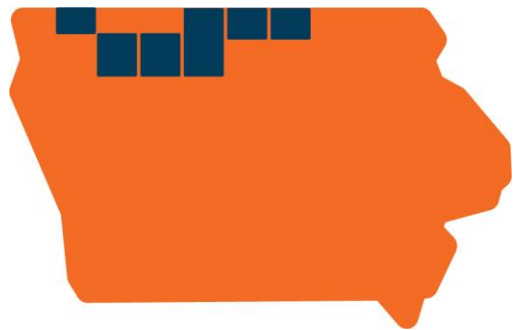




FY 21 ANNUAL REPORT



Authored by: Melissa Loehr, CEO

SUBMITTED
12/01/2021

GEOGRAPHIC AREA: *Clay, Kossuth, Osceola, Palo Alto, Winnebago, and Worth Counties*

APPROVED BY GOVERNING BOARD: 11.23.2021

APPROVED BY ADVISORY BOARD: 12.6.2021



Mission:

Care Connections of Northern Iowa exists to support improved behavioral healthcare through local resources to promote full citizenship for people with mental illness and intellectual disabilities.

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Introduction

Care Connections of Northern Iowa (CCNIA) Mental Health and Disability Region 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.



The FY2021 Annual Report covers the period of July 1, 2020, to June 30, 2021. The annual report includes documentation of the status of service development, services provided, individuals served, designated intensive mental health services, a financial statement including revenues, expenditures, and levies, and specific regional outcomes for the year.

Care Connections of Northern Iowa was formerly known as Northwest Iowa Care Connections. The name was changed in FY 21 due to the changing geography of the Region. The name change broadens the geographical territory and helps prevent confusion from residents living in North Central Iowa.

FY 21 was a year of development and adjustments in the Region. Care Connections of Northern Iowa officially transitioned Melissa Loehr as the acting CEO on July 1, 2020, after the retirement of the former CEO. Dickinson and O'Brien County transitioned to Sioux Rivers MHDS Region. Existing staff transitioned their employment to the Sioux Rivers Region. 3 Service Coordinators were hired to the Care Connections Team in addition to a part-time Claims Processor. Service Coordinators immediately jumped into their roles and began outreach and coordination in each County.

The Coronavirus pandemic must be noted as the impact of the virus affected the work of the Region daily in numerous small-scale ways and larger-scale ways. FY 21 could be argued as having the height of the pandemic fall within this year. During the year not only did CCNIA have numerous changes but the whole world was shifting and adjusting to life in a way many had not lived before. Care Connections continued to work and navigate through the pandemic while prioritizing individuals' care and needs.



**COORDINATION OF
SERVICES**



**INFORMATION &
REFERRAL**



**BUILDING,
CREATING AND
SUPPORTING**

Leadership



Secretary

Craig Merrill Palo Alto
County



Vice Chair

Jayson Vande Hoef
Osceola County



Board Chair

Barry Anderson- Clay
County



Donnie Loss
Kossuth County



Bill Jensvold
Winnebago County



A.J. Stone
Worth County



Michelle Huntress
Education
Representative



Amanda Schmidt
Educational
Representative



Holly Boettcher
Parent
Representative



Melissa Loehr
CEO



Carmen Moser
Palo Alto Auditor
CCNIA Fiscal Agent

A. Services Provided and Individuals Served

This section includes:

- The number of individuals in each diagnostic category funded for each service
- Unduplicated count of individuals funded by age and diagnostic category
- Regionally designated Intensive Mental Health Services

Table A. Number of Individuals Served for Each Service by Diagnostic Category

FY 2021 Actual GAAP	Care Connections of Northern Iowa MHDS Region	MI (40)		ID(42)	Other		Total
		A	C	A	A	C	
Core							
	Treatment						
42305	Psychotherapeutic Treatment - Outpatient	5					5
42306	Psychotherapeutic Treatment - Medication Prescribing	6					6
71319	State MHI Inpatient - Per diem charges	1					1
	Basic Crisis Response						
44301	Crisis Evaluation	9	9				18
44307	Mobile Response	17	11				28
	Support for Community Living						
32325	Support Services - Respite Services	7	3				10
32329	Support Services - Supported Community Living	13	1	3			17
	Support For Employment						
50367	Day Habilitation	3		2			5
50368	Voc/Day - Individual Supported Employment	7		2			9
	Recovery Services						
	Service Coordination						
	Sub-Acute Services						
	Core Evidence-Based Treatment						
	Core Subtotals:	68	24	7			99
Mandated							
74XXX	CommitmentRelated (except 301)	105	4				109
75XXX	Mental health advocate	86	3				89
	Mandated Subtotals:	191	7				198
Core Plus							
	Justice System Involved Services						
44346	Crisis Services - Telephone Crisis Service	1	1				2
46305	Mental Health Services in Jails	64					64
	Additional Core Evidence-Based Treatment						
	Core Plus Subtotals:	65	1				66
Other Informational Services							
Community Living Support Services							
22XXX	Services management	136	27				163

31XXX	Transportation	17	2				19
33340	Basic Needs - Rent Payments	2					2
33399	Basic Needs - Other	3					3
41307	Physiological Treatment - In-Home Nursing	2					2
46306	Prescription Medication (Psychiatric Medications in Jail)	43	1				44
	Community Living Support Services Subtotals:	203	30				233
Congregate Services							
64XXX	RCF-6 and over beds	15	1				16
	Congregate Services Subtotals:	15	1				16
Administration							
11XXX	Direct Administration				1		1
	Administration Subtotals:				1		1
Uncategorized							
Regional Totals:		542	63	7	1		613

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

Disability Group	Children	Adult	Unduplicated Total
Mental Illness	54	360	414
Mental Illness, Intellectual Disabilities	0	5	5
Total	54	365	419

B. Regionally Designated Intensive Mental Health Services

The region has been in development for an **Access Center** which will need to 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.



Care Connections has been in a collaborative discussion with Rolling Hills, Sioux Rivers, CICS Regions about a way to partner for the development of an Access Center. Throughout FY 21 collaboration continued and worked towards creating a mutually beneficial access center in a central location for several Regions to utilize together. Care Connections did collaborate with County Social Services (CSS) to sign a Memorandum of

Understanding (MOU) for usage at North Iowa Regional Services in Waterloo to meet access for the more Eastern Regional Counties to be effective July 1, 2022 (FY 22).

<u>Date Designated</u>	<u>Access Center</u>
	<i>In Development</i>

The region has continued to be in development for the following **Assertive Community Treatment (ACT)** teams. Currently, CCNIA, Sioux Rivers, and Rolling Hills have been in a collaborative discussion to work to bring a fidelity review, including a peer review as required by subrule 25.6(2), and documentation of each team's most recent fidelity score. One barrier throughout the year was workforce shortage to have full staffing.



Care Connections has also been in contact with Prairie Ridge Integrated Behavioral Healthcare as they are in the development of their ACT Program. Prairie Ridge believes that development will occur in FY 22 and will collaborate towards service collaboration for Kossuth, Worth, and Winnebago Counties.

<u>Date Designated</u>	<u>ACT Teams</u>	<u>Fidelity Score</u>
<i>2017</i>	<i>Seasons Center-</i>	<i>Ongoing</i>
<i>Development</i>	<i>Prairie Ridge</i>	<i>Development</i>

The region is working on the development of Subacute service providers that meet the criteria and are licensed by the Department of Inspections and Appeals. This will be done in conjunction with the Access Center in Sioux City. Care Connections has a Memorandum of Understanding with County Social Services to utilize North Iowa Regional Services for Subacute starting on July 1, 2022.



<u>Date Designated</u>	<u>Subacute</u>
<i>START DATE: 7/1/2021</i>	<i>North Iowa Regional Services</i>

The region has been in development the following **Intensive Residential Service** providers which meet the following requirements:

- Enrolled as an HCBS 1915(i) habilitation or an HCBS 1915© 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.

The Region along with MHDS CEO Collaborative worked through FY 21 in conjunction with both Iowa Managed Care Organizations and Department of Human Services to continue to develop programming and see these programs come to fruition. FY 21 marked a year of development to get the programs operational. Care Connections plans to work with neighboring Regions for development of these services and usage for the Care Connections Regional Residents.

<u>Date Designated</u>	<u>Intensive Residential Services</u>
	<i>In Development</i>

C. Financials

FY 2021 Accrual	CARE CONNECTIONS MHDS REGION	MI (40)	ID(42)	Admin (44)	Total
Core Domains					
COA	Treatment				
42305	Mental health outpatient therapy **	\$ 90,469.59			\$ 90,470
42306	Medication prescribing & management **	\$ 24,393.07			\$ 24,393
43301	Assessment, evaluation, and early identification **	\$ 400.00			\$ 400
71319	Mental health inpatient therapy-MHI	\$ 578.20			\$ 578
73319	Mental health inpatient therapy **				\$ -
	Crisis Services				
32322	Personal emergency response system				\$ -
44301	Crisis evaluation	\$ 19,080.00			\$ 19,080
44302	23 hour crisis observation & holding				\$ -
44305	24 hour access to crisis response				\$ -
44307	Mobile response **	\$ 84,200.00			\$ 84,200
44312	Crisis Stabilization community-based services **				\$ -
44313	Crisis Stabilization residential services **				\$ -
44396	Access Centers: start-up / sustainability				\$ -
	Support for Community Living				
32320	Home health aide				\$ -
32325	Respite	\$ 14,646.38			\$ 14,646
32328	Home & vehicle modifications				\$ -
32329	Supported community living	\$ 95,255.46	\$ 2,774.58		\$ 98,030
42329	Intensive residential services	\$ 63,033.82			\$ 63,034
	Support for Employment				
50362	Prevocational services				\$ -
50364	Job development	\$ 5,580.29			\$ 5,580
50367	Day habilitation	\$ 8,905.54	\$ 4,386.76		\$ 13,292
50368	Supported employment	\$ 56,901.66	\$ 33,075.44		\$ 89,977
50369	Group Supported employment-enclave				\$ -
	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				\$ -
	Core Evidenced Based Treatment				
04422	Education & Training Services - provider competency				\$ -
32396	Supported housing				\$ -
42398	Assertive community treatment (ACT)	\$ 22,108.15			\$ 22,108
45373	Family psychoeducation				\$ -
	Core Domains Total	\$ 485,552.16	\$ 40,236.78		\$ 525,789
Mandated Services					

46319	Oakdale				\$ -
72319	State resource centers				\$ -
74XXX	Commitment related (except 301)	\$ 40,752.99			\$ 40,753
75XXX	Mental health advocate	\$ 97,769.82			\$ 97,770
	Mandated Services Total	\$ 138,522.81	\$ -		\$ 138,523
Additional Core Domains					
	Justice system-involved services				
25xxx	Coordination services				\$ -
44346	24 hour crisis line*	\$ 750.00			\$ 750
44366	Warm line*				\$ -
46305	Mental health services in jails	\$ 24,905.22			\$ 24,905
46399	Justice system-involved services-other				\$ -
46422	Crisis prevention training				\$ -
46425	Mental health court related costs				\$ -
74301	Civil commitment prescreening evaluation				\$ -
	Additional Core Evidenced based treatment				
42366	Peer self-help drop-in centers				\$ -
42397	Psychiatric rehabilitation (IPR)				\$ -
	Additional Core Domains Total	\$ 25,655.22	\$ -		\$ 25,655
Other Informational Services					
03371	Information & referral				\$ -
04372	Planning, consultation &/or early intervention (client related) **				\$ -
04377	Provider Incentive Payment				\$ -
04399	Consultation Other				\$ -
04429	Planning and Management Consultants (non-client related)				\$ -
05373	Public education, prevention and education **	\$ 383,249.43			\$ 383,249
	Other Informational Services Total	\$ 383,249.43	\$ -		\$ 383,249
Community Living Supports					
06399	Academic services				\$ -
22XXX	Services management	\$ 230,132.68			\$ 230,133
23376	Crisis care coordination				\$ -
23399	Crisis care coordination other	\$ 7,682.63			\$ 7,683
24399	Health home other				\$ -
31XXX	Transportation				\$ -
32321	Chore services				\$ -
32326	Guardian/conservator				\$ -
32327	Representative payee				\$ -
32335	CDAC				\$ -
32399	Other support	\$ 6,638.00			\$ 6,638
33330	Mobile meals				\$ -
33340	Rent payments (time limited)	\$ 20,347.77			\$ 20,348
33345	Ongoing rent subsidy				\$ -
33399	Other basic needs				\$ -
41305	Physiological outpatient treatment	\$ 9,750.00			\$ 9,750
41306	Prescription meds				\$ -
41307	In-home nursing				\$ -
41308	Health supplies				\$ -

41399	Other physiological treatment				\$ -
42309	Partial hospitalization				\$ -
42310	Transitional living program				\$ -
42363	Day treatment				\$ -
42396	Community support programs				\$ -
42399	Other psychotherapeutic treatment				\$ -
43399	Other non-crisis evaluation	\$ 5,151.70			\$ 5,152
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				\$ -
63399	Other 1-5 beds				\$ -
	Community Living Supports	\$ 279,702.78	\$ -		\$ 279,703
Other Congregate Services					
50360	Work services (work activity/sheltered work)				\$ -
64XXX	RCF 6 and over beds (64314, 64315 & 64316)				\$ -
64XXX	ICF 6 and over beds (64317 & 64318)				\$ -
64329	SCL 6 and over beds				\$ -
64399	Other 6 and over beds	\$ 229,803.25			\$ 229,803
	Other Congregate Services Total	\$ 229,803.25	\$ -		\$ 229,803
Administration					
11XXX	Direct Administration			\$ 162,572.910	\$ 162,573
12XXX	Purchased Administration			\$ 65,933.840	\$ 65,934
	Administration Total			\$ 228,506.75	\$ 228,507
	Regional Totals	\$ 1,542,485.65	\$ 40,236.78	\$ 228,507	\$ 1,811,229
(45XX-XXX)County Provided Case Management					\$ -
(46XX-XXX)County Provided Services					\$ -
	Regional Grand Total				\$ 1,811,229

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	\$ 1,358,185.00
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$ -

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

**Core services for children with a serious emotional disturbance (SED)

Table D. Revenues

FY 2021 Accrual	CARE CONNECTIONS MHDS Region		
Revenues			
	FY20 Annual Report Ending Fund Balance		\$ 2,705,266
	Adjustment to 6/30/20 Fund Balance		\$ 217,690
	Audited Ending Fund Balance as of 6/30/20 (Beginning FY21)		\$ 2,487,576
	Local/Regional Funds		\$ 1,804,908
10XX	Property Tax Levied	1,729,997	
12XX	Other County Taxes	1,468	
16XX	Utility Tax Replacement Excise Taxes	73,443	
25XX	Other Governmental Revenues		
4XXX-5XXX	Charges for Services		
5310	Client Fees		
60XX	Interest		
6XXX	Use of Money & Property		
8XXX	Miscellaneous		
9040	Other Budgetary Funds (Polk Transfer Only)		
	State Funds		\$ 135,693.36
21XX	State Tax Credits	104,829	
22XX	Other State Replacement Credits	30,173	
24XX	State/Federal pass thru Revenue		
2644	MHDS Allowed Growth // State Gen. Funds		
29XX	Payment in Lieu of taxes	691	
	Other		
	Other		
	Federal Funds		\$ 608,165.98
2345	Medicaid		
2347	CARES Act	608,165.98	
	Other		
	Total Revenues		\$ 2,548,767

Total Funds Available for FY21	\$ 5,036,343
FY21 Actual Regional Expenditures	\$ 1,811,229
Accrual Fund Balance as of 6/30/21	\$ 3,225,114

Table E. County Levies

County	2018 Est. Pop.	Regional Per Capita	FY21 Max Levy	FY21 Actual Levy	Actual Levy Per Capita
Clay	16,134	30.30	488,860	\$ 354,948	22.00
Osceola	6,040	30.30	183,012	\$ 132,880	22.00
Palo Alto	8,929	30.30	270,549	\$ 196,438	22.00
Kossuth	14,908	43.65	650,734	\$ 650,734	43.65
Winnebago	10,518	43.65	459,111	\$ 357,612	34.00
Worth	7,453	43.65	325,323	\$ 220,860	29.63
Total CCNIA Region	63,982		2,377,589	1,913,472	29.91

D. Status of Service Development in FY2021



Care Connections has undergone large changes throughout this past fiscal year however service development has continued to be a priority of the Region. When the legislation changed and added children with serious emotional disturbances to the core populations that the Regions served, the Region while being reluctant due to no additional funding carried on continuing the mission “to support improved access to behavioral healthcare through local resources...” Under the Introduction title of this report, the staffing changes were noted. A unique opportunity was presented to the region with the opportunity to hire new staff with unique qualifications to serve adults and the new addition, children. In June 2020, the Region hired 3 service coordinators,

2 of those being designated as children coordinators with together over 33 years of clinical experience. This addition alone is a valued asset to the Region and the individuals we serve. Ongoing service development and collaboration occurred with other regions and providers to make gains and progress towards core mandates to be operational by July 2022.

The addition of new team members provided a unique opportunity to work towards outreach and networking between critical aspects of the communities to provide the ability to care for those who are in need. Coordinators provided information and referral throughout the communities.

A unique opportunity in having 3 new member counties was to evaluate existing services, identify strengths, and barriers to the system. Service Coordinators worked in collaboration with many different formal and informal community supports and agencies to build collaboration and provide case management, consultation, information and referral, jail diversion, among numerous other duties that are needed to fill the community’s needs. In June 2021 CCNIA added a full-time office and financial specialist to the team. This position has assisted with general office duties, data analytics, data processing, as well as processing intakes.

Hancock County applied for membership in FY 21 and was accepted into the Region by vote however Hancock County joined another region, so the CCNIA region does not expect any membership changes for the next Fiscal year.

During FY 21 CCNIA continued to collaborate with surrounding regions and contracted for required core services with effective dates on July 1, 2022 (FY 22)

- Eyerly Ball- Mobile Response- Kossuth, Worth, and Winnebago Counties
- Eyerly Ball- Community Based Crisis Stabilization- Kossuth, Worth, and Winnebago Counties
- Zion Integrated Behavioral Health/ Safe Harbor- Crisis Stabilization and 23-hour observation.

- North Iowa Regional Services- Access Center
- Youth Shelter Services (YSS) Crisis Stabilization Residential
- Youth Shelter Care of North Central Iowa- Crisis Stabilization Residential

No contract but provides the service:

- Rosecrance Jackson- Crisis Stabilization Residential



E. Outcomes/Regional Accomplishments in FY2021

Care Connections received \$608,166 from the Coronavirus Relief Fund under the CARES Act. The Region issued a RFP process and awarded 42 proposals. Funded Proposals included to name a few:

- | | | |
|---|--|--|
| • Equipment and infrastructure for telehealth in schools. | • Respite Activities | • Vehicle to assist in client transportation safely due to COVID. |
| • Technology to assist in virtual meetings/training | • Resource Bags | • Emergency mental Health and Behavioral Assessment and Response Items- Kossuth County |
| • Marketing Materials for community education | • Meal Delivery | • Sensory items |
| • Contracting for a school-based therapist | • No cost therapy sessions | • County Park Equipment |
| • Therapist Training | • COVID Isolation unit in congregate living home | • Coping Skills Kits |
| • Personal Protective Equipment | • Professional Body Cameras for paramedics | • NAMI Training |
| | • Mental Health First Aid Training | |

The Region utilized a portion of this funding for the creation of a new website and updating marketing materials to incorporate the name change and logo changes. The goal of this was to create a more public appearance and create clear and consistent messaging for residents to create awareness as well as strategically create opportunities for brain health messaging to reach them in their daily lives. The MHDS CEO Collaborative pooled time, energy, and resources to work with Brain Health Iowa to create a clear campaign to bring attention to the services that are offered in MHDS Regions especially during the pandemic where symptoms may be exacerbated. The creation of a new website as well as short videos and ads were created and strategically marketed throughout the State.

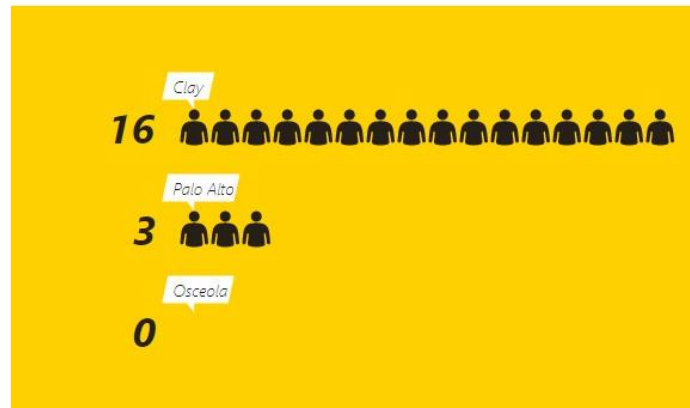




CRISIS SERVICES

Crisis Services- 24-hour response/ Assessment & Evaluation. Since 2016, there have been 10 emergency time slots available each week in the county-based Seasons Center offices on a first come first used basis. During FY 21 A total of 19 slots were utilized to serve the CCNIA Region.

FY 21 CRISIS SLOT USAGE

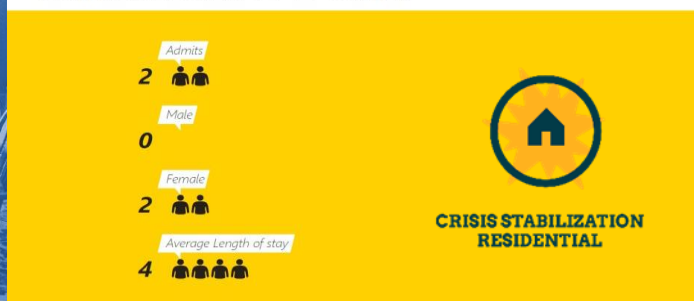


Crisis Stabilization Services- This has been made available through Turning Point in Sac City & Sioux Rivers Regional Assessment and Stabilization Center in Sioux City. A crisis stabilization home provides mental health services in a less restrictive setting. The average length of stay is between 3 to 5 days. The hope is that the individualized served will be aided in psychiatric, therapeutic, medication, and environmental changes. The Crisis stabilization team will work with paid and natural supports when discharging the individual back to their home to reduce the need for ongoing crisis services.

FY 21 saw a decline in the usage of services from FY 20 however it should be noted that FY 21 was impacted by COVID-19 and numerous shutdowns. It is expected that usage will increase as restrictions are lifted and as ongoing education is given to providers and the community about a new service available.

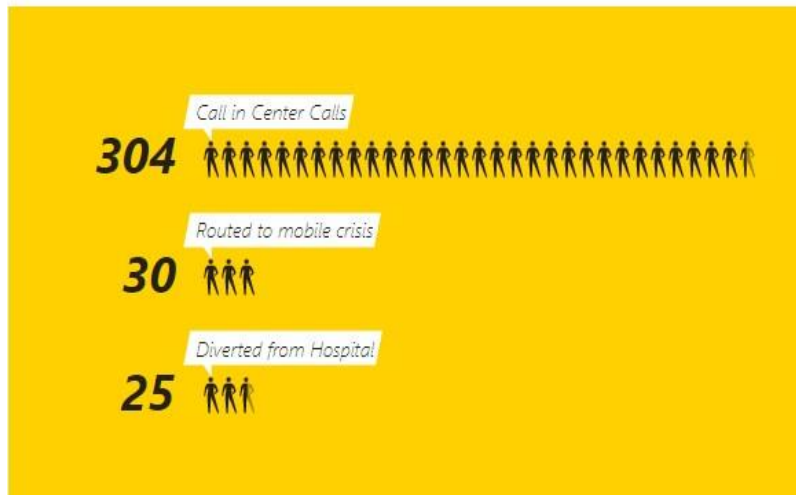


TURNING POINT FY 21 USAGE

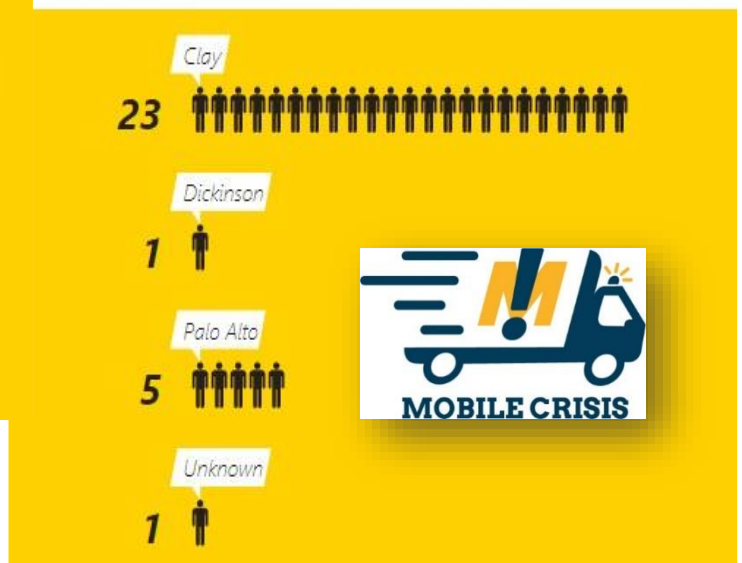


Mobile Response- available through Seasons Center is managed 24/7 and can/will deploy the Mobile Response team as needed. Below are several graphs showing usage over FY 21. Mobile crisis continued to provide care even during the height of the pandemic. Mobile Crisis was flexible in responding to the conditions of the pandemic by offering face-to-face and virtual and or telephone when appropriate. Please note the mobile crisis data is only for Osceola, Clay, and Palo Alto Counties for FY 21CCNIA worked with Eyerly Ball and neighboring region CICS to get contracting in place for the start of FY 22 for Kossuth, Winnebago, and Worth Counties.

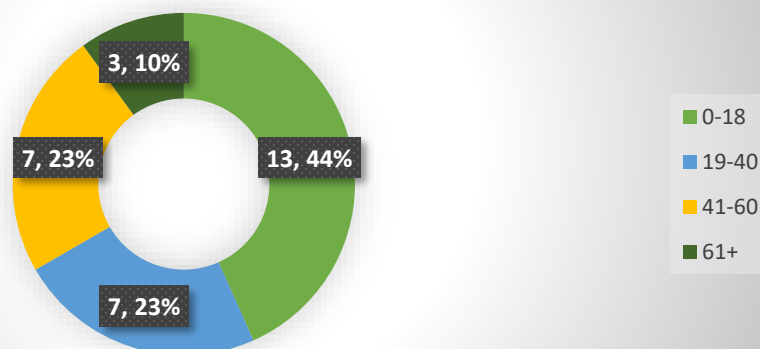
CCNIA MOBILE CRISIS



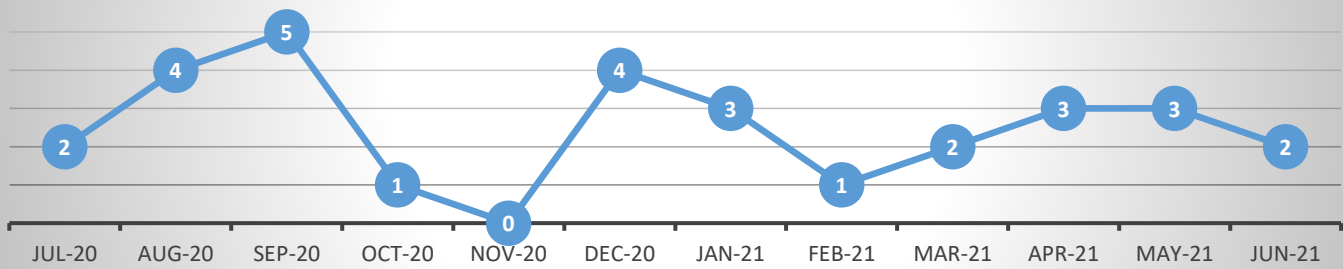
FY 21 MOBILE CRISIS BY COUNTY



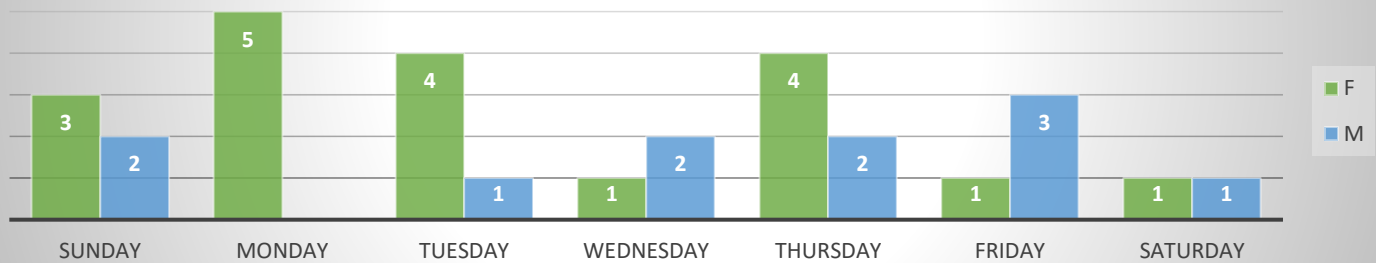
FY 21 Mobile Crisis Dispatch Age



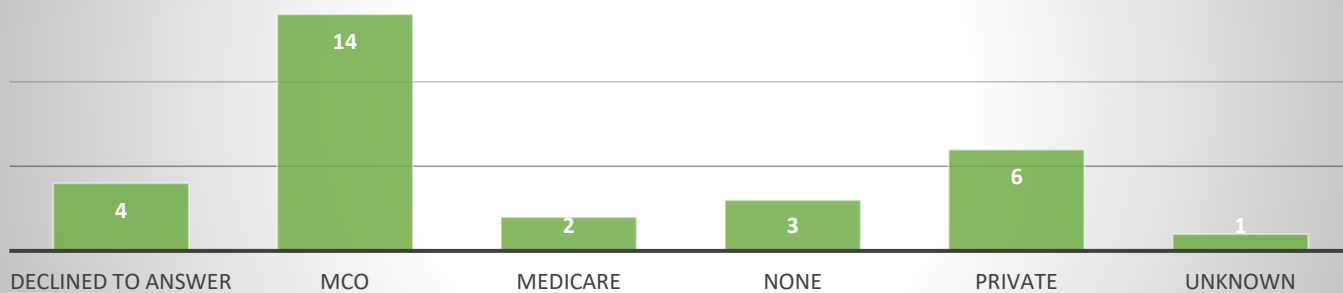
FY 21 Mobile Crisis Dispatch



FY 21 Mobile Crisis Dispatch Day of week



FY 21 Mobile response insurance source



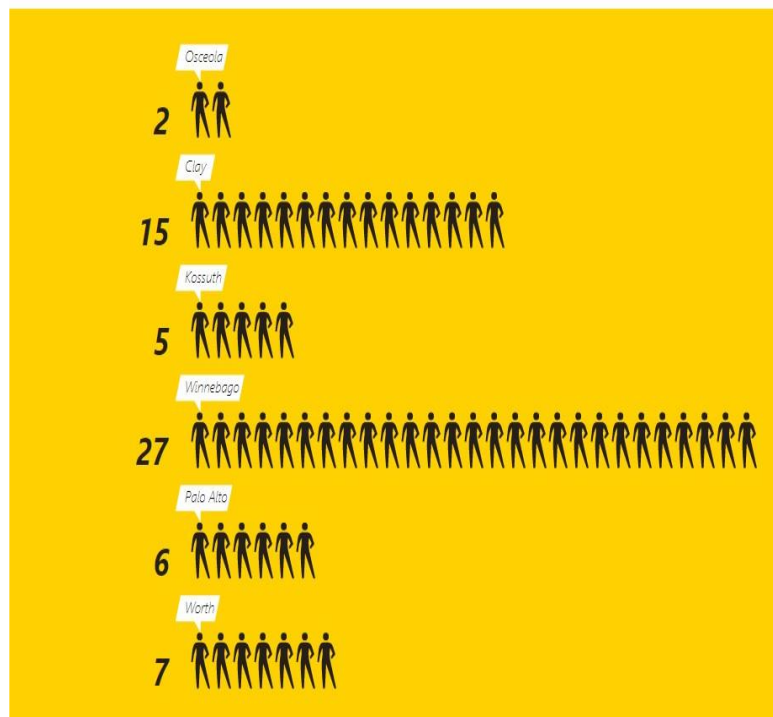
During FY 21 Seasons Center utilized its crisis line to dispatch mobile crisis. Seasons does not contract with Foundation 2/ Your Life Iowa. Additional support through the statewide Your Life Iowa Crisis line is available to residents.

Justice-Involved Services: Care Connections of Northern Iowa utilizes Integrated Telehealth Partners (ITP) for jail services such as psychiatric evaluations and medication evaluations/ refills with the exception of Palo Alto County. Palo Alto utilizes Plains Area Mental Health.

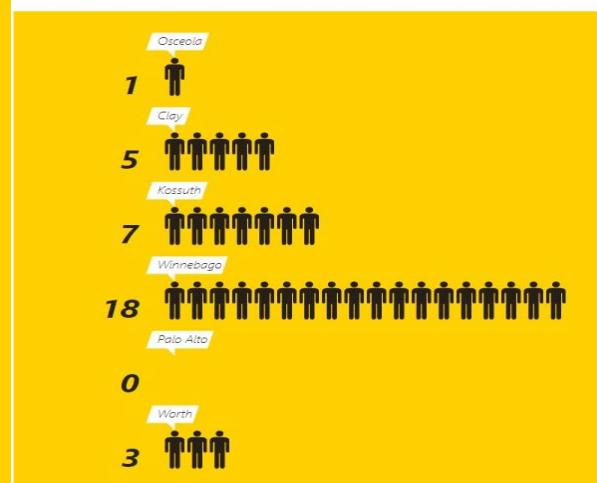
September 2021 the CCNIA Governance Board made a policy change in which the CCNIA Region would pay for the cost of mental health medications while incarcerated to assist with the coordination of care when needed and requested from the jails.

The usage over the last fiscal year is as follows between both providers:

FY 21 JAIL PSYCHIATRIC EVALUATIONS



FY 21 JAIL MEDICATION MGMT.



Stepping Up Initiatives: CCNIA continued the Stepping Up Team Initiative, comprised of area law enforcement, corrections, service providers, and regional representatives. It is estimated that 2 million people who are booked into jails each year have a mental health diagnosis and another $\frac{3}{4}$ of them have substance abuse issues. Stepping up Initiative supports counties in developing and adopting cross-system action planning and technical assistance such as training and providing alternatives to incarceration. The CCNIA region holds quarterly meetings to problem solve on how to respond to individuals in need. The Stepping Up Team has a collaborative approach and effort to work together to be responsive in the least restrictive way possible. Throughout FY 21 CCNIA introduced Kossuth, Worth, and Winnebago Counties to these stepping up meetings. Development shifted through these meetings due to the differences in services between communities. The Region continues to be responsive to the needs of the communities and tailor the conversations to ensure that everyone is on the same page and working towards a shared and streamlined process for brain health symptoms.



Assertive Community Treatment: was started in October 2017 with Seasons Center. Seasons Center provides services in CCNIA Region as well as a neighboring MHDS Region. Seasons Center had several staffing changes through the year but continued to recruit. The team had between 19 to 23 clients on their caseload, this averages to 22 clients served monthly through this program. During FY 21 Seasons Center utilized numerous methods to continue to meet through the pandemic, deploying creative solutions to continue to meet with individuals. During FY 21 CCNIA also collaborated with Prairie Ridge as they have been working towards the achievement of an ACT Program to cover Kossuth, Winnebago, and Worth Counties for the eastern regional counties. Ongoing communication will occur to be responsive and available to the agency when and if needed.

Supportive Employment: CCNIA works with clients, families, and providers to provide employment services to those within the Region. Funding has been provided with Sioux Rivers to support the Individualized Placement Services (IPS) Model to the Region. During FY 21 there were 4 CCNIA individuals served during this pilot session with 4 individuals who obtained employment. In July of 2020, Hope Haven was able to start a new outcomes-based funding stream that fits the IPS model. Hope Haven and the State Team negotiated an Exception to Policy for both Iowa Vocational Rehabilitation Services and Habilitation Services through IME and the MCO's. Iowa Medicaid Enterprise has published proposed rules to make this Exception to policy permanent for the IPS outcomes-based funding as well as setting definitions and expectations to providers. There are 4 outcome-based payments:

IPS FY 21 OUTCOMES



Mandated Services:

During FY 21 there were several changes made to the services that were provided by the region. The collection process was discontinued for court-committed individuals. Consideration was given to the nature of additional trauma and hardship for the individual. Instead, individuals who have been involved in the court committal process are sent a personal letter from their resident counties Service Coordinator who introduces themselves and offers resources and information to assist them in receiving brain health services. Care Connections believes this change in the way care is provided will create a more approachable and welcoming atmosphere during a time when a person's brain health may need additional care and support.



MENTAL HEALTH COMMITMENTS



INFORMATIONAL REFERRAL

Public Education:

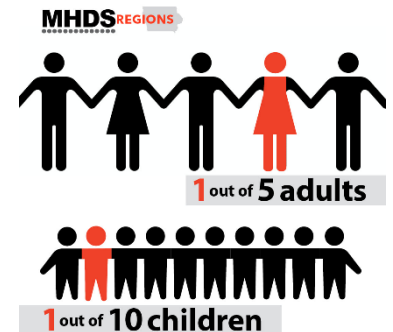
During FY 21 the MHDS CEO Collaborative pooled together CARES Act Resources to hire Trilix Marketing. In addition, MHDS Regions partnered with Brain Health Iowa to utilize the campaign to create awareness of resources and also to destigmatize mental health/ brain health. There were four main goals during this marketing and public awareness campaign which are:

1. Develop clear, actionable messages.
2. Create tools to allow regions to use MHDS to drive local activity.
3. Present a united front to influential, regulatory, and legislative audiences.
4. Achieve a stable and consistent presence across Iowa.

Activities focused to meet such goals included:

- Messages through website blogs and social media.
- Visuals were presented (video, photography, and art)
- Digital and Social Media marketing
- Shared MHDS Website to direct individuals to find their region.
- Social Media presence and regularly scheduled posts that are engaging and professional.
- Building Awareness and Understanding- using blogs to share helpful information.
- Articles and Media outreach- consistent messaging throughout the year to explain resources and provide guidance.

Internally CCNIA also utilized CARES Dollars for Regional rebranding, with the change of the name it was also a convenient time to change website design, and materials to provide more appealing imaging for the hopes of connecting with residents and helping destigmatize brain health resources.



5 signs that you need to evaluate brain health

- 1 You feel empty, disinterested, detached or unmotivated.
- 2 You're constantly irritated and impatient.
- 3 Your moods swing from one extreme emotion to another.
- 4 You experience manic or anxious episodes.
- 5 You're self-medicating with drugs, alcohol or food.

Regional Collaboration with Providers, Stakeholder, Regions:

Care Connections of Northern Iowa prides itself on developing and maintaining relationships with clients, families, stakeholders, counties, and communities in the region.



Care Connections continues to establish regular contact with providers, agencies, community members, and other key partners in establishing, maintaining, and sustaining the working relationships. Care Connections holds monthly COVID-19 meetings to continue to offer a forum for community agencies to discuss topics, ask questions, offer support, and for the region to have ongoing assessments of the communities. This has provided valuable relationships and has sparked ideas for action internally as well as between community partners who have developed collaborations outside of those groups.

Care Connections regularly participates in and or facilitates regional meetings. Care Connections routinely works with local and state agencies. Care Connections takes pride in partnering and collaboration to provide care for residents in the community.

MHDS Regional CEO Collaborative is another major component that should be noted. This collaboration has been instrumental in statewide planning activities, collaboration, as well as ongoing support for community continuity of care. Regional relationships will continue to be a key component in MHDS Regions due to the nature of the work and the benefit of shared resources for the residents of Care Connections and throughout the state.

Task Force Meetings:

During FY 21 CCNIA Service Coordinators continued and/ or implemented Brain Health/ Mental Health Taskforce meetings with other leaders in the community who have an interest in collaboration to keep others better informed and increase networking and resources between paid community supports as well as natural supports through community leaders.

Provider Network:

Care Connections service contracts require that all providers meet applicable licensure, accreditation, or certification standards. However, Care Connections makes serious efforts to stimulate access to more natural supports in its service provider network. Successful attainment of positive outcomes, consumer, and family CCNIA, and cost-effectiveness measures are the most important factors in continued network participation. CCNIA values all its partners and looks to continue to build the network to serve individuals and continue to work towards the mission to improve access to behavioral healthcare.

Conclusion:

Care Connections of Northern Iowa had an eventful FY 21. Two prior member counties Dickinson and O'Brien joined another Region while Kossuth, Winnebago, and Worth Counties joined. A pandemic was in full swing during the year which led to having to be flexible as well as navigate in a way that was new to most everyone. Even during such a challenging year, the Region continued to work efficiently and in the best interest of residents in the counties. Care Connections will continue to work towards our mission to support improved behavioral healthcare through local resources to promote full citizenship for people with mental illness and intellectual disabilities.

Thank you for your time to read Care Connections of Northern Iowa FY 21 Annual Report. If you have any questions they may be directed to:

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