COUNTY SOCIAL SERVICES

FY2020 ANNUAL REPORT

SUBMITTED

12/01/2020

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

APPROVED BY ADVISORY BOARD: 11/18/2020

APPROVED BY GOVERNING BOARD: 12/09/2020

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Introduction

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

In June 2020, County Social Services' CEO, Bob Lincoln, submitted his resignation. The region began a search process, and on October 5, 2020, Mary McKinnell began her position as the new County Social Services CEO.

During FY2020, Kossuth, Winnebago and Worth Counties all submitted letters requesting to leave the region and the requests were accepted by the CSS Board; the three counties exited the region on 6/30/20. Throughout FY20, the region continued to expend much time, energy and financial resources in holding Kossuth County accountable to the 28E Agreement that the county willingly entered into. There needs to be an easier path for counties and regions whose business relationship is no longer healthy to part ways so all may continue the work of serving the most vulnerable people in our state, yet allow counties that are no longer contiguous through no fault of their own to choose to remain with the region in which they are established.

The County Social Services Governing Board meets on the 4th Wednesday of each month, rotating the location by county in alphabetical order, with the exception of April, August and November. In April and August, the Advisory Groups from each service area meet and in November, they all come together for the CSS Annual Stakeholder Meeting. Due to the COVID-19 pandemic, the board and advisory meetings moved to a virtual platform beginning in March 2020. The CSS Board members are listed below.

County	Board Member(s)
Allamakee	Dennis Koenig
Black Hawk	Craig White, 2019 CSS Board Secretary/Treasurer; 2020 CSS Board Vice-Chair
Butler	Greg Barnett
Cerro Gordo	Chris Watts
Chickasaw	Jacob Hackman
Clayton	Sharon Keehner
Emmet	John Pluth
Fayette	Jeanine Tellin, 2019 CSS Board Chair
Floyd	Roy Schwickerath, 2019 CSS Board Vice-Chair; 2020 CSS Board Chair
Grundy	James Ross
Hancock	Gary Rayhons
Howard	Pat Murray
Humboldt	Sandy Loney
Kossuth	Donnie Loss
Mitchell	Barb Francis
Pocahontas	Clarence Siepker
Tama	Larry Vest
Webster	Mark Campbell
Winnebago	Bill Jensvold
Winneshiek	Floyd Ashbacher
Worth	Ken Abrams
Wright	Karl Helgevold, 2020 CSS Board Secretary/Treasurer
Provider Rep	Marcia Oltrogge, Northeast Iowa Behavioral Health (ex-officio)
Consumer Rep	Janel Clarke (2019); Eric Donat (2020)

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

The FY2020 Annual Report covers the period of July 1, 2019 to June 30, 2020. The annual report includes documentation of the status of service development, services actually provided, individuals served, designated intensive mental health services, a financial statement including revenues, expenditures and levies and specific regional outcomes for the year.

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	308	4505	4813	40
Mental Illness, Intellectual Disabilities	6	200	206	40, 42
Mental Illness, Intellectual Disabilities, Other Developmental Disabilities	2	22	24	40, 42, 43
Mental Illness, Intellectual Disabilities, County Provided Services	0	4	4	40, 42, 46
Mental Illness, Intellectual Disabilities, Brain Injury	0	3	3	40, 42, 47
Mental Illness, Other Developmental Disabilities	5	54	59	40, 43
Mental Illness, Other Developmental Disabilities, Brain Injury	0	1	1	40, 43, 47
Mental Illness, Brain Injury	1	18	19	40, 47
Intellectual Disabilities	7	163	170	42
Intellectual Disabilities, Other Developmental Disabilities	0	15	15	42, 43
Intellectual Disabilities, Other Developmental Disabilities, County Provided Services	0	2	2	42, 43, 46
Intellectual Disabilities, Other Developmental Disabilities, Brain Injury	0	1	1	42, 43, 47
Intellectual Disabilities, County Provided Services	0	10	10	42, 46
Intellectual Disabilities, Brain Injury	0	2	2	42, 47
Other Developmental Disabilities	8	40	48	43
Brain Injury	0	17	17	47
Total	337	5057	5394	99

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

FY 2020 Actual GAAP	COUNTY SOCIAL SERVICES MHDS Region	MI (40)		ID(42)		DD(43)		BI (47)		Other		Total
		A	C	A	C	A	C	A	C	A	C	
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient	674	26	2								**702**
42306	Psychotherapeutic Treatment - Medication Prescribing	995	11									**1006**
71319	State MHI Inpatient - Per diem charges	26		1								**27**
73319	Other Priv./Public Hospitals - Inpatient per diem charges	2										**2**
	Basic Crisis Response											
32322	Support Services - Personal Emergency Response System	1										**1**
44301	Crisis Evaluation	490	140	10	2	13	2					**657**
44313	Crisis Stabilization Residential Service (CSRS)	136	22	11	1		4					**174**
	Sub-Acute Services											
64309	Sub Acute Services (6+ Beds)	48	3									**51**
	Support for Community Living											
32320	Support Services - Home Health Aides			1								**1**
32325	Support Services - Respite Services	6		1		1						**8**
32329	Support Services - Supported Community Living	150		48	1	24		6				**229**
	Support For Employment											
50362	Voc/Day - Prevocational Services			1		4						**5**
50364	Voc/Day - Job Development					1						**1**
50367	Day Habilitation	6		13		12		2				**33**
50368	Voc/Day - Individual Supported Employment	8		17	1	24						**50**
50369	Voc/Day - Group Supported Employment			2		6		1				**9**
	Recovery Services											
45323	Peer Family Support - Family Support	2										**2**
45366	Peer Family Support - Peer Support Services	47		1								**48**
	Service Coordination											
24376	Health Homes Coordination - Coordination Services	2										**2**
	Core Evidence Based Treatment											
42398	Assertive Community Treatment (ACT)	90										**90**
	Core Subtotals:	**2683**	**202**	**108**	**5**	**85**	**6**	**9**				**3098**
Mandated												
74XXX	Commitment Related (except 301)	849	105	16		11	2	4	1			**988**
75XXX	Mental health advocate	1128	62	11	1	2						**1204**
	Mandated Subtotals:	**1977**	**167**	**27**	**1**	**13**	**2**	**4**	**1**			**2192**
Core Plus												
	Justice System Involved Services											

25XXX	Coordination services	155	1	2		1		1				**160**
46305	Mental Health Services in Jails	602	7	14		2		2				**627**
	Additional Core Evidence Based Treatment											
42366	Psychotherapeutic Treatment - Social Support Services	193		23		2						**218**
42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	1										**1**
	Core Plus Subtotals:	**951**	**8**	**39**		**5**		**3**				**1006**
Other Informational Services												
05373	Public Education Services	14		2								**16**
	Other Informational Services Subtotals:	**14**		**2**								**16**
Community Living Support Services												
22XXX	Services management	1106	20	101	5	31	5	18				**1286**
23100	Crisis Care Coordination - Salary of Regular Employees	64	18	2				3				**87**
23376	Crisis Care Coordination - Coordination Services	91	8	2								**101**
31XXX	Transportation	264	5	39	2	9		2				**321**
32326	Support Services - Guardian/Conservator	100	1	61		3		2				**167**
32327	Support Services - Representative Payee	232	2	49	1	5						**289**
32335	Consumer-Directed Attendant Care	2						2				**4**
33340	Basic Needs - Rent Payments	87			1	3						**91**
33345	Basic Needs - Ongoing Rent Subsidy	49										**49**
33399	Basic Needs - Other	34	2		1	2		2				**41**
41305	Physiological Treatment - Outpatient	35										**35**
41306	Physiological Treatment - Prescription Medicine/Vaccines	78	2									**80**
41307	Physiological Treatment - In-Home Nursing	6										**6**
42310	Psychotherapeutic Treatment - Transitional Living Program	2										**2**
42396	Psychotherapeutic Treatment - Community Support Programs	21										**21**
42399	Psychotherapeutic Treatment - Other	320	8	123	3	30	3	4		16		**507**
46306	Prescription Medication (Psychiatric Medications in Jail)	583	7									**590**
63399	Comm Based Settings (1-5 Bed) - Other							3				**3**
	Community Living Support Services Subtotals:	**3074**	**73**	**377**	**13**	**83**	**8**	**36**		**16**		**3680**
Congregate Services												
64329	Comm Based Settings (6+ Beds) - Supported Community Living	3		1								**4**
64399	Comm Based Settings (6+ Beds) - Other	1										**1**
64XXX	RCF-6 and over beds	106		15		2		4				**127**
	Congregate Services Subtotals:	**110**		**16**		**2**		**4**				**132**
Administration												
Uncategorized												
Regional Totals:		**8809**	**450**	**569**	**19**	**188**	**16**	**56**	**1**	**16**		**10124**

*Note: The 42399 – Psychotherapeutic Treatment – Other COA lists the unduplicated counts for both outpatient telehealth facility fees (until moved to 42305) and CSS' I-START program. The unduplicated count of persons served for I-START is 156, with 36 adults and 2 children with a primary disability group of MI, 108 adults with primary ID and 8 adults and 2 children with primary DD. CSS has moved I-START to County Provided Programs in FY2021. The unduplicated count of persons actually served in the 42399 category for telehealth is 244 adults and 2 children with MI as primary disability group and 4 adults with DD as primary disability group, for a total of 251. The 16 adults categorized in the "Other" column should not appears, as these were charges and then credits for the same individuals. However, this is how the database counts individuals and regions are not allowed to edit this data to make it accurate.

B. Regionally Designated Intensive Mental Health Services

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

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

Date Designated	Access Center
7/1/2020	North Iowa Regional Services, 1450 W. Dunkerton Rd., Waterloo, IA Black Hawk County

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

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

The region also funds the Seasons Center for Community Mental Health ACT Team for services in Emmet County. Seasons Center is a provider within the Northwest Iowa Care Connections and Sioux Rivers Regions, who are working on an independent fidelity review.

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

Date Designated	Subacute
7/1/2020	North Iowa Regional Services, 1450 W. Dunkerton Rd., Waterloo, IA Black Hawk County

The region continues to work with provider agencies in order to be able to designate **Intensive Residential Service** providers by the deadline of July 1, 2021. We will work with them to ensure they will meet the following requirements:

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

C. Financials

Table C. Expenditures

FY 2020 Accrual	County Social Services MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	**Treatment**						
42305	Mental health outpatient therapy **	$ 321,441	$ 3	$ -	$ -		$ 321,444
42306	Medication prescribing & management **	$ 217,762	$ -	$ -	$ -		$ 217,762
43301	Assessment, evaluation, and early identification **	$ -	$ -	$ -	$ -		$ -
71319	Mental health inpatient therapy-MHI	$ 367,365	$ 8,081	$ -	$ -		$ 375,446
73319	Mental health inpatient therapy **	$ 4,260	$ -	$ -	$ -		$ 4,260
	Crisis Services						
32322	Personal emergency response system	$ 371	$ -	$ -	$ -		$ 371
44301	Crisis evaluation	$ 342,450	$ 6,750	$ 8,550	$ -		$ 357,750
44302	23 hour crisis observation & holding	$ -	$ -	$ -	$ -		$ -
44305	24 hour access to crisis response	$ -	$ -	$ -	$ -		$ -
44307	Mobile response **	$ 78,632	$ -	$ -	$ -		$ 78,632
44312	Crisis Stabilization community-based services **	$ -	$ -	$ -	$ -		$ -
44313	Crisis Stabilization residential services **	$ 822,898	$ 33,192	$ 22,631	$ -		$ 878,721
44396	Access Centers: start-up / sustainability	$ -	$ -	$ -	$ -		$ -
	Support for Community Living						
32320	Home health aide	$ -	$ 1,165	$ -	$ -		$ 1,165
32325	Respite	$ 10,250	$ 2,243	$ 4,250	$ -		$ 16,743

32328	Home & vehicle modifications	$ -	$ -	$ -	$ -		$ -
32329	Supported community living	$ 1,254,275	$ 378,955	$ 70,460	$ 21,078		$ 1,724,768
42329	Intensive residential services	$ -	$ -	$ -	$ -		$ -
	Support for Employment						
50362	Prevocational services	$ -	$ 390	$ 19,082	$ -		$ 19,472
50364	Job development	$ -	$ -	$ 2,761	$ -		$ 2,761
50367	Day habilitation	$ 18,845	$ 106,536	$ 44,195	$ 6,273		$ 175,851
50368	Supported employment	$ 21,565	$ 41,879	$ 104,477	$ -		$ 167,921
50369	Group Supported employment-enclave	$ -	$ 9,122	$ 18,389	$ 4,663		$ 32,174
	Recovery Services						
45323	Family support	$ 1,671	$ -	$ -	$ -		$ 1,671
45366	Peer support	$ 61,973	$ 368	$ -	$ -		$ 62,341
	Service Coordination						
21375	Case management	$ -	$ -	$ -	$ -		$ -
24376	Health homes	$ 3,084	$ -	$ -	$ -		$ 3,084
	Sub-Acute Services						
63309	Subacute services-1-5 beds	$ -	$ -	$ -	$ -		$ -
64309	Subacute services-6 and over beds	$ 317,840	$ -	$ -	$ -		$ 317,840
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	$ 1,000	$ -	$ -	$ -		$ 1,000
32396	Supported housing	$ -	$ -	$ -	$ -		$ -
42398	Assertive community treatment (ACT)	$ 358,508	$ -	$ -	$ -		$ 358,508
45373	Family psychoeducation	$ -	$ -	$ -	$ -		$ -
	Core Domains Total	**$ 4,204,191**	**$ 588,684**	**$ 294,796**	**$ 32,014**		**$ 5,119,685**
Mandated Services							
46319	Oakdale	$ -	$ -	$ -	$ -		$ -
72319	State resource centers	$ -	$ -	$ -	$ -		$ -
74XXX	Commitment related (except 301)	$ 397,549	$ 4,456	$ 1,933	$ 650		$ 404,587
75XXX	Mental health advocate	$ 466,084	$ 2,940	$ 328	$ -		$ 469,352
	Mandated Services Total	**$ 863,633**	**$ 7,396**	**$ 2,260**	**$ 650**		**$ 873,939**
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services	$ 95,343	$ 729	$ 230	$ 321		$ 96,623
44346	24 hour crisis line*	$ -	$ -	$ -	$ -		$ -
44366	Warm line*	$ -	$ -	$ -	$ -		$ -
46305	Mental health services in jails	$ 242,711	$ 2,264	$ 419	$ 375		$ 245,768
46399	Justice system-involved services-other	$ -	$ -	$ -	$ -		$ -
46422	Crisis prevention training	$ 316	$ -	$ -	$ -		$ 316
46425	Mental health court related costs	$ -	$ -	$ -	$ -		$ -
74301	Civil commitment prescreening evaluation	$ -	$ -	$ -	$ -		$ -
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	$ 201,799	$ 16,001	$ 575	$ -		$ 218,375
42397	Psychiatric rehabilitation (IPR)	$ 338	$ -	$ -	$ -		$ 338
	Additional Core Domains Total	**$ 540,506**	**$ 18,994**	**$ 1,224**	**$ 696**		**$ 561,419**

Other Informational Services							
03371	Information & referral	$ 2,242	$ -	$ -	$ -		$ 2,242
04372	Planning, consultation &/or early intervention (client related) **	$ 5,093	$ -	$ -	$ -		$ 5,093
04377	Provider Incentive Payment	$ -					$ -
04399	Consultation Other	$ -	$ -	$ -	$ -		$ -
04429	Planning and Management Consultants (non-client related)	$ 6,370	$ -	$ -	$ -		$ 6,370
05373	Public education, prevention and education **	$ 17,348	$ 500	$ -	$ -		$ 17,848
	Other Informational Services Total	**$ 31,052**	**$ 500**	**$ -**	**$ -**		**$ 31,552**
Community Living Supports							
06399	Academic services	$ -	$ -	$ -	$ -		$ -
22XXX	Services management	$ 1,771,492	$ 104,025	$ 41,053	$ 16,631		$ 1,933,202
23376	Crisis care coordination	$ 79,311	$ 1,053	$ -	$ 889		$ 81,252
23399	Crisis care coordination other	$ -	$ -	$ -	$ -		$ -
24399	Health home other	$ -	$ -	$ -	$ -		$ -
31XXX	Transportation	$ 104,684	$ 39,665	$ 9,132	$ 4,792		$ 158,273
32321	Chore services	$ -	$ -	$ -	$ -		$ -
32326	Guardian/conservator	$ 86,925	$ 55,531	$ 1,428	$ 1,694		$ 145,578
32327	Representative payee	$ 132,508	$ 24,308	$ 2,476	$ -		$ 159,292
32335	CDAC	$ 1,261	$ -	$ -	$ 5,556		$ 6,818
32399	Other support	$ -	$ -	$ -	$ -		$ -
33330	Mobile meals	$ -	$ -	$ -	$ -		$ -
33340	Rent payments (time limited)	$ 59,292	$ (200)	$ 2,037	$ -		$ 61,129
33345	Ongoing rent subsidy	$ 121,105	$ -	$ -	$ -		$ 121,105
33399	Other basic needs	$ 110,548	$ 1,442	$ 5,972	$ 5,266		$ 123,228
41305	Physiological outpatient treatment	$ 3,288	$ -	$ -	$ -		$ 3,288
41306	Prescription meds	$ 8,242	$ -	$ -	$ -		$ 8,242
41307	In-home nursing	$ 25,990	$ -	$ -	$ -		$ 25,990
41308	Health supplies	$ -	$ -	$ -	$ -		$ -
41399	Other physiological treatment	$ -	$ -	$ -	$ -		$ -
42309	Partial hospitalization	$ -	$ -	$ -	$ -		$ -
42310	Transitional living program	$ 1,410	$ -	$ -	$ -		$ 1,410
42363	Day treatment	$ -	$ -	$ -	$ -		$ -
42396	Community support programs	$ 39,262	$ -	$ -	$ -		$ 39,262
42399	Other psychotherapeutic treatment	$ 325,643	$ 348,649	$ 94,165	$ 9,601		$ 778,058
43399	Other non-crisis evaluation	$ -	$ -	$ -	$ -		$ -
44304	Emergency care	$ -	$ -	$ -	$ -		$ -
44399	Other crisis services	$ -	$ -	$ -	$ -		$ -
45399	Other family & peer support	$ -	$ -	$ -	$ -		$ -
46306	Psychiatric medications in jail	$ 39,251	$ -	$ -	$ -		$ 39,251
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	$ -	$ -	$ -	$ 106,578		$ 106,578
	Community Living Supports	**$ 2,910,213**	**$ 574,473**	**$ 156,263**	**$ 151,006**		**$ 3,791,956**
Other Congregate Services							
50360	Work services (work activity/sheltered work)	$ -	$ -	$ -	$ -		$ -
64XXX	RCF 6 and over beds *(64314, 64315 & 64316)*	$ 2,711,332	$ 217,700	$ 97,060	$ 45,819		$ 3,071,910
64XXX	ICF 6 and over beds *(64317 & 64318)*	$ -	$ -	$ -	$ -		$ -
64329	SCL 6 and over beds	$ 112,491	$ 45,860	$ -	$ -		$ 158,351
64399	Other 6 and over beds	$ 34,595					$ 34,595
	Other Congregate Services Total	**$ 2,858,418**	**$ 263,560**	**$ 97,060**	**$ 45,819**		**$ 3,264,856**
Administration							
11XXX	Direct Administration					1,168,864	$ 1,168,864
12XXX	Purchased Administration					250,010	$ 250,010
	Administration Total					$ 1,418,874	$ 1,418,874
	Regional Totals	**$ 11,408,014**	**$ 1,453,607**	**$ 551,602**	**$ 230,185**	**$ 1,418,874**	**$ 15,062,282**
(45XX-XXX) County Provided Case Management						$ 191,037	$ 191,037
	Regional Grand Total						**$ 15,253,319**

*Note: The 42399 – Psychotherapeutic Treatment – Other COA lists the expenditures for both outpatient telehealth facility fees (until moved to 42305) and CSS' I-START program. The actual expenditures for the I-START program in FY20 were $775,823.82, with the following breakdown by disability group: (MI) $323,559.05, (ID) $348,649.11, (DD) $94,015.10, (BI) $9600.56. The actual expenditures for telehealth facility fee, prior to moving to COA 42305, were: (40) $2083.72 and (43) $150.00 for a total expenditure of $2233.72.

Table D. Revenues

FY 2020 Accrual	County Social Services MHDS Region		
Revenues			
	FY19 Annual Report Ending Fund Balance		**$ 10,604,393**
	Adjustment to 6/30/19 Fund Balance		**$ (144,707)**
	Audited Ending Fund Balance as of 6/30/19 (Beginning FY20)		**$ 10,459,686**
	Local/Regional Funds		$ 15,937,721
10XX	Property Tax Levied	14,642,461	
12XX	Other County Taxes	17,624	
16XX	Utility Tax Replacement Excise Taxes	539,007	
25XX	Other Governmental Revenues (I-START)	288,800	
4XXX-5XXX	Charges for Services	121,515	
5310	Client Fees	-	
60XX	Interest	76,923	
6XXX	Use of Money & Property	-	
8XXX	Miscellaneous	251,391	

9040	Other Budgetary Funds (Polk Only)	-	
		-	
	State Funds		**$ 1,263,990.00**
21XX	State Tax Credits	925,601	
22XX	Other State Replacement Credits	336,462	
2250	MHDS Equalization	-	
24XX	State/Federal pass thru Revenue	-	
2644	MHDS Allowed Growth // State Gen. Funds	-	
29XX	Payment in Lieu of taxes	1,927	
		-	
	Federal Funds		**$ 112,533.20**
2344	Social services block grant	-	
2345	Medicaid	112,533	
	Other	-	
	Total Revenues		$ 17,314,244

Total Funds Available for FY20	$ 27,773,930
FY19 Actual Regional Expenditures	$ 15,253,319
Accrual Fund Balance as of 6/30/20	$ 12,520,611

Footnote: County Social Services did have a loan receivable, entered into on 12/5/2013, with The Spectrum Network for $250,000 to purchase a building in Decorah, IA. The no interest loan was to be repaid in five annual installments of $50,000 each, beginning January 2, 2016. CSS had a first security mortgage interest in the property. The Spectrum Network made the first $50,000 payment in February 2016. On 9/1/2016, CSS entered into a lease agreement with The Spectrum Network to lease a portion of the building located in Decorah, IA. CSS agreed to pay The Spectrum Network $2,075 per month, allocated as forgiveness of the remaining $200,000 loan owed to CSS, until the loan is repaid. The loan was paid off in the first quarter of FY2020 in the amount of $123,225.

Other note regarding Medicaid: County Social Services had to apply for a new Medicaid number in January 2020 when we became our own employer. It took us until November 2020 to get a claim accepted and paid by Iowa Medicaid Enterprise with our new information. So, while it appears as though County Social Services lost money providing Case Management in FY2020, we have received revenue of $102,133 in November 2020 for FY2020 Case Management. Total revenue for FY2020 Case Management is $214,665 against $191,037 expenditures.

Table E. County Levies

County	2017 Est. Pop.	Regional Per Capita	FY20 Max Levy	FY20 Actual Levy	Actual Levy Per Capita
Allamakee	13,884	43.65	606,037	488,439	35.18
Black Hawk	132,648	43.65	5,790,085	4,666,557	35.18
Butler	14,606	43.65	637,552	513,839	35.18
Cerro Gordo	43,006	43.65	1,877,212	1,512,951	35.18
Chickasaw	12,005	43.65	524,018	422,336	35.18

Clayton	17,637	43.65	769,855	620,470	35.18
Emmet	9,432	43.65	411,707	331,818	35.18
Fayette	19,796	43.65	864,095	696,423	35.18
Floyd	15,744	43.65	687,226	553,874	35.18
Grundy	12,333	43.65	538,335	433,875	35.18
Hancock	10,771	43.65	470,154	378,924	35.18
Howard	9,228	43.65	402,802	324,641	35.18
Humboldt	9,564	43.65	417,469	336,462	35.18
Kossuth	**14,999**	**43.65**	**654,706**	**654,706**	**43.65**
Mitchell	10,631	43.65	464,043	373,999	35.18
Pocahontas	6,846	43.65	298,828	240,842	35.18
Tama	17,058	43.65	744,582	600,100	35.18
Webster	36,605	43.65	1,597,808	1,287,764	35.18
Winnebago	10,587	43.65	462,123	372,451	35.18
Winneshiek	20,201	43.65	881,774	710,671	35.18
Worth	7,469	43.65	326,022	262,759	35.18
Wright	12,784	43.65	558,022	449,741	35.18
Total County Social Services Region	**457,834**		**19,984,454**	**16,233,641**	

Also, now that CSS is the employer of record, we have begun a Health Reimbursement Account as we are partially self-insured. Listed below are the year-to-date totals from January 1 through June 30, 2020 for the transactions that took place through the CSS Fund 8500 Health Reimbursement Account. The contributions are accounted for in Table C. Expenditures as they are part of our biweekly payroll.

Fund 8500 Health Reimbursement Account YTD (6/30/2020)	**Revenue**
Employer Contributions	$ 351,619
Employee Contributions	$ 41,145
Flex - Employee Contributions	$ 8,353
Total Revenues	**$ 401,116**
	Expenditure
Health Insurance Pmts (ISAC)	$ 218,738
Medical Claims Pmts (Auxiant)	$ 37,711
Flex Claims (Auxiant)	$ 2,056
Total Expenditures	**$ 258,505**
BALANCE AS OF 6/30/2020	**$ 142,612**

D. Status of Service Development in FY2020

FY2020 Adult Services Development

- Mobile Crisis Response (MCR)
  - CSS has been working with Seasons Center and UnityPoint Health-Berryhill Center to develop MCR services in Emmet, Humboldt, Pocahontas, Webster and Wright Counties.
  - CSS developed an MCR quarterly report form for our providers to track outcomes for this program.
  - ISAC provided CSN training to these providers.
  - CSS schedules meetings with MCR providers every other month to provide networking among agencies, allow providers to ask questions and provide feedback, to discuss the CSS billing process, etc.
    - CSS encourages updates from UnityPoint-Berryhill at these meetings with their progress on becoming Chapter 24 accredited as outlined in their contract and to meet this access standard for MCR services. Seasons Center has obtained Chapter 24 accreditation.
    - CSS inquires about outreach efforts to communicate with other providers, law enforcement, hospitals, schools, community members, etc. regarding MCR services that are being provided.
- 23-Hour Observation and Holding
  - CSS and Community and Family Resources (CFR) in Fort Dodge had meetings regarding 23-Hour Observation and Holding services. CFR was in agreement to provide 2 beds/chairs for individuals needing this service. As Webster county started to discuss leaving the CSS region, CFR stated they wanted to wait to see what happens with their county before developing new services.
- Access Center
  - CSS attended regular meetings with North Iowa Regional Services, Pathways Behavioral Services, Department of Corrections (DCS) 1st Judicial District's Community Treatment Coordinator, and Integrated Telehealth Partners (ITP) staff to develop the first Access Center within the region.
    - CSS developed an Access Center Program according to IAC Chapter 24 and Chapter 25 standards.
    - CSS worked with Black Hawk County Sheriff and DCS' Community Treatment Coordinator to schedule Crisis Intervention Trainings for law enforcement through CSS funding.
    - CSS worked with ITP to partner with North Iowa Regional Services in providing after-hours crisis assessments for individuals who present at the Access Center without an assessment.
    - CSS collaborated with Pathways Behavioral Services and North Iowa Regional Services for Pathways to be the licensed substance abuse treatment program for the Access Center.
- Crisis Stabilization Residential Services
  - CSS has been working with Inspiring Lives, which has downsized its Residential Care Facility to 16 beds by transitioning individuals into the community. Inspiring Lives has been working on preparing to develop and provide CSRS within their facility by 1/1/2021.
- Subacute Services
  - CSS has been working with Inspiring Lives, which has downsized its Residential Care Facility to 16 beds by transitioning individuals to the community. Inspiring Lives has been working to develop Subacute Services within their facility by 1/1/2021.
- Assertive Community Treatment (ACT)
  - CSS completed an independent fidelity review on 6/30/20 with Resources for Human Development and UnityPoint Health- Berryhill Center for their ACT programs.

- CSS is working with Inspiring Lives to develop ACT services in our East Service Area by 1/1/2021.

➢ Intensive Residential Services (IRS)
  - CSS has been in communication with various provider agencies to see if they are interested in providing IRS services. Inspiring Lives is working on developing this service as a part of their "Road to Community" plan.
  - CSS has had conversations with DHS regarding the CSS I-START program becoming a reimbursable Medicaid clinical wrap-around service to partner with IRS provider agencies in supporting individuals with complex needs requiring the IRS level of care.

➢ Strength Based Case Management Services (SBCM)
  - CSS is working toward having all service coordinators trained in SBCM; however, due to COVID 19, this scheduled training had to be postponed and has not yet been rescheduled.

➢ Peer Self-Help Drop-In Centers
  - CSS partners with peer support agencies, offering them office space to provide services throughout the region. Peer support drop-in centers are now located in 13 counties of the CSS region. CSS assists with funding outreach efforts and services when needed.

FY20 Children Services Development

➢ Children's Behavioral Health Services (CBH)
  - CSS hosted a meeting with children's service providers in January 2020 to discuss CBH Services outlined in IAC Chapter 25 regarding eligibility, CBH core services and their access standards, CBH additional core services, and CSS Board representation needed from a children's service provider, education system, and parent of a child receiving services according to IAC.
  - The DHS required CBH Implementation Plan was completed and submitted by CSS on 4/1/20.
  - CSS hosted our first official CBH Advisory Committee Meeting in April 2020 and established CBH Advisory committee members from all specified roles as indicated within the CBH Implementation Plan.
  - CSS has attended meetings with Central Rivers AEA to discuss collaboration with AEA's and school districts to help meet our children's needs. CSS Program Development staff provided a training to AEA staff regarding CBH Services.
  - CSS attended the AEA Summit to learn more about collaboration efforts among MHDS Regions and AEA's.
  - CSS has been working with youth crisis stabilization service providers to have this service available to children/families during a crisis. CSS has been working with YSS-Francis Lauer, Lutheran Services in Iowa, and Youth and Shelter Care of North Central Iowa to develop and fund these services for children within our Region.
    - CSS hosts meetings with our youth crisis stabilization providers every 2 months to discuss updates, provide networking, discuss the referral and billing process, and ask these providers to report on their progress on becoming Chapter 24 accredited through DHS by 7/1/2021.
  - CSS has been working on developing a Children's Services resource list and Youth Crisis Stabilization Services brochure to have available for our stakeholders and advisory committee members.
  - CSS has been working with Unity Point Health-Berryhill to develop and implement MCR services within our CSS west service area to children. Seasons Center currently provides MCR services in schools in Emmet County. CSS and these MCR providers meet every 2 months to discuss updates.
  - CSS I-START hosts Continuing Education Training sessions on a quarterly basis relating to various conditions which affect children and adult functioning in society in an effort to develop and increase prevention efforts for serving individuals.

E. Outcomes/Regional Accomplishments in FY2020

Service Coordination During a Pandemic: Potentially the biggest accomplishment of all MHDS Regions in FY2020 was figuring out very quickly how to continue to work to support the individuals we serve in the COVID-19 landscape. Whether it was a new work-from-home environment, Zoom or GoTo Meetings or talking to our clients on the telephone, our staff adapted remarkably. The following four stories are from our service coordinator staff perspective of working successfully to serve individuals in a new environment.

East Service Area: In terms of clients affected by the challenges of COVID, we had a couple of instances that stand out. One is a client who could no longer get to the food bank due to no longer having transportation available. The coordinator was able to go to the food bank and pick up the needed items and drop them off on the client's porch. This provided the client with needed food and was also a safe, no contact solution. COVID also challenged us with the delay in the transition of people from the RCF to the community. Many community providers put move dates on hold due to the concerns of COVID. Inspiring Lives' Road to the Community was delayed due to this; however, it did not stop the process. Clients were still able to move into the community, just later than originally planned. Clients were understanding, although disappointed, with the delay.

North Service Area: In April I received a call from a hospital regarding a young male who would be homeless upon discharge and was requesting assistance in finding housing and other services that might keep him off the street. I had contacted the individual prior to discharge and received some background as to what his needs were. I then spoke to a local agency to see if they would approve a month stay at a local hotel. This was approved and he resided in this motel through the next few months with the support of CSS, as well. During this time, he and I worked on getting a housing application complete, setting up appointments with Social Security, food stamps, IVRS and IHH. This individual had attempted to work at several temp jobs through a temp agency, however, due to anxiety, the jobs were not long-lasting. We sought several housing options; however, this was difficult due to lack of income or other resources. It was through visiting with his parents, and their agreeing to assist with rent, which was used as his source of income, that allowed him then to apply for low income housing. He was accepted and moved into his apartment in June. He has received approval for food stamps, IHH, and is currently working with IVRS on employment options. I have visited with him once since his move and he had stated he did not realize until he moved into his own apartment that he is okay doing things on his own, that he was just afraid to leave home and try. He thanked me for all I had done to help him be independent and always reassuring him he would be fine. He especially appreciated the fact he could call me anytime he was feeling anxious, allowing him to express his fears, which always made him feel a little better at the end of our conversation. Our last conversation was in July, his SSI was still pending, he was receiving IHH services and working with IVRS on employment options. All this was handled while working from home over the phone and computer. I also had many conversations with his parents through this time, reassuring them they too were doing the right thing, giving him an opportunity to live his own life.

South Service Area: We were presented the challenge of having meetings with people during the pandemic. For us it was hard to not be able to see the folks we serve face to face, as we really enjoy that time with the individuals we serve. The RCF's were closed to the public and sadly still are, but they were wonderful with working with us to do virtual meetings with the individuals, so they could see staff face to face, which has worked out well. The clients are still able to see who they are talking to and we can have important conversations with them about discharge planning. The other providers we work with were also fantastic about doing virtual meetings to allow that more face to face feeling in meetings we needed to have with the clients.

West Service Area: The pandemic meant having to rethink every process that I had ever used. Typical resources were unavailable, but the needs of people remained the same. I began working with a middle-aged man in a small town. He had no income, no insurance, no phone, and no driver's license to get to appointments or to look for employment. His computer skills and anxiety were such that he was unable to complete the

unemployment application process on his own via computer. We completed the process of applying for Medicaid and for Unemployment Insurance while social distancing and wearing masks at his home, and several lengthy telephone calls to sort out glitches in the process. We were also able to facilitate a needed medical appointment and testing that had been delayed due to the prior lack of insurance. It is our hope that the results of this will provide answers as to what treatment may be available that can relieve his chronic pain. His pharmacy was in a town about 20 miles away and had a prescription medication he had asked a friend to pick up for him, but the friend was unable to do so because of the price of the medication. As a service coordinator, I was able to discuss the change of insurance with the pharmacist and the prescription then was filled through Medicaid at no charge to the client. I then dropped off the prescription at his home.

CSS Single Employer: The largest accomplishment of the CSS region in FY2020 would be the initiative for CSS to become the employer for all staff. At the July 24, 2019 CSS Board Meeting, the CSS Board voted for the region to become the employer of all our staff effective 1/1/2020. Administrative/Operations staff went to work immediately figuring out how to start a business! From details like obtaining a Federal Employer Identification Number to securing insurance and benefits for the staff, and assisting staff to enroll prior to 1/1/20, securing IPERS eligibility for our region and staff, searching for, and implementing, a payroll software package, creating an Employee Handbook, researching how to obtain the titles to our vehicles, the list goes on and on.

In the fall of 2019, Butler County Auditor, CSS' fiscal agent, decided the single employer aspect would complicate the role of fiscal agent, so the decision was made for them to step away from that role as of 1/1/20. This presented other challenges, in that CSS staff now had to obtain financial software in order to become our own fiscal agent. Thankfully, Tyler Technologies worked expediently to assist our staff in implementing this platform.

With much hard work and long hours from our Administrative/Operations staff, CSS successfully transitioned to becoming the employer and fiscal agent on 1/1/20. We are still learning every day, and are not yet caught up from this whirlwind, but we continue to move forward as one strong team.

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

Core Services	**Access Standard: Timeliness/ Proximity/ Capacity**	**Description**	**Outcome**
24 Hour Crisis Response	Timeliness	Immediate access by telephone, electronic, or face-to-face 24/7 and 365 days per year	Met
Crisis Stabilization Community-Based	Timeliness	Face to face contact from CSCBS provider within 120 minutes from referral	Unmet
Crisis Stabilization Residential-Based	Timeliness	Receive services within 120 minutes from time of referral	Met
	Proximity	Service located within 120 miles from individual's residence	Met
Mobile Response	Timeliness	Face to face contact with mobile crisis staff within 60 min of dispatch	Unmet
23 Observation and Holding	Timeliness	Receive services within 120 minutes of referral	Met in East Unmet in North/South/West

	Proximity	Service is located within 120 miles from individual's residence	Met in East Unmet in North/South/West
Assessment and Evaluation (Outpatient)	Timeliness: Emergency	Outpatient services initiated to individual within 15 minutes of telephone contact	Met
	Timeliness: Urgent	Services provided within one hour of presentation or 24 hours of telephone contact	Met
	Timeliness: Routine	Services provided within 4 weeks of request for appointment	Met
	Proximity	Services offered within 30 miles for individual residing in urban area and 45 miles if residing in rural area	Met
Mental Health Outpatient Therapy	Timeliness: Emergency	Outpatient services initiated to individual within 15 minutes of telephone contact	Met
	Timeliness: Urgent	Services provided within 1 hour of presentation or 24 hours of telephone contact	Met
	Timeliness: Routine	Services provided within 4 weeks of request for appointment	Met
	Proximity	Services offered within 30 miles of individual residing in urban area and 45 miles if residing in rural area	Met
Medication Prescribing and Management (Outpatient)	Timeliness: Emergency	Outpatient services initiated to individuals within 15 minutes of telephone contact	Met
	Timeliness: Urgent	Services provided within 1 hour of presentation or 24 hours of telephone contact	Met
	Timeliness: Routine	Services provided within 4 weeks of request for appointment	Met
	Proximity	Services provided within 30 miles for individual residing in urban area and 45 miles if residing in rural area	Met
Mental Health Inpatient Therapy	Timeliness: Emergency	If individual needs inpatient services they shall receive treatment within 24 hours	Met
	Proximity	Inpatient services shall be within a reasonably proximity to the region (100 miles)	Met
Assessment & Evaluation after Inpatient Treatment	Timeliness	Individual who has received inpatient services shall be assessed within 4 weeks of discharge	Met
Subacute Facility-Based MH Services	Timeliness	Services provided within 24 hours of referral	Met
	Proximity	Service is located within 120 miles from individual's residence	Unmet
Support for Community Living	Timeliness	First unit of service shall occur within 4 weeks of individual's request for services	Met
Support for Employment	Timeliness	First unit of service shall occur within 60 days of individual's request for services	Met
Family Support	Proximity	Individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in rural area	Unmet

Peer Support	Proximity	Individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in rural area	Met
Case Management and Health Home	Timeliness: Routine	Individual shall receive service coordination within 10 days of initial request or when being discharged from inpatient facility	Met
	Proximity	Individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in rural area	Met
Assertive Community Treatment (ACT)	Capacity	A sufficient number of ACT teams shall be available to serve individuals eligible for ACT. Estimated population is around 0.06% of the adult population of the region.	Met
Access Center	Timeliness	Service available within 120 minutes from determination that services are needed	Unmet
	Proximity	Service is located within 120 miles from individual's residence	Unmet
Intensive Residential Services	Timelines	Services provided within 4 weeks of referral	Unmet
	Proximity	Service is available within 2 hours from individual's residence	Unmet

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

- **Mental Health Services in Jail-** all 22 counties within the CSS region have MH services available in their county jails, funded by the region.
- **Jail Diversion Services-** 2 of our CSS counties, Black Hawk and Cerro Gordo, offer Jail Diversion Services. CSS has a dedicated justice-involved service coordinator in each of our four service areas, who does connect with the local jails and correctional facilities.
- **Civil Commitment Prescreening Evaluation-** this service is in our CMHC contracts; however, no CMHC providers are completing these evaluations currently.
- **Justice System-Involved Training-** In March 2018 CSS offered Crisis Intervention Training to law enforcement agencies within the CSS region. 5 of the 22 counties participated in this training. CSS has offered to host an additional training; however, we are being told it is difficult for police/sheriff departments to participate due to lack of staff coverage.
- **Crisis Prevention Training-** CSS provides Mental Health First Aid training to any county/agency who requests this throughout the region. CSS provides funding for QPR- Suicide Prevention Trainings.
- **Peer Self-Help Drop-In Centers-** Plugged-In Iowa offers peer zone drop-in center services in Charles City, Cresco, Decorah, Elkader, Garner, Mason City, Tama, and Waukon. The Recovery Center offers peer support drop-in services in Waterloo. Freedom Pointe Friendship Center and Lotus Community Project offer peer support drop-in services in Fort Dodge. Hope Haven provides peer support services to individuals who reside in Emmet County.

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

Evidence Based Practice (EBP)	**Agencies Training**	**Agencies Implementing**	**Fidelity Verified**	**Region's Efforts to Increase Provider Competency in EBP**
Core Services: IAC441-25.4(3)				
Assertive Community Treatment (ACT)		Inspiring Lives is working on developing an ACT team and plans to start providing this service on 1/1/21.	SAMHSA Tool Kit. Resources for Human Development Unity Point Health- Berryhill Center	CSS had been working with RHD and Berryhill to obtain fidelity and this was completed on 6/30/20.
Strength-Based Case Management	County Social Services (CSS)			CSS staff have participated in some SBCM training sessions. CSS had planned to hold a SBCM workshop in March/April 2020 to launch the program however due to COVID we decided to postpone this to a later date.
Integrated Treatment of Co-Occurring MH and SA		NE Iowa Behavioral Health; Pathways Behavioral Health; Prairie Ridge Integrated Behavioral Health; Seasons Center; Youth and Shelter Services	SAMHSA Tool Kit. Community and Family Resources	CSS will work with provider agencies to obtain fidelity.
Supported Employment			SAMHSA Tool Kit	CSS will work with agencies to obtain fidelity.
Family Psychoeducation			SAMHSA Tool Kit	CSS supports caregivers of individuals with persistent mental illness to meet with a clinical SW to learn about mental illness and how to support others with a mental illness. CSS supports the education programs of our NAMI organizations, the Family to Family class that was designated by SAMHSA as an EBP in 2013. In CSS

				will work with our agencies to obtain fidelity.
Additional Core Services: 331.397(6)d				
Positive Behavioral Support	CSS I-Start Team			Positive Behavioral Support is incorporated in our ISTART model that uses a variety of interventions through an inter-disciplinary team.
Peer Self-Help Drop In Center				Peer Support Services are available in 13 locations throughout our region.
Other Research Based Practice: 331.397(7)				CSS will work with agencies to identify other EBP they are providing and verify fidelity of these services.

Region Program Outcomes

- ***I-START***

This information is the first (Program Background and Census Trends) of four sections of the I-START FY2020 Annual Report. You can find the report in its entirety on the County Social Services website at www.countysocialservices.org.

I-START has been actively serving individuals with IDD in their community since August 2015. The program began providing services in one region (County Social Services) with an average of about 80 individuals a year. In FY19, I-START expanded to several other regions including CROSS and Rolling Hills and that expansion continued into FY20 with the addition of East Central Region. I-START now supports individuals in counties throughout Iowa funded by CSS, Rolling Hills and ECR (Figure 1). Unfortunately, due to funding changes, individuals in CROSS no longer receive I-START services. Figure 2 represents the percentage of individuals from other Iowa regions who currently reside in County Social Services. CSS has made a commitment to serving clinically eligible I-START recipients and their community providers regardless of their region of origin.

Figure 1: Map of I-START Counties

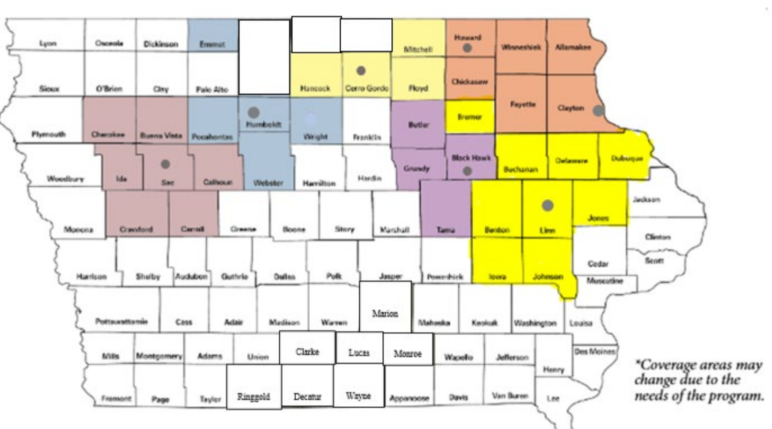
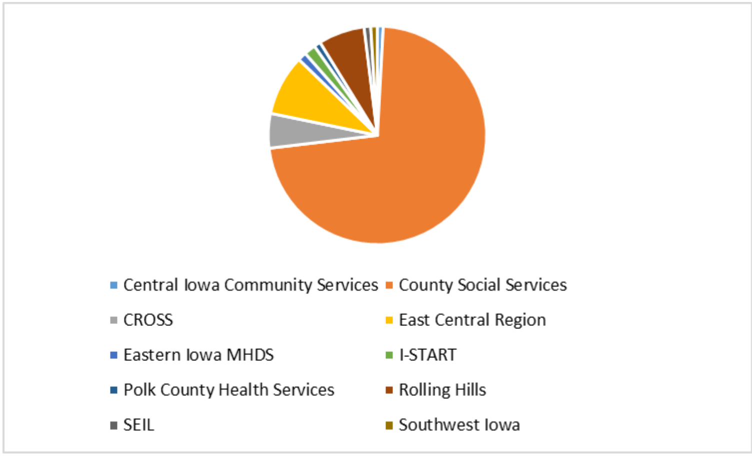


Figure 2: Percent of Total I-START Population by Region (n=230)



I-START is a clinical START program serving primarily adults. Since program inception in August 2015, I-START has served 230 individuals with a current active enrollment population of 114. With regional expansion, I-START significantly increased program capacity, serving 152 individuals in FY20, the most of any year to date (Figure 3). While the census has grown, the average caseload per coordinator is 13. It is the plan that caseloads can increase to at least 20-25 per coordinator and an active census of 150-175.

While individuals are not discharged from I-START, they are inactivated once they reach a period of stability or because their situation has otherwise changed (ex: they leave the state). To date, I-START has inactivated116 individuals. The average length of stay (LOS) in I-START is 14 months. For individuals who achieved stable functioning and inactivated in FY20, the average LOS was 25 months. Figure 3 shows the number of new enrollments and inactivations by FY.

Figure 3: Number of Individuals Served by I-START by Fiscal Year*

**Most Individuals have received services in multiple fiscal years.*

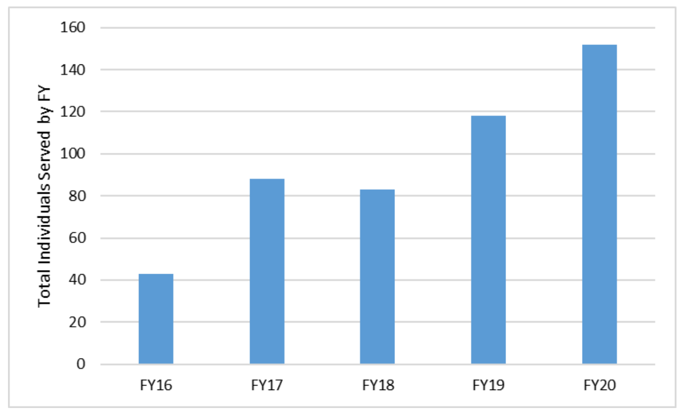
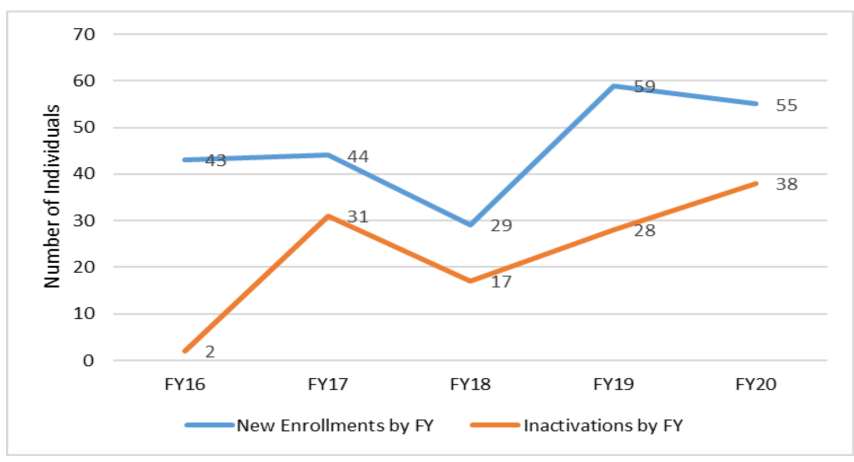
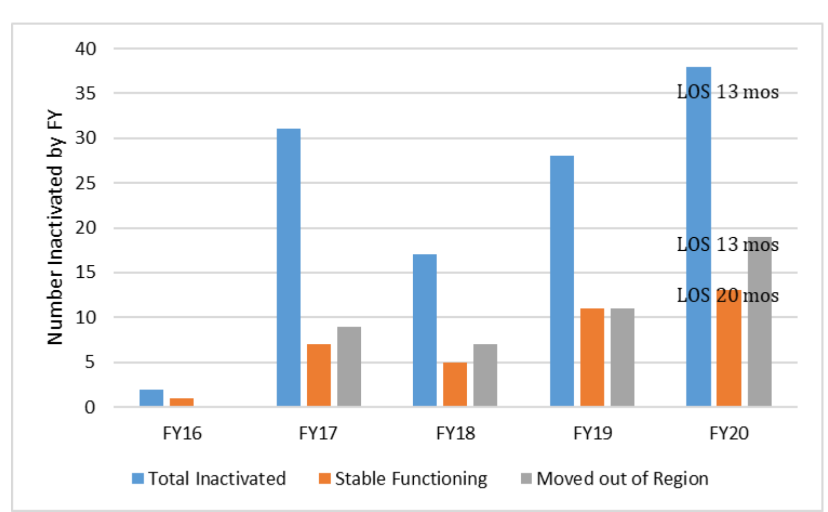


Figure 4: New Enrollment/Inactivation Trends by FY (FY16-FY20)



Very few individuals are inactivated from I-START services due to a lack of engagement (loss of contact, no longer requesting services). In FY20, 13 individuals were inactivated due to a prolonged period of stable functioning. 19 additional individuals were inactivated when they either moved from an I-START county or when their region no longer had I-START funding available (n=7). These individuals' average length of stay was 13 months, which is less than those inactivated for achieving stability, indicating that they would continue to benefit from START services upon their relocation if START was available in their location.

Figure 5: Number of Individuals Inactivated by I-START by Fiscal Year (n=116)



COVID-19 Response and Case Vignette: It is still largely unknown how the COVID-19 pandemic will affect people with IDD-MH and their families. However, a May 2020 American Psychological Association (APA) article suggests that individuals with IDD will likely experience crisis related incidents and exacerbation of current mental health symptoms, secondary to uncertainty and fear associated with COVID-19, and the disruption of in-person services and supports[1]. The I-START population is at high risk of dysregulating episodes associated with the pandemic. Without maintaining appropriate supports for this vulnerable group, they are at risk for increased mental health crises, that impact their safety, the safety of their families, and the human and financial costs to the broader community.

During the COVID-19 shutdown, virtual supports were rapidly and strategically implemented. By collaborating with programs across the nation, I-START began providing plain language information and training about COVID-19, virtual outreach, clinical services and crisis response. Virtual services began in March 2020 and were in place the entire last quarter of FY 20. Preliminary findings by CSS in this quarter show that 95% of the active I-START population that had received services prior to the pandemic were participating in virtual START services initiated after the onset of COVID-19. Ongoing evaluation of I-START outcomes in response to COVID-19 will occur into FY21.

During just the first month of the crisis (March 15-April 15, 2020), I-START continued to accept referrals, enrolling seven additional people in that first month and 14 since the crisis began.

Below is an example of COVID response for an enrolled individual during this crisis. Additional information on COVID supports in the final quarter of FY20 are embedded within the findings presented in this report.

[1] *American Psychological Association. (2020). How COVID-19 Impacts People with Disabilities. Retrieved from https://www.apa.org/topics/covid-19/research-disabilities.*

Vignette (*name was changed to protect anonymity)
Joe is a 30-year-old male diagnosed with Generalized Anxiety Disorder, OCD, Major Depressive Disorder, Severe Intellectual Disability, Prader Willi-Syndrome and a variety of medical conditions. He was initially referred to I-START because of physical and verbal aggression and was at risk for losing placement. However, prior to the COVID-19 pandemic, Joe had a period of stability and his team was planning for START inactivation. He often shared how much he loved his life and was building a thriving business. Joe's team regularly voiced their confidence in supporting him. They had a thorough understanding of his biopsychosocial vulnerabilities as was demonstrated by their use of the CSCPIP and proactive work to ensure elements of the PERMA model of well-being (Positive, Emotion, Engagement, Relationships, Meaning, and Accomplishment) were present in his daily life.

Given the major life stressors the COVID-19 pandemic created for Joe and his system of support, I-START recommended inactivation be delayed and planned with the team to proactively address challenges the pandemic would inevitably bring, especially given the inevitable disruption in Joe's active role in his community. I-START supported the system through this challenging time to ensure continued stability.

Initially, Joe became increasingly anxious about the pandemic and associated restrictions and COVID-19 was the focus of most of his conversations. When grocery shopping, he would talk to store patrons asking them about COVID-19 and social distancing. Much of the conversations Joe's support staff had with him also revolved around COVID restrictions, increasing his concern and creating a strain in their relationship.

Weekly virtual team meetings were scheduled as well as bi-weekly virtual outreach with Joe and his staff to assess Joe's stability and assist with implementing new interventions to reduce stress. I-START provided Joe's system with educational information such as an information sheet with 'need to know' information. The information sheet used words and pictures and allowed for facilitated conversations about fears and ways to address them. The team used this as a teaching tool for Joe as well as a visual aid to facilitate consistent messaging amongst staff to Joe. Additionally, the team, led by Joe, worked together to create a variety of activities to stay busy. Activities promoted socially distant engagement with friends and family and positive activities for his physical and mental health. I-START collaborated with his residential agency to help train staff on ways to help Joe engage in activities and understand the benefit on his mental health and wellbeing. This was especially important due to his history of generalized anxiety and major depression. The shift in focus from what Joe could not do to what he was able to do helped everyone get through a very difficult time and maintain the important gains Joe made toward achieving PERMA.

One challenge that really affected Joe was his exposure to COVID-19 and subsequent need for testing. While the test results were in process, he had to quarantine, which is an identified stressor for Joe. He also had to relocate several times due to seasonal flooding in his community. These two incidents increased Joe's anxiety and depression and resulted in him reaching out to START through email stating that he had thoughts of harming himself. When the email was read the following day, an emergency meeting and assessment was scheduled. The Recent Stressors Questionnaire, which is completed as part of all emergency assessments helped to clearly identify the compounding stressors Joe was experiencing and create an environment for team problem solving. A plan was developed which included building on previously identified activities that decrease stress for Joe. Regular engagement, virtual outreach and telehealth medical and mental health care were facilitated. Because of the proactive planning that occurred at the onset of the pandemic, the team could support Joe in again achieving stability. While the pandemic continues, Joe and his team feel equipped to address day to day issues as they arise and supported by I-START along the way.

- ***Transition***

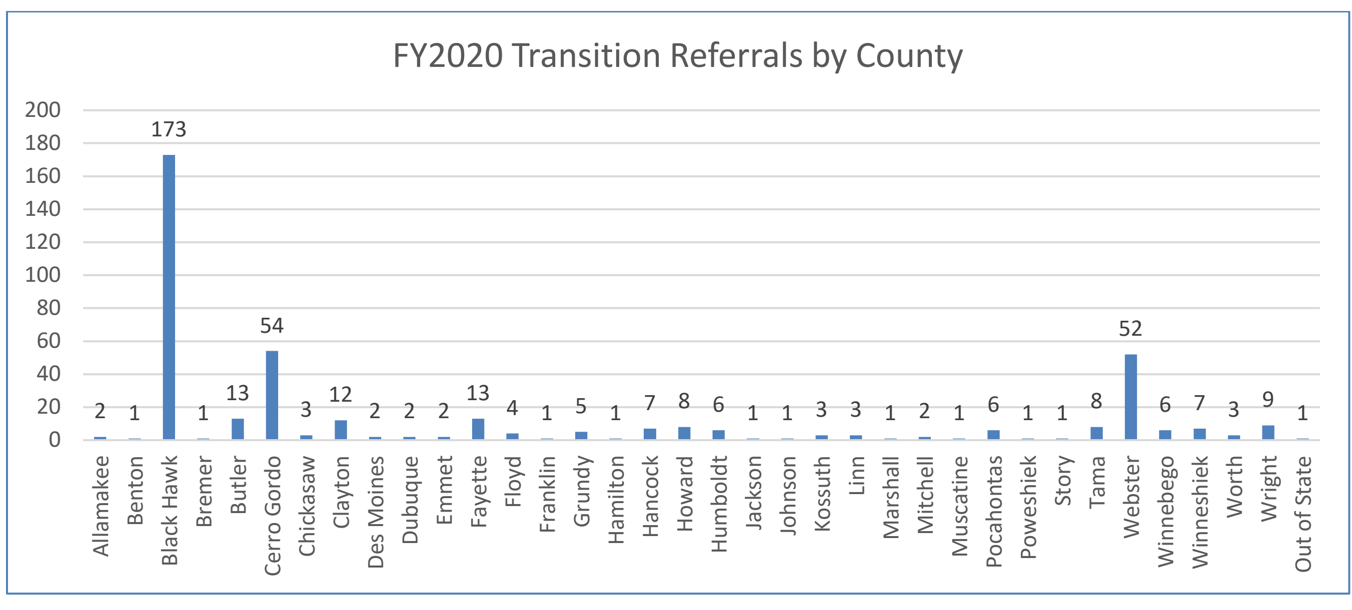
  The Transition Specialist for CSS is responsible for managing referrals to and from tertiary levels of care. This involves working with agency social workers for individuals committed to residential level of care, individuals needing access to subacute or crisis stabilization, and discharge from hospitals, prisons and jails. Together a plan is developed that will benefit that individual and the community. CSS has found this position to be a valuable resource for our staff, as well as for the agencies and facilities.

  Serving adults in crisis, North Iowa Regional Services in Waterloo has 10 adult crisis stabilization beds and 6 subacute beds. Community and Family Resources in Fort Dodge has crisis diversion available and works with CSS by taking individuals into their inpatient substance abuse program.

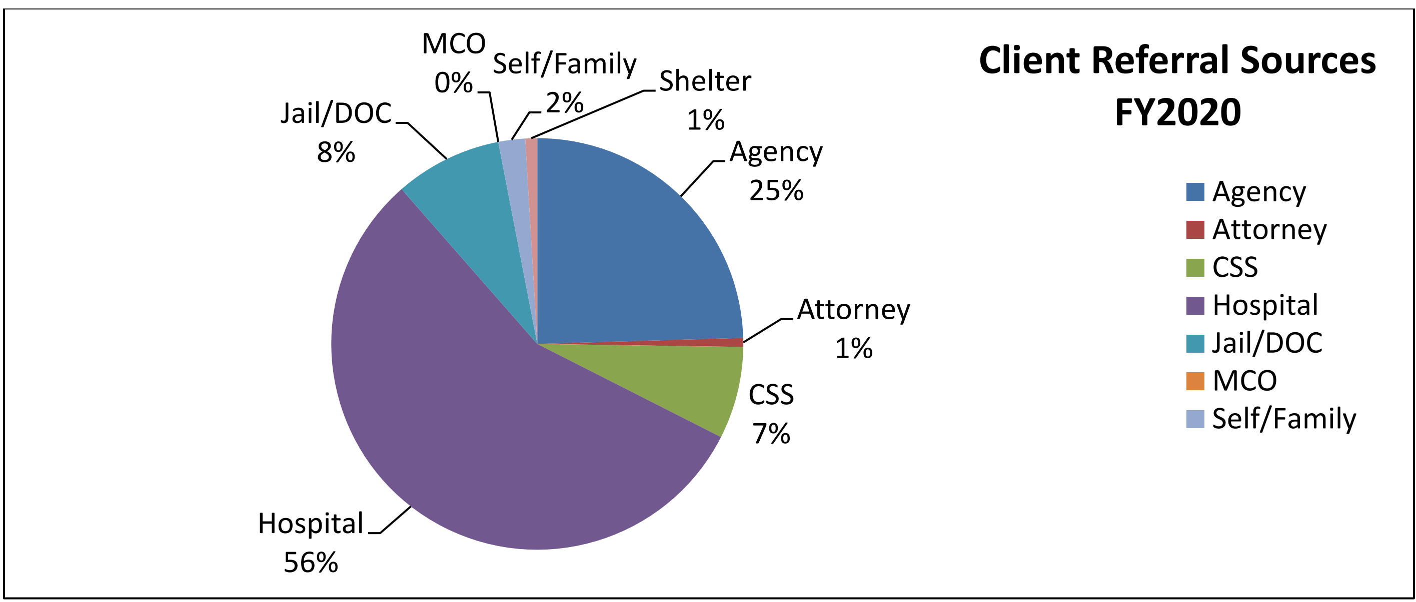
  CSS has contracted with three agencies for Youth Crisis Stabilization Residential Services. This service is for youth experiencing a mental health crisis. The Transition Specialist works with LSI (Lutheran Services in Iowa) in Waverly, YSS-Francis Lauer (Youth and Shelter Services), and YSC (Youth Shelter Care) in Fort Dodge. CSS contracts with each shelter to provide two crisis stabilization beds each.

  The number of referrals to the tertiary level of care continues to increase each year. In FY2018, the first year we collected this data, there were 190 referrals for transition services, in FY2019, there were 301 referrals and In FY2020, there were 428 adult referrals and 32 youth crisis stabilization referrals.

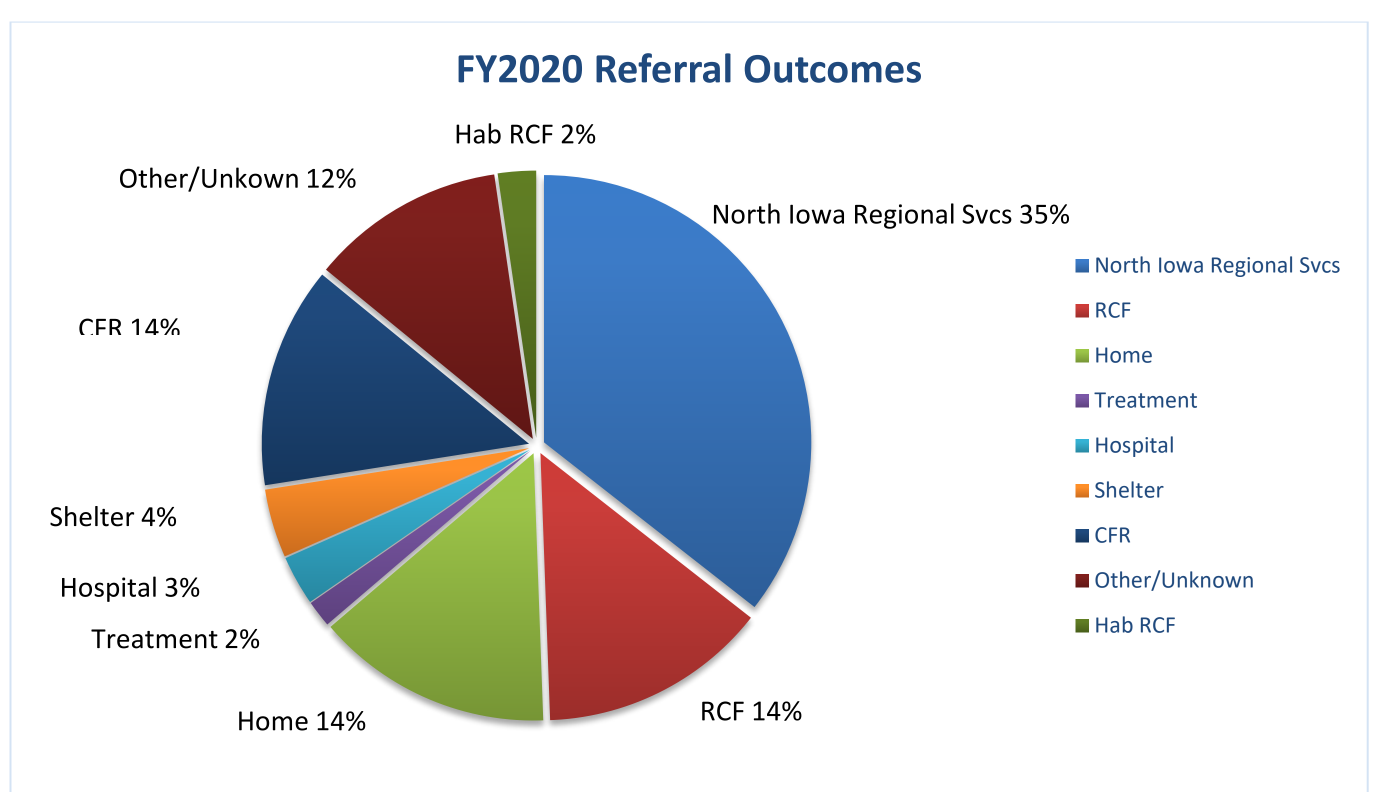
  As shown on the graph below, there were adults referred from every county within the CSS region and many from outside the region. Black Hawk County had the highest number of referrals, followed by Cerro Gordo and Webster Counties. Per capita, the number of referrals for all three counties was just about equal, ranging from .13% to .14% of the county population.



The main source of the adult referrals, as shown on the pie chart below, is inpatient mental health units at the hospitals.



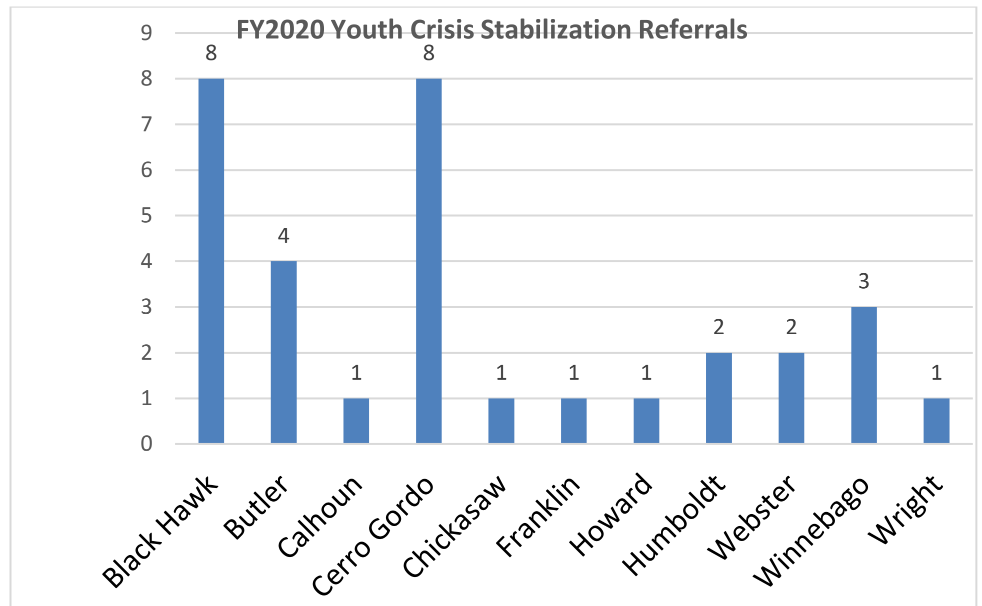
When individuals are referred for transition, the majority go to Crisis Stabilization Residential or Subacute, as shown on the pie chart below. "Other" represents a friend's home, family members, etc.



CSS originally began a pilot project for Youth Crisis Stabilization Residential Services with YSS-Francis Lauer in February 2017. That program ended at the end of FY2018 due to legislative requirements for regions to launch and fund additional crisis services for adults. Had we known that regions would become responsible for launching and funding crisis services for youth by July 1, 2021, we most likely would not have terminated that

funding. Due to the great need for children's crisis services and the legislative requirement to fund these services by 7/1/2021, CSS and YSS-Francis Lauer reestablished this program effective 7/1/2019. We also established a contract with Lutheran Services in Iowa to fund youth crisis stabilization on their Bremwood campus in Waverly beginning October 1, 2019. To ensure we had ample regional coverage, CSS and Youth & Shelter Services in Fort Dodge entered into a contract for this same service beginning February 1, 2020.

The graph below shows the counties of residence for all referrals in FY2020. Eleven counties are represented, with Black Hawk and Cerro Gordo being the highest referral counties for this service. The average age for the 15 females referred was 15 years old, with an average length of stay of 12.5 days. There was one exception, with a length of stay of 103 days while waiting on a PMIC. 17 males were referred, with an average age of 14 years. The average length of stay for males was 12.9 days.



More information on Youth Crisis Stabilization and the collaboration of CSS with the agencies on this service may be found later in the report.

- ***Utilization Review***

CSS's Utilization Review team consists of one service broker from each of our four service areas who is responsible for reviewing submitted funding requests for services/supports.

The role of the service broker is to:

- Determine level of care based on medical necessity
- Identify the amount of services that are being utilized
- Provide resource management to improve quality and outcomes of services
- Monitor cost-effectiveness of services

North Service Area

(Cerro Gordo, Hancock, Floyd, Mitchell, Worth, Winnebago)

Population= 97,588

FY20 Funding Requests= $1,359,823

Supported Community Living
Day Habilitation/Vocational
Psychotherapeutic Outpatient
Transportation
Representative Payee

East Service Area

(Allamakee, Clayton, Fayette, Winneshiek, Chickasaw, Howard)

Population= 92,228

FY20 Funding Requests= $1,207,293

Supported Community Living
Day Habilitation/Vocational
Transportation
Prescription Medication
Psychotherapeutic Outpatient

South Service Area

(Black Hawk, Butler, Grundy, Tama)

Population= 176,155

FY20 Funding Requests= $2,666,074

Assertive Community Treatment
Crisis Stabilization
Subacute
Supported Community Living
Day Habilitation
Psychotherapeutic Outpatient
Transportation
Guardianship/Conservatorship

West Service Area

(Webster, Pocahontas, Humboldt, Wright, Kossuth, Emmet)

Population= 89,415

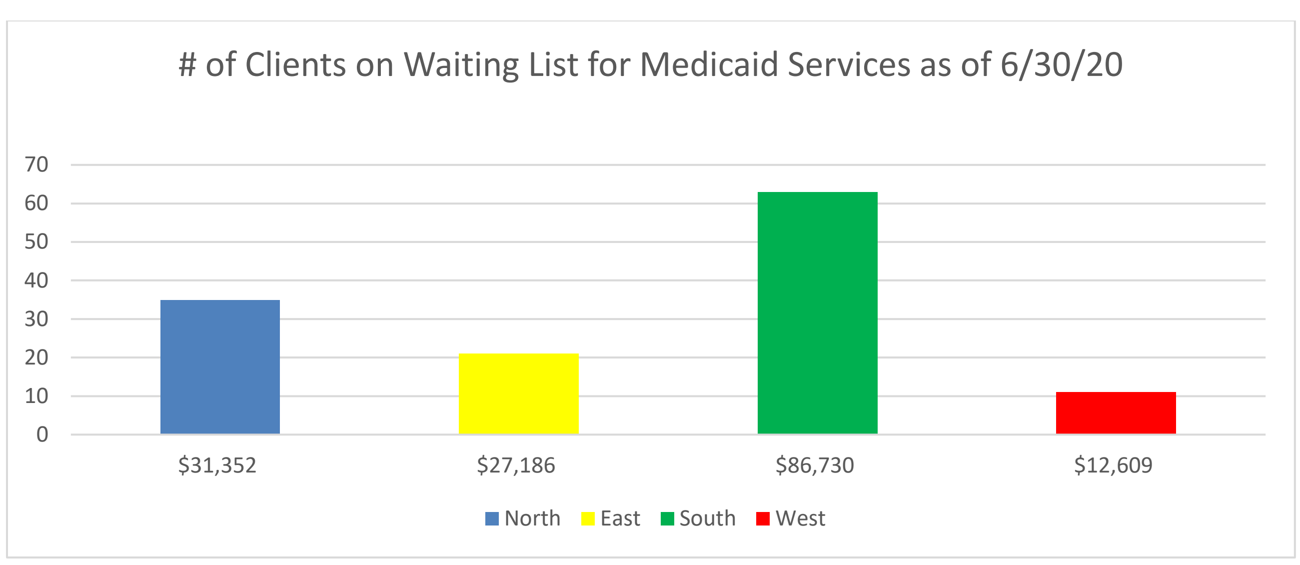
FY20 Funding Requests= $1,050,390

Peer Support
Transportation
Crisis Stabilization
Supported Community Living
Prescription Medication
Committal-Sheriff Transports

***TOTAL FY20= $6,283,580**

*TOTAL FY19= $4,976,499

The Service Brokers update and track a waiting list dashboard to monitor individuals who are waiting to receive Medicaid Services and are receiving gap funding.



*Dollar amount indicated is per service area per month

FY20 Total Number= 130 FY19 Total #= 131

FY20 Total Cost= $157,877 FY19 Total Cost= $178,755

*This chart shows the current length of time an individual waits for a HCBS Waiver slot or for Habilitation Services funding.

HCBS Waiver	**Next Application Date for Slot**
Intellectual Disability	11/27/17
Brain Injury	4/3/17
Children's Mental Health	8/12/19
Elderly	NA
Health and Disability	3/27/18
Physical Disability	8/2/19
AIDS/HIV	NA
Habilitation Services	Enrollment to Receive Funding/Services ~3 months or longer

The individuals receiving this time-limited gap funding may not have Medicaid funding available by the time this time-limited funding expires due to the length of time it sometimes takes for the Managed Care Organizations to enroll an individual. The Exception to Policy (ETP) is used in order to continue to bridge this gap. ETPs must be filed by the individual's MCO care coordinator, IHH care coordinator, or CSS care coordinator if the ETP is for something other than gap funding (typically basic needs). On average, CSS processed 24 ETPs a month in FY2020. 70 unduplicated individuals were granted ETPs and the total dollar amount authorized was over $424,000, of which approximately $410,000 was for gap funding that the MCOs should have been funding. If an ETP is denied, or an adverse funding decision has been made, which the individual or the individual's representative feels is detrimental to their health and safety, an appeal may be filed. CSS Intake receives and files all appeals and arranges the reconsideration meeting with the CEO. In FY2020 four appeals were filed; three were approved.

- ***Statewide Outcomes***

Outcomes Tracking for Quality Service Development & Assessment

CSS continues to track outcomes on four social determinants of health: housing, health & wellness, employment and life in the community. It is interesting that the percentages of outcomes have held constant over the course of the last four years. We do still need to re-evaluate these outcomes to see if we are asking the right questions at the right times. However, with the addition of outcomes tracking for children's services, our focus switched to adding outcomes instead of evaluating the current outcomes. Hopefully in 2021 we will have time to dive deeper to make sure outcome data can be utilized to make a positive effect on the lives of the individuals we serve. CSS also is an active member of the statewide Data Analytics Group that continues to meet to attempt to standardize the data collection of the different programs the regions are charged with overseeing.

We did once again find an increase in the average reported hourly wage, which is encouraging. In FY2019, the average reported wage was $10.00/hour, and, in FY2020, the average rose to $11.00/hour. The average number of hours worked also increased from 21 to 23.5 hours.

HOUSING: What is your current housing situation? (1547 respondents)				HOUSING: Are you in safe, affordable, accessible housing?		
Homeless	In Placement	Staying w/Friends or Family	Housed	Safe	Affordable	Accessible
228	257	162	900	1070	998	1020
15%	17%	10%	58%	81%	76%	77%

MEDICAL CARE: How often do you see a primary care physician? (1576 respondents)			
Never	Less Than Once a Year	Once a Year	More Than Once a Year
76	148	311	1041
5%	9%	20%	66%

EMPLOYMENT: Are you successfully employed? (1511 respondents)			
Unemployed	Sheltered Work	Supported Employment	Community Employment
1235	17	97	162
82%	1%	6%	11%

COMMUNITY INTEGRATION: Are you participating in integrated community activities?				
Clubs / Social Groups	Church	Community Activities / Events	Volunteer	Other
114	258	223	90	154

• *Regional Collaboration with Providers, Stakeholders, and Regions*

Provider Representative Report – *Marcia Oltrogge, CSS Provider Representative*
There are lots of things that can be said about 2020 but "interesting" is probably the most fitting.

2020 for providers began with the continued stress of dealing with MCOs and the lack of accurate and timely payments. Frustration over the time-consuming process to get paid for services provided was a constant frustration.

By mid-February things were beginning to be chaotic due to the new pandemic that was sweeping the world. Providers were beginning to wonder about the impact on their agencies and clients.
In March it became brutally apparent that business was not going to continue as usual. Providers quickly ramped up to do more telehealth and remote service provision, when an option. Clients began to feel the stress of not having services as usual. The unknown pathology of the COVID-19 virus made it difficult to anticipate the long-term impact.

By June all aspects of providers businesses had been impacted. Lots of time was spent trying to track down cleaning supplies and figuring out how to provide continued services. Our clients were beginning to grow weary as schools shut down, the summer loomed and no end seemed to be in sight. And MCOs were still not paying accurately, adding to financial woes.

Fall brought new challenges as mental health/emotional issues and stress began to affect everyone. Clients were tired of the everyday routine. Many were beginning to feel financial hardship and isolation. Agencies were seeing staff burnout. The election process and outcome combined with the pandemic to increase anxiety for many individuals.

To summarize this year is easy. **Our agencies and providers were successful**. We pulled together, utilized each other as support and did what was necessary to continue to provide what residents of our area needed. Whether it was counseling, HAB, employment, guardianship or any of the multitude of services available to our clients the providers stepped up. County Social Services has a full array of competent agencies who have accepted the mission to be there for others in good and bad times. This year tested providers and showed true excellence in service provision.

Provider Connection Meetings
The CSS Program Development Committee hosts bi-annual Provider Connection meetings and sends bi-annual Provider Connection newsletters to discuss CSS program implementation and updates with providers and stakeholders throughout the region. Providers and stakeholders have an opportunity to share any new updates/changes within their agencies and can address any needs they may have. These meetings offer a great opportunity for networking and collaboration with CSS and our stakeholders.

Inspiring Lives : Update on Road to Community Project
At the January 2020 CSS Board Meeting, the CSS Board approved an investment in the Road to Community Project with Inspiring Lives (fka Prairie View). This was a regional investment of over $1,200,000 to resource the agency in downsizing their residential care facility and transitioning to providing subacute, crisis stabilization residential, habilitation and waiver funded RCF, Intensive Residential Support Services, and Assertive Community Treatment. There were two goals defined in this project with several steps under each goal. Listed below is an update from Inspiring Lives' Administrator, Laura Peyton, on the progress of this successful transition. CSS is going to benefit greatly from the array of services that the agency will be providing once this transition is complete.

Goal One – Subacute Mental Health Services/Crisis Services/Intensive Rehabilitation Services

1. *Complete an assessment of facility with DIA to identify upgrades.*
   Due to seeking a new license, RCF to Subacute, for part of our building it was required to install a sprinkler system. This project was delayed due to onset of COVID. However, it has been recently completed and the Fire Marshall has approved this piece of the project. Installing the sprinkler system required us to update our fire alarm system. The system has been installed. However, upon inspection, the Fire Marshal noted that the old system and new system were not communicating correctly, so additional work needs to be done. I have not received a projected date for this to occur.

2. *Add Subacute Mental Health Services to the menu of services with IME and Managed Care Organizations.*
   This has not been completed. The first step in this process is to gain a Subacute license through Department of Inspections and Appeals. They are unable to do this until we receive full approval from the Fire Marshal. The IME application is completed and ready to send. We have been working on policy and procedures, hiring qualified staff, providing training that meets DIA and DHS requirements, and purchasing necessary equipment. When we are licensed, we will need to be designated by the CSS region to provide this service per Chapter 25.

3. *Set a timetable for transition and downsizing.*
   This project started March 1, 2020 and was completed 8/31/20. We were able to transition from 55 clients to 10 clients within those 6 months, which is an aggressive approach. Our census today is 15. All but a handful of individuals were able to move to a Medicaid funded service within the community. There were a handful of individuals that are still unable to access Medicaid, so were unable to transfer to Medicaid funded services. One individual continues to reside within our facility as we are struggling to find a nursing home willing to admit. Most individuals transitioned to the community with Inspiring Lives services. We were able to start services in 2 new locations, Ossian and Sumner. Other individuals went to our existing 24 hours sites within the community.

4. *CSS provide Valid Based Funding to support Inspiring Lives/ PVMI.*
   We did receive this funding in March 2020. Approximately 80% of the funding covered the expense of services provided to the individuals. The remaining funds assisted Inspiring Lives in hiring qualified staff required for the Subacute/Crisis services that we will be providing and helped with the sprinkler system. Inspiring Lives utilized reserves to further fund the sprinkler system, fire alarm system and other necessary updates.

5. *CSS would agree to fund any individuals approved for placement in a subacute bed.*
   Action step unable to be completed at this time. Note: This funding would be for individuals not able to access Medicaid funding.

6. *CSS will provide a Project Manager.*
   Inspiring Lives has been working with Jim Aberg. This has been very useful with creating policies, applications for services, and staff training.

7. *CSS will facilitate collaboration with ACSC that has a subacute facility.*
   A group of staff toured and was able to discuss procedures and forms with the ACSC in the beginning of the project.

Goal Two – Assertive Community Treatment (ACT)

1. *Inspiring Lives will complete a search for psychiatric provider for the ACT team.*
   Inspiring Lives will utilize Dr. Modha, our current psychiatrist, for our RCF services in Fayette and New Hampton. We will utilize Integrated Telehealth Partners within our Subacute/Crisis/ACT services.

2. *CSS will collaborate with recruitment to assist with economic barriers.*
   Inspiring Lives was able to complete this.

3. *Inspiring Lives will secure MCO contracting for ACT services.*
   The IME application has been submitted and awaiting approval. The next step is to update our contracts with MCOs. Our goal is to start with Medicaid funded services for individuals receiving Medicaid. We have requested a weekend supplement from the CSS region until we are able to reach a census that no longer requires it. Medicaid only funds 5 out of 7 days, even though services are required to be provided for 7 days a week. This request and timeline have been submitted.

4. *CSS will provide funding commitment for 2 months of total cost reimbursement.*
   Inspiring Lives projects that we will begin services January 1, 2021.

5. *CSS will provide technical assistance for start-up and fidelity review.*
   Inspiring Lives has been meeting with RHD monthly for consultation and training. The training has been delayed due to COVID. RHD plans to complete on-site training in December.

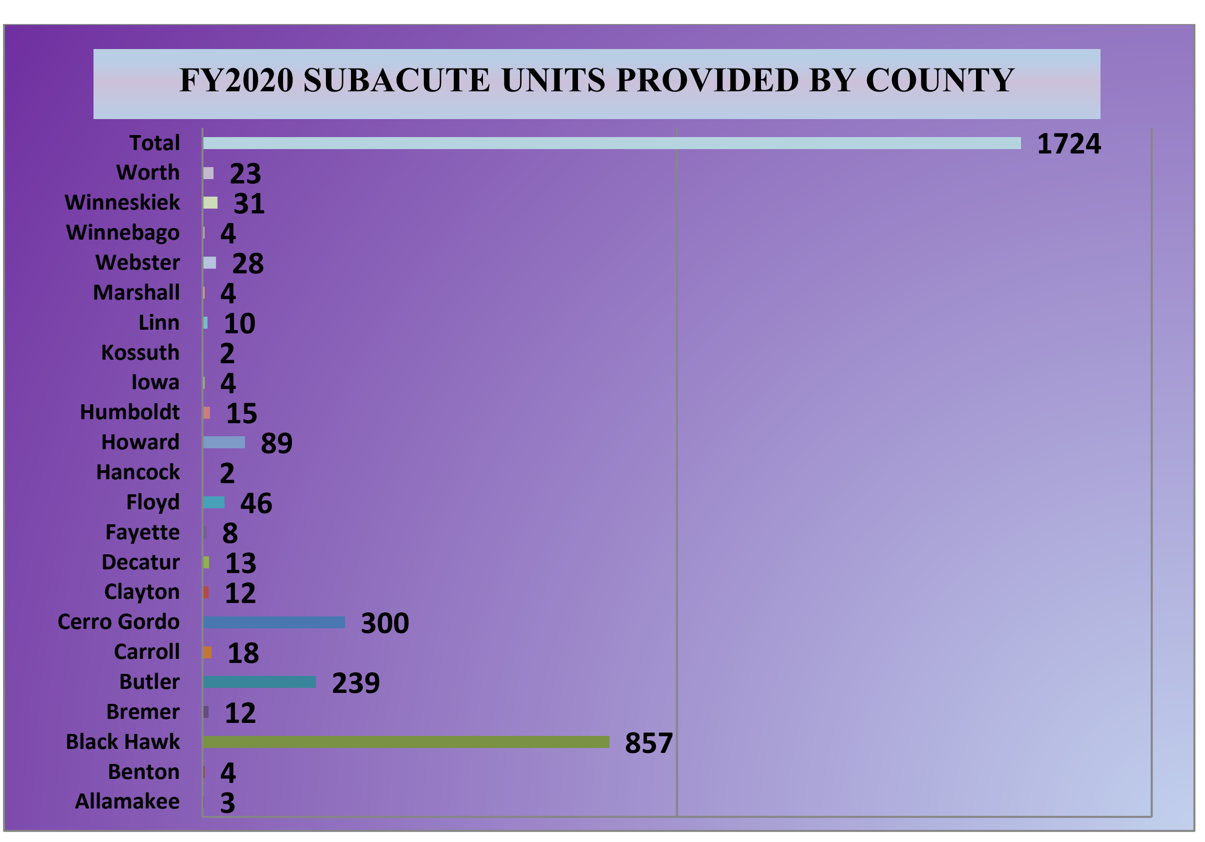
North Iowa Regional Services

North Iowa Regional Services includes the Adult Crisis Stabilization Center (ACSC), North Iowa Juvenile Detention Services (NIJDS) and North Iowa Elite Mental Health Services (NIEMHS). When the Coronavirus pandemic hit the United States, we had to quickly put new policies and procedures in place in order to continue to operate, as we are considered an essential service provider. We utilized the information provided by the Center for Disease Control and Prevention (CDC) to create safety procedures for staff and residents alike. We purchased personal protective equipment (PPE) and started monitoring all individuals coming into the building by taking their temperature and screening them for COVID-19 symptoms and contact. In order to continue to operate when it was discovered we had positive COVID-19 patients we moved all healthy patients to one building and utilized the other for those that were ill and required to quarantine. We experienced an increase in clients as many other facilities across the state chose to shut down or refuse new intakes. We continue to monitor patient and staff temperatures daily and require all staff and clients to wear face masks. If staff presents or reports symptoms, they are required to obtain COVID-19 testing and provide a negative test result before returning to work. We continue to look to the CDC for updates and further guidance as we navigate the obstacles created by this pandemic.

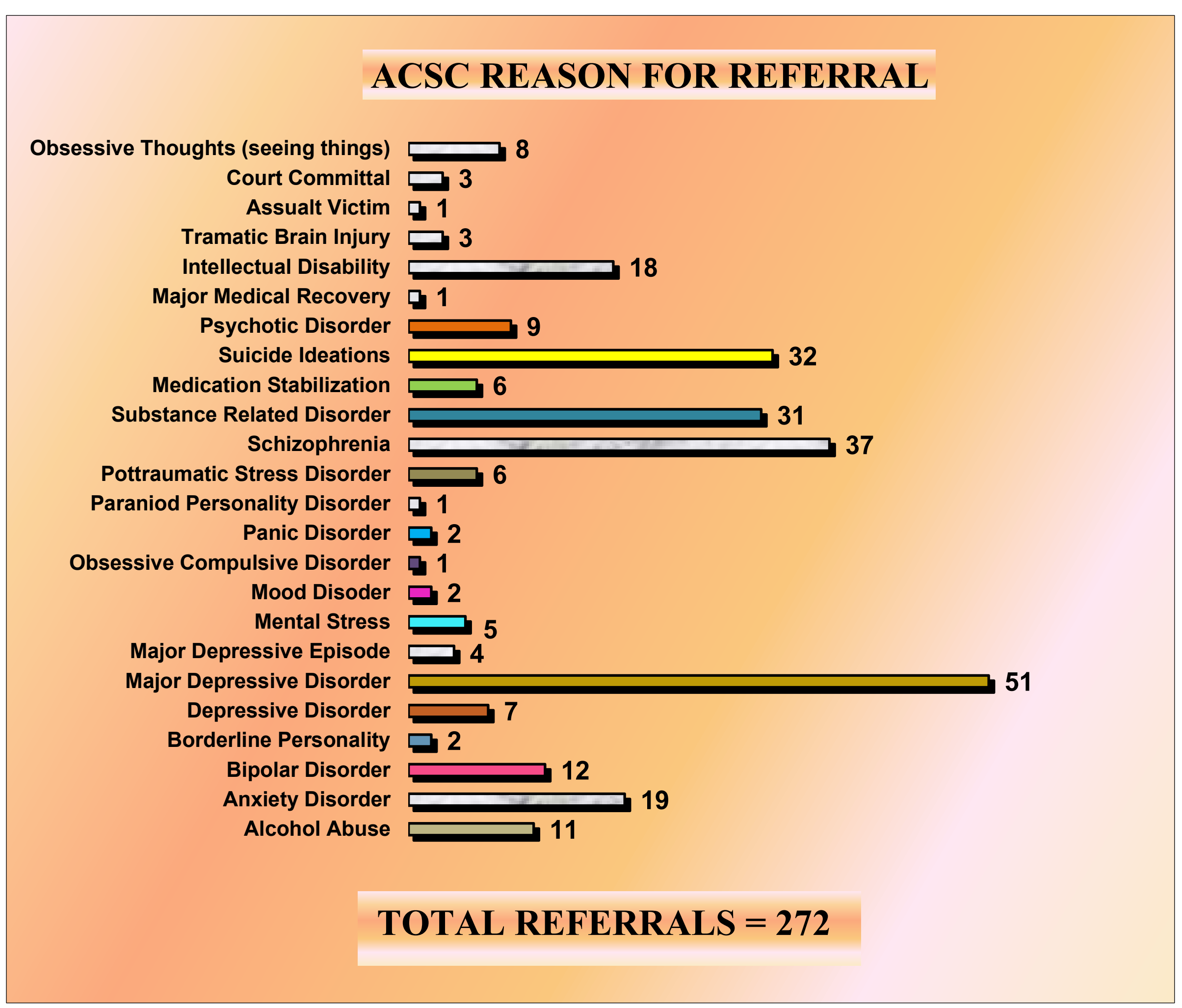
Over the past three years, the admissions into the ACSC has decreased slightly, from a high of 279 in FY2018 to 269 in FY2020, while the number of units (days) provided has decreased from 3198 in FY2018 to 1981 in FY2020. However, with the Subacute opening in February FY2019, some admissions shifted to this level of care. There were 130 admissions into Subacute in FY2020 with 1724 units of service provided. As can be seen by the graphs that follow, both ACSC and Subacute served individuals from most CSS counties, as well as many counties from outside the region.

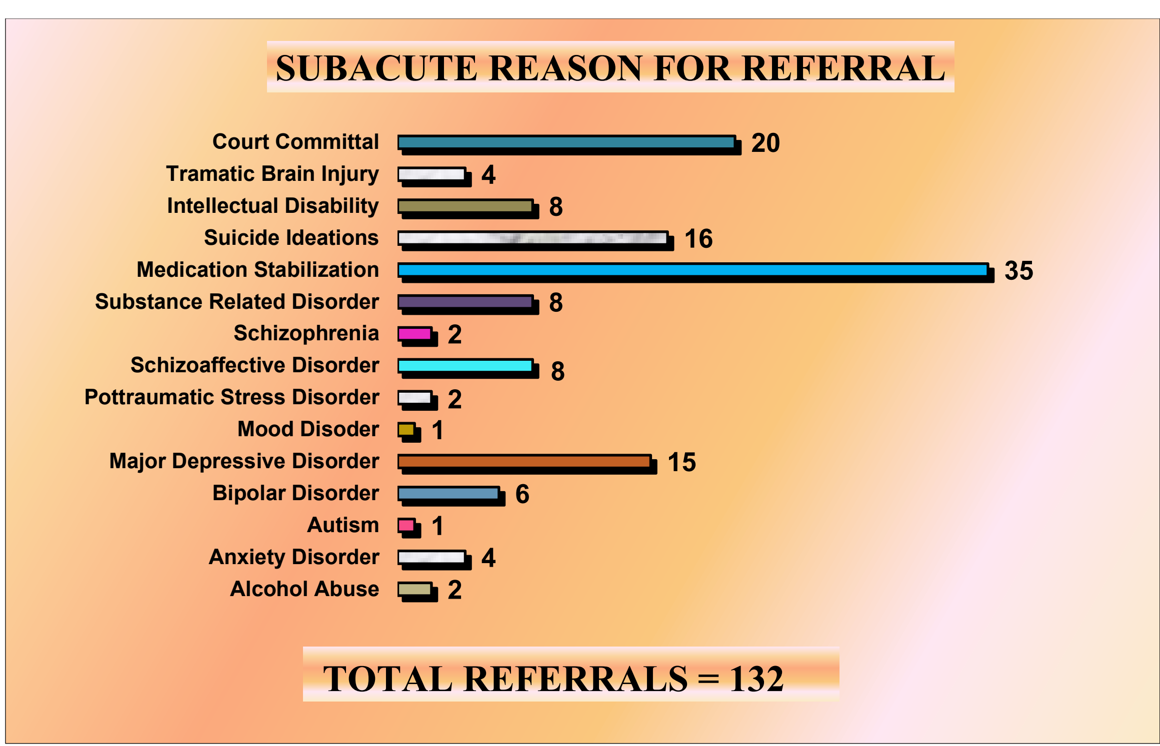
FY2020 ACSC UNITS PROVIDED BY COUNTY

County	Units
Total	1981
Wright	35
Winneskiek	62
Winnebago	9
Webster	47
Wayne	2
Tama	68
Marshall	2
Marion	9
Johnson	11
Jasper	3
Howard	34
Hancock	7
Grundy	13
Floyd	13
Fayette	40
Emmett	8
Des Moines	4
Clinton	5
Clayton	67
Chickasaw	2
Cerro Gordo	208
Butler	24
Buchanan	3
Bremer	11
Black Hawk	1275



There are a variety of reasons for referral to these two services; while major depressive disorder is the main reason for referral to crisis stabilization level of care, medication stabilization is the main reason for referrals into subacute services. There are also many different discharge plans, ranging from residential care to nursing facilities to a family member, but the overwhelming majority of discharge from both levels of service is back home (40% for subacute and 50% for crisis stabilization residential).





YSS – Francis Lauer
As stated earlier, FY2020 saw CSS' renewal of the funding of children's crisis stabilization residential services, first through YSS-Francis Lauer Youth Services in Mason City. During FY2020, our agency served 13 clients in crisis stabilization. CSS and YSS staff work together very well in the coordination of this needed service for children. The CSS Transition Specialist is our primary contact. She is very timely in response to our questions and always answers all the questions we have. Our agencies have a very open communication, which helps to serve the children in the best way we can. The CSS Transition Specialist also reaches out to families to help them engage in this process when YSS staff has been unsuccessful in engaging them. With appropriate documentation, CSS has also extended the length of stay for clients to be meet their needs and the needs of their families.

CSS facilitates quarterly meetings of all children's crisis stabilization providers to discuss progress, concerns, stay current on CSS documentation requirements, and to begin helping other agencies who are implementing crisis stabilization at their facilities. CSS also asks for updates in our progress to become Chapter 24 accredited to help keep us on target for the 7/1/2021 date.

Maintaining success during the first four months of the pandemic was a primary goal. YSS remained open, fully operational and fully staffed. All mental health services were provided via telehealth, which meant organizing virtual therapy, BHIS, medication evaluations and medication management, and clinical assessments. The switch from in-person appointments to telehealth was rapid and resulted in no delay in services

We are now in the midst of our "Building Hope" Community Campaign, remodeling our Mason City campus into a more trauma-informed, deinstitutionalized and homelike environment. We are grateful for County Social Services' $175,000 contribution to this campaign in FY2020. This newly remodeled center will provide hope and healing to youth and families in crisis.

National Alliance on Mental Illness (NAMI)

County Social Services continues to collaborate with our local NAMI chapters, providing funds for local chapter needs each year, as well as funding education and training opportunities for individuals through NAMI Iowa. We realize that the COVID-19 pandemic has disrupted the activities of our local NAMI chapters and know they have been developing virtual opportunities to connect with individuals. CSS values our partnership with all our NAMI chapters.

Collaboration with other MHDS Regions

The County Social Services CEO continues to participate in the monthly collaborative Region CEO meetings. This provides a wonderful networking opportunity, as well as an opportunity to share ideas and strategies for moving the regions forward in a positive manner. The CSS Chief Operating Officer continues to serve on the CSN Operations Committee, which is also a great opportunity to learn how other regions work and share operational ideas with each other. The CSS Regional Coordinator of Disability Services served on the Justice-Involved Services workgroup for development into CSN. Other CSS staff participate in workgroups and task forces, as well.

Annual Stakeholder Meeting

County Social Services holds its Annual Stakeholder Meeting each November. This FY2020 Annual Report was presented at the CSS Annual Stakeholder Meeting held virtually by GoTo Meeting on Wednesday, November 18, 2020. There were 37 stakeholders present.