

Southwest Iowa MHDS Region

FY 2020 Annual Report



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

APPROVED BY GOVERNING BOARD: NOVEMBER 24, 2020

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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 FY2020 Annual Report covers the period of July 1, 2019 to June 30, 2020. The annual report includes documentation of the services provided, individuals served, documentation of designated intensive mental health services, 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. We worked diligently throughout the year to bring stakeholders together to continue our progress in creating our Access Center Network. Many decisions were made regarding details establishing what will best work for our region communities. Next fiscal year we will iron out the final details and documents to make it a reality by July 2021. The region also geared up to begin a Children's Behavioral Health System on July 1, 2020. Many services, such as the mobile crisis team, were already in place and serving children. Additional Service Coordinators will be put in place to help meet the need of children referrals to the region. Planning will continue into the next year as referrals come in and as we understand better the needs of children and their families in this area.

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.

SERVICES PROVIDED AND INDIVIDUALS SERVED IN FY2020

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 2020 Actual GAAP	SouthwestIowaMHDS MHDS Region	MI (40)		ID(42)		DD(43)		BI (47)		Other		Total
		A	C	A	C	A	C	A	C	A	C	
	Comprehensive Facility and Community Based Treatment											
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient	79	1									80
71319	State MHI Inpatient - Per diem charges	7										7
73319	Other Priv./Public Hospitals - Inpatient per diem charges	6										6
	Basic Crisis Response											
44301	Crisis Evaluation	5										5
44307	Mobile Response	182	65									247
44313	Crisis Stabilization Residential Service (CSRS)	114	2									116
	Sub-Acute Services											
	Support for Community Living											
32320	Support Services - Home Health Aides	3										3
32329	Support Services - Supported Community Living	34		4		2						40
	Support For Employment											
50362	Voc/Day - Prevocational Services	5		25								30
50367	Day Habilitation			1								1
50368	Voc/Day - Individual Supported Employment	31		45		2						78
50369	Voc/Day - Group Supported Employment			2								2
	Recovery Services											
	Service Coordination											
	Core Evidence Based Treatment											
04422	Consultation - Educational and Training Services	10		5								15
42398	Assertive Community Treatment (ACT)	11										11
45373	Peer Family Support - Family Psycho-Education	4										4
	Core Subtotals:	491	68	82		4						645
	Mandated											
74XXX	CommitmentRelated (except 301)	201	12									213
75XXX	Mental health advocate	258	3									261
	Mandated Subtotals:	459	15									474
	Core Plus											
	Justice System Involved Services											
25XXX	Coordination services	210	1									211
46305	Mental Health Services in Jails	12										12
46425	Mental Health Court related expenses	32										32
74301	Civil Commitment Prescreening	36	8									44
	Additional Core Evidence Based Treatment											
42366	Psychotherapeutic Treatment - Social Support Services	287	1									288
42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	3										3
	Core Plus Subtotals:	580	10									0

Other Informational Services											
04372	Planning and/or Consultation Services (Client Related)	1									1
05373	Public Education Services	16									16
	Other Informational Services Subtotals:	17									17
Community Living Support Services											
22XXX	Services management	544	41								585
31XXX	Transportation	80		4		1					85
32326	Support Services - Guardian/Conservator			3	1						4
33340	Basic Needs - Rent Payments	37									37
41305	Physiological Treatment - Outpatient	2									2
41306	Physiological Treatment - Prescription Medicine/Vaccines	1									1
42310	Psychotherapeutic Treatment - Transitional Living Program	82									82
63329	Comm Based Settings (1-5 Bed) - Supported Community Living	13		1							14
	Community Living Support Services Subtotals:	759	41	8	1	1					810
Congregate Services											
50360	Voc/Day - Sheltered Workshop Services	1									1
64XXX	ICF-6 and over beds	2									2
64XXX	RCF-6 and over beds	89		3		2					94
	Congregate Services Subtotals:	92		3		2					97
Administration											
Uncategorized											
Regional Totals:		2398	134	93	1	7					2633

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	121	1535	1656	40
Mental Illness, Intellectual Disabilities	0	23	23	40, 42
Mental Illness, Intellectual Disabilities, other DD	0	0	0	40,42,43
Mental Illness, Other Developmental Disabilities	0	3	3	40, 43
Intellectual Disabilities	1	66	67	42
Other Developmental Disabilities (DD)	0	3	3	43
Total	122	1630	1752	

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	<i>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. Our program will be the Southwest Iowa CAN (Crisis Access Network).</i>

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 sub rule 25.6(2), and documentation of each team’s most recent fidelity score.

Date Designated	ACT Teams	Fidelity Score
NA	<i>As of June 30, 2020, 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 are in process to expand to the remaining counties which will occur no later than July 1, 2021. Their fidelity review with the region will occur September 2020.</i>	

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	<i>The region has not yet designated a Subacute service provider but will do so no later than July 1, 2021</i>

The region has designated the following **Intensive Residential Service** providers that 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

FINANCIALS

Table C. Expenditures

FY 2020 Accrual	Southwest low a MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy **	\$ 254,461					\$ 254,461
42306	Medication prescribing & management **						\$ -
43301	Assessment, evaluation, and early identification **						\$ -
71319	Mental health inpatient therapy-MHI	\$ 97,749					\$ 97,749
73319	Mental health inpatient therapy **	\$ 18,846					\$ 18,846
	Crisis Services						
32322	Personal emergency response system						\$ -
44301	Crisis evaluation	\$ 1,575					\$ 1,575
44302	23 hour crisis observation & holding						\$ -
44305	24 hour access to crisis response	\$ 96,000					\$ 96,000
44307	Mobile response **	\$ 211,330					\$ 211,330
44312	Crisis Stabilization community-based services **						\$ -
44313	Crisis Stabilization residential services **	\$ 841,566					\$ 841,566
44396	Access Centers: start-up / sustainability	\$ 123					\$ 123
	Support for Community Living						
32320	Home health aide	\$ 9,404					\$ 9,404
32325	Respite						\$ -
32328	Home & vehicle modifications						\$ -
32329	Supported community living	\$ 65,185	\$ 6,174	\$ 15,017			\$ 86,376
42329	Intensive residential services						\$ -
	Support for Employment						
50362	Prevocational services	\$ 17,430	\$ 103,959				\$ 121,389
50364	Job development						\$ -
50367	Day habilitation		\$ 3,826				\$ 3,826
50368	Supported employment	\$ 75,214	\$ 129,842	\$ 11,043			\$ 216,098
50369	Group Supported employment-enclave		\$ 304				\$ 304
	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	\$ 80,382	\$ 42,408			\$ 122,790
32396	Supported housing					\$ -
42398	Assertive community treatment (ACT)	\$ 103,515				\$ 103,515
45373	Family psychoeducation	\$ 9,488				\$ 9,488
	Core Domains Total	\$ 1,882,267	\$ 286,512	\$ 26,059	\$ -	\$ 2,194,838
Mandated Services						
46319	Oakdale					\$ -
72319	State resource centers					\$ -
74XXX	Commitment related (except 301)	\$ 43,904				\$ 43,904
75XXX	Mental health advocate	\$ 136,574				\$ 136,574
	Mandated Services Total	\$ 180,478	\$ -	\$ -	\$ -	\$ 180,478
Additional Core Domains						
	Justice system-involved services					
25xxx	Coordination services	\$ 177,778				\$ 177,778
44346	24 hour crisis line*	\$ 153,800				\$ 153,800
44366	Warm line*					\$ -
46305	Mental health services in jails	\$ 16,540				\$ 16,540
46399	Justice system-involved services-other					\$ -
46422	Crisis prevention training					\$ -
46425	Mental health court related costs	\$ 155,487				\$ 155,487
74301	Civil commitment prescreening evaluation	\$ 16,670				\$ 16,670
	Additional Core Evidenced based treatment					
42366	Peer self-help drop-in centers	\$ 59,000				\$ 59,000
42397	Psychiatric rehabilitation (IPR)	\$ 5,552				\$ 5,552
	Additional Core Domains Total	\$ 584,826	\$ -	\$ -	\$ -	\$ 584,826
Other Informational Services						
03371	Information & referral					\$ -
04372	Planning, consultation &/or early intervention (client related)**	\$ 90				\$ 90
04377	Provider Incentive Payment					\$ -
04399	Consultation Other					\$ -
04429	Planning and Management Consultants (non-client related)					\$ -
05373	Public education, prevention and education **	\$ 4,434				\$ 4,434
	Other Informational Services Total	\$ 4,524	\$ -	\$ -	\$ -	\$ 4,524
Community Living Supports						
06399	Academic services					\$ -
22XXX	Services management	\$ 660,929				\$ 660,929
23376	Crisis care coordination					\$ -
23399	Crisis care coordination other					\$ -
24399	Health home other					\$ -
31XXX	Transportation	\$ 27,292	\$ 3,394	\$ 2,009		\$ 32,694
32321	Chore services					\$ -
32326	Guardian/conservator		\$ 3,579			\$ 3,579
32327	Representative payee					\$ -
32335	CDAC					\$ -
32399	Other support					\$ -
33330	Mobile meals					\$ -
33340	Rent payments (time limited)	\$ 24,896				\$ 24,896
33345	Ongoing rent subsidy					\$ -
33399	Other basic needs					\$ -
41305	Physiological outpatient treatment	\$ 863				\$ 863
41306	Prescription meds	\$ 1,724				\$ 1,724
41307	In-home nursing					\$ -
41308	Health supplies					\$ -

41399	Other physiological treatment						\$ -
42309	Partial hospitalization						\$ -
42310	Transitional living program	\$ 837,650					\$ 837,650
42363	Day treatment						\$ -
42396	Community support programs						\$ -
42399	Other psychotherapeutic treatment						\$ -
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	\$ 78,267	\$ 11,400				\$ 89,667
63399	Other 1-5 beds						\$ -
	Community Living Supports	\$ 1,631,621	\$ 18,373	\$ 2,009	\$ -		\$ 1,652,002
Other Congregate Services							
50360	Work services (work activity/sheltered work)	\$ 128					\$ 128
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 1,615,785	\$ 26,536	\$ 45,384			\$ 1,687,705
64XXX	ICF 6 and over beds (64317 & 64318)						\$ -
64329	SCL 6 and over beds						\$ -
64399	Other 6 and over beds						\$ -
	Other Congregate Services Total	\$ 1,615,913	\$ 26,536	\$ 45,384	\$ -		\$ 1,687,833
Administration							
11XXX	Direct Administration					586,192	\$ 586,192
12XXX	Purchased Administration					208,333	\$ 208,333
	Administration Total					\$ 794,524	\$ 794,524
	Regional Totals	\$ 5,899,629	\$ 331,421	\$ 73,452	\$ -	\$ 794,524	\$ 7,099,025
(45XX-XXX)County Provided Case Management							
(46XX-XXX)County Provided Services							
	Regional Grand Total						\$ 7,099,025
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							\$ -
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 2020 Accrual	Southwest Iowa MHDS Region		
Revenues			
	FY19 Annual Report Ending Fund Balance		\$ 12,602,711
	Adjustment to 6/30/19 Fund Balance		\$ (209,454)
	Audited Ending Fund Balance as of 6/30/19 (Beginning FY20)		\$ 12,393,257
	Local/Regional Funds		\$ 4,855,708
10XX	Property Tax Levied	4,116,691	
12XX	Other County Taxes	9,276	
16XX	Utility Tax Replacement Excise Taxes	210,777	
25XX	Other Governmental Revenues	-	
4XXX-5XXX	Charges for Services	-	
5310	Client Fees	-	
60XX	Interest	110,570	
6XXX	Use of Money & Property	-	
8XXX	Miscellaneous	408,394	
9040	Other Budgetary Funds (Polk Only)	-	
		-	
	State Funds		\$ 311,623.00
21XX	State Tax Credits	217,853	
22XX	Other State Replacement Credits	92,192	
2250	MHDS Equalization	-	
24XX	State/Federal pass thru Revenue	-	
2644	MHDS Allowed Growth // State Gen. Funds	-	
29XX	Payment in Lieu of taxes	1,578	
		-	
	Federal Funds		\$ -
2344	Social services block grant	-	
2345	Medicaid	-	
	Other	-	
	Total Revenues		\$ 5,167,331
	Total Funds Available for FY20	\$ 17,560,588	
	FY19 Actual Regional Expenditures	\$ 7,099,025	
	Accrual Fund Balance as of 6/30/20	\$ 10,461,563	

Table E. County Levies

County	2017 Est. Pop.	Regional Per Capita	FY20 Max Levy	FY20 Actual Levy	Actual Levy Per Capita
Cass	13,145	45.51	598,229	\$ 328,625	25.00
Fremont	6,948	45.51	316,203	\$ 173,700	25.00
Harrison	14,136	45.51	643,329	\$ 353,400	25.00
Mills	15,068	45.51	685,745	\$ 276,125	18.33
Monona	8,740	45.51	397,757	\$ 218,500	25.00
Montgomery	10,137	45.51	461,335	\$ 253,426	25.00
Page	15,224	45.51	692,844	\$ 380,600	25.00
Pottawattamie	93,386	45.51	4,249,997	\$ 2,334,650	25.00
Shelby	11,628	45.51	529,190	\$ 290,700	25.00
Total Region	188,412		8,574,630	4,609,726	24.47

*Mills County mistakenly levied more than last year's (FY19) agreed upon levy per cap so adjusted for it in FY20

STATUS OF SERVICE DEVELOPMENT IN FY2020

SWIA MHDS Region continued development of its Crisis Access Network (CAN) during FY20. Accomplishments of workgroup meetings included developing the CAN’s mission and vision, producing a workflow of the CAN, and next steps for service development. Most key providers for the CAN have been identified, with additional development to take place in FY21.

During FY20, SWIA MHDS also began planning for expansion of Assertive Community Treatment (ACT) throughout the region. The region’s current program operated by Heartland Family Service (HFS) serves 3 of the 9 region counties. The region approached HFS to begin research on expanding ACT to the remaining counties.

SWIA MHDS participated in collaboration with other MHDS regions regarding development of Intensive Residential Services Homes (IRSH). This area remains under development as the regions work with the Department of Human Services and the Managed Care Organizations on reimbursement structures. In order to be fiscally responsible and in order for providers to engage in detailed planning, the fee structure needs to be determined before further planning with providers can occur.

SWIA MHDS also began preparations for implementation of Children’s Behavioral Health Services in FY21. Leadership staff developed an implementation plan, with key areas including identifying staffing needs, revision of the 28E and Policies and Procedures, adding new board members, and the creation of a children’s advisory committee. Leadership also developed a timeline of service development for FY20 for services that begin in FY21. The development of services was delayed due to the COVID-19 pandemic, which did not allow for the kind of communication necessary to reach out to school districts and providers.

OUTCOMES/REGIONAL ACCOMPLISHMENTS IN FY2020**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 and 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 FY20, the Mental Health Crisis Response Team (MHCRT) continued to expand its services to the rural critical care hospitals throughout the region. The focus continues to be on law enforcement providing 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. These services are the foundation of the new Crisis Access Network in development within our region.

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, with an additional review to take place in fall of 2020. 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. C3-Deescalation Training is also available to providers throughout the region, along with services of a behavioral health coach for individuals living an ID Waiver and Habilitation Services homes.

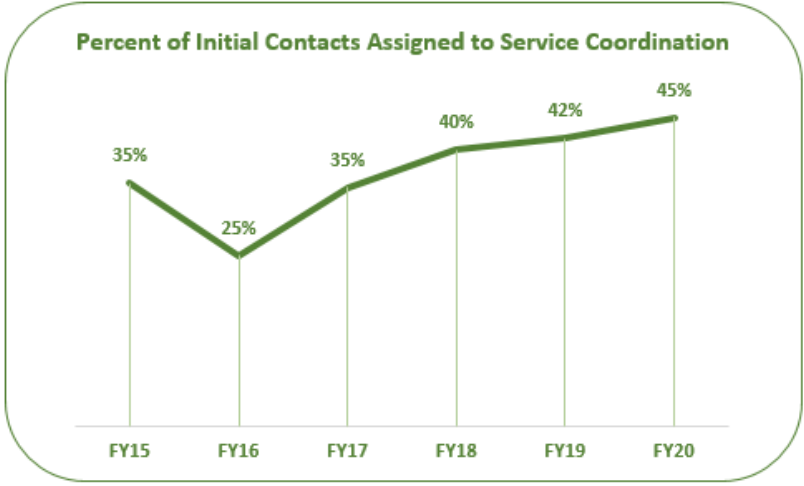
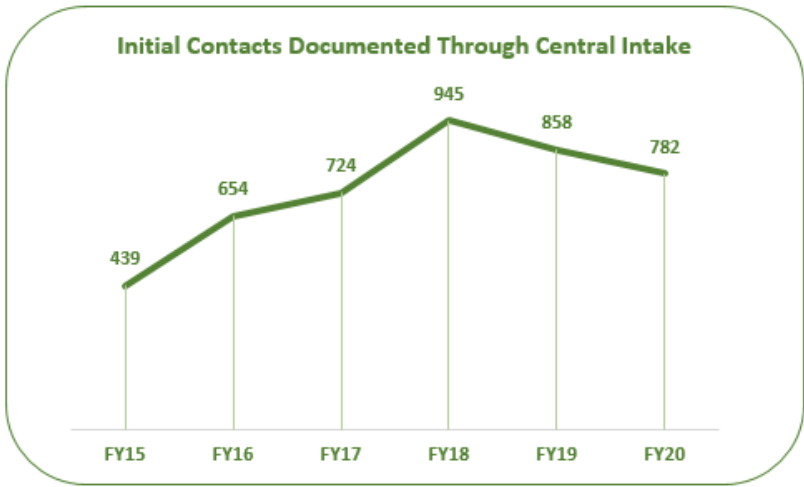
Additional details on outcomes and data from these services can be found below.

Region Program Outcomes

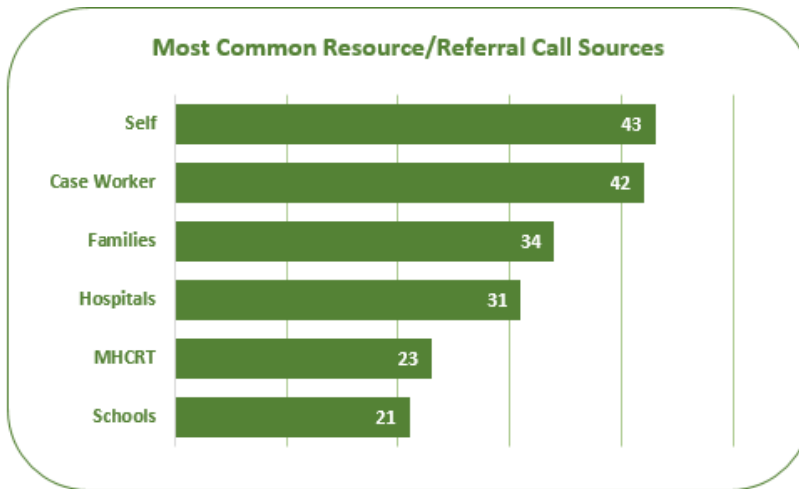
Intake and Referral

In FY20 the region received a total of 782 documented initial contacts through the Central Intake office. This was 76 less than received during FY19. Of those, 351 required assignment to a region service coordination (297) or a SOAR worker (54) which was similar to last year. 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,

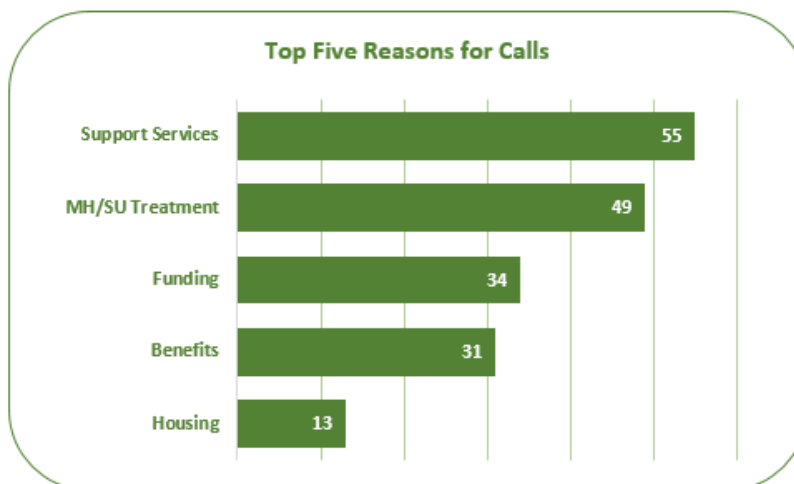
corrections, DHS, group care, family, hospitals, Integrated Health Home, mental health centers, medical providers, schools, Mental Health Court, in home providers, and individuals themselves. The remaining 430 contacts were for resource and referral information and did not require assignment to service coordination.



Resource and Referral calls were initiated by a variety of sources, some of which included the individual’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 individuals themselves. The most common resource/referral call sources were callers regarding their own needs (43), case workers (42), families (34), hospitals (31), the mental health crisis team (23) and schools (21).



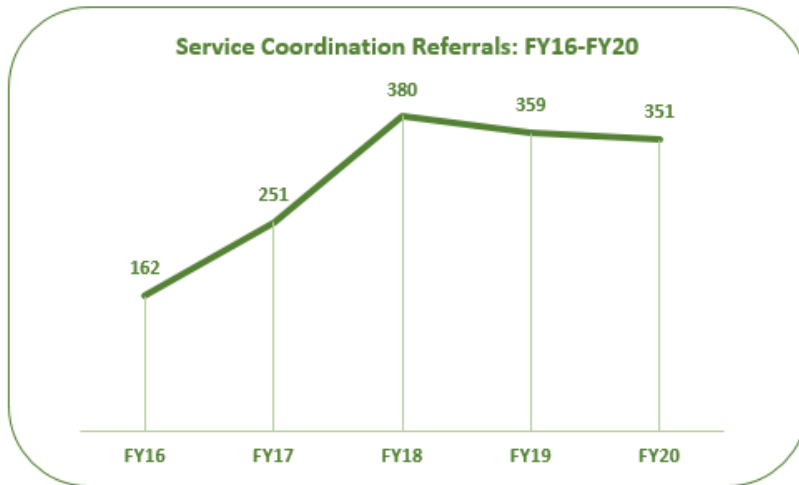
Callers expressed a variety of needs, including but not limited to: advocacy, benefits/Medicaid/SSA, case management/service coordination questions, community resource questions, financial issues, food, funding issues, guardianship services, housing, in-home supports, IHH questions, legal issues, MCO questions, outpatient mental health, rent subsidy, placement, waiver questions, transition services, SOAR wait list, and vocational services. The top five reasons for calls were to discuss support services (55), mental health and substance use treatment (49), funding (34), benefits (31) and housing (19).



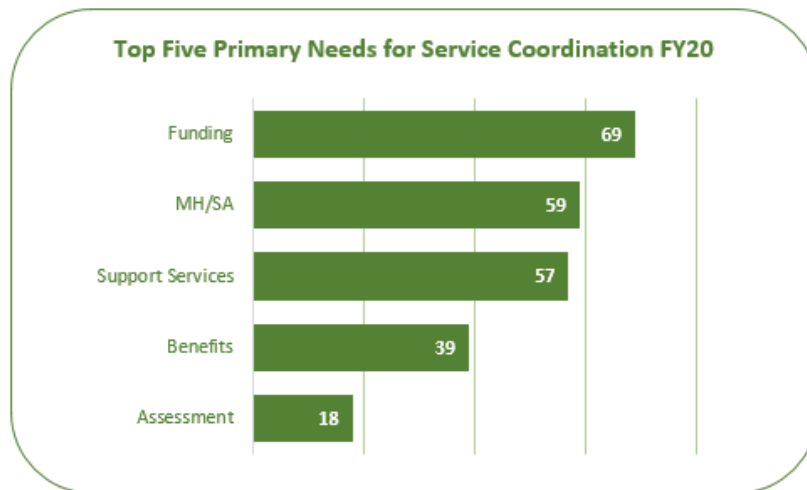
Service Coordination

SWIA MHDS had six Service Coordinators (5 FTE) that served the 9-county region in FY20. 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.

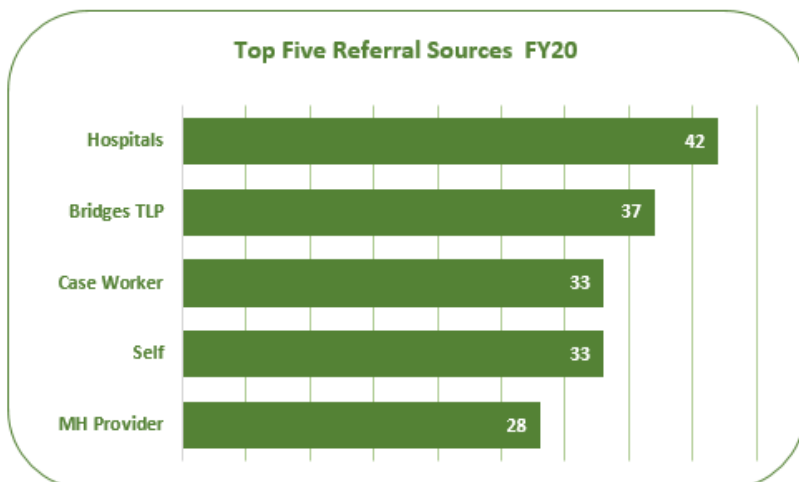
The Region received 351 referrals for service coordination, which includes SOAR referrals. Of the 351 referrals, (297) were for region service coordination and (54) were for SOAR service coordination. This was an average of twenty-nine (29) referrals each month, which is similar to last year.



The top five primary need for Service Coordination as shown below were Funding (69), MH/SA (59), Support Services (57), Benefits (39), and Assessment (18). This data does not include SOAR referrals.



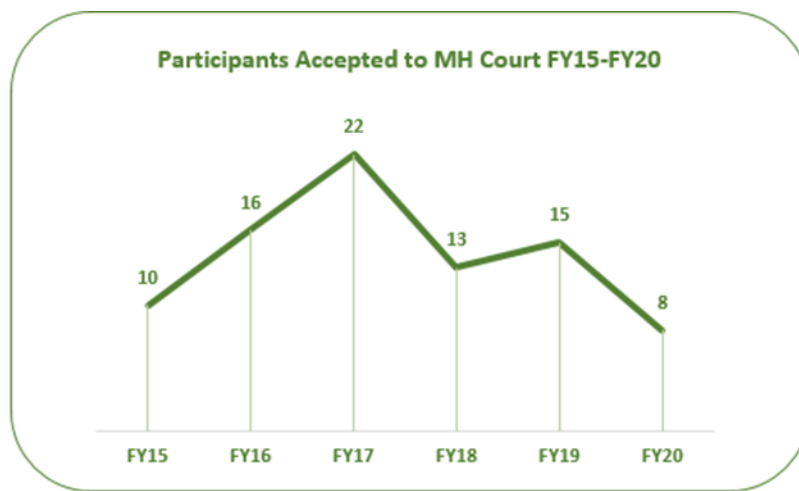
Of the 297 individuals referred, the top five referral sources for service coordination were Hospitals (42), Bridges transitional housing program (37), Case Worker (33), Self (33), MH Provider (28). Data not included in the graph but important to note were the referrals from Family Members (27) and Schools (19). The data does not include SOAR referrals.



The region Service Coordinators continue to work closely with Integrated Health Homes (IHH) and MCOs for individuals 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 districts on mutual individuals when it was appropriate.

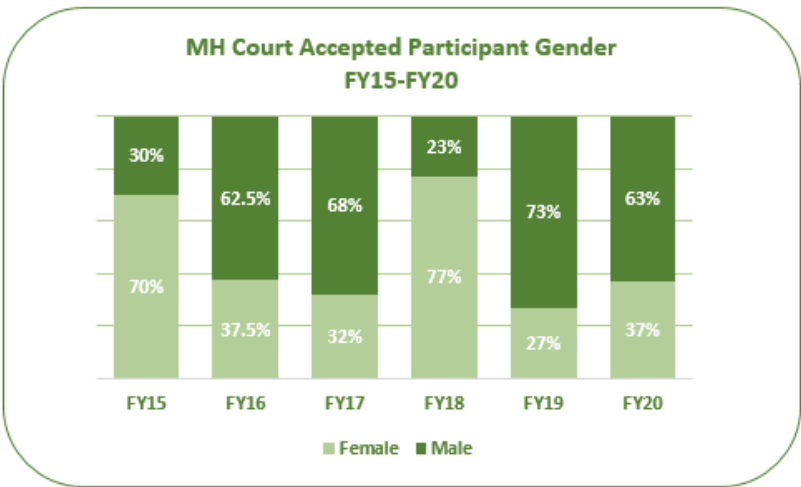
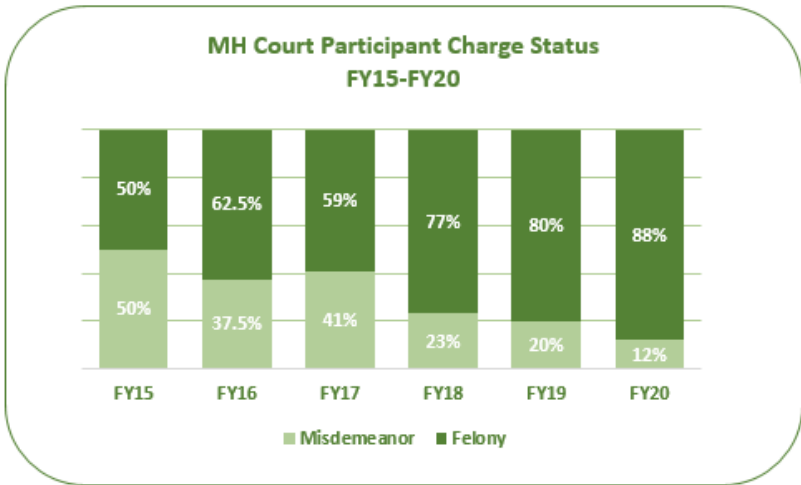
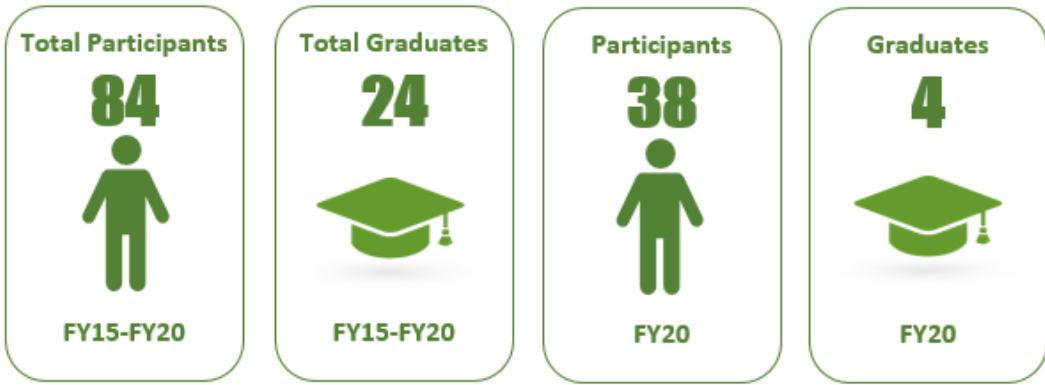
Mental Health Court

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 eighty-four (84) participants into the program. This is a 12 to 24 month program for most participants. The program has successfully graduated four (4) participants in FY20 for a total of twenty-four (24) since the program started in January of 2015. In FY20, Mental Health Court had thirty-eight (38) participants (including both active and discharged cases). Due to the COVID-19 pandemic and the limited in-person meetings of the team for several months beginning in March 2020, there were fewer participants referred and accepted into the program.

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.

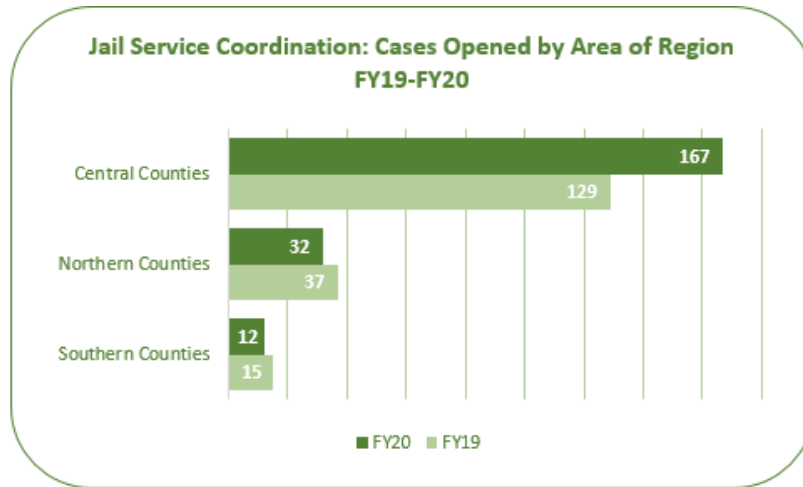


Jail Based Service Coordination

The Region continued its Jail Based Service Coordination program in FY20. 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 need increases their ability to meet mental health and basic needs and be successful once back in the community. The program has continued to evolve during its duration in order to best serve those with the most serious mental health needs. Referrals generally occur at the Pottawattamie County Jail through

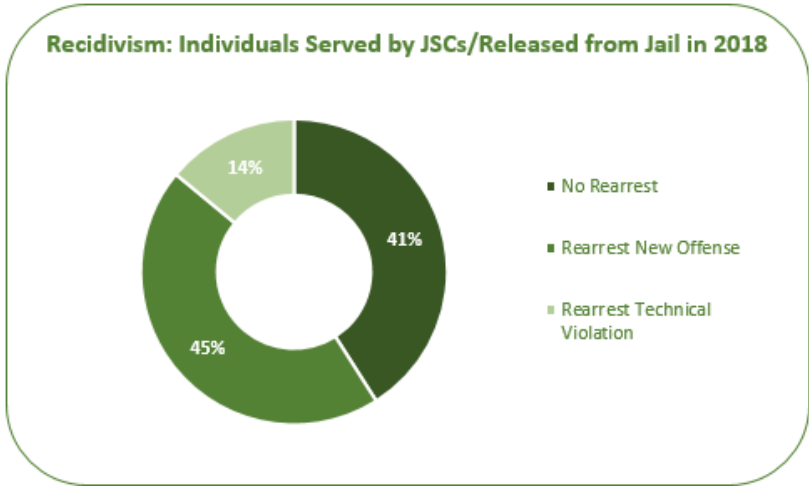
the jail medical department. Individuals who see the psychiatrist at the jail are automatically assessed for a jail service coordination referral. Individuals in the outlying jails continue to self-refer or are referred by jail staff, attorneys, probation, family members, and others.

The Jail Based Service Coordination program received 383 inquiries for service coordination over the course of its fourth year. Of those, 211 individuals were opened for service coordination. The graph below shows a breakdown of individuals served by area of the region. The “central counties” are Pottawattamie and Cass and “northern / southern” designated according to geographic location from the central counties.



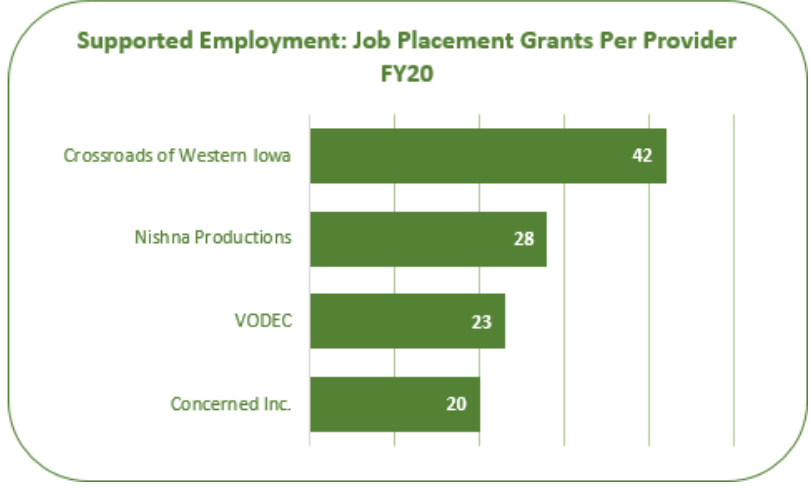
Of those whose files were not opened, some were discharged before seen by staff, some did not meet criteria, and others needed basic needs information only that could be given out to them rather than opening a case file. Making referrals to numerous services and supports in the community for individuals 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, and Bridges Housing transitional program services. In addition, through an electronic interface, the jail coordinators processed 225 requests for service/resource information from inmates at the Pottawattamie County Jail. Typical procedure for this includes staff putting the service/resource information in the individual’s property upon their release. Through their work in the region’s jails, the service coordinators also continued to develop connections with entities that before had not been widely established, including relationships with jail staff, attorneys, probation officers and service providers.

In FY20, SWIA MHDS initiated an effort to collect preliminary outcome data for the Jail Service Coordination program. Jail-based service coordinators gathered rearrest data for individuals served by the program who were released from jail during calendar year 2018 through the follow-up period that ended May 15, 2020. This effort did not involve experimental or quasi-experimental methodology. The results are not intended to be evaluative in nature or suggestive of program effectiveness. Rather, the data provide a baseline indicator of recidivism, defined as re-arrest, among those served. Of the 207 individuals included the analysis, 41 percent had no further arrests by the end of the follow up period.

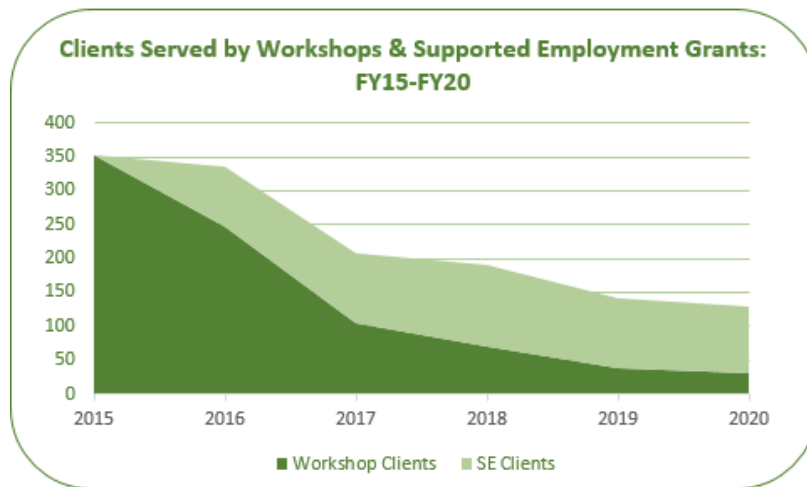
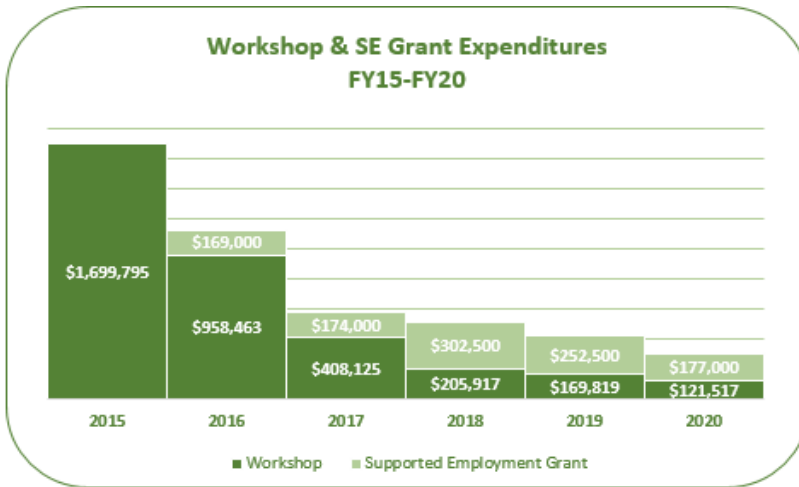


Supported Employment Development

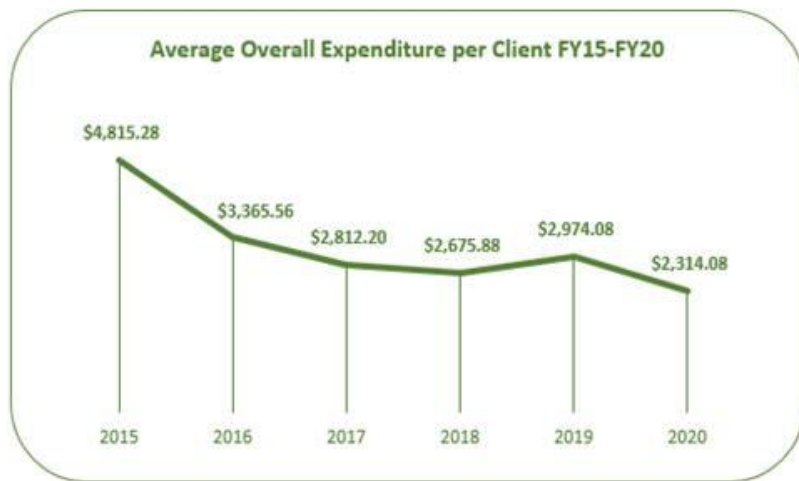
Supported Employment Development efforts for FY2020 focused on continuance of Vocational Grants for providers. Incentives for vocational providers to secure employment for an individual included a \$1,000 reimbursement, as long as the individual remained employed for at least 2 weeks. After 3 months 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. FY2020 saw 113 individual grants awarded totaling \$177,000. 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. Below is a graphic outlining the number of grants awarded to providers during FY20.



Expenditures for Sheltered Work and Pre-Vocational Services have declined significantly since the region began offering a vocational grant to its supported employment providers. Not only have individuals obtained employment, but many have maintained their employment, therefore, this has been an investment supportive to providers as they change their focus to more community-based services. Below are graphics outlining the decline in sheltered workshop along with supported employment grant expenditures since regionalization in FY15. An additional graphic outlines the decrease in individuals served in sheltered workshop settings as the vocational grants have been offered.



In addition, average overall expenditures per individual have decreased since inception of the vocational grant to providers as evidenced in the graphic below.



SOAR

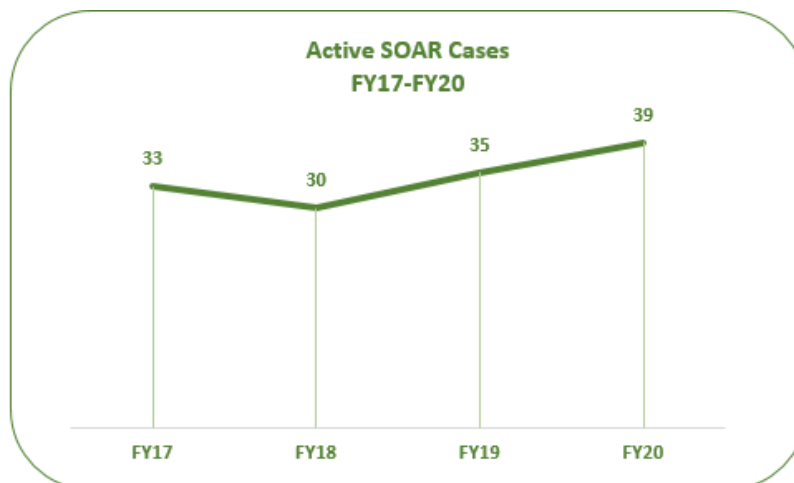
The SOAR (Social Security Outreach Access and Recovery) process assists a person with their Social Security disability determination process. The individual must be diagnosed with a mental illness and be homeless or at risk of being homeless. The SOAR Service Coordinator assists by providing guidance on accessing mental health or medical services, completing assessments, reminders for appointments and checking on the status of their case. By presenting the

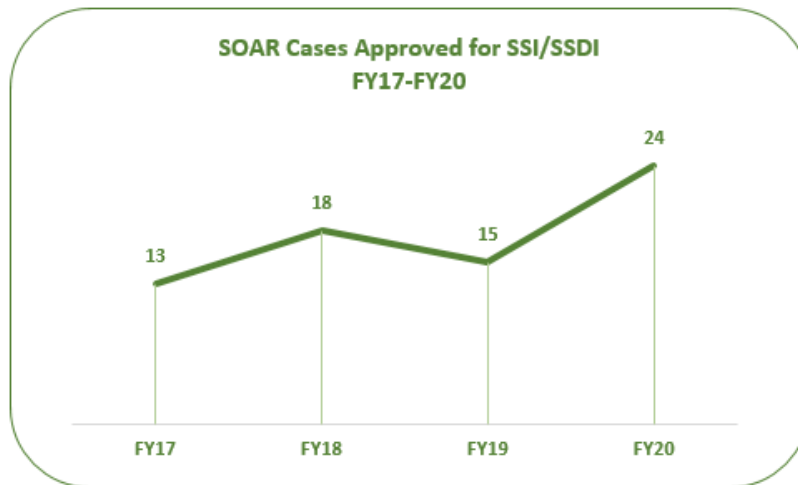
application information to the Social Security Administration in an organized and complete package, the decision process is much timelier.

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 fifty-four (54) new referrals in FY20. Of those referred, thirty-nine (39) cases were opened (active) and fifteen (15) cases were not opened as individuals either declined the service or were unable to be located. Twenty-four (24) cases were approved for SSI/SSDI in FY20, which was an increase from previous years. Of those cases, six (6) were referrals from FY20, twelve (12) were from FY19, four (4) were from FY18 and two (2) 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 payments 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.

- Heartland Bridges Transitional Living Program- individuals served are authorized, however, SWIA MHDS pays operating costs that exceed the per diem charge
- Turning Pointe Crisis Stabilization Residential Service- individuals served are authorized, however, SWIA MHDS pays operating costs that exceed the per diem charge paid by Medicaid and regions
- Hope4Iowa Crisis Call Line
- 24 Hour Crisis Response through the community mental health centers
- C3 De-Escalation Training by the Heartland Family Service Behavioral Health Coach
- A block grant was provided through a Program Enhancement Grant application process for Community Mental Health Centers in the SWIA MHDS Region for FY20

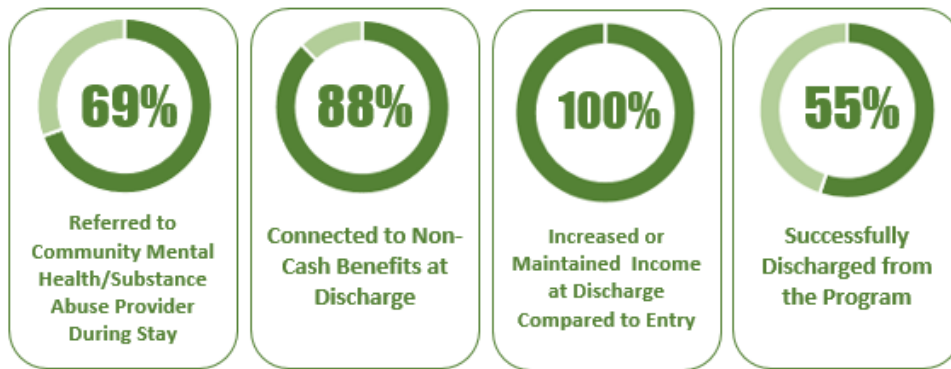
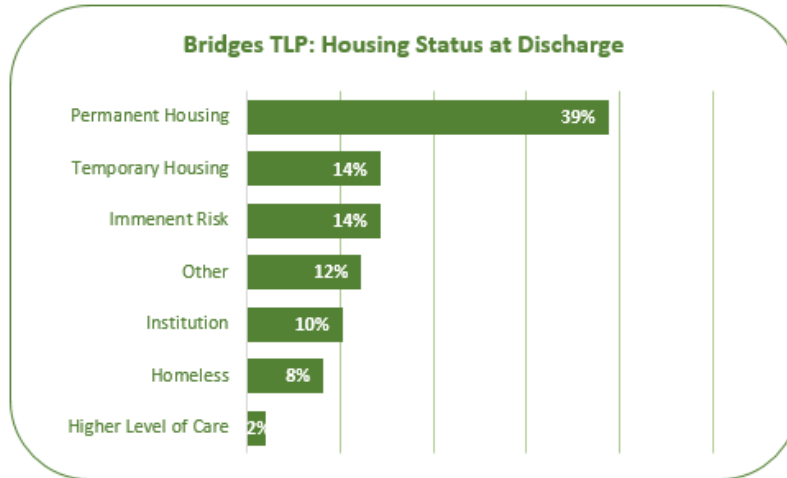
Transitional Living Program

The Region opened Heartland Bridges, a housing initiative, in March 2017. The program developed due to a recognized need of housing for mentally ill individuals leaving our region jails as well as a lack of housing for participants in the region's Mental Health Court program. The Bridges 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 continued to be a resource for individuals in housing crises during FY20. Bridges received 170 referrals and served 51 individuals, with an average length of stay of 71 days. Of the total referrals, 43 were accepted (35 admitted), 100 were denied, and 27 referrals were not screened. Of the total referrals, 20 individuals withdrew their application, and 36 staff were unable to contact. The majority of program referrals (48 individuals) were from the individuals themselves or family members. The second largest source with 34 referrals were corrections referrals. The remainder

of the top five sources included other Heartland Family Service programs (28), the region’s Service Coordination program (24), and inpatient mental health units (17).

The occupancy rate for the program between July 2019 and March 2020 averaged 79%. In April 2020, the program restricted capacity from 15 to 8 beds as part of efforts to mitigate risk associated with COVID-19. Below is outcome information on the program for FY20, including connection to services, housing status at discharge, income status, and discharge status.

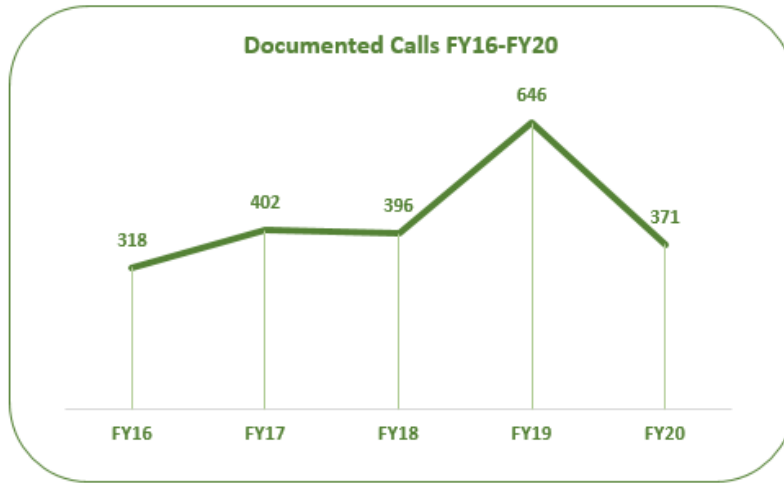


Crisis Services

Implementation of the Region’s crisis stabilization services began in 2015. By FY20, the region’s crisis stabilization system included the Hope4Iowa Crisis Call Line operated by Boys Town, the Mental Health Crisis Response Team operated by Heartland Family Service and the Turning Pointe Crisis Stabilization Residential Service operated by Waubonsie Mental Health Center. Services are available to all nine counties included in the region.

Hope4Iowa Crisis Call Line

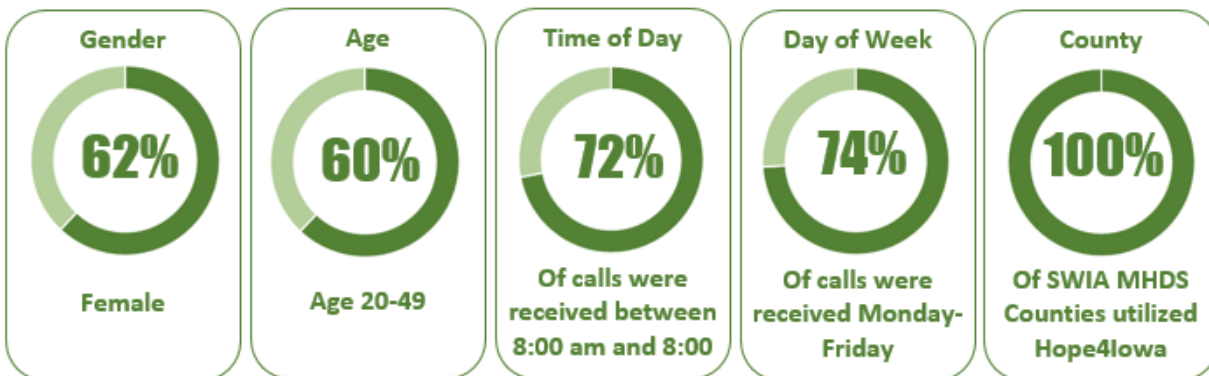
Hope4Iowa Crisis Call Line began operations in June 2015. The service was implemented to serve as the first point of contact for the Region’s crisis stabilization system of services. In the line graph below, each data point represents the total number of documented calls that occurred during the fiscal year. As the graphic indicates, Hope4Iowa Crisis Call Line provided services to 2,133 callers during the first five fiscal years of operation.



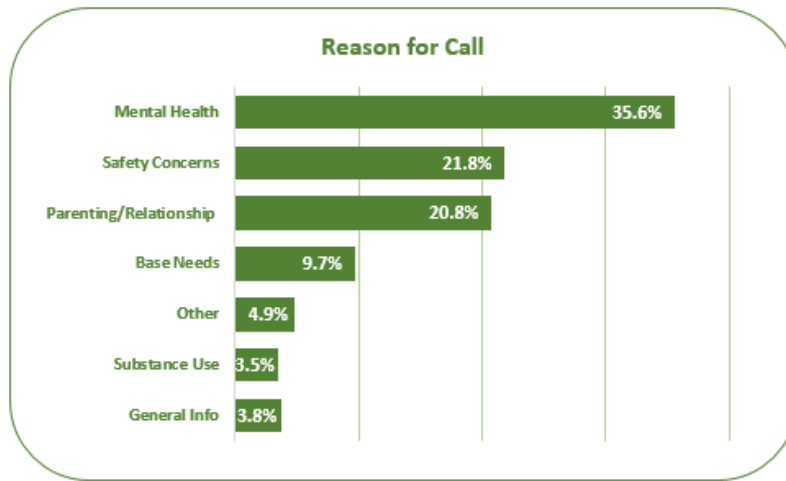
During FY20, Hope4Iowa Crisis Call Line received 371 documented calls compared with 646 in FY19. This represents a 42.5 percent decrease in call volume from the previous year. The decrease is largely due to a return to a similar level of promotional campaigns that occurred prior to FY19. There were 261 unique callers in FY20. Performance measures such as answer rate, hold time, and call length are presented below. Values are to the nearest percent, second and minute.



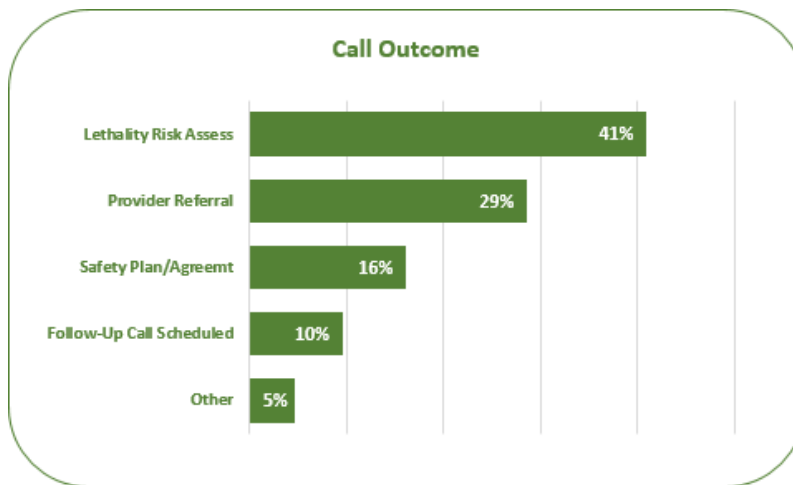
Monthly average answer rate ranged from 86 to 97 percent of calls in FY20. The monthly average hold time ranged from 26 to 91 seconds. Average call length ranged from 15 to 21 minutes.



Consistent with previous years, female callers placed nearly two-thirds of all documented calls. Sixty percent of callers were between twenty and forty-nine years of age. Of the 371 calls received in FY20, approximately three out of four calls occurred Monday through Friday and between the hours of 8:00 am and 8:00 pm. Calls to Hope4Iowa originated in all nine counties in the SWIA MHDS Region. The majority of calls, 51 percent, originated in Pottawattamie County.



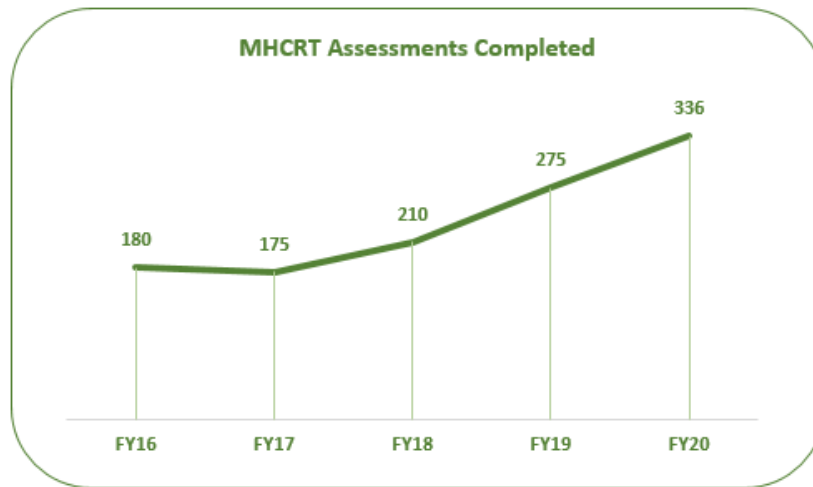
With regard to the reason for the call, the category most frequently identified by the caller making up almost 36 percent of calls involved mental health concerns. Calls pertaining to safety concerns, relationship problems and base needs combined comprise 52 percent of all calls.



The most frequent call outcome involved the completion of a lethality assessment. In FY20, Hope4Iowa staff conducted 269 lethality assessments. Completion of a lethality assessment was followed by provider referrals (n=188), completion of a safety plan (n=106), and scheduling a follow up call (n=63) in terms of frequency of outcome. In FY20, Hope4Iowa completed 44 follow up calls. Of those, 43 percent of individuals contacted were referred to the region.

Mental Health Crisis Response Team (MHCRT)

Mental Health Crisis Response Team (MHCRT) provides immediate therapeutic intervention for mental illness and substance abuse crises wherever the crisis occurs. MHCRT data represent the total number of individuals assessed by the Mental Health Crisis Response Team. From FY16 through FY20 the MHCRT completed 1176 assessments. In FY 20, MHCRT completed 336 assessments.



During FY20, the MHCRT responded to requests for assessments from five sources: law enforcement, jails, pre-committal, court orders and hospital emergency departments.

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. In FY20, there MCHRT completed 97 law enforcement-initiated assessments. 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. MHCRT completed 55 jail-initiated assessments in FY20.

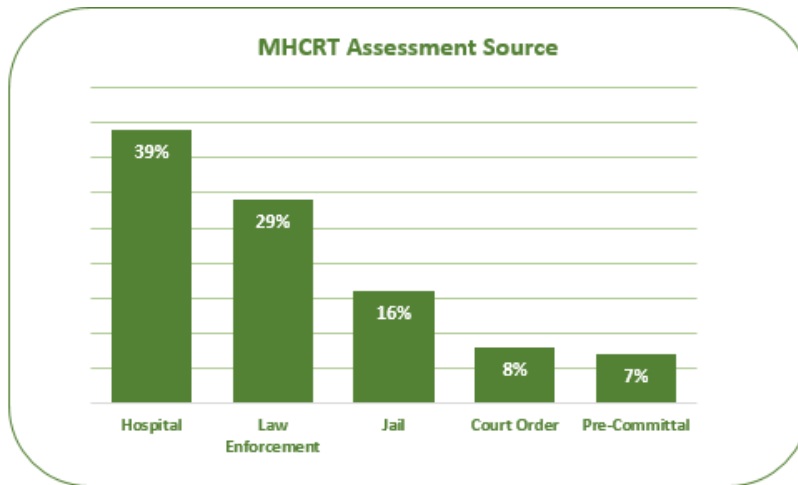
Pre-committal assessments occur when citizens who are considering filing civil commitment paperwork are provided with information about the service and contact the MHCRT to request an assessment. The purpose of the assessment is to determine the appropriate level of care in an attempt to avoid unnecessary civil commitments. MHCRT implemented pre-committal assessments in Pottawattamie County in 2012 and made the service available to all counties in FY16. In FY20, MHCRT completed 25 pre-committal assessments.

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. Court ordered assessments began in Pottawattamie County in August 2015 and were available to all counties in during the second half of FY16. MHCRT completed 27 court ordered assessments in FY20.

During the last quarter of FY18, the Region and MHCRT piloted telehealth MHCRT assessments in one hospital emergency department. Since that time, hospital-based assessments have expanded to four additional hospitals. There were 132 assessments completed in four hospital emergency departments in FY20. By the end of FY20, all counties in the region implemented at least one type of MHCRT assessment. The table below lists the implementation of services by county at the end of the fiscal year.

MENTAL HEALTH CRISIS RESPONSE TEAM EXPANSION STATUS FY 2020					
	LAW ENFORCEMENT	JAIL	PRE-COMMITTAL	COURT ORDERED	HOSPITAL
CASS	1/2018	1/2019	Not Utilizing	Not Utilizing	9/2020
FREMONT	1/2020	Not Utilizing	Not Utilizing	Not Utilizing	1/2020
HARRISON	5/2017	Not Utilizing	Not Utilizing	Not Utilizing	1/2020
MILLS	12/2016	5/2017	1/2017	2/2017	N/A
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	2/2011	11/2012	8/2015	N/A
SHELBY	9/2016	3/2017	11/2018	11/2018	Not Utilizing

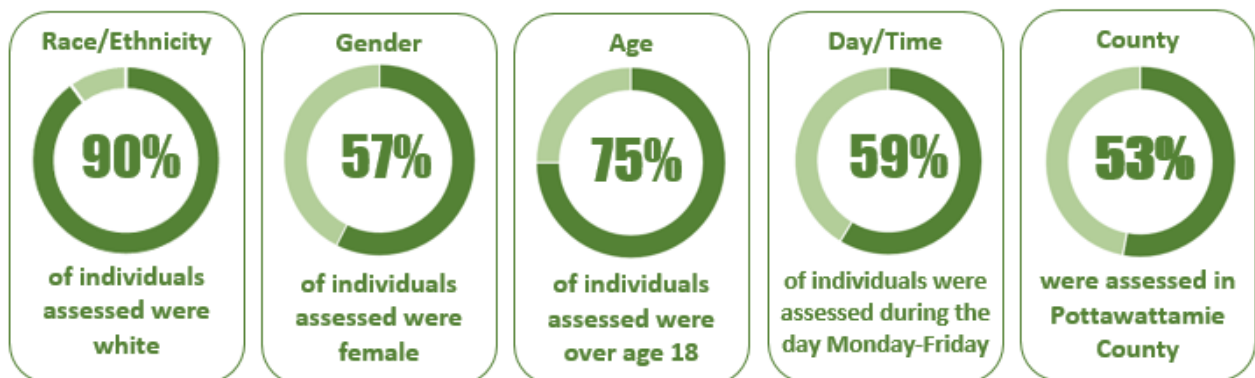
In FY20, Hospital emergency department-based assessments surpassed law enforcement-initiated assessments as the most frequent assessment source. The portion of jail-based assessments remained unchanged from FY19. Pre-committal and court ordered requests decreased slightly to fifteen percent of all assessments completed by the MHCRT.



Of the 336 individuals assessed by the MHCRT during FY 2020, the recommended disposition in 79 percent of cases overall involved the individual not requiring civil commitment. The percentage for whom commitment was not recommended varied by assessment source as the graphics below indicate.

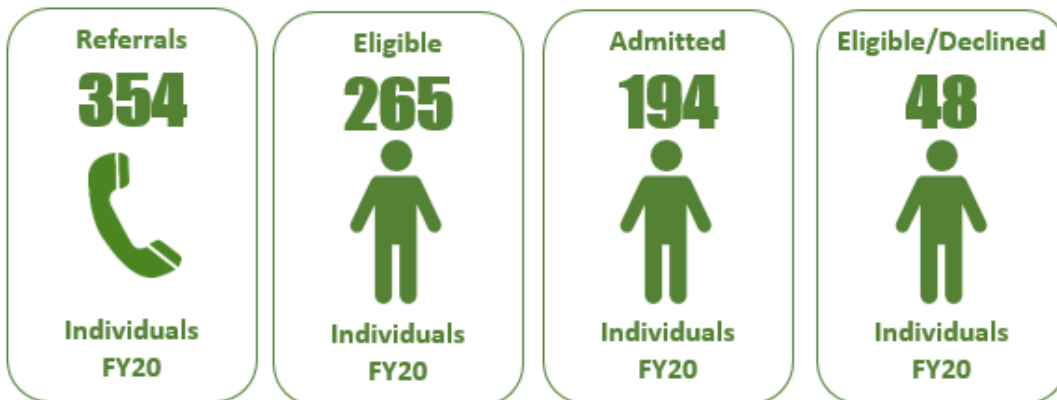
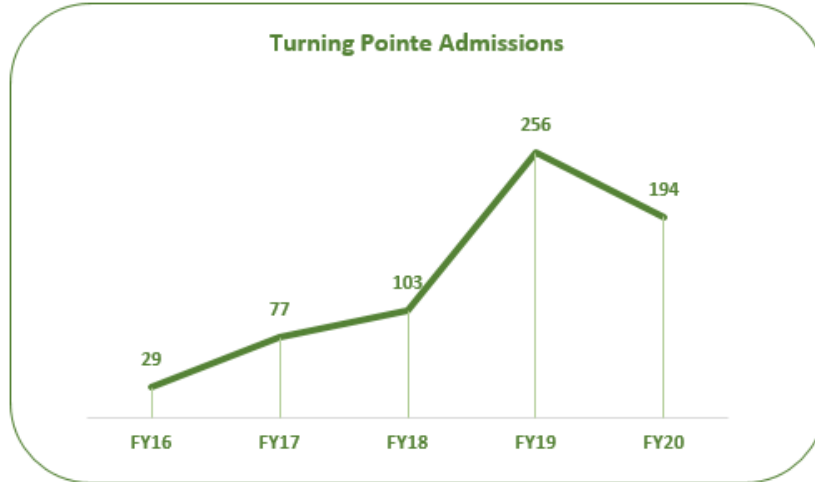


In FY20, 90 percent of individuals assessed by MHCRT were white and 57 percent were female. Seventy-five percent of individuals assessed were over age 18. Fifty-nine percent of assessments occurred Monday through Friday between the hours of 8:00 am and 5:00 pm. Slightly more than half of all individuals were assessed in Pottawattamie County.

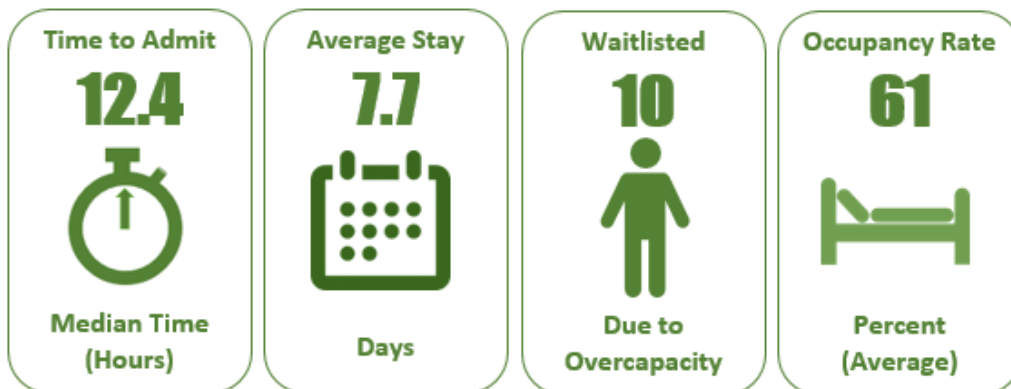


Turning Pointe Crisis Stabilization Residential Service (CSRS)

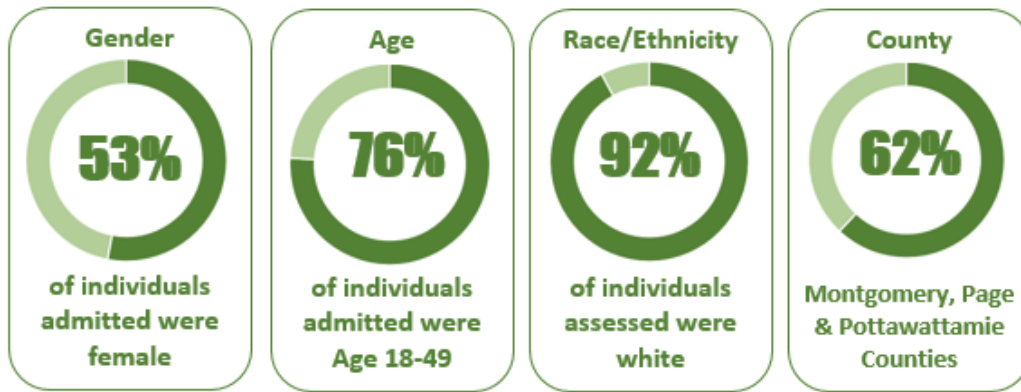
Turning Pointe is a short-term, home-like crisis stabilization residential service for individuals in mental health crisis. Turning Pointe opened its doors as a five-bed crisis stabilization residential service on January 18, 2016. After a temporary closure due to flood damage in March 2019, Turning Pointe reopened on April 8 at a new location as a ten-bed facility. During FY20, the CSRS closed temporarily due to the COVID-19 pandemic. Since opening its doors in 2016, there have been 659 admissions to Turning Pointe CSRS.



During FY20, Turning Pointe received 354 referrals, an increase of one referral from the previous year. Seventy-five percent of all referrals were determined to be eligible for the service upon initial screening. Of those eligible, 48 individuals declined to be admitted. In FY20, 194 individuals were admitted to Turning Pointe. This represents a 24 percent decrease from FY19. The change is due largely to temporary reduced capacity and closure due to COVID-19.



During FY20, the median time from referral to admission was 12.4 hours. The average length of stay was 7.7 days, up from 4.5 days in FY19. Ten individuals were waitlisted due the overcapacity. Of those, only one individual was admitted to Turning Pointe. The average occupancy rate for FY20 was sixty-one percent, similar to FY19.



Among those admitted during FY20, fifty-three percent were female, seventy-six percent were between 18 and 49 years of age ninety-two percent were white, and sixty-two percent of individuals admitted were from Montgomery, Page and Pottawattamie Counties. One out of five individuals admitted to Turning Pointe were from counties outside of the SWIA MHDS Region.



Upon discharge from Turning Pointe, individuals are asked to complete a discharge survey. In FY20, 173 individuals were discharged and 167 completed the survey resulting in a response rate of 97 percent. Among those who completed the survey, 96 percent indicated their overall experience was “great” or “good,” 97 percent reported feeling “safe” during their stay, 83 percent reported they were “comfortable with the discharge plan,” and 90 percent reported they were “educated on medication management.”

Statewide Outcomes

The SWIA MHDS region continues to work toward making sure providers are multi-occurring, culturally capable, utilizing evidence based practices, and focusing on trauma informed care in their organizations. The region recognizes 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.

The region’s Data Analyst attended Data Analytics committee meetings throughout FY20. The group worked to identify data analysis goals for the MHDS regions on a statewide basis. In addition, the group worked to identify statewide priorities regarding individual satisfaction surveys, crisis services outcomes, and justice-involved services outcomes. Building upon the CTG Analytics Intensive attended in FY19, the region’s Data Analyst also developed methodology and completed a Data Needs Assessment to document SWIA MHDS Region staff use of the Community Services Network (CSN) in their daily work. Through this, the analyst identified areas for improved operational efficiency and data analysis.

During FY20, SWIA MHDS sent two staff to Permanent Supported Housing Fidelity Assessment Training, and finished the fiscal year in scheduling an ACT Fidelity Review for fall of 2020.

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. They have recently become certificated in the revised course content as well as the virtual and blended course options. 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. Additional professional trainings were scheduled but not held due to weather cancelations as well as the COVID-19 pandemic.

TRAINING DATE	TRAINING TITLE	SPEAKER	LOCATION
September 12, 2019	25%-Sexual Violence is Everyone’s Problem	Sarah McGinnis	Council Bluffs, IA
October 29, 2019	Mental Health First Aid—Adult	Regional Training Team	Council Bluffs, IA
November 1, 2019	Mental Health First Aid—Youth	Regional Training Team	Clarinda, IA
November 14, 2019	Working with Ex-Offenders: The Barriers They Face and the Con Games They Play	Jon Poore & Tony Rubek Pottawattamie Co. Jail	Council Bluffs, IA
January 23, 2020	Suicide Prevention	Sonja Fittje, MS LMHP	Council Bluffs, IA
February 11, 2020	Into the Future: Process Addictions	Kate Speck, PhD, MAC, LADC	Council Bluffs, IA
June 30, 2020	Mental Health First Aid—Adult	Region Training Team	Atlantic, 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. A position within Heartland Family Service provides the coordination and record-keeping of these trainings. This program was revised in the past year and instructors are currently being trained to include the new material. 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). In FY20 there were 29 C3 De-Escalation trainings held. The total number of individuals trained in C3 De-escalation was 452. Additional individuals have taken the first half of the course but to date

have been unable to complete the course. Those individuals are not included in the total. Sixteen agencies have trained 10 or more staff and 3 agencies have trained 40 or more staff.

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 individuals 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 individuals 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.

Along with the MCOs, the region works closely with Integrated Health Homes (IHHs) and makes frequent referrals to these agencies throughout the Region. The Region also works to increase the IHHs knowledge of services created by the Region that will help mutual individuals and provide better services within the community.

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 served as a public forum for other related MH/DS issues. The SWIA MHDS Regional Advisory Committee represented 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 again this year in getting and keeping representation from all three areas of the region, so the region made changes to the advisory committee structure effective in FY21, in order to keep representatives engaged and to encompass changes made due to Children's Behavioral Health program beginning in July 2020.

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 was an easy way to give input to the region, ask questions and learn about new programs. The LACs gave 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 divided into three LACs: North, Central and South. Meetings were 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 voted four members onto the RAC.

The LACs met approximately every six months but this year due to COVID-19 only one meeting was held in February 2020. The community, including consumers and providers, were encouraged to attend the LAC public meeting nearest to them to provide input, receive updates and build relationships and interest. The LAC focused on Children's Behavioral Health Transition Planning, Advisory Board Restructuring, Management Plan Review and Crisis Access Network Update. Collecting input from people in attendance and highlighting information about new programs and changes in the region were a priority.

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, fifteen (15) individuals were served. This number is lower than last year due to barriers related to COVID-19 precautions. Agencies assisted include Pride Group, Nishna Productions Inc., Mosaic, Crossroads of Western Iowa and the Community Support Network. The Behavioral Health Coach also provided trainings to four (4) direct care agencies. The trainings included Understanding Schizophrenia, Motivational Interviewing, How to Motivate Others and Trauma 101. Forty-eight (48) direct care staff attended these training in FY20.

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 has served a range of 10-16 individuals in the past year. In the past year the team did change to phone meetings due to COVID-19 and the meeting facilitators consulted with a similar team in Douglas County to compare policies and procedures as well as to address barriers to attendance and outcomes.