| | **Justice System Involved Services** | | | | | | | | | | | |
| 25XXX | Coordination services | 181 | | | | | | | | | | **181** |
| 46425 | Mental Health Court related expenses | 23 | | | | | | | | | | **23** |
| | **Additional Core Evidence Based Treatment** | | | | | | | | | | | |
| 42397 | Psychotherapeutic Treatment - Psychiatric Rehabilitatio | 2 | | | | | | | | | | **2** |
| | **Core Plus Subtotals:** | **260** | **1** | | | | | | | | | **261** |
| Other Informational Services | | | | | | | | | | | | |
| 04372 | Planning and/or Consultation Services (Client Related) | 1 | | | | | | | | | | **1** |
| | **Other Informational Services Subtotals:** | **1** | | | | | | | | | | **1** |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Community Living Support Services** | | | | | | | | | | | |
| 22XXX | Services management | 511 | 25 | | | | | | | | **536** |
| 31XXX | Transportation | 114 | | 10 | | 2 | | | | | **126** |
| 32326 | Support Services - Guardian/Conservator | | | 5 | | | | | | | **5** |
| 33340 | Basic Needs - Rent Payments | 33 | | 3 | | | | | | | **36** |
| 41305 | Physiological Treatment - Outpatient | 1 | | | | | | | | | **1** |
| 41306 | Physiological Treatment - Prescription Medicine/Vaccin | 3 | | | | | | | | | **3** |
| 42310 | Psychotherapeutic Treatment - Transitional Living Progr | 92 | | | | | | | | | **92** |
| 42399 | Psychotherapeutic Treatment - Other | 1 | | | | | | | | | **1** |
| 63329 | Comm Based Settings (1-5 Bed) - Supported Community | 3 | | 1 | | | | | | | **4** |
| | **Community Living Support Services Subtotals:** | **758** | **25** | **19** | | **2** | | | | | **804** |
| **Congregate Services** | | | | | | | | | | | |
| 50360 | Voc/Day - Sheltered Workshop Services | | | 2 | | | | | | | **2** |
| 64XXX | ICF-6 and over beds | 2 | | | | | | | | | **2** |
| 64XXX | RCF-6 and over beds | 83 | | 5 | | 2 | | | | | **90** |
| | **Congregate Services Subtotals:** | **85** | | **7** | | **2** | | | | | **94** |
| **Administration** | | | | | | | | | | | |
| **Uncategorized** | | | | | | | | | | | |
| **Regional Totals:** | | **1837** | **47** | **122** | **1** | **9** | | | | | **2016** |

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

| Disability Group | Children | Adult | Unduplicated Total | DG |
|---|---|---|---|---|
| | | | | |
| Mental Illness | 47 | 1253 | 1300 | 40 |
| Mental Illness, Intellectual Disabilities | 0 | 26 | 26 | 40, 42 |
| Mental Illness, Intellectual Disabilities, other DD | 0 | 1 | 1 | 40,42,43 |
| Mental Illness, Other Developmental Disabilities | 0 | 4 | 4 | 40, 43 |
| Intellectual Disabilities | 1 | 78 | 79 | 42 |
| Other Developmental Disabilities (DD) | 0 | 2 | 2 | 43 |
| Total | 48 | 1364 | 1412 | |

## B. Regionally Designated Intensive Mental Health Services

The region has designated the following provider(s) as an **Access Center** which has met the following requirements:

- Immediate intake assessment and screening that includes but is not limited to mental and physical conditions, suicide risk, brain injury, and substance use.
- Comprehensive person-centered mental health assessments by appropriately licensed or credentialed professionals.
- Comprehensive person-centered substance use disorder assessments by appropriately licensed or credentialed 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 |
|---|---|
| NA | *The region has not yet designated an Access Center, however it is in the planning stages of creating a model of care for this service to be completed no later than July 1, 2021.* |

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 |
|---|---|---|
| *NA* | *The region has not yet designated an Assertive Community Treatment team, however Heartland Family Service currently provides this service to three of the nine counties in the region and planning and design to expand to the remaining counties will occur no later than July 1, 2021.* | |

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 |
|---|---|
| *NA* | *The region has not yet designated a Subacute service provider but will do so no later than July 1, 2021* |

The region has designated the following **Intensive Residential Service** providers which meet the following requirements:

- Enrolled as an HCBS 1915(i) habilitation or an HCBS 1915(c) intellectual disability waiver supported community living provider.
- Provide staffing 24 hours a day, 7 days a week, 365 days a year.
- Maintain staffing ratio of one staff to every two and on-half residents.
- Ensure that all staff have the minimum qualifications required.
- Provider coordination with the individual's clinical mental health and physical health treatment, and other services and support.
- Provide clinical oversight by a mental health professional
- Have a written cooperative agreement with an outpatient provider.
- Be licensed as a substance abuse treatment program or have a written cooperative agreement.
- Accept and service eligible individuals who are court-ordered.
- Provide services to eligible individuals on a no reject, no eject basis.
- Serve no more than five individuals at a site.
- Be located in a neighborhood setting to maximize community integration and natural supports.

- Demonstrate specialization in serving individuals with an SPMI or multi-occurring conditions and serve individuals with similar conditions in the same site.

| Date Designated | Intensive Residential Services |
|---|---|
| *NA* | *The region has not yet designated an Intensive Residential service provider but will do so no later than July 1, 2021* |

# C. Financials

## Table C. Expenditures

| FY 2019 Accrual | Southwest Iowa MHDS Region | MI (40) | ID(42) | DD(43) | BI (47) | Admin (44) | Total |
|---|---|---|---|---|---|---|---|
| **Core Domains** | | | | | | | |
| **COA** | **Treatment** | | | | | | |
| 42305 | Mental health outpatient therapy | $ 48,225 | | | | | $ 48,225 |
| 42306 | Medication prescribing & management | | | | | | $ - |
| 43301 | Assessment & evaluation | | | | | | $ - |
| 71319 | Mental health inpatient therapy-MHI | $ 31,903 | | | | | $ 31,903 |
| 73319 | Mental health inpatient therapy | $ 30,525 | | | | | $ 30,525 |
| | **Crisis Services** | | | | | | |
| 32322 | Personal emergency response system | | | | | | $ - |
| 44301 | Crisis evaluation | $ 6,020 | | | | | $ 6,020 |
| 44302 | 23 hour crisis observation & holding | | | | | | $ - |
| 44305 | 24 hour access to crisis response | $ 44,000 | | | | | $ 44,000 |
| 44307 | Mobile response | $ 200,000 | | | | | $ 200,000 |
| 44312 | Crisis Stabilization community-based services | | | | | | $ - |
| 44313 | Crisis Stabilization residential services | $ 691,458 | | | | | $ 691,458 |
| 44396 | Access Centers: start-up / sustainability | | | | | | $ - |
| | **Support for Community Living** | | | | | | |
| 32320 | Home health aide | $ 8,992 | | | | | $ 8,992 |
| 32325 | Respite | | | | | | $ - |
| 32328 | Home & vehicle modifications | | | | | | $ - |
| 32329 | Supported community living | $ 86,413 | $ 30,010 | $ 6,903 | | | $ 123,326 |
| 42329 | Intensive residential services | | | | | | $ - |
| | **Support for Employment** | | | | | | |
| 50362 | Prevocational services | $ 20,183 | $ 148,046 | | | | $ 168,228 |
| 50364 | Job development | | | | | | $ - |
| 50367 | Day habilitation | $ 475 | $ 2,216 | $ 4,176 | | | $ 6,866 |
| 50368 | Supported employment | $ 131,550 | $ 116,867 | $ 3,500 | | | $ 251,916 |
| 50369 | Group Supported employment-enclave | | $ 1,610 | | | | $ 1,610 |
| | **Recovery Services** | | | | | | |
| 45323 | Family support | | | | | | $ - |
| 45366 | Peer support | | | | | | $ - |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Service Coordination** | | | | | | |
| 21375 | Case management | | | | | | $ - |
| 24376 | Health homes | | | | | | $ - |
| | **Sub-Acute Services** | | | | | | |
| 63309 | Subacute services-1-5 beds | | | | | | $ - |
| 64309 | Subacute services-6 and over beds | $ 15,579 | | | | | $ 15,579 |
| | **Core Evidenced Based Treatment** | | | | | | |
| 04422 | Education & Training Services - provider competency | $ 62,924 | | | | | $ 62,924 |
| 32396 | Supported housing | | | | | | $ - |
| 42398 | Assertive community treatment (ACT) | $ 109,385 | | | | | $ 109,385 |
| 45373 | Family psychoeducation | $ 9,345 | | | | | $ 9,345 |
| | **Core Domains Total** | **$ 1,496,975** | **$ 298,748** | **$14,579** | **$ -** | | **$ 1,810,301** |
| **Mandated Services** | | | | | | | |
| 46319 | Oakdale | $ 28,443 | | | | | $ 28,443 |
| 72319 | State resource centers | | | | | | $ - |
| 74XXX | Commitment related (except 301) | $ 49,020 | | | | | $ 49,020 |
| 75XXX | Mental health advocate | $ 128,070 | | | | | $ 128,070 |
| | **Mandated Services Total** | **$ 205,534** | **$ -** | **$ -** | **$ -** | | **$ 205,534** |
| **Additional Core Domains** | | | | | | | |
| | **Justice system-involved services** | | | | | | |
| 25xxx | Coordination services | $ 174,106 | | | | | $ 174,106 |
| 44346 | 24 hour crisis line** | $ 153,800 | | | | | $ 153,800 |
| 44366 | Warm line** | | | | | | $ - |
| 46305 | Mental health services in jails | $ 18,860 | | | | | $ 18,860 |
| 46399 | Justice system-involved services-other | | | | | | $ - |
| 46422 | Crisis prevention training | | | | | | $ - |
| 46425 | Mental health court related costs | $ 164,301 | | | | | $ 164,301 |
| 74301 | Civil commitment prescreening evaluation | $ 18,000 | | | | | $ 18,000 |
| **Additional Core Evidenced based treatment** | | | | | | | |
| 42366 | Peer self-help drop-in centers | $ 102,000 | | | | | $ 102,000 |
| 42397 | Psychiatric rehabilitation (IPR) | $ 463 | | | | | $ 463 |
| | **Additional Core Domains Total** | **$ 631,530** | **$ -** | **$ -** | **$ -** | | **$ 631,530** |
| **Other Informational Services** | | | | | | | |
| 03371 | Information & referral | | | | | | $ - |
| 04372 | Planning and/or Consultation (client related) | $ 158 | | | | | $ 158 |
| 04377 | Provider Incentive Payment | | | | | | $ - |
| 04399 | Consultation Other | | | | | | $ - |
| 04429 | Planning and Management Consultants (non-client related) | | | | | | $ - |
| 05373 | Public education | $ 961 | | | | | $ 961 |
| | **Other Informational Services Total** | **$ 1,118** | **$ -** | **$ -** | **$ -** | | **$ 1,118** |
| **Community Living Supports** | | | | | | | |
| 06399 | Academic services | | | | | | $ - |
| 22XXX | Services management | $ 554,221 | | | | | $ 554,221 |
| 23376 | Crisis care coordination | | | | | | $ - |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 23399 | Crisis care coordination other | | | | | | $ - |
| 24399 | Health home other | | | | | | $ - |
| 31XXX | Transportation | $ 54,118 | $ 5,094 | $ 360 | | | $ 59,572 |
| 32321 | Chore services | | | | | | $ - |
| 32326 | Guardian/conservator | | $ 3,899 | | | | $ 3,899 |
| 32327 | Representative payee | | | | | | $ - |
| 32335 | CDAC | | | | | | $ - |
| 32399 | Other support | | | | | | $ - |
| 33330 | Mobile meals | | | | | | $ - |
| 33340 | Rent payments (time limited) | $ 28,109 | $ 3,302 | | | | $ 31,410 |
| 33345 | Ongoing rent subsidy | | | | | | $ - |
| 33399 | Other basic needs | | | | | | $ - |
| 41305 | Physiological outpatient treatment | $ 2,084 | | | | | $ 2,084 |
| 41306 | Prescription meds | $ 3,292 | | | | | $ 3,292 |
| 41307 | In-home nursing | | | | | | $ - |
| 41308 | Health supplies | | | | | | $ - |
| 41399 | Other physiological treatment | | | | | | $ - |
| 42309 | Partial hospitalization | | | | | | $ - |
| 42310 | Transitional living program | $ 686,945 | | | | | $ 686,945 |
| 42363 | Day treatment | | | | | | $ - |
| 42396 | Community support programs | | | | | | $ - |
| 42399 | Other psychotherapeutic treatment | $ 9,000 | | | | | $ 9,000 |
| 43399 | Other non-crisis evaluation | | | | | | $ - |
| 44304 | Emergency care | | | | | | $ - |
| 44399 | Other crisis services | | | | | | $ - |
| 45399 | Other family & peer support | | | | | | $ - |
| 46306 | Psychiatric medications in jail | | | | | | $ - |
| 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 | $ 41,282 | $ 12,200 | | | | $ 53,482 |
| 63399 | Other 1-5 beds | | | | | | $ - |
| | **Community Living Supports Total** | **$ 1,379,050** | **$ 24,495** | **$ 360** | **$ -** | | **$ 1,403,905** |
| **Other Congregate Services** | | | | | | | |
| 50360 | Work services (work activity/sheltered work) | | $ 1,590 | | | | $ 1,590 |
| 64XXX | RCF 6 and over beds *(64314, 64315 & 64316)* | $ 1,627,578 | $ 60,329 | $28,670 | | | $ 1,716,577 |
| 64XXX | ICF 6 and over beds *(64317 & 64318)* | | | | | | $ - |
| 64329 | SCL 6 and over beds | | | | | | $ - |
| 64399 | Other 6 and over beds | | | | | | $ - |
| | **Other Congregate Services Total** | **$ 1,627,578** | **$ 61,919** | **$28,670** | **$ -** | | **$ 1,718,167** |
| **Administration** | | | | | | | |
| 11XXX | Direct Administration | | | | | 618,199 | $ 618,199 |
| 12XXX | Purchased Administration | | | | | 131,971 | $ 131,971 |
| | **Administration Total** | | | | | $ 750,170 | $ 750,170 |
| | | | | | | | |
| | **Regional Totals** | **$ 5,341,785** | **$ 385,161** | **$43,609** | **$ -** | **$ 750,170** | **$ 6,520,725** |

## Table D. Revenues

| FY 2019 Accrual | Southwest Iowa MHDS Region | | |
|---|---|---|---|
| **Revenues** | | | |
| | **FY18 Annual Report Ending Fund Balance** | | **$ 14,701,420** |
| | **Adjustment to 6/30/18 Fund Balance** | | **$ 71,985** |
| | **Audited Ending Fund Balance as of 6/30/18 (Beginning FY19)** | | **$ 14,773,405** |
| | **Local/Regional Funds** | | $ 4,054,562 |
| 10XX | Property Tax Levied | 3,564,700 | |
| 12XX | Other County Taxes | 3,499 | |
| 16XX | Utility Tax Replacement Excise Taxes | 167,108 | |
| 25XX | Other Governmental Revenues | - | |
| 4XXX-5XXX | Charges for Services | 13 | |
| 5310 | Client Fees | - | |
| 60XX | Interest | 122,078 | |
| 6XXX | Use of Money & Property | - | |
| 8XXX | Miscellaneous | 110,592 | |
| 90XX | Other Budgetary Funds | 86,572 | |
| | | | |
| | **State Funds** | | **$ 295,469.00** |
| 21XX | State Tax Credits | 209,204 | |
| 22XX | Other State Replacement Credits | 85,025 | |
| 2250 | MHDS Equalization | - | |
| 24XX | State/Federal pass thru Revenue | 237 | |
| 2644 | MHDS Allowed Growth // State Gen. Funds | - | |
| 29XX | Payment in Lieu of taxes | 1,003 | |
| | | - | |
| | **Federal Funds** | | **$ -** |
| 2344 | Social services block grant | - | |
| 2345 | Medicaid | - | |
| | Other | - | |
| | **Total Revenues** | | $ 4,350,031 |
| | | | |
| | **Total Funds Available for FY19** | $ 19,123,436 | |
| | **FY19 Actual Regional Expenditures** | $ 6,520,725 | |
| | **Accrual Fund Balance as of 6/30/19** | $ 12,602,711 | |

### Table E. County Levies

| County | 2016 Est. Pop. | Regional Per Capita Maximum | FY19 Max Levy | FY19 Actual Per Capita Levy | Actual Levy Per Capita |
|---|---|---|---|---|---|
| Cass | 13,157 | $45.51 | $ 598,775 | $21.00 | **$ 276,297** |
| Fremont | 6,950 | 445.51 | $ 316,295 | $18.59 | **$ 129,201** |
| Harrison | 14,149 | $45.51 | $ 643,921 | $21.00 | **$ 297,129** |
| Mills | 14,972 | $45.51 | $ 681,376 | $21.00 | **$ 314,412** |
| Monona | 8,898 | $45.51 | $ 404,948 | $21.00 | **$ 186,858** |
| Montgomery | 10,225 | $45.51 | $ 465,340 | $21.00 | **$ 214,725** |
| Page | 15,391 | $45.51 | $ 700,444 | $21.00 | **$ 323,211** |
| Pottawattamie | 93,582 | $45.51 | $ 4,258,917 | $21.00 | **$ 1,965,222** |
| Shelby | 11,800 | $45.51 | $ 537,018 | $21.00 | **$ 247,800** |
| **Total Region** | **189,124** | $45.51 | **$ 8,607,033** | **$21.00** | **$ 3,954,855** |

Fremont County Per Capita less due to miscalculation, intent was $21.00

# D. Outcomes/Regional Accomplishments in FY2019

## Service Progress by Core, Additional core, and EBPs

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

During FY19, the Mental Health Crisis Response Team (MHCRT) continued to expand its services through the rural critical care hospitals throughout the region. The focus continues to be on law enforcement to provide recommendations such as the need for hospitalization or other community-based options that can prevent such hospitalizations, however, people often access the hospital emergency departments to access mental health supports. The MHCRT follows up with everyone they assess to make sure they have all the information they need to successfully seek services. MHCRT is available to every law enforcement entity in the 9-county region. This fiscal year we continued to expand the number of law enforcement agencies utilizing these services. The feedback on the quality of this service by our law enforcement partners has been positive. They find it not only saves them time, but also most importantly provides a quality service to individuals and families. The MHCRT also plays a vital role in providing assessments to individuals who as an alternative to filing civil commitment choose a voluntary assessment through the team known as pre-commitment services. The final benefit to residents in our region comes through a court ordered assessment whereby a Judge

requests an assessment from the MHCRT on filings that may need additional information before making the determination to order a commitment.

The Crisis Service System works to utilize a process of warm handoffs from one service to the next. The Hope4Iowa Crisis Call line, MHCRT, and Crisis Stabilization Residential Service communicate regularly to continue to enhance the handoff process. This will be the foundation for the new Access Center requirements developed within our region over the next fiscal year.

The region encourages every new service discussed or created in the region be based in Evidence Based Practice (EBP). Providers throughout the region are trained and practicing to varying extents in a Trauma Informed Care agency culture. We have some agencies also trained in the integrated treatment of co-occurring substance abuse and mental health disorders. The ACT program in the region has met fidelity for this EBP. Permanent Supported Housing is available by two local housing/mental health agencies in the region.

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

Training is available in the region for Adult, Child, and Public Safety Mental Health First Aid through Region trainers. Crisis Intervention Training (CIT) for law enforcement is also available on a quarterly basis in Omaha, NE.

More details on outcomes and data from these services can be found below.

## Region Program Outcomes

### *Intake and Referral*

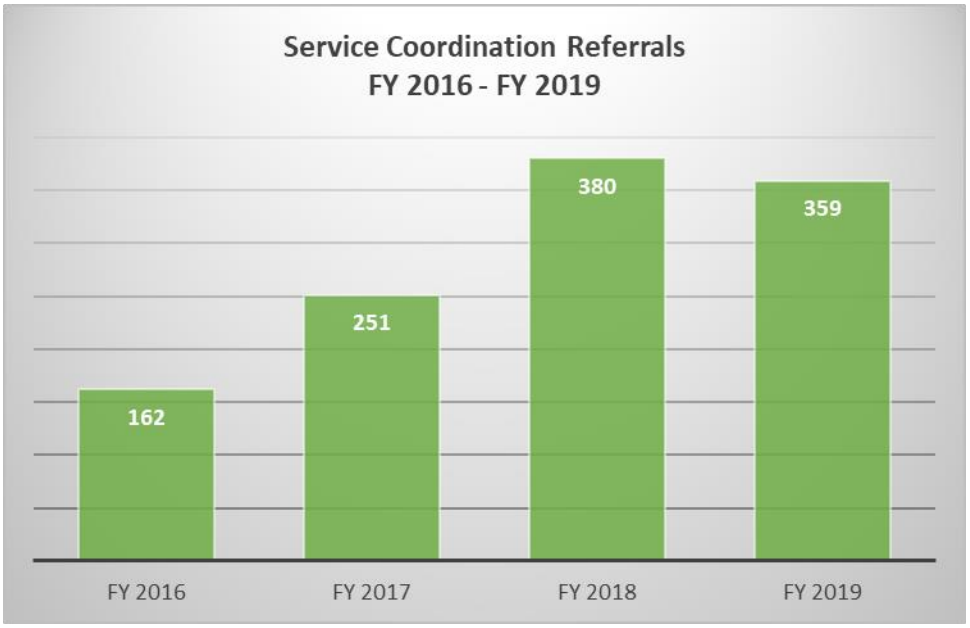
In FY19, the region received a total of 858 documented resource/referral and service coordination initial contacts through the Central Intake office. This was 87 less than received during FY18. Of those, 359 required assignment to a region service coordination or a SOAR worker. Referrals were received from all nine counties as well as other surrounding counties. Referrals came from a variety of sources, including but not limited to: advocates, case workers, crisis services, corrections, DHS, group care, family, hospitals, Integrated Health Home, mental health centers, medical providers, schools, Mental Health Court, in home providers, and clients themselves. The remaining 499 contacts for resource and referral did not require assignment to service coordination.

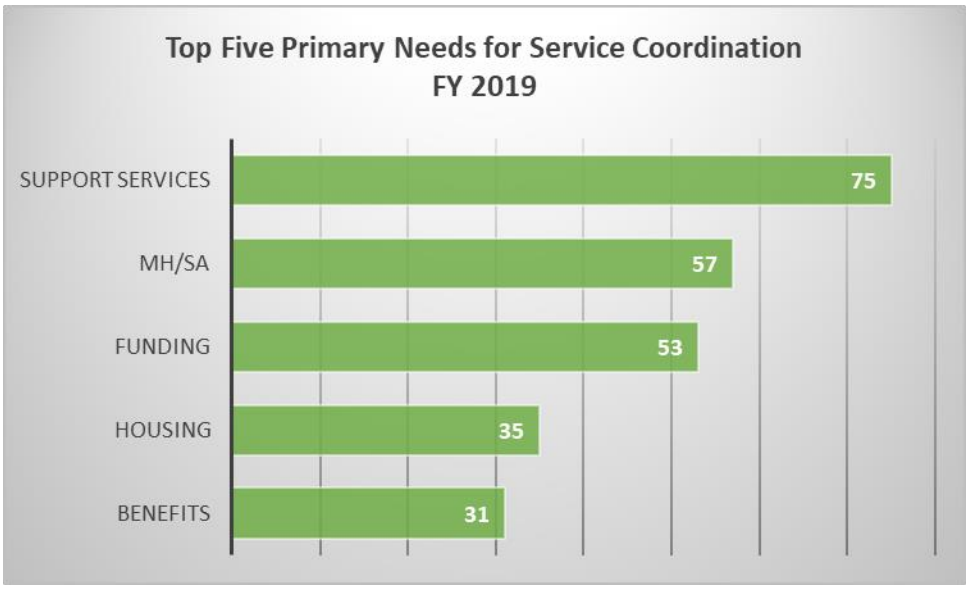
Resource and Referral calls averaged 42 per month with a range from 21 to 54. Calls were initiated by a variety of sources, some of which included the client's advocate, corrections, crisis response, DHS, family, friend, group care, HOPE4IOWA, hospitals, IHH, legal counsel, MCO, medical provider, mental health provider, school, case worker, and clients themselves. Callers also expressed a variety of needs, including but not limited to: advocacy, benefits/Medicaid/SSA, case management/service coordination questions, community resource questions, financial issues, food, funding issues, guardianship services, housing, in-home supports, IHH questions, legal issues, MCO questions, outpatient mental health, rent subsidy, placement, waiver questions, transition services, SOAR wait list, and vocational services. The top 5 resource/referral calls came from case workers, families, Crisis Response, HOPE4IOWA and individual callers with questions re: their own needs. The top five reasons for calls were to discuss funding, benefits, mental health/substance use treatment, support services and housing.

*Service Coordination*

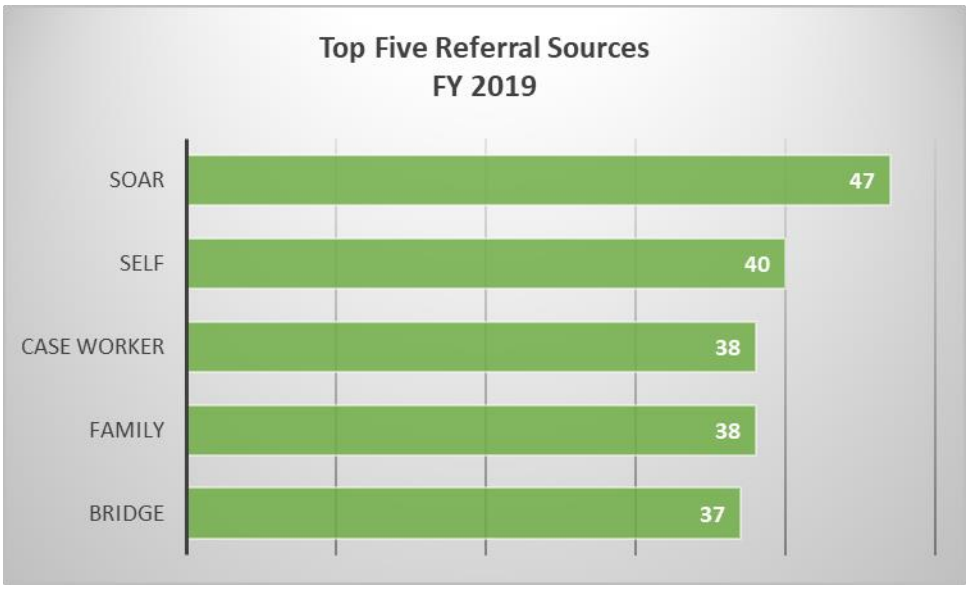
SWIA MHDS had five Service Coordinators (4 FTE) that served the 9 county region in FY19. Referrals for service coordination come directly from the region's intake/referral coordinator. Once the Initial Contact Report is provided to the Region's Service Coordinator Supervisor, the supervisor assigns the new referrals to the appropriate service coordinator based on location and caseload. The service coordinator contacts the new referral within 24 hours to set up an initial meeting.

The Region received 359 referrals for service coordination. This was an average of thirty (30) referrals each month.




The top five primary need for Service Coordination as shown above came were Support Services (75), MH/SA (57), Funding (53), Housing (35) and Benefits (31).




Of the 359 clients referred, the top five referral sources for service coordination were SOAR (47), Self-Referral (40), Case worker (38), Family (38) and HFS Bridge Program (37).

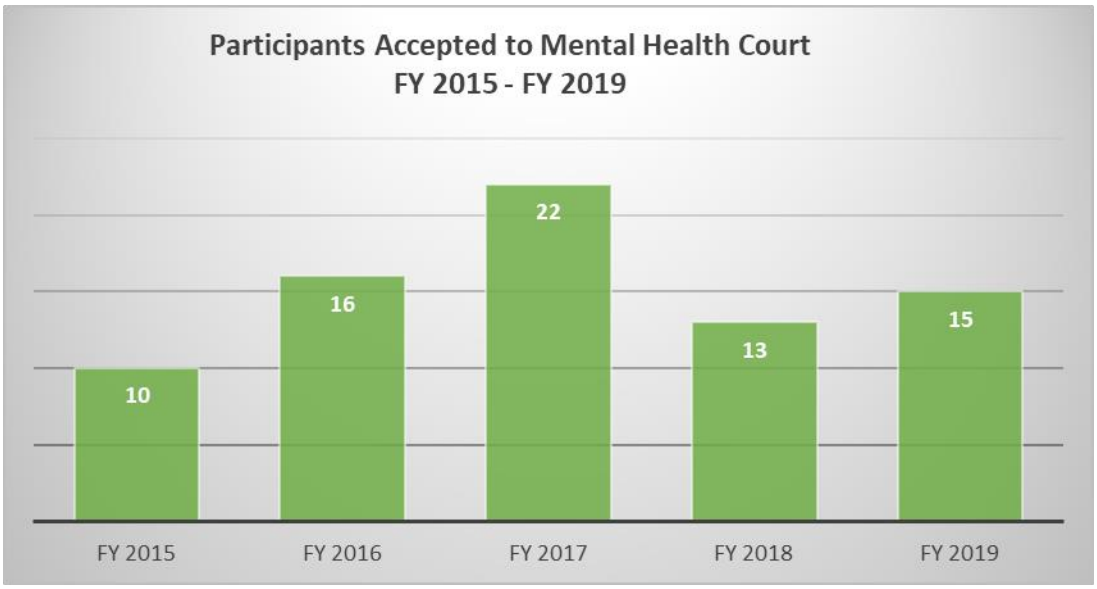
The region Service Coordinators continue to work closely with Integrated Health Homes (IHH) and MCOs for clients with Medicaid. The region supports the IHH and MCO case managers with regular communications and reminders about needs such as funding requests and reauthorizations. The region's intake/referral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

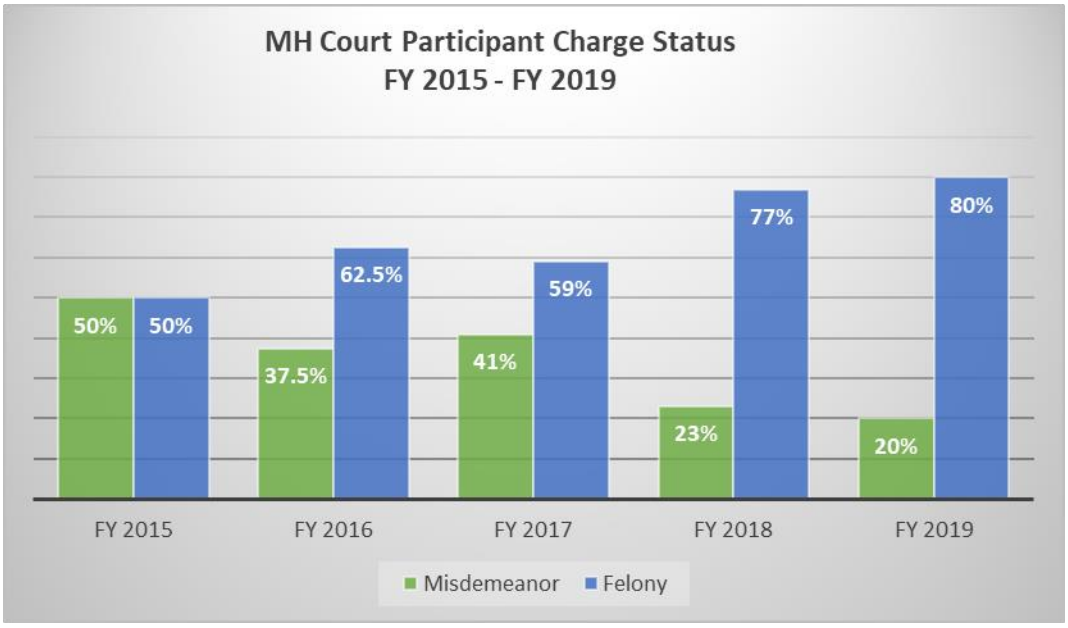
### *Mental Health Court*

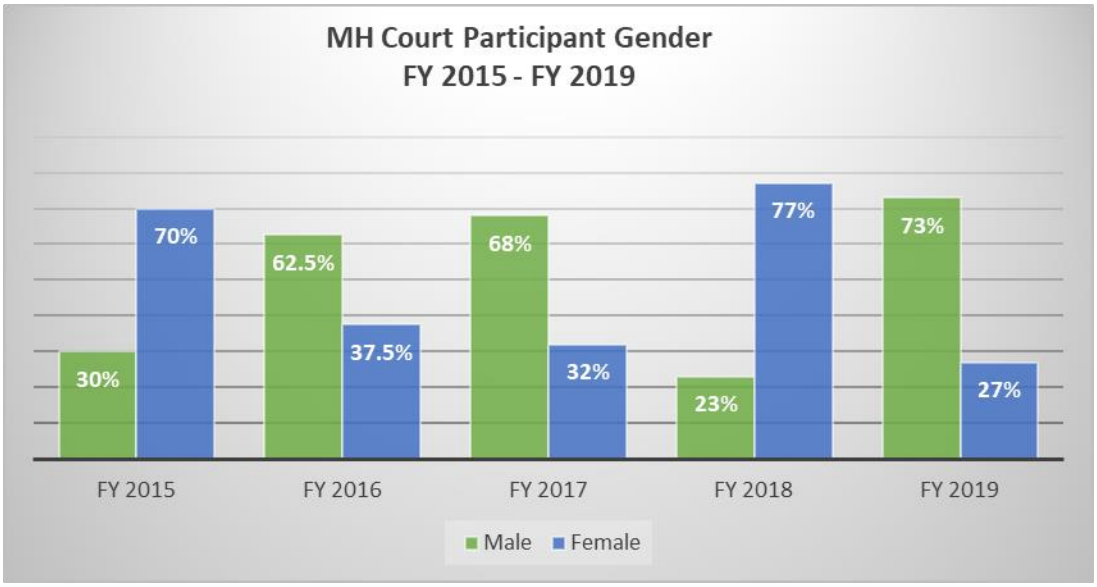
The Southwest Iowa Mental Health Court provides an alternative to jail for persons with chronic mental health needs who commit crimes meeting the criteria set by the mental health court policies and procedures. Mental Health Court, through intensive individualized services, helps these offenders who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

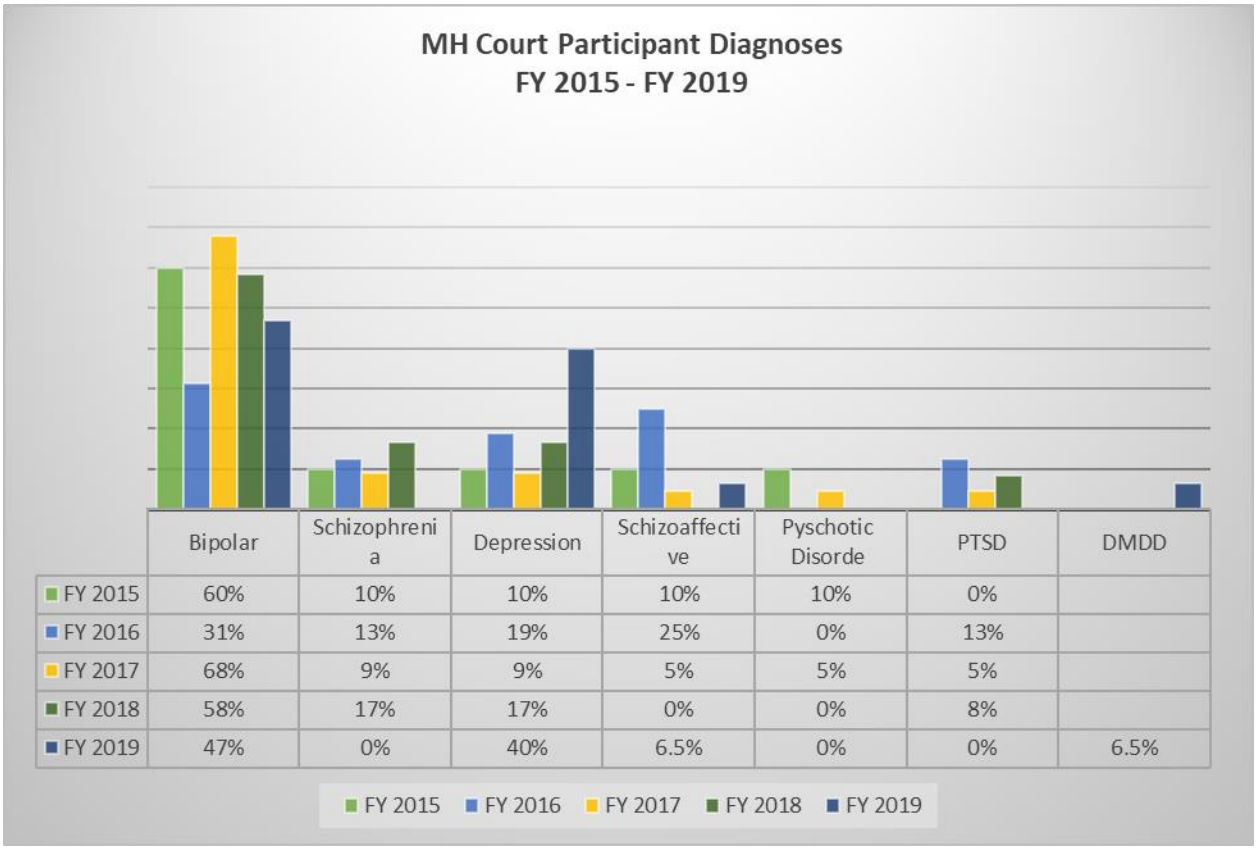
In FY16, Southwest Iowa MHDS Region assumed the cost of the MH Court case manager, mental health service contract, and management of the program. Since January 2015, the Mental Health Court team has accepted seventy-six (76) participants into the program. This is a 12 to 24 month program for most participants. The program has successfully graduated seven (7) participants in FY19 for a total of twenty (20) since the program started in January of 2015. In FY19, Mental Health Court had thirty-five (35) participants (including both active and discharged cases).

The Mental Health Court program is fortunate to have high-level involvement from multiple community stakeholders. The Mental Health Court team is comprised of a 4th District Judge, Assistant County Attorney, Defense Attorney, Mental Health/Substance Abuse Therapists, Mental Health Court Case Manager, Integrated Health Home worker, local jail personnel, local police officer and probation officer. A Peer Support Specialist joined the team in FY18. The Mental Health Court team meets once a week in staffing to discuss potential new referrals as well as progress of current mental health court participants. Mental Health Court typically holds court twice a month at the Pottawattamie County Courthouse.


Participants Accepted to Mental Health Court
FY 2015 - FY 2019
10
16
22
13
15
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019


MH Court Participant Charge Status
FY 2015 - FY 2019
50%
50%
37.5%
62.5%
41%
59%
23%
77%
20%
80%
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
Misdemeanor
Felony


MH Court Participant Gender
FY 2015 - FY 2019
30%
70%
62.5%
37.5%
68%
32%
23%
77%
73%
27%
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
Male
Female

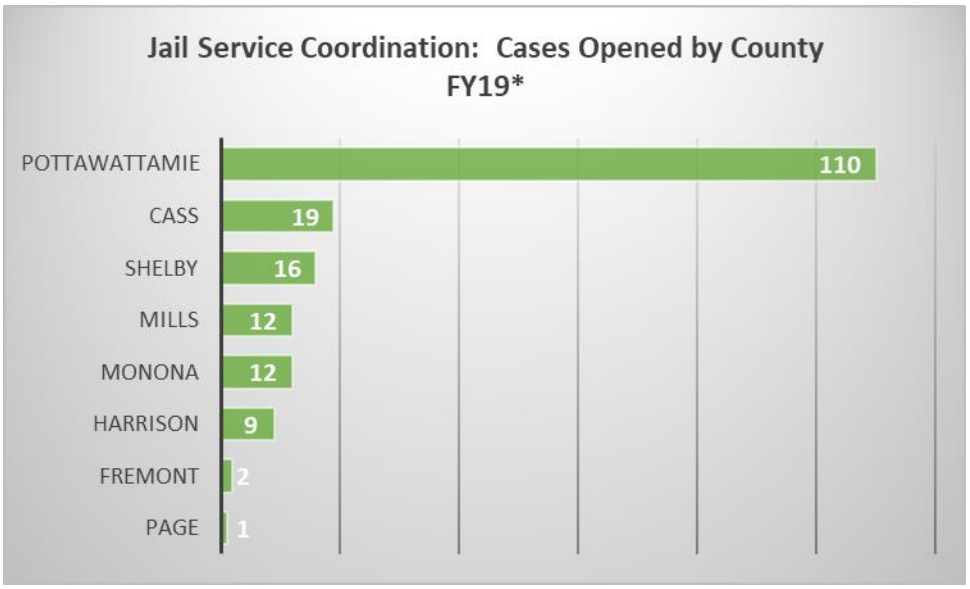



| | Bipolar | Schizophrenia | Depression | Schizoaffective | Pyschotic Disorde | PTSD | DMDD |
|---|---|---|---|---|---|---|---|
| FY 2015 | 60% | 10% | 10% | 10% | 10% | 0% | |
| FY 2016 | 31% | 13% | 19% | 25% | 0% | 13% | |
| FY 2017 | 68% | 9% | 9% | 5% | 5% | 5% | |
| FY 2018 | 58% | 17% | 17% | 0% | 0% | 8% | |
| FY 2019 | 47% | 0% | 40% | 6.5% | 0% | 0% | 6.5% |

*Jail Based Service Coordination*

The Region continued its Jail Based Coordination program in FY19. The program, which began in July 2016, assists in reducing recidivism in our nine county jails. The region employs two full-time service coordinators who office at the Pottawattamie County Jail, the largest jail facility in the region. While housed in Pottawattamie county, staff travel throughout the region to all jails as needed. The program assists individuals with mental health or co-occurring conditions to connect with needed services and supports prior to release from incarceration. The region believes assisting individuals in getting the help they require increases their ability to meet personal needs and be successful once back in the community.

The Jail Based Service Coordination program received 476 inquiries for service coordination over the course of its third year. Of those, 181 clients were accepted and opened for service coordination. The graph below shows a breakdown of referrals per jail.



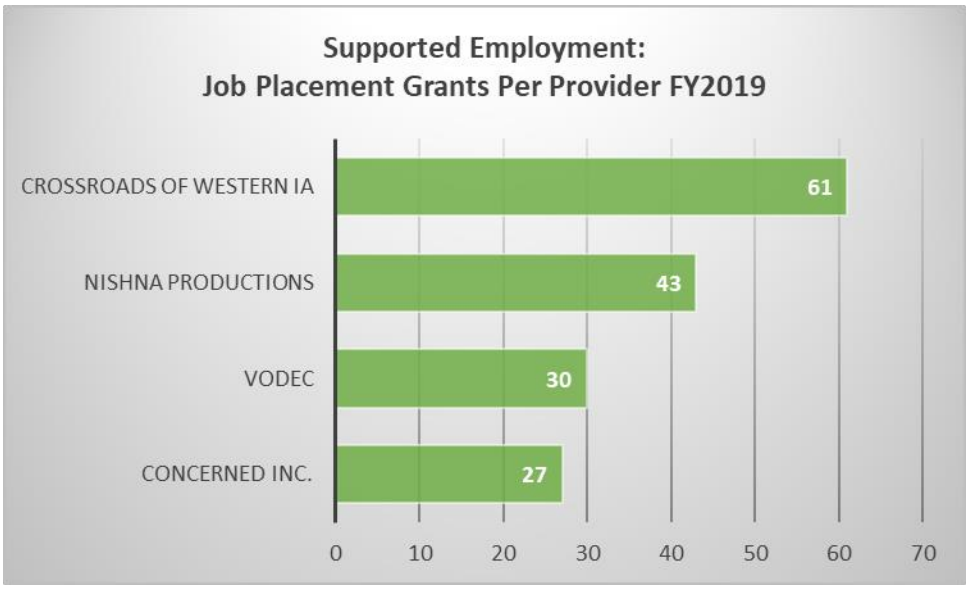

*No cases were opened in Montgomery County in FY 2019.

Of those whose files were not opened, some were discharged before seen by staff, some did not meet criteria, and others needed basic needs information only that could be given out to them rather than opening a case file. Making referrals to numerous services and supports in the community for individuals served is fundamental. Key referral areas include: outpatient mental health services, inpatient and outpatient substance abuse treatment services, basic needs services (i.e. food stamps, Medicaid, housing, medications), Mental Health Court, Drug Court, residential supported community living programming, and Bridge Housing program services. Through their work in the jail, the service coordinators also continued to develop connections with entities that before had not been widely established, including relationships with jail staff, attorneys and probation officers throughout the region as well as service providers.

*Supported Employment Development*

Supported Employment Development efforts for FY2019 focused on continuance of Vocational Grants for providers. Incentives for vocational providers to secure employment for an individual included a $1,000 reimbursement, as long as the client remained employed for at least 2 weeks. After 3 months of employment, the provider received $1,500. The final incentive, $2,000, was available upon 6 months of employment. The Job Placement Grant Program was well received by providers. FY2019 saw 161 individual grants awarded totaling $252,500. The expenditures for Sheltered Work and Pre-Vocational Services has continued to significantly decline as people are successful with their community employment, therefore, this has been an investment supportive to providers as they change their focus to more community based services.

A variety of employment opportunities were gained by individuals including sales associates, food service crew members, housekeeping and janitorial assistants, grocery stockers, office assistants, packagers and assemblers. Hours worked per week ranged from 2 to 40 in numerous restaurants, banks, hotels, nursing homes, churches, vet clinics, and manufacturing organizations. Since the beginning of the grant program in 2015, the average work week continues to be 15 hours.

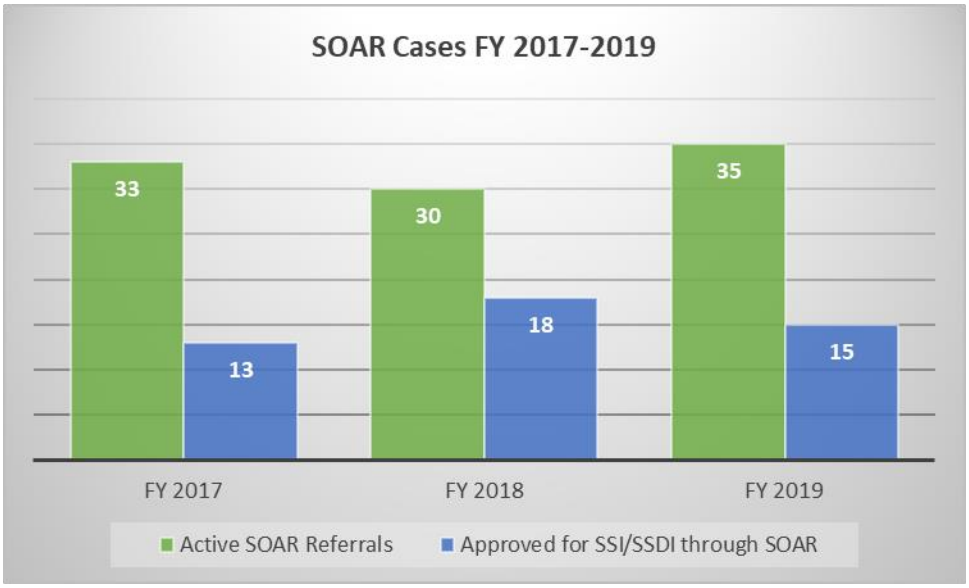



*SOAR*

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

SWIA MHDS has two Service Coordinators (1.5 FTE) that focus on SOAR referrals. One coordinator who attended the SOAR Leadership Academy also acts as the local lead for Southwest Iowa. She provides answers to questions from other SOAR trained staff, works toward strengthening the relationship with SSA/DDS (Social Security Administration/Disability Determination Services) as well as coordinates and facilitates the SOAR Community Initiative meetings in an effort toward increasing the number of agencies with SOAR trained staff.

SWIA MHDS had forty-seven (47) new referrals in FY19. Of those referred, thirty-five (35) cases were opened and (12) cases were not opened as clients either declined the service or were unable to be located. Fifteen (15) cases were approved for SSI/SSDI in FY19. Of those cases, three (3) were referrals from FY19, five (5) were from FY18 and seven (7) were from FY17. The Region benefits from successful SOAR determinations as Medicaid covers services previously paid by the region. In turn, the stability and security of having financial resources and insurance that comes with a disability determination is invaluable to the people assisted by the program.




## Other Community Living Support Services

*Block Grant Information*

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

- Operating costs that exceed the daily client rate at the transitional living program "Heartland Bridges"
- Operating costs that exceed the daily client rate paid by Medicaid and regions for the Crisis Stabilization Residential Service "Turning Pointe"
- Hope4Iowa Crisis Call Line
- Mental Health Crisis Response Team for mobile crisis and pre-screening
- 24 Hour Crisis Response through the community mental health centers
- Peer Self-Help drop in centers

In an effort to capture numbers more reflective of persons served, the region is moving away from these block grants and toward gathering additional information from programs in FY20.

*Transitional Living Program*

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

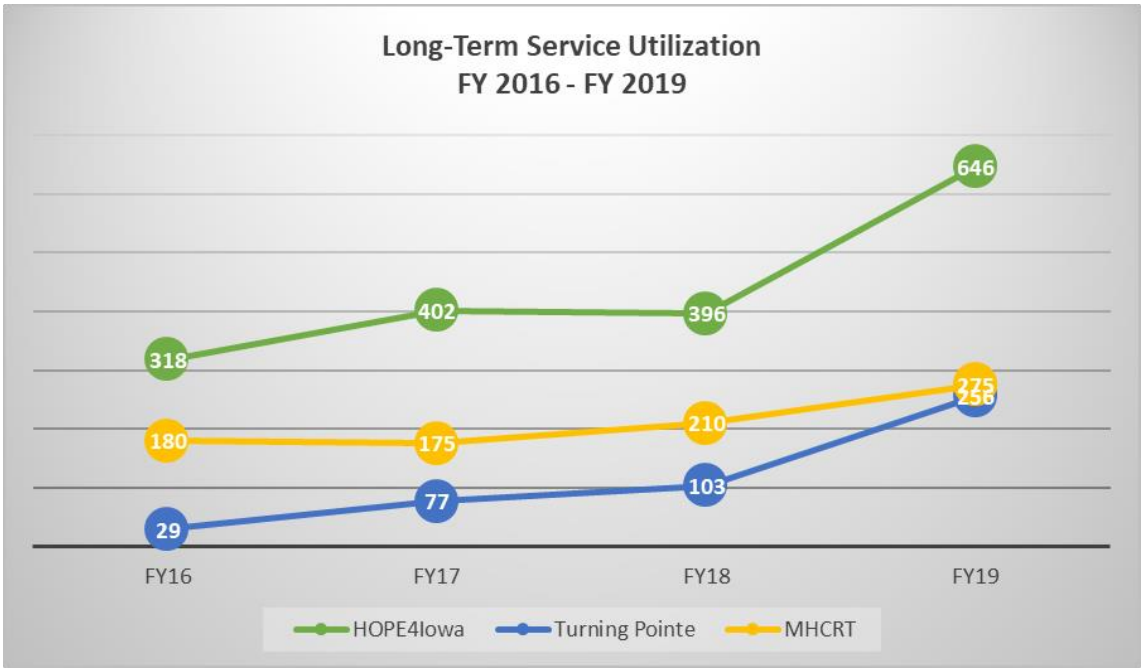
The program received 192 referrals in FY19. Of those referrals, 81 admitted into the program. Of those not admitted, 13 individuals were accepted but for various reasons chose not to participate, 49 referrals were denied, and 49 were never interviewed or withdrew their application (unable to establish intake appointment and other factors). The majority of program referrals (35 individuals) came from the region's Jail Based Service Coordination program. The second largest source with 28 referrals were self-referrals. The rest of the top five sources included the region's Service Coordination program referring 17 individuals, Caring for our Communities through Jennie Edmundson Hospital referring 19 individuals and 16 referrals from the Mental Health Court.

The occupancy rate for the program was over 90% during all months of the fiscal year except September 2018 (87%), and June 2019 (80%) respectively. The program began the fiscal year with a 96% occupancy rate in July 2018 and ended the year in June 2019 with an 80% occupancy rate. Of those served throughout the year, 32 were successful. Successful discharges occurred when individuals secured housing and had needed services in place to support their success. There were 14 neutral discharges. The discharges that were neutral were due to clients making progress from where they started prior to program engagement but not fully establishing housing and/or services and supports upon discharge, for various reasons. Of the 35 unsuccessful discharges, reasons included clients not following program rules, leaving the program without returning, or refusing to engage in programming.

## Crisis Stabilization System

*Utilization across Fiscal Years*

Service utilization data are presented for FY16 through FY19. The inclusion of long-term data allows for the observation of trends in utilization over time. The services examined include the Hope4Iowa Crisis Call Line, the Turning Pointe CSRS facility, and the Mental Health Crisis Response Team (MHCRT).

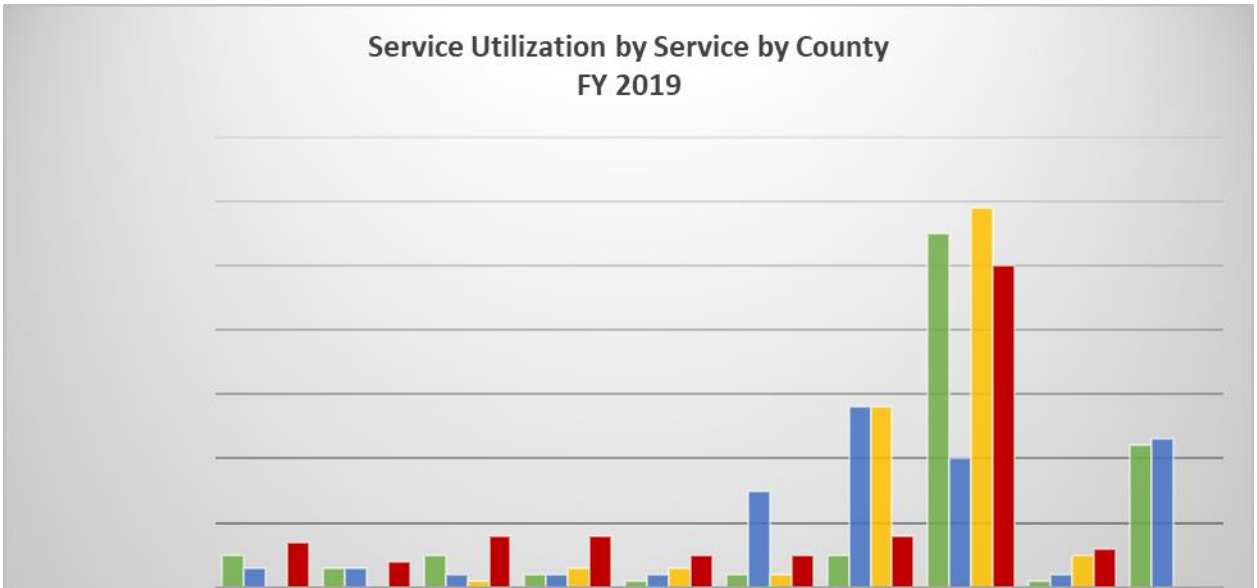



Each data point includes the total utilization of a specific service for a given fiscal year.

- Hope4Iowa Crisis Call Line began operations in June 2015. Each data point represents the total number of documented calls that occurred during the fiscal year. As the graph above indicates, Hope4Iowa Crisis Call Line provided services to 1,762 callers during the first four fiscal years of operation.
- Turning Pointe opened its doors as a five-bed crisis stabilization residential service on January 18, 2016. After a temporary closure due to flood damage in March 2019, Turning Pointe reopened on April 8 at a new location as a ten-bed facility. Since opening its doors in 2016, Turning Pointe has admitted 465 individuals.
- Mental Health Crisis Response Team (MHCRT) data represent the total number of assessments completed by the Mental Health Crisis Response Team. From FY16 through FY19 the MHCRT completed 840 assessments. At the end of FY19, the MHCRT responded to requests for assessments from five sources.
    - Mobile Crisis Response assessments result from requests made by law enforcement officers. The service began in Pottawattamie County in December 2010 and has been available to all law enforcement agencies in the Region since the second half of FY16. By the end of FY19, Mobile Crisis Response was implemented in at least one law enforcement agency in eight counties, including Cass, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, and Shelby Counties. From FY16 to FY19, the MHCRT completed 425 assessments initiated by law enforcement.
    - MHCRT assessments in jails began in Pottawattamie County in December 2010. The service was made available to all jails in the region during the second half of FY16. By the end of FY19, crisis response in the jails was implemented in Cass, Mills, Monona, Montgomery, Pottawattamie and Shelby Counties. From FY16 through FY19, Mobile Crisis Response completed 143 assessments in county jails.
    - Pre-committal assessments occur when citizens who are considering filing civil commitment paperwork contact the MHCRT to request an assessment. The purpose of the assessment is to determine the appropriate level of care in an attempt to avoid unnecessary civil commitments. While available to all counties in the region, pre-committal assessments were implemented in Mills, Monona, Montgomery, Page, Pottawattamie and Shelby Counties by the end of FY19. From FY16 through FY19, MHCRT completed 80 pre-committal assessments. Utilization of pre-committal assessments has decreased every year since FY16.

- Court-ordered assessments occur when a judge is concerned that a civil commitment may not be the appropriate course of action in cases brought before them. While available to all counties in the Region, court-ordered assessments were implemented in Mills, Monona, Montgomery, Page, Pottawattamie and Shelby Counties by the end of FY19. From FY16 through FY19, MHCRT completed 126 court-ordered assessments.
- During the last quarter of FY18, the Region and MHCRT implemented a pilot project offering telehealth MHCRT assessments in a hospital in Page County. Since that time, hospital-based assessments have expanded to include a hospital in Monona County and a second hospital in Page County. Since implementation in March of FY18, MHCRT completed 66 emergency department assessments. The Region will continue efforts to expand this service in FY20.

*Utilization in Fiscal Year 2019*




| | Cass | Fremont | Harrison | Mills | Monona | Montgom | Page | Pott | Shelby | Other |
|---|---|---|---|---|---|---|---|---|---|---|
| Hope4Iowa* | 5% | 3% | 5% | 2% | 1% | 2% | 5% | 55% | 1% | 22% |
| Turning Pointe | 3% | 3% | 2% | 2% | 2% | 15% | 28% | 20% | 2% | 23% |
| MHCRT** | 0% | | 1% | 3% | 3% | 2% | 28% | 59% | 5% | |
| % of Region*** | 7% | 4% | 8% | 8% | 5% | 5% | 8% | 50% | 6% | |

* Percentages across rows in the data table may not add to 100 percent due to rounding.
**For MHCRT blank cells indicate the service was made available by the Region but has not been implemented within the county; 0% indicates the service has been implemented but was either not utilized or utilization represented less than .05% of total utilization.
*** Represents each county's percent of the total region population. U.S. Census Bureau population estimates July 1, 2018 rounded to the nearest percent. Obtained online on 9/30/2019 at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

During FY19, the geographic distribution of service utilization throughout the region varied by service type.

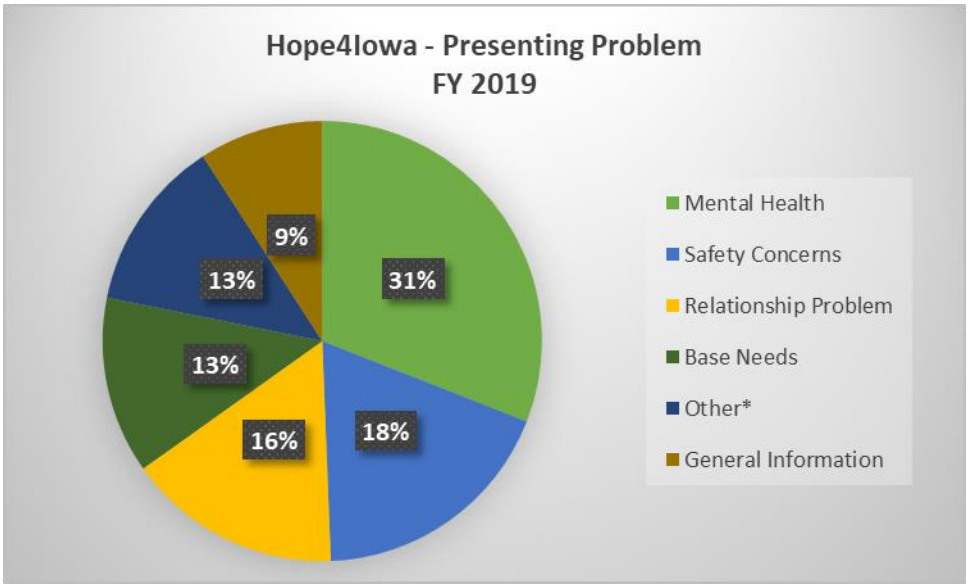
- Residents from all counties in the region utilized the Hope4Iowa Crisis Call Line. As indicated in the graph above, the greatest percentage of documented calls, fifty-five percent, originated in Pottawattamie County. Of the three crisis stabilization services, the distribution of calls to Hope4Iowa most closely reflects the population distribution of the region.
- Individuals admitted to Turning Pointe CSRS in FY19 resided in all nine counties within the region. This represents an expansion in geographic coverage over FY18 during which residents of seven counties utilized the service. In FY19, Turning Pointe experienced increased utilization by counties outside of the region. Specifically, twenty-three

percent of individuals admitted in FY19 resided in counties outside of the region. Forty-seven admissions, eighteen percent of all admissions in FY19, involved residents of the neighboring Southern Hills Region.

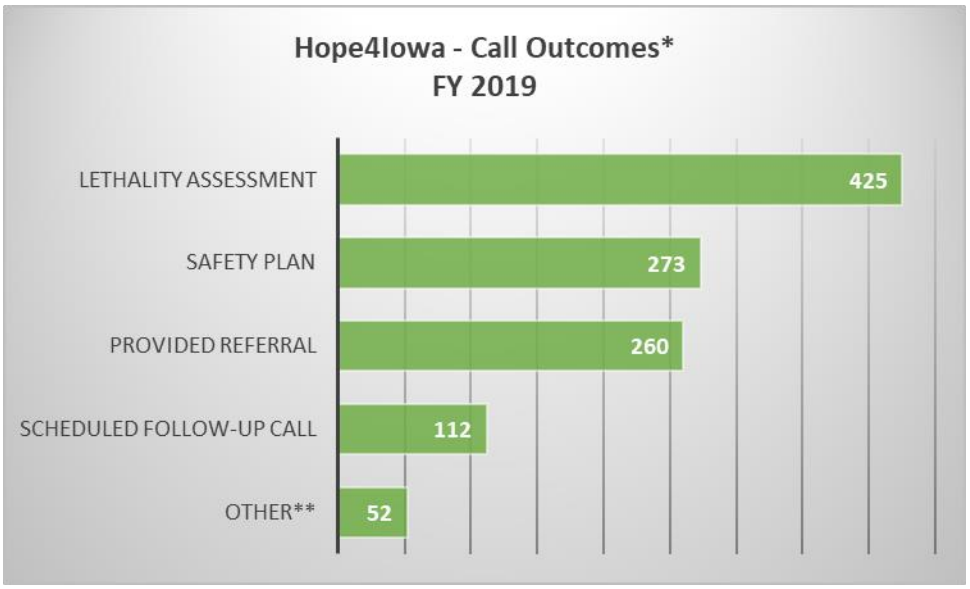
- By the end of FY19, some or all of the MHCRT assessment services were implemented in eight counties: Cass, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie and Shelby Counties. During fiscal year 2019, the majority of assessments, fifty-nine percent, occurred in Pottawattamie County. Assessments completed in Pottawattamie County continued to decrease from eighty-seven percent of total assessments in FY17, to seventy-seven percent in FY18, to fifty-nine percent in FY19. The decrease is expected as MHCRT services continue to be more fully implemented throughout the region.

## Hope4Iowa Crisis Call Line

During FY19, Hope4Iowa Crisis Call Line received 646 documented calls compared with 396 in FY18. This represents a sixty-three percent increase in call volume over the previous year. The Hope4Iowa website experienced an increase in page views from 23,437 in FY18 to 69,498 in FY19, a 197 percent increase. The sharp increase in documented calls and website traffic are largely due to promotional campaigns to raise public awareness of the service.

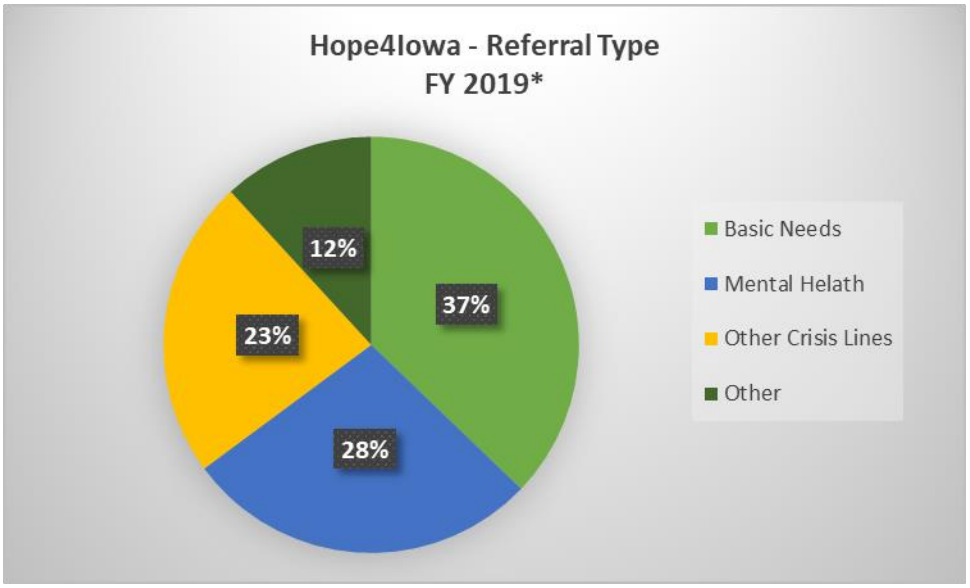



- With regard to presenting problem, the category most frequently identified by the caller, making up 31 percent of calls, involved mental health concerns. Calls pertaining to safety concerns, relationship problems and base needs combined to make up 47 percent of all calls.



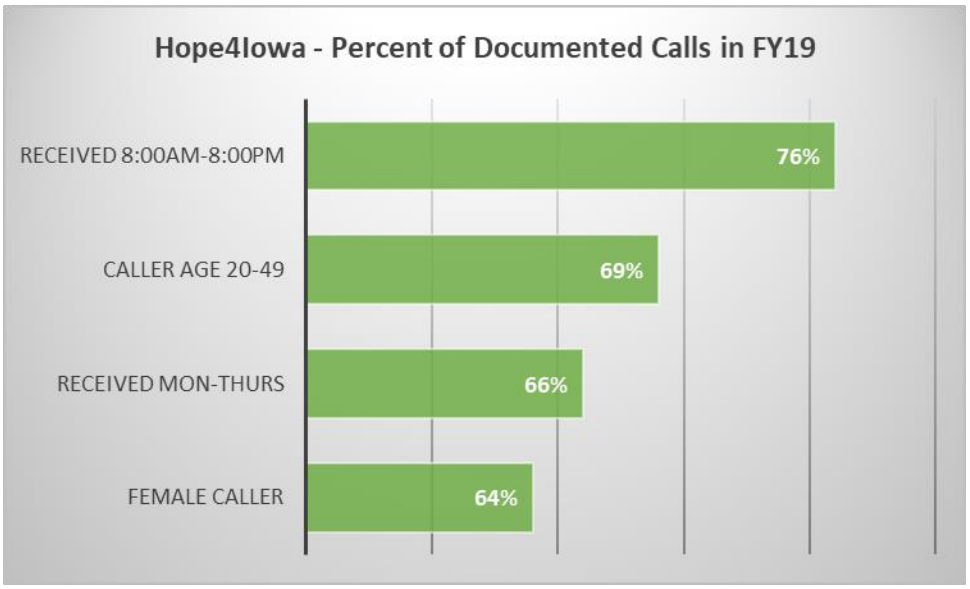

* N = 1122 total call outcomes. Each documented call may have more than one outcome.
** Other categories includes Mobile Crisis Unit, Police/Law Enforcement Intervention, Referred to Website, Information Sent, Third Party Contact, Report Filed, and Conference Call.

- The most frequent call outcome involved the completion of a lethality assessment. In FY19 Hope4Iowa staff conducted 425 lethality assessments. Completion of a lethality assessment was followed by completion of a safety plan, providing referrals and scheduling a follow up call in terms of frequency of outcome.




*The difference between total number of referrals (n=296) in the table above and the number of individuals to whom referrals were provided (n=260) in the Outcomes table is due to the fact that an individual caller may receive multiple referrals.

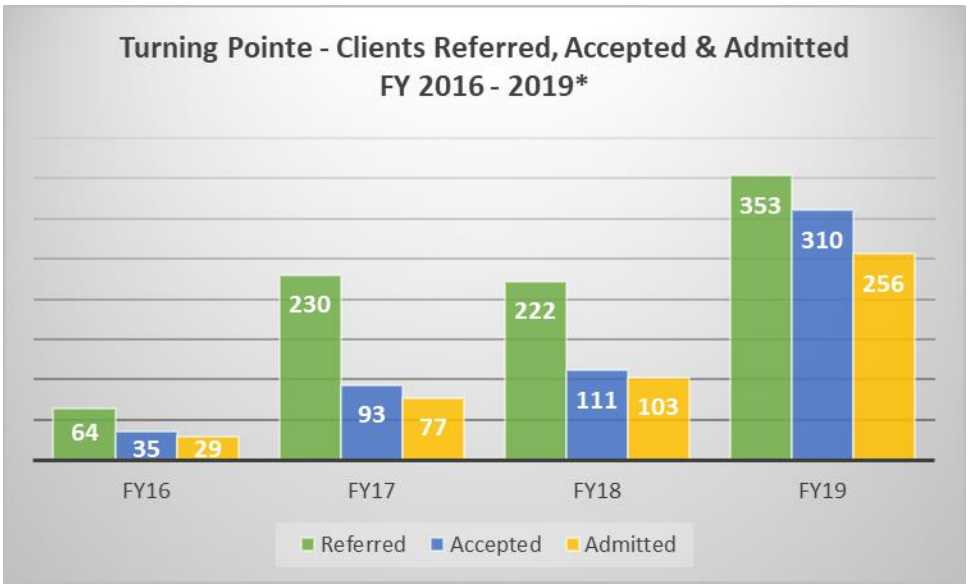
- In FY19, Hope4Iowa staff made 296 referrals. The majority, sixty-five percent of referrals, involved basic needs and mental health.
- The total number of outbound calls increased by sixty-two percent from 58 in FY18 to 94 in FY19. The percent of outbound calls resulting in a referral to the SWIA MHDS Region decreased slightly from seventy-two percent to sixty-nine percent.




- Of the 646 calls received in FY19, three out of four calls occurred between the hours of 8:00 am and 8:00 pm.
- Two-thirds of all calls occurred between Monday and Thursday.
- Female callers placed two-thirds of all documented calls.
- More than two-thirds of callers were between twenty and forty-nine years of age.

## Turning Pointe Crisis Stabilization Residential Services

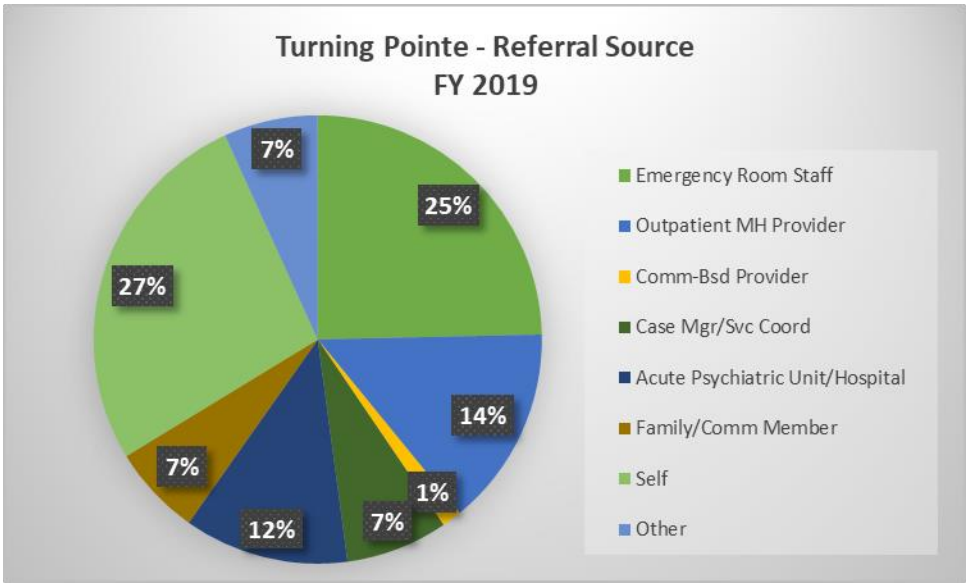
Turning Pointe opened its doors on January 18, 2016 during the third quarter of FY16. In comparing data across fiscal years, it is important to keep in mind FY16 data only represent the third and fourth quarters of the fiscal year.



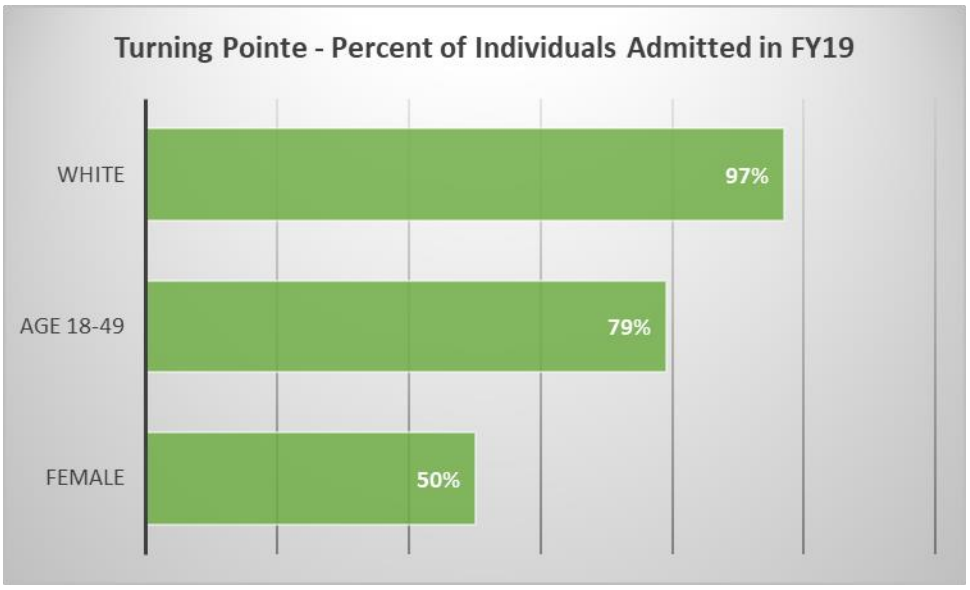

*Turning Pointe opened during the third quarter of FY 2016.

- A referral consists of any request to have a person admitted regardless of whether the individual meets the eligibility criteria for the program. During FY19, Turning Pointe received 353 referrals, a fifty-nine percent increase from the previous year.

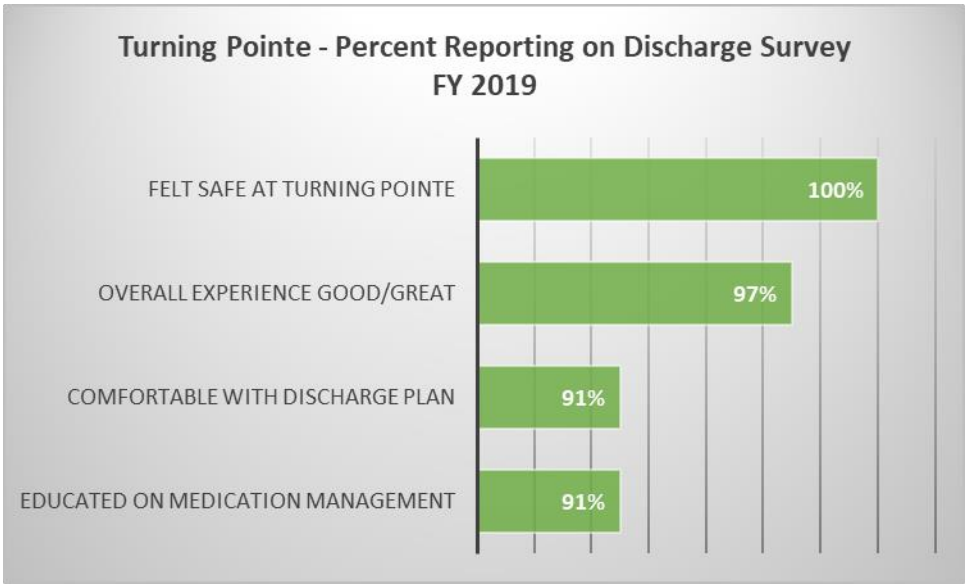
- When staff have determined that a referral meets eligibility criteria and is appropriate for CSRS level of care, the referral is "accepted" for admission. Of the 353 referrals made in FY19, eighty-eight percent were accepted for admission. During FY18, fifty percent of individuals referred to Turning Pointe were accepted for admission.
- During FY19, 256 individuals were admitted to Turning Pointe. The 256 individuals admitted to the facility represent seventy-three percent of all referrals and eighty-three percent of those accepted. Turning Pointe experienced a 149 percent increase in the number of individuals admitted from FY18 to FY19.
- The occupancy rate for FY19 was sixty-four percent. The median length of stay for individuals admitted to Turning Pointe in FY19 was 4.5 days.




- Referrals to Turning Pointe can be made by anyone. In FY19, self-referrals, emergency departments, outpatient mental health providers and hospital inpatient units accounted for seventy-eight percent of all referrals to Turning Pointe.
- The percent of referrals from hospital inpatient units increased from five percent of all referrals in FY18 to twelve percent in FY19. Conversely, referrals from outpatient mental health providers decreased from twenty-three percent of referrals in FY18 to fourteen percent in FY19.



- Among those admitted during FY19, fifty percent were female, Ninety-seven percent were white, and seventy-nine percent were between 18 and 49 years of age.
- Eighty-two percent individuals admitted to Turning Pointe indicated they had previous mental health committals. Approximately thirty-one percent of those admitted in FY19 had been admitted to the Turning Pointe in the past.




- Upon discharge from Turning Pointe, clients are asked to complete a discharge survey. In FY19, 256 individuals were discharged and 213 completed the survey resulting in a response rate of eighty-three percent.
- Ninety-six percent indicated their overall experience was great/good, 100 percent reported feeling safe during their stay, ninety-one percent reported they were comfortable with their discharge plan and ninety-one percent reported they were educated on medication management.

## Mental Health Crisis Response Team

By the end of FY19, at least one type of MHCRT assessment was implemented in eight out of nine counties in the Region. The table below lists the availability of services by county at the end of the fiscal year.

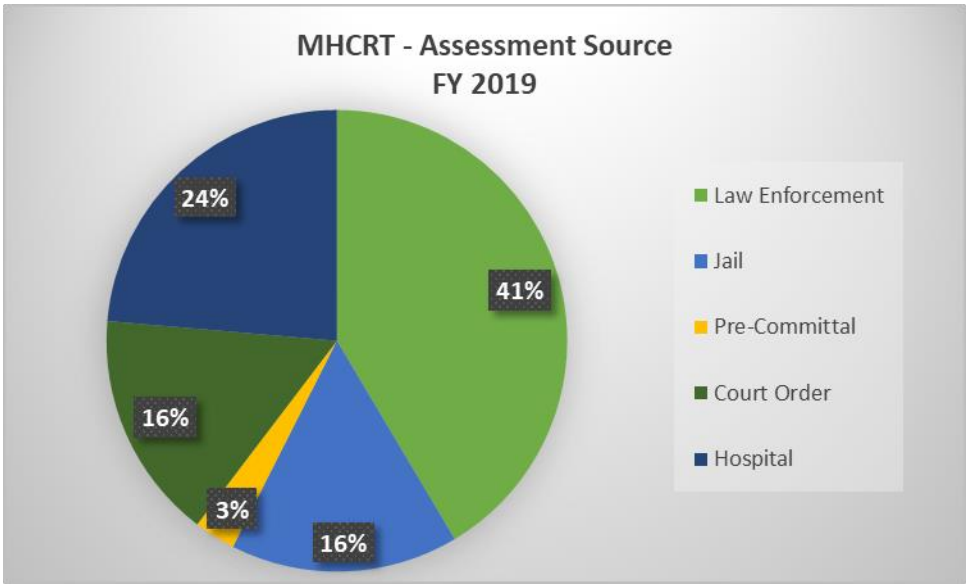
| MENTAL HEALTH CRISIS RESPONSE TEAM EXPANSION STATUS FY 2019* | | | | | |
|---|---|---|---|---|---|
| **COUNTY** | **LAW ENFORCEMENT** | **JAIL** | **PRE-COMMITTAL** | **COURT ORDERED** | **HOSPITAL** |
| **CASS** | 1/2018 | 1/2019 | Not Utilizing | Not Utilizing | Not Utilizing |
| **FREMONT** | Not Utilizing | Not Utilizing | Not Utilizing | Not Utilizing | Not Utilizing |
| **HARRISON** | 5/2017 | Not Utilizing | Not Utilizing | Not Utilizing | Not Utilizing |
| **MILLS** | 12/2016 | 5/2017 | 1/2017 | 2/2017 | Not Utilizing |
| **MONONA** | 2/2019 | 2/2019 | 4/2019 | 4/2019 | 4/2019 |
| **MONTGOMERY** | 3/2017 | 3/2017 | 12/2016 | 5/2017 | Not Utilizing |
| **PAGE** | 1/2017 | Not Utilizing | 12/2016 | 1/2017 | 4/2018 |
| **POTTAWATTAMIE** | 12/2010 | 12/2010 | 11/2012 | 8/2015 | Not Utilizing |
| **SHELBY** | 9/2016 | 4/2018 | 11/2018 | 11/2018 | Not Utilizing |

*Table provides the approximate date of service implementation.

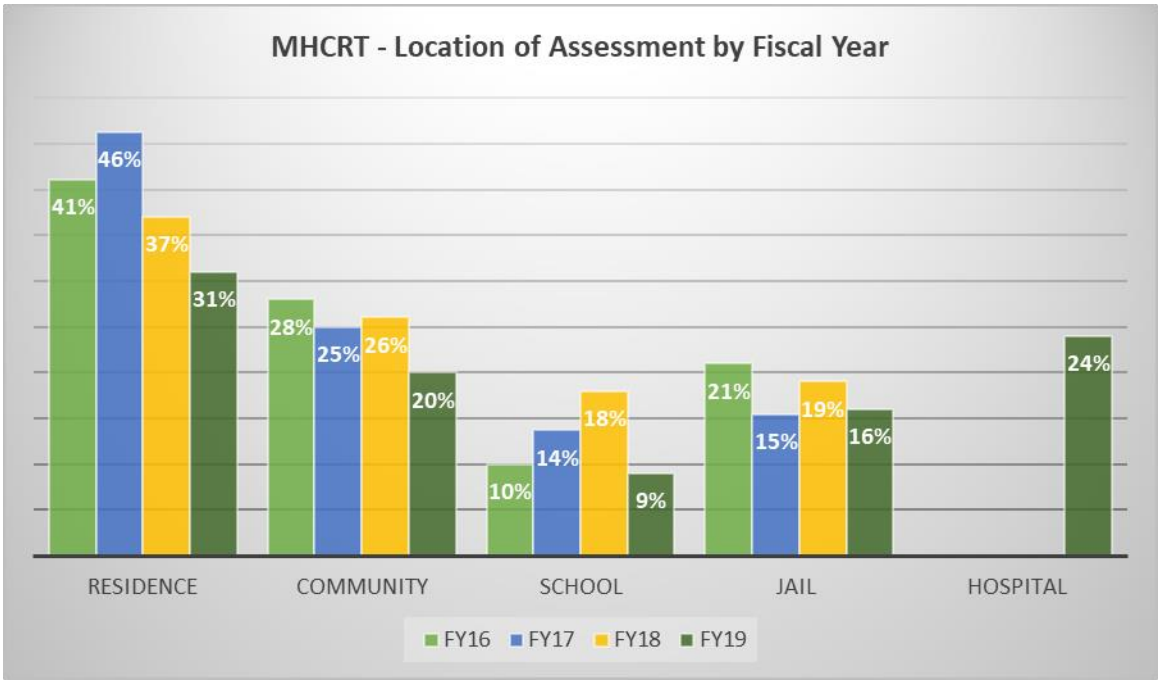
- By the end of FY19, law enforcement-initiated assessments, also known as Mobile Crisis Response, were utilized by the following Sherriff's Offices (SO) and Police Departments (PD): Pottawattamie County SO, Shelby County SO,

Mills County SO, Montgomery County SO, Cass County SO, Monona County SO, Council Bluffs PD, Carter Lake PD, Avoca PD, Harlan PD, Glenwood PD, Shenandoah PD, Clarinda PD, Red Oak PD, Woodbine PD, Dunlap PD. Logan PD, Mapleton PD and Onawa PD.

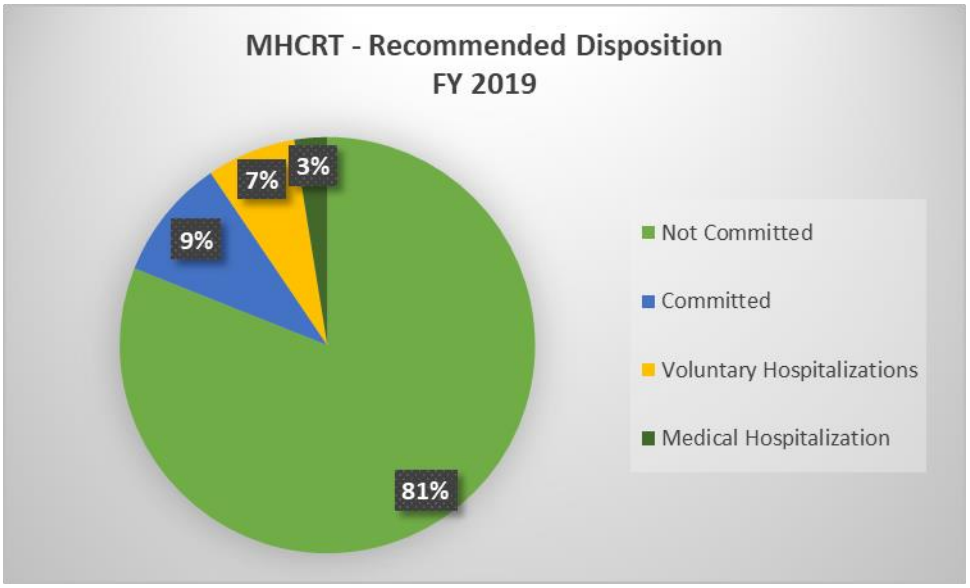
- Jail-based assessments were utilized in the following locations: Pottawattamie County Jail, Residential Correctional Facility in Council Bluffs, Juvenile Detention Center in Council Bluffs, Shelby County Jail, Montgomery County Jail, Mills County Jail, Cass County Jail and Monona County Jail.
- Pre-Committal and Court-Ordered assessments were utilized in Mills, Montgomery, Page, Pottawattamie and Monona Counties during the fiscal year.
- In April 2018, the MHCRT launched a pilot project offering telehealth assessments in the Emergency Department of Clarinda Regional Health Center. By the end of FY19, the service was expanded to include emergency departments in Shenandoah and Onawa.



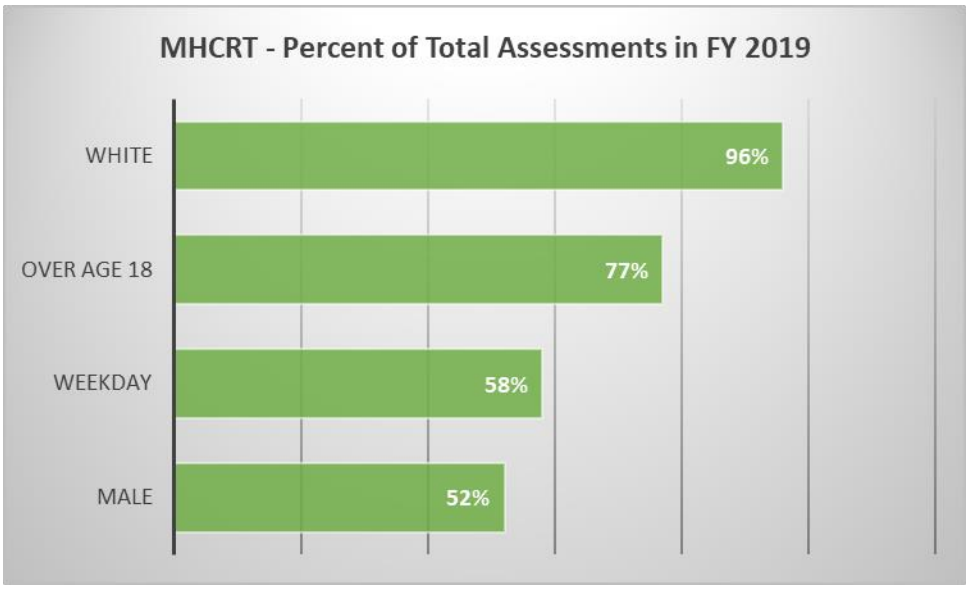

- Of the 275 assessments completed in FY19, forty-one percent were law enforcement-initiated.
- Jail-initiated assessments accounted for sixteen percent of all assessments.
- Pre-committal and court ordered requests combined accounted for nineteen percent of all assessments completed by the MHCRT.
- Hospital emergency department-based assessments accounted for twenty-four percent of all assessments completed. This is noteworthy given the assessments were only offered in three hospitals.




- Of the 275 assessments completed during the fiscal year, fifty-one percent were conducted in a residence or in the community in FY19.
- After peaking at eighteen percent in FY18, assessments completed in schools accounted for nine percent of assessments in FY19.
- Nearly one quarter of all assessments were completed in hospital emergency rooms in FY19.




- Of the 275 assessments completed by the MHCRT during FY 2019, the recommended disposition in eighty-one percent of cases involved no committal. Nine percent of assessments resulted in a recommendation of civil commitment.
- Ten percent of assessments resulted in either voluntary hospitalization or medical hospitalization.




- In FY19, ninety-six percent of individuals assessed by MHCRT were white and four percent were African American.
- More than three quarters of assessments completed involved individuals over the age of 18.
- Fifty-eight percent of assessments occurred Monday through Friday between the hours of 8:00 am and 5:00 pm.
- Slightly more than half of all individuals assessed were male.

## Statewide Outcomes (Quality Service Development & Assessment) QSDA

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

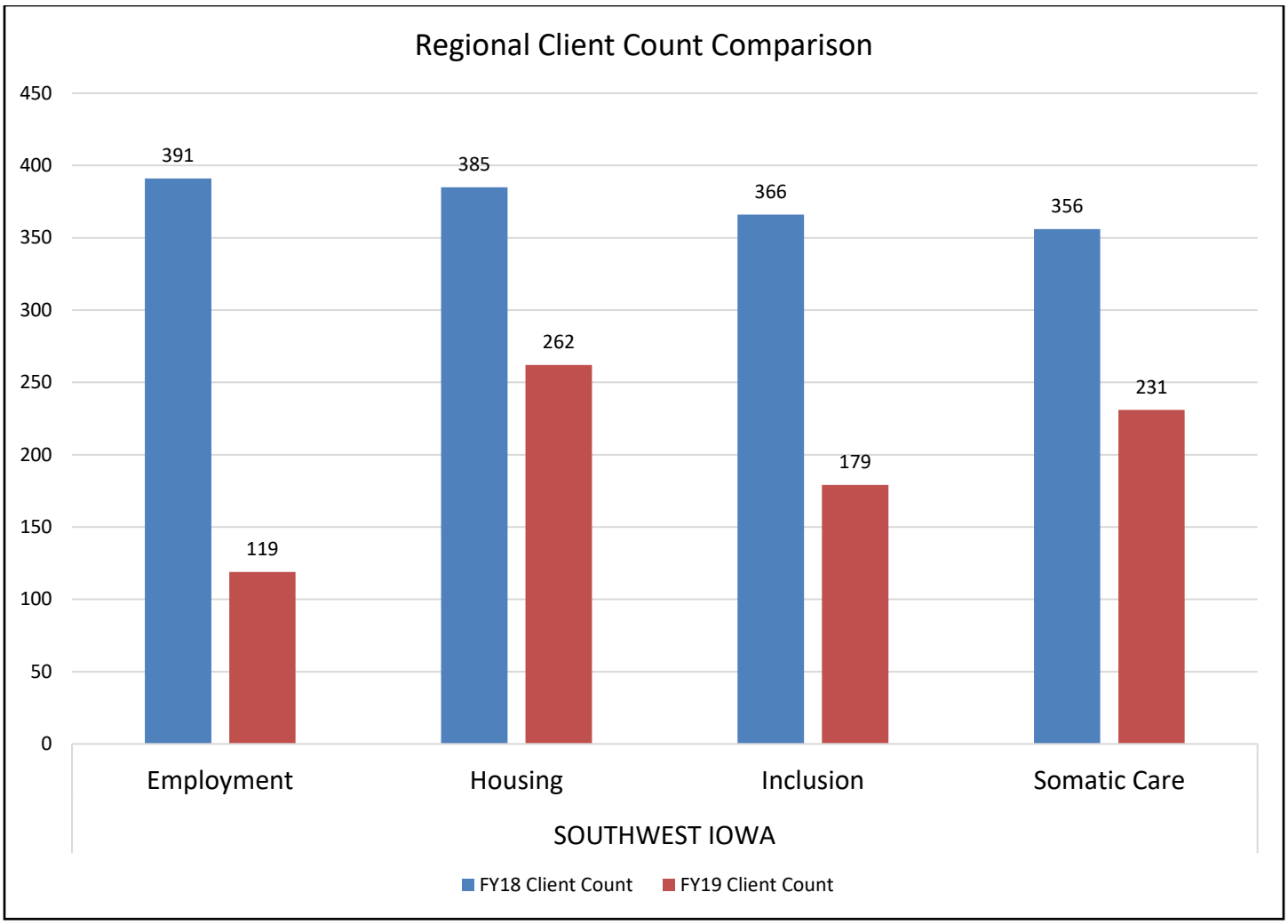
The region intends to phase out any practices not meeting its expectations and models of care through the annual contracting process. Providers receive an opportunity for education and support in recognition that these transitions to new models of care do not happen overnight. The region may eventually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

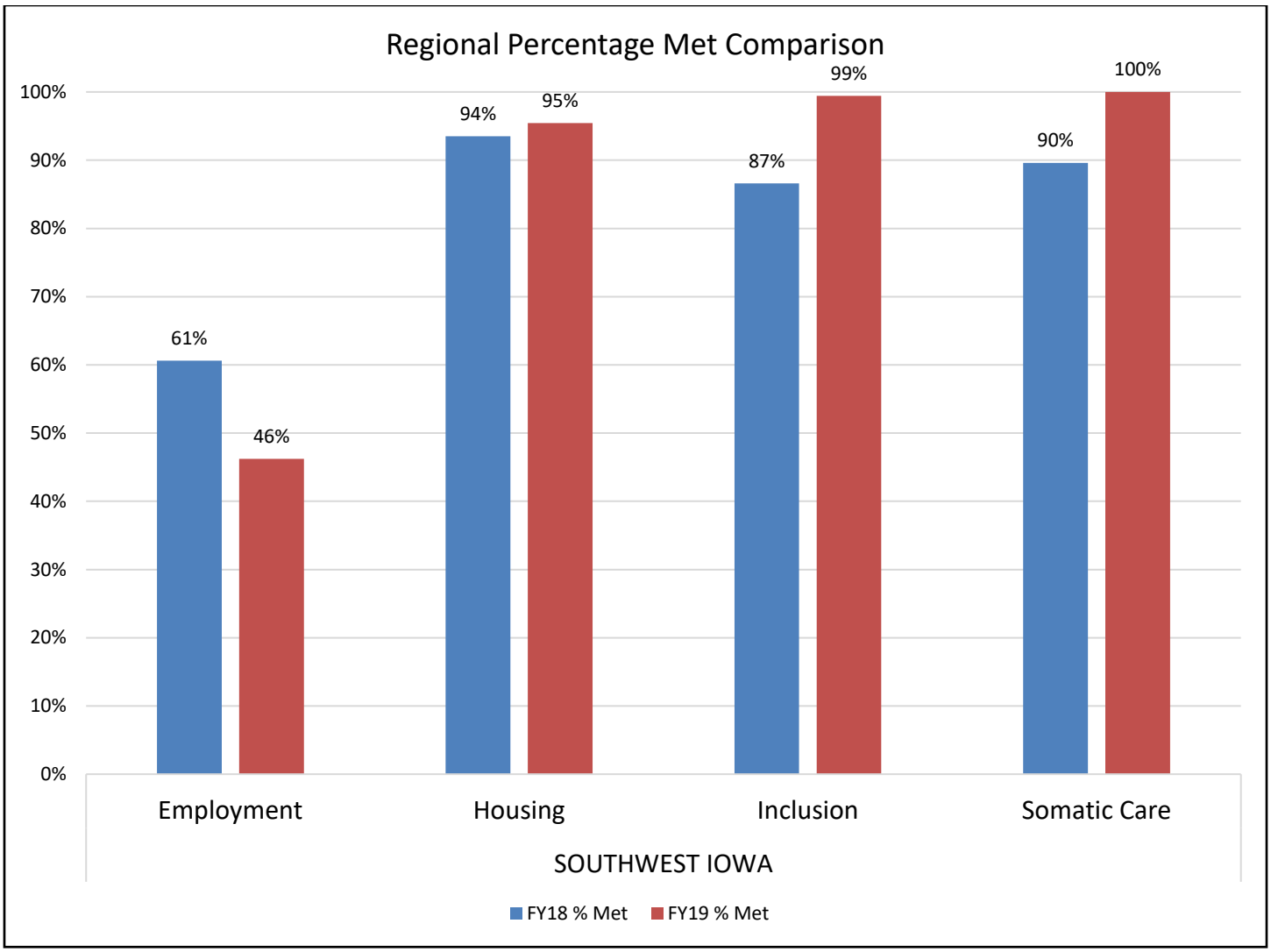
In addition, to ensure SWIA MHDS is as up to date as possible on outcome efforts and is fully able to support our providers as they move into a value-based system with multiple insurance systems and payers, SWIA MHDS continued to be a member of the QSDA Committee for FY19. Statewide efforts included the following:

- Development of Urban/Rural Learning Community
- Development of a Statewide Trauma Informed Care Trainer Network
- Development of an Integrated Co-Occurring Practice Model
- Continued Development of an inclusive and comprehensive Training and Outcome website
- Support Utilization of Evidence-based, Research-based, Best and Promising Practices

- Initiated training project on Permanent Supportive Housing
- Initiated training project to address staffing competencies for individuals with complex needs through a partnership with the Mid America Mental Health Technology Transfer Center (MHTTC)
- Maintained member participation.
- Complete Social Determinant Process
    - Phase III, Targets, Goals and Supports was developed and implemented.
    - Monthly Provider and Regional reports were developed.
    - Created the FY 19 Annual report
- All Service Assessment Strategic Action Plan goals were met.
- Trained on the enhancements to the CSN Provider Portal.
- Worked with the Iowa Community Services Affiliate, Regions and the Iowa Association of Community Providers to coordinate and fund training within the QSDA scope.
- Continued working with a multi-regional consortium looking at EBPs for supported housing and employment.
- Trainings were conducted on Evidence Based Practices, 5 star quality, value based contracting, Trauma Informed Care, Compassion Fatigue, MH first aid and C3 de-escalation.
- Presented Regional CEOs with updates and recommendations.
- All System Infrastructure Strategic Action Plan goals were met.
- Continued participation in the Joint Outcomes and Training Committee, which is responsible for coordinating outcome creation, outcome data collection, identifying training needs and facilitating training opportunities.
- Worked with IACP, MCOs and IME to establish a standardized Employment outcome reporting period.
- Worked with CSN staff to begin identifying ways to share information, collect and manage data.
- ISAC redeveloped and recoded the QSDA website so that it has improved functionality and clarity.

SWIA MHDS attended QSDA committee meetings, the Joint Outcomes and Training Committee meetings, and worked with providers in the region on obtaining baseline outcome data through the CSN portal. Region staff also participated in several outcomes reviews with our providers. The region had good participation from the majority of its largest providers, however the number of clients reported on in FY19 decreased. This trend was seen across the state as well. In addition, QSDA data was not formally recognized by the Department of Human Services and MCOs. Due to these concerns, it was decided by both QSDA and the CEO Collaborative that outcomes reporting will not be focused on in FY20. The graphs below illustrate SWIA MHDS client count comparisons between FY18 and FY19, as well as percentage met of outcomes in FY18 and FY19. SWIA MHDS appreciates the time and effort our individual service providers put toward outcomes reporting over the past couple of years.


Regional Client Count Comparison
450
400
350
300
250
200
150
100
50
0
391
119
385
262
366
179
356
231
Employment
Housing
Inclusion
Somatic Care
SOUTHWEST IOWA
FY18 Client Count
FY19 Client Count




*Region Training Opportunities*

The Region continues to provide community-training opportunities offered region-wide and without a fee to attend. The staff who initially began offering Mental Health First Aid in 2009, continue to maintain a training team in Adult, Youth, and the Public Safety versions of Mental Health First Aid in the region. Course evaluations are requested at the end of every training session and are used to monitor the quality of trainings as well as obtain feedback about other desired areas of training interest and need. Evaluations have been overwhelmingly positive for all listed trainings. The following trainings were specifically around the region's models of care focus and widely attended by front line staff, supervisors and directors of agencies and numerous human service agencies within the region and surrounding areas. Two additional professional trainings were scheduled but not held due to weather cancelations.

| | | | |
|---|---|---|---|
| August 24, 2018 | Non-Suicidal Self-Injury | Dr. H. John Lehnhoff, Ph.D. | Council Bluffs, IA |
| August 28, 2018 | Mental Health First Aid | Regional Training Team | Council Bluffs, IA |

| | | | |
|---|---|---|---|
| October 11, 2018 | Motivational Interviewing | Dr. H. John Lehnhoff, Ph.D. | Council Bluffs, IA |
| October 20, 2018 | Mental Health First Aid | Regional Training Team | Council Bluffs, IA |
| November 9, 2018 | Psychiatry 101 | Dr. Jermone Greenfield | Council Bluffs, IA |
| February 20, 2019 | Involuntary Committals | Magistrate J. Heithoff<br>Ashley Gray, Advocate | Council Bluffs, IA |
| April 23, 2019 | Mental Health First Aid | Regional Training Team | Clarinda, IA |
| April 30, 2019 | Mental Health First Aid | Regional Training Team | Council Bluffs, IA |
| May 7, 2019 | Social Security and SSI Basics | Joe Basque, Iowa Legal Aid | Council Bluffs, IA |
| June 6, 2019 | Rapport Strength and Validation:<br>A Health Presence in Healthcare | Dr. H. John Lehnhoff, Ph.D. | Council Bluffs, IA |

Due to the need for better service to individuals with complex needs, in 2018 through a pilot project with other MHDS regions in Iowa, service providers began receiving training to be facilitators of C3 De-escalation. There were seven individuals trained as C3 facilitators and one individual with level II certification providing them with the skills and authorization to train additional facilitators. A position within Heartland Family Service provides the coordination and record-keeping of these trainings. Individuals participating in the trainings represent all nine counties within the region as well as individuals from additional counties and individuals from Nebraska (with agencies based in IA). A total of 414 individuals were trained in C3 De-escalation in FY19. Twelve agencies trained 10 or more staff including a healthcare organization and two community in-home provider agencies that each had 40 or more staff trained.

## E. Collaboration

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

Managed Care Organizations (MCOs) began managing services for Iowa Medicaid recipients in April 2016. The region has worked to increase MCO knowledge of services created by the region that will help keep clients out of hospitals and provide better services within the community. The region has been able to facilitate conversations regarding reimbursement as well as individual consumer issues. SWIA MHDS will continue to work on partnerships with the MCOs as much as possible in order to utilize Medicaid and local dollars to create and preserve valuable services. Medicaid funds should cover services for Medicaid covered individuals while the region funds those individuals not eligible or in the process of becoming eligible for Medicaid.

The SWIA MHDS encourages stakeholder involvement by having a Regional Advisory Committee (RAC) that assists in developing and monitoring the plan, goals and objectives identified for the service system. It also serves as a public forum for other related MH/DS issues. The SWIA MHDS Regional Advisory Committee represents stakeholders, which

include individuals, family members, and providers. The Region held two RAC meetings this fiscal year. Twelve (12) member appointments make up the RAC with two voted to represent the RAC on the Governing Board. We experienced difficulty for the first time this year in getting and keeping representation from all three areas of the region, so we continue to look at how to make these committees move valuable.

The SWIA MHDS also utilized the local advisory groups known as the Local Advisory Councils (LAC) as the foundation to the Regional Advisory Committee. This is an easy way to give input to the region, ask questions and learn about new programs. The LACs give consumers and providers the opportunity to voice ideas and play a role in shaping the region's future mental health and disability service programs. The SWIA MHDS divides into three LACs: North, Central and South. Meetings are held in different places throughout the three areas in order to obtain as much input from a variety of individuals and families as possible. The three Local Advisory Councils each vote four members onto the RAC.

The LACs meet approximately every six months. The community including consumers and providers are encouraged to attend the LAC public meeting nearest to them to provide input, receive updates and build relationships and interest. In FY19, the meetings were held in October 2018 and April 2019. The first meeting focused on HF2456 and the April meeting focused on transportation. Collecting input from people in attendance and highlighting information about new programs and changes in the region were a priority at both meetings.

A Behavioral Health Coach Position is contracted via the region through a position at Heartland Family Service to help support provider agencies and better serve individuals with complex needs. The Behavioral Health Coach's efforts continued to focus on Home and Community Based Services (HCBS) habilitation and waiver home settings throughout the region. In the past year twenty individuals were referred with eighteen of those being served to date. Agencies assisted included Nishna Productions, Crossroads of Wester Iowa (Council Bluffs and Onawa locations) Terrace View, Iowa Focus, Community Services Network, Mosaic and Ameriserve. Individuals and agencies served were from Mills, Monona, Montgomery, Page and Pottawattamie counties.

The Collaborative Support Team is another example of support for individuals and agencies serving individuals with complex needs. Since August 2013, a dedicated group of providers throughout the region have been meeting to discuss and support individuals in our community that have complex needs. CST is an interconnected, multi-agency continuum of service providing support for individuals experiencing mental health symptoms or who have developmental disability needs with frequent admissions to the community hospitals, emergency rooms, and jail. The shared vision is that our collaboration will create a community of support for individuals receiving community support services that have complex mental health and/or developmental disability needs to build a network of support and hope for each individual's future. Through shared information and open collaboration the team is able to brainstorm solutions for individuals with complex needs. The team currently consists of 18 professionals and is serving 16 individuals connected to seven different provider agencies within four counties in our service area.