



Iowa Certified Community Behavioral Health Clinics (CCBHC) Community Needs Assessment Survey Report

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Substance Abuse and Mental Health Services Administration,
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OVERVIEW

In October 2015, the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the Iowa Department of Human Services a one-year planning grant. The aim of this grant is to assist Iowa in improving the behavioral health of its citizens through high-quality, coordinated, community-based mental health and substance use disorder services. These services are to be built upon evidence-based practices and integrate physical health services. Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducts the evaluation for the Iowa CCBHC project.

This CCBHC Community Needs Assessment Survey was created by the Department of Human Services with input from stakeholders in order to better understand currently available services as well as needed services at each of the three CCBHCs. The target audience of the survey includes four categories of individuals: 1) employees in the human services field, 2) consumers of mental health and substance use disorder services, 3) family members of mental health and substance use disorder services consumers and 4) community members. The survey was made available to respondents via Qualtrics from August 15, 2016 to September 2, 2016.

Inclusion Criteria

Individuals were permitted to take the survey if they could be categorized into one of the four groups of individuals mentioned above:

- employees in the human services field
- consumers of mental health and substance use disorder services,
- family members of consumers of mental health and substance use disorder services
- community members



In addition, to be permitted to take the CCBHC Community Needs Assessment Survey, respondents were required to provide information about mental health and substance abuse disorder services for the catchment area of one of the following CCBHCs:

- Abbe Center for Mental Health
- Heartland Family Services
- Seasons Center for Behavioral Health

Exclusion Criteria

- Individuals who could *not* be categorized into one of the four groups of individuals mentioned above were excluded from taking the survey.
- Individuals who could *not* provide information about mental health or substance use disorder services for one of the three CCBHC catchment areas were excluded from taking the survey.

This report summarizes the close-ended and open-ended responses to the CCBHC Community Needs Assessment Survey focusing on accessibility and availability of services, barriers to service access, needs and strengths of current service delivery and ongoing efforts to improve service delivery. Analysis of open-ended questions included grouping text with related ideas into concepts. Reoccurring concepts were then grouped into themes that represent patterns in the data. All results for quantitative and qualitative data analysis are reported by agency catchment area.



Participant Demographics

A total of 89 respondents met the inclusion criteria and participated in the CCBHC Community Needs Assessment Survey. Table 1 presents the percent of participants who identified themselves as community members, consumers of services, family members of a consumer, human services employees or other. Note that although the survey was intended to reach community members, consumers of services, family members of a consumer, and human services employees, several respondents who identified as “other” were permitted to complete the survey.

Over one half (51.7%) of respondents were employees in the human services field. Over one-quarter (28.1%) of respondents were persons who receive services from a mental health or substance use disorder center, and 12.4% of respondents were family members of mental health or substance use disorder service consumers. Only one respondent (1.1%) was a community member. Of the six respondents who chose “other”, four worked in health-related occupations such as nursing, medicine, and public health. One respondent worked in a library, and one respondent indicated retirement from a social work position.

Table 1. Self-Reported Participant Description

Respondent Type	n=89
Community Member	1.1%
Consumer / Service Recipient	28.1%
Family Member of Consumer / Service Recipient	12.4%
Human Services Employee	51.7%
Other	
Health Field	4.5%
Librarian	1.1%
Retired	1.1%

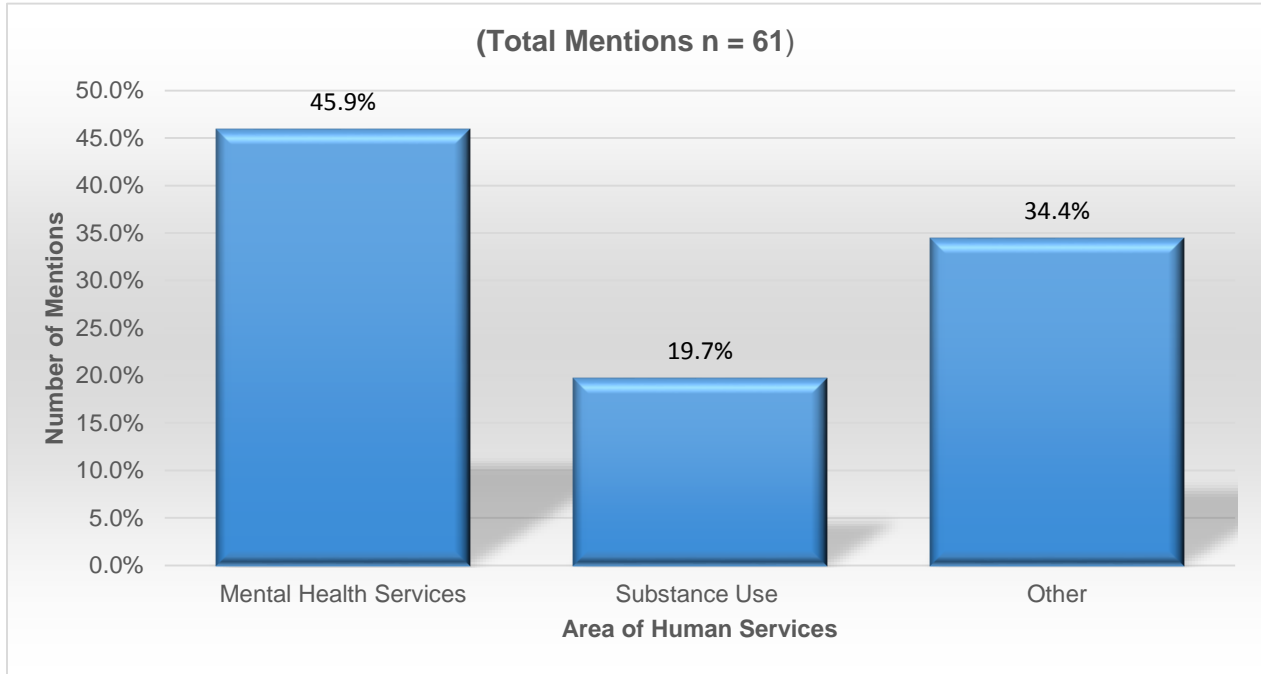
Of those the 46 respondents that indicated that they work in a human services field, 17 respondents (37.0%) indicated that they work in mental health services only, and 2 respondents (4.3%) reported that they work in substance use disorder treatment services only. Sixteen respondents (34.8%) reported working in a human services field other than mental health or substance use disorder treatment. The remaining respondents reported that they worked in settings that provide more than one service.

Figure 1 illustrates the number of times respondents mention working in a human service setting with “mental health services”, “substance use disorder treatment” and “other” service fields. Respondents reported a total of 61 mentions. Nearly half (45.9 %) of respondents reported working in a human service setting that provided mental health services. A little less than one-fifth of respondents (19.7%) reported working in a setting that provided substance use disorder



treatment, and the remaining 34.4% of respondents reported working in a setting that provides services other than mental health or substance use disorder treatment.

Figure 1. Services Offered in Health Care Settings of Human Service Field Employees

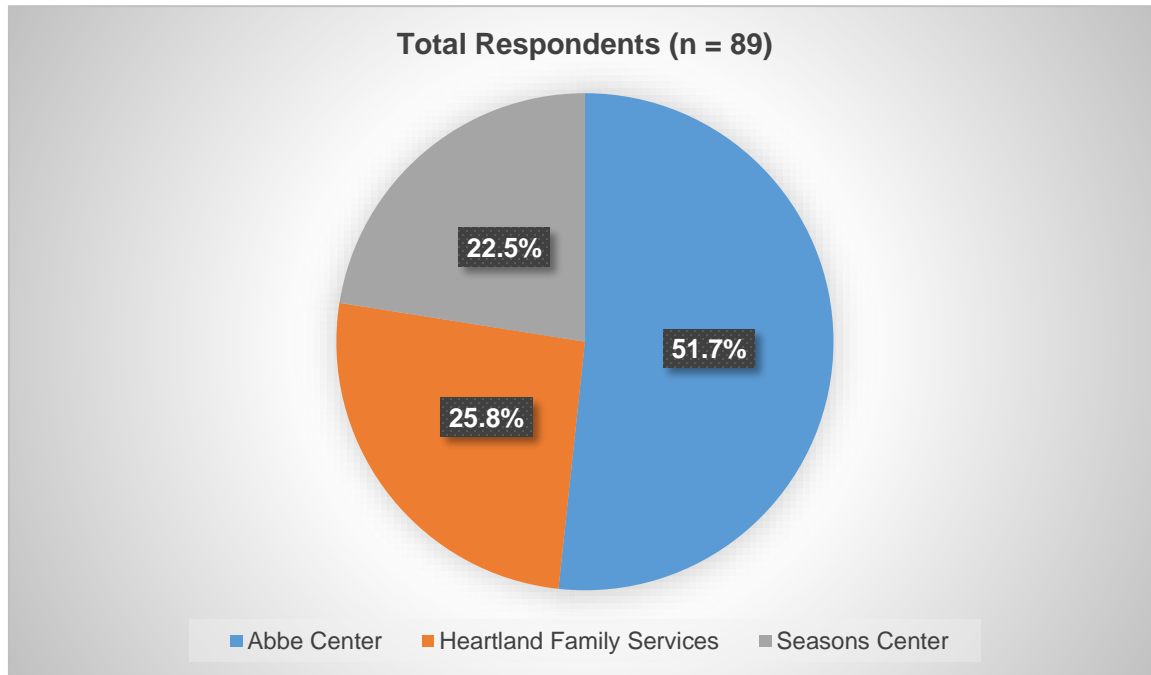


Representation of CCBHC Catchment Areas

Figure 2 presents the percentage of respondents who provided information about mental health and substance use disorders for each of the three CCBHC catchment areas. Over half of respondents (51.7%) reported that they were completing the survey for the catchment area of Abbe Center for Community Mental Health in Cedar Rapids, Iowa (Linn County). One-quarter of respondents (25.8%) completed the survey for the Heartland Family Services catchment area (Harrison, Mills and Pottawattamie counties), and 22.5% completed the survey for the Seasons Center for Behavioral Health catchment area (Buena Vista, Clay, Dickinson, Emmet, Lyon, O’Brien, Osceola, Palo Alto and Sioux Counties).

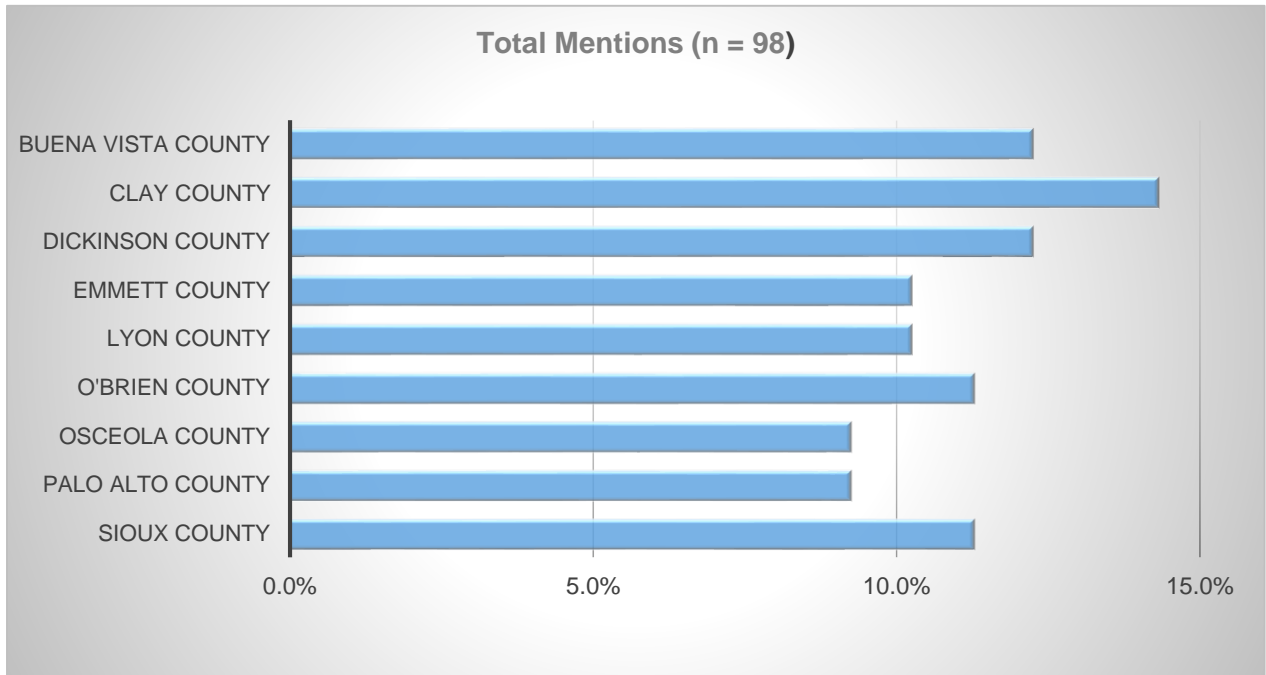
Of the 20 respondents who indicated that they were completing the survey for the Heartland Family Services catchment area, five respondents were familiar only with Pottawattamie County, two respondents were familiar only with Mills County, and one respondent was familiar only with Harrison County. Over half (54.6%) of the respondents who were completing the survey for the Heartland Family Services catchment area were familiar with Harrison, Mills and Pottawattamie counties. The remaining respondents were familiar with both Pottawattamie and Hills counties.

Figure 2. Coverage of CCBHC Catchment Areas



Since respondents can choose more than one county that they are familiar with, Figure 3 presents the number of times respondents indicated their familiarity with services provided in a county within the Seasons Center for Behavioral Health catchment area. This figure shows that nearly an equal percent of respondents was familiar with each of the nine counties. Frequencies range from nine mentions (Palo Alto and Osceola counties) to fourteen mentions (Clay County). Of the 19 respondents who indicated that they were completing the survey for the Seasons Center catchment area, five respondents (26.3%) were familiar with all nine counties in the catchment area.

Figure 3. Number of Times Respondents Mentioned Counties within the Seasons Center Catchment Area



Race, Ethnicity and Status in the Armed Forces

Over four out of five (85.4%) of respondents identified themselves as White or Caucasian. One respondent identified as American Indian or Alaska Native and three respondents identified as Hispanic or Latino. Nine respondents (10.1%) did not identify a race or ethnicity.

Three of the 89 respondents (3.4%) were current or former members of the U.S. Armed Forces.

Accessibility & Availability of Services

Analysis of Close-Ended Questions

Mental Health Services

Question six of the Community Needs Assessment Survey was used to measure availability and accessibility of services: “How available and accessible are the following services to people in your area? For this survey ‘available and accessible’ means that people can get the services they need, when they need them.”

To capture respondents’ perceptions of accessibility and availability of *mental health* services, analyses of the following services were completed:

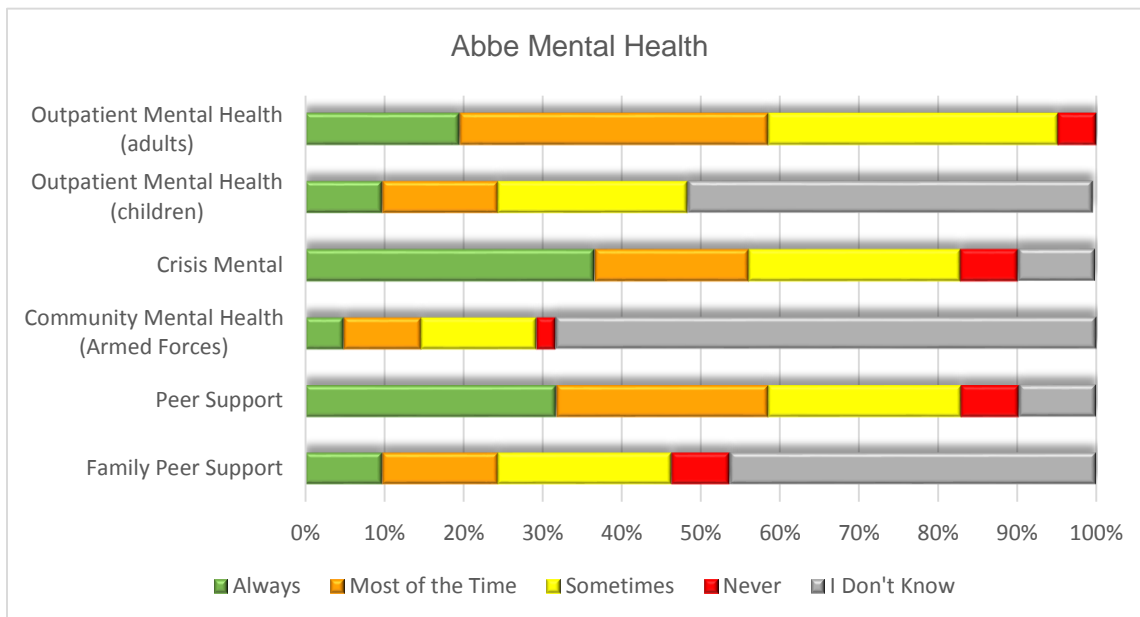
- Outpatient mental health services for adults. These are services that include intensive outpatient treatment and individual, group and family therapy and counseling



- Outpatient mental health services for children. These are services like individual, family or group counseling and therapy specifically for children with mental health concerns
- Crisis mental health services. These services de-escalate individuals during a mental health or substance use disorder crisis, and help them stabilize after. Services are available 24-hours a day, and include things like 24-hour crisis response teams, telephone response, and short-term stabilization available in an individual’s home, work, or elsewhere in the community.
- Community-based mental health care for members of the armed forces and veterans. These are outpatient mental health and substance use disorder services that are either specifically designed for members of the armed forces and veterans, or highly knowledgeable and responsive to the characteristics and needs of this population.
- Peer support services. These are services delivered by people who have personally experienced a mental illness and are in recovery.
- Family peer support services. These are services delivered by family members of children who have experienced a mental illness or substance use disorder.

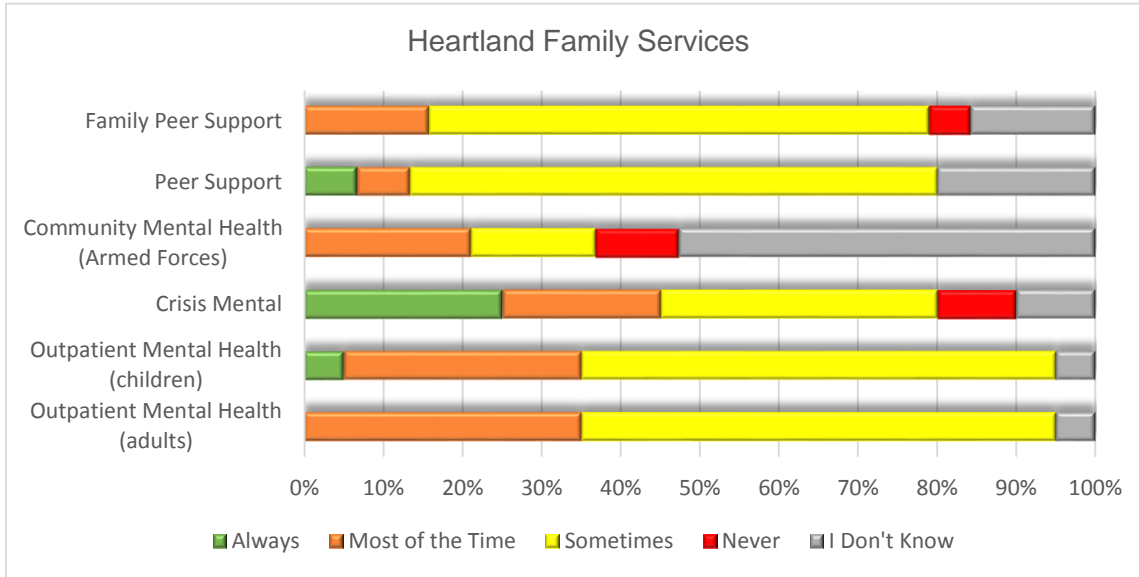
Abbe Mental Health Center. Figure 4 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of service in the Abbe Mental Health Center catchment area.

Figure 4. Availability and Accessibility of Mental Health Services Catchment Area



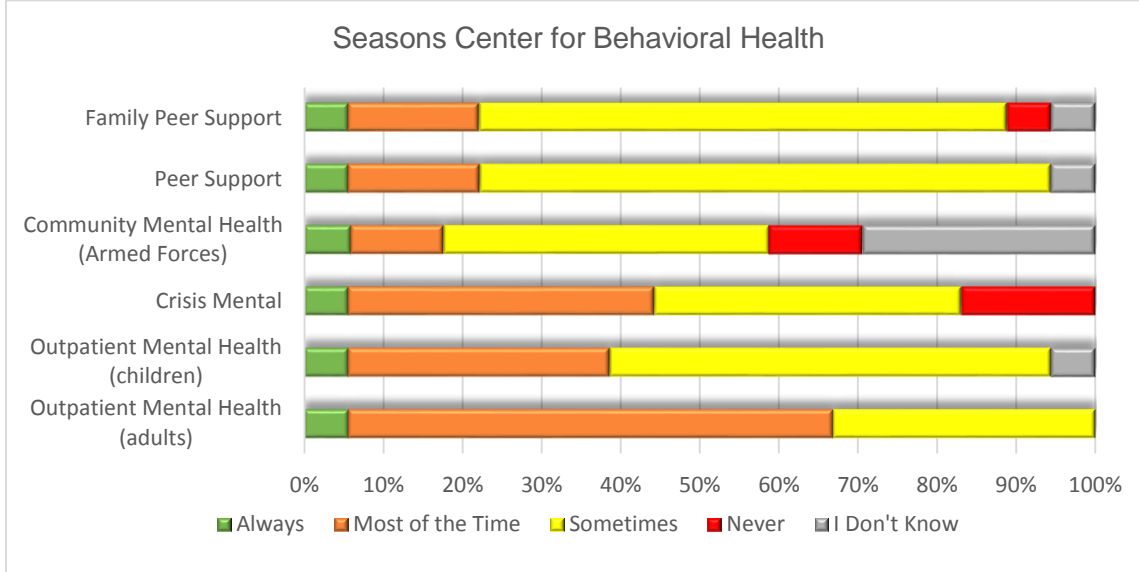
Heartland Family Services. Figure 5 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of service in the Heartland Family Services catchment area.

Figure 5. Availability and Accessibility of Mental Health Services Catchment Area



Seasons Center for Behavioral Health. Figure 6 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of service in the Seasons Center for Behavioral Health catchment area.

Figure 6. Availability and Accessibility of Mental Health Services Catchment Area



Substance Use Services

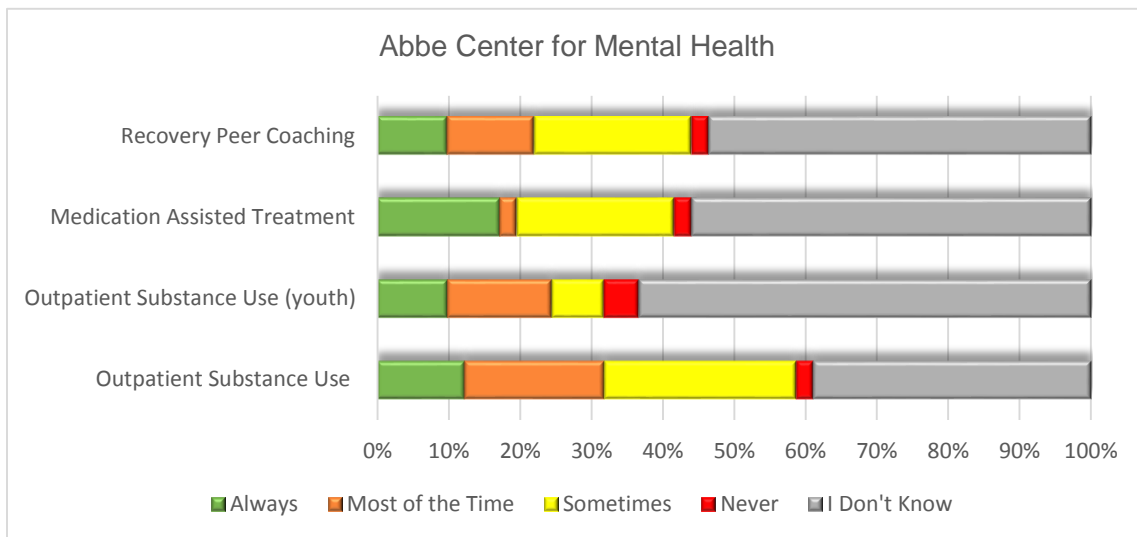
Question six of the Community Needs Assessment Survey was used to measure availability and accessibility of services: “How available and accessible are the following services to people in your area? For this survey "available and accessible" means that people can get the services they need, when they need them.”

To capture respondents’ perceptions of accessibility and availability of *substance use* services, analyses of the following services were completed:

- Recovery peer coaching. These are services delivered by people who have personally experienced a substance use disorder and are in recovery.
- Medication assisted treatment. These are outpatient services that incorporate evidence based therapy and specific substance use disorder medication such as methadone, buprenorphine, or naltrexone
- Outpatient substance use disorder treatment for youth/adolescents. These are services that include intensive outpatient treatment; and individual, group, and family therapy and counseling for youth/adolescents with substance use disorders.
- Outpatient substance use disorder treatment. These are services that include intensive outpatient treatment; and individual, group, and family therapy and counseling for individuals with substance use disorders

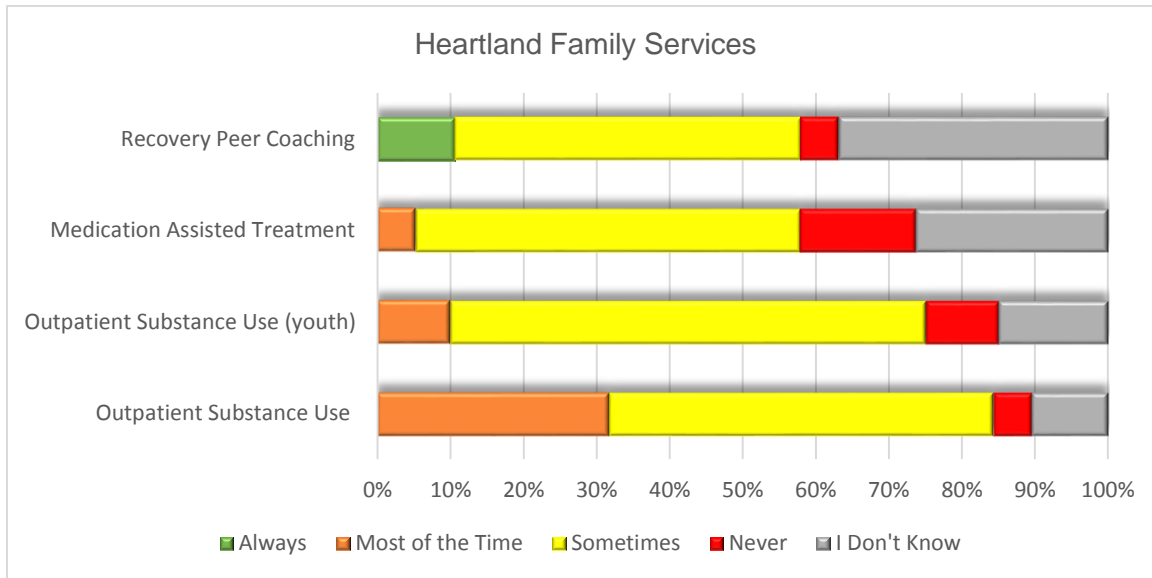
Abbe Mental Health Center. Figure 7 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of service in the Abbe Mental Health Center catchment area.

Figure 7. Availability & Accessibility of Substance Use Disorder Services—Abbe Center for Mental Health Catchment Area



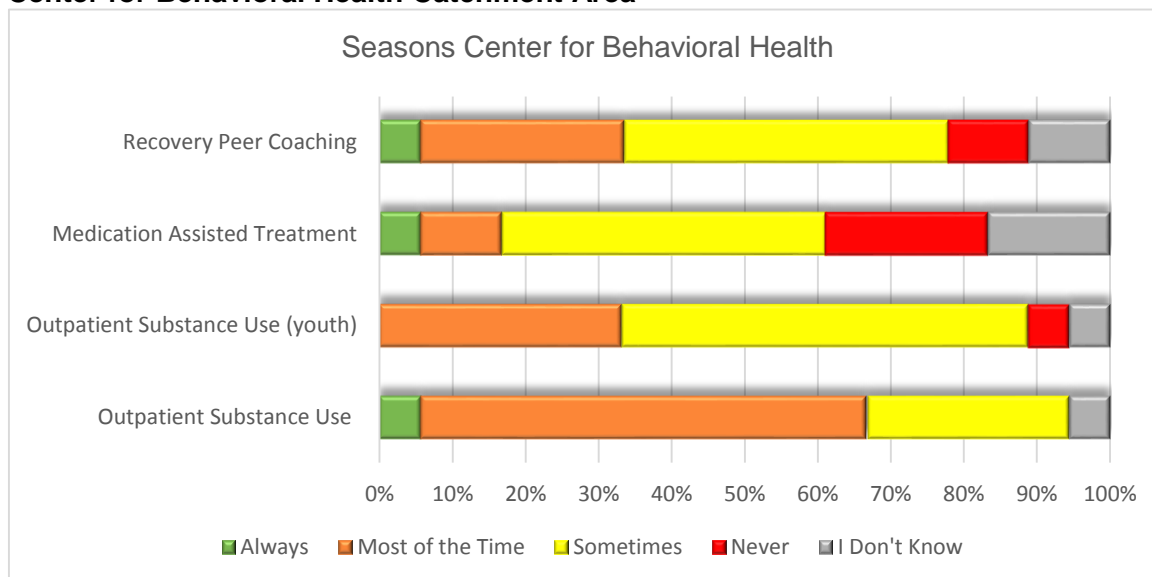
Heartland Family Services. Figure 8 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of service in the Heartland Family Services catchment area.

Figure 8. Availability & Accessibility of Substance Use Disorder Services—Heartland Family Services Catchment Area



Seasons Center for Behavioral Health. Figure 9 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of service in the Seasons Center for Behavioral Health catchment area.

Figure 9. Availability & Accessibility of Substance Use Disorder Services—Seasons Center for Behavioral Health Catchment Area



Services Not Specific to Mental Health or Substance Use

Question six of the Community Needs Assessment Survey was used to measure availability and accessibility of services: “How available and accessible are the following services to people in your area? For this survey "available and accessible" means that people can get the services they need, when they need them.”

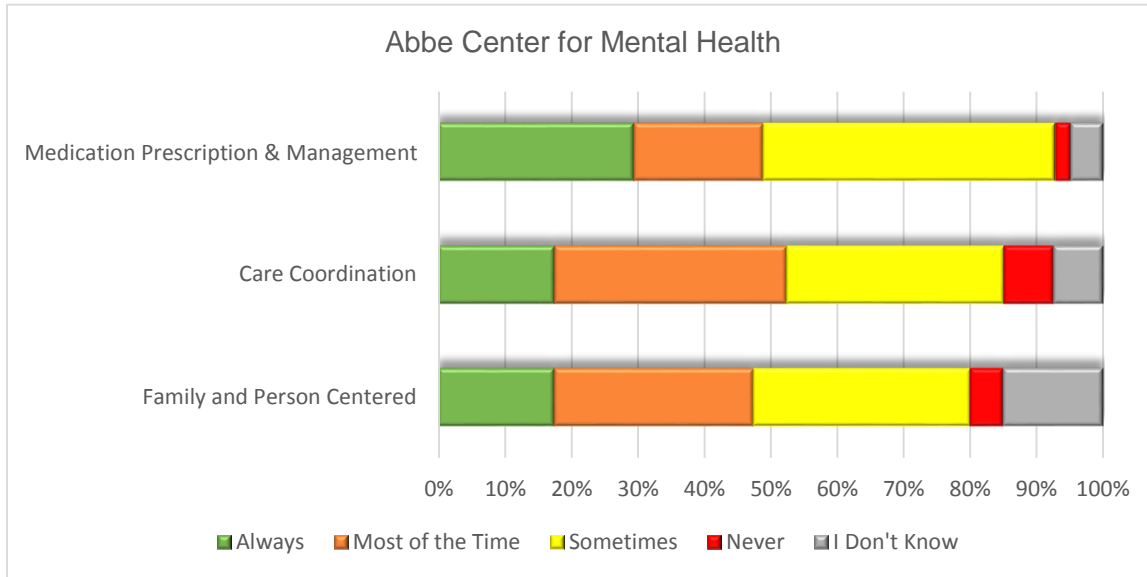
To capture respondents’ perceptions of accessibility and availability of modalities that are *not specific to either mental health or substance use services*, analyses of the following services were completed:

- Psychiatry, medication prescription and management. These are outpatient services to prescribe medications to manage mental illness and/or substance use disorders, as well as follow-up appointments to manage and monitor the medication prescribed.
- Services that are person and family centered. These services should encourage the active participation of the person receiving services (and families if that person is a child, or if the adult receiving services wishes to include them) in a way that involves them in decision making and planning to the highest degree possible, and recognizes and respects their customs and values.
- Care coordination. Care coordination is a service that organizes activities and shares information among all of the different individuals who are supporting an individual’s recovery so that everyone is on the same page. The person’s needs and preferences are known to the care coordinator ahead of time so they can be communicated at the right time to the right people

Abbe Center for Mental Health. Figure 10 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of service in the Abbe Center for Mental Health catchment area.

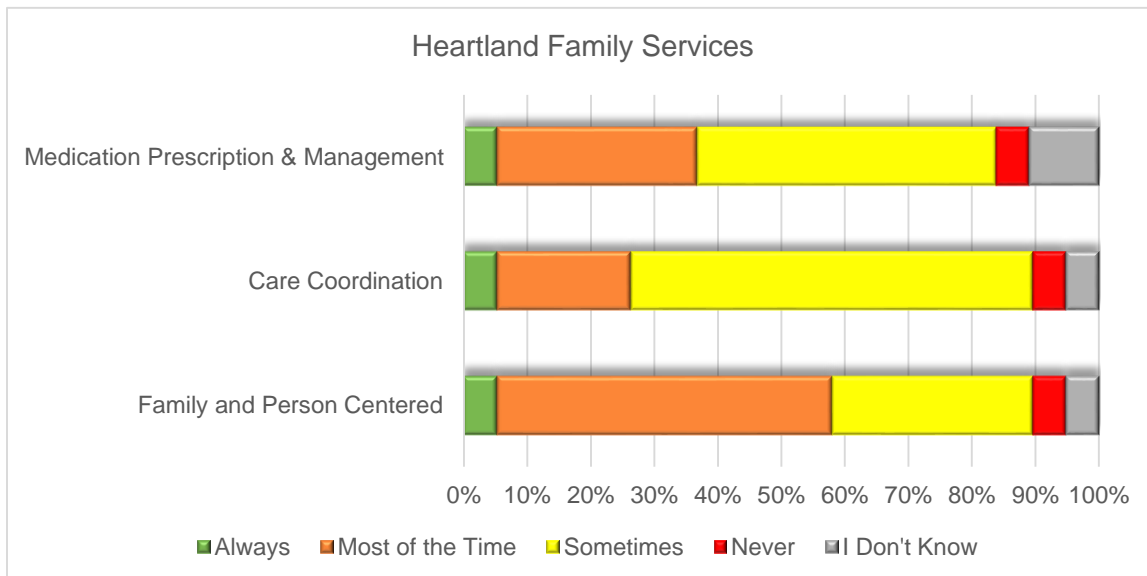


Figure 10. Availability & Accessibility of Other Services—Abbe Center for Mental Health Catchment Area



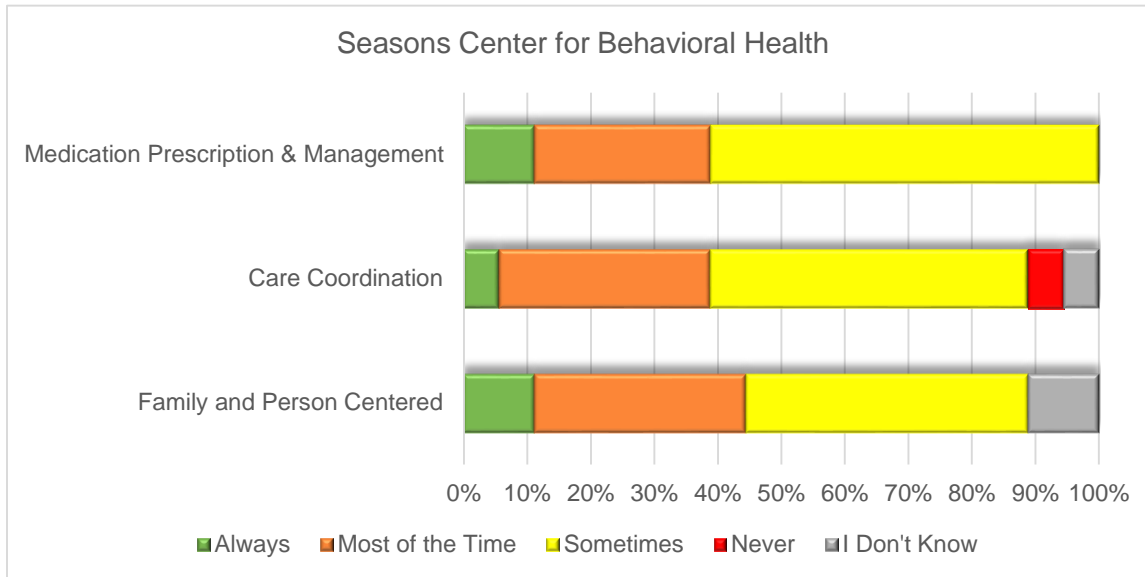
Heartland Family Services. Figure 11 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of service in the Heartland Family Services catchment area.

Figure 11. Availability & Accessibility of Other Services—Heartland Family Services Catchment Area



Seasons Center for Behavioral Health. Figure 12 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of service in the Seasons Center for Behavioral Health catchment area.

Figure 12. Availability & Accessibility of Other Services—Seasons Center for Behavioral Health Catchment Area



Analysis of Open-Ended Questions

For question six, (“How available and accessible are the following services to people in your area? For this survey "available and accessible" means that people can get the services they need, when they need them.”), survey respondents had the opportunity to provide additional information about their close-ended responses regarding their perception of the accessibility and availability of services at their representative agency. The tables below present selected informative excerpts from open-ended responses to the Community Needs Assessment Survey. These responses are intended to reflect the most frequent subjects referenced in open-ended questions.

Abbe Mental Health Center. Thirteen of the 46 respondents providing information for Abbe Mental Health Center also provided additional open-ended information regarding the accessibility and availability of services. See Appendix B for a complete list of responses to open-ended questions.

The most commonly occurring themes in these responses include:

- Funding
- Staff
- Insurance
- Lack of service options



Table 1. Selected Open-Ended Responses for Common Themes Concerning Service Availability and Accessibility—Abbe Center for Mental Health

Funding	<ul style="list-style-type: none"> ○ Simplification of the process to obtain funding for services ○ Increased funding to for additional service options
“The process of accessing funding has become much more complicated with having 3 MCO's and the Region to contact. It seemed to be a smoother process when funding was available through the county and only working with one MCO. Individuals utilizing the services find the new system very confusing and complicated.”	
“Residential treatment and hospital bed availability are Abysmal”.	
Staff	<ul style="list-style-type: none"> ○ Increased staff to provide needed services
“Limited availability of psychiatry time at times leads to unnecessary hospitalization.”	
“...there are not many providers who accept Medicare/Medicaid, and the ones that do have huge waiting lists.”	

Heartland Family Services. Eight of the 23 respondents that provided information for services at Heartland Family Services also provided additional open-ended information regarding the accessibility and availability of services.

The most commonly occurring themes in these responses include:

- Hours of availability
- Waitlists
- Need for consumer education about services
- Transportation

Table 2. Selected Open-Ended Responses for Common Themes Concerning Service Availability and Accessibility—Heartland Family Services

Timing of Availability	<ul style="list-style-type: none"> ○ Offer a larger window of available times ○ Patients not being seen soon enough
“Hours of operation is sometimes a barrier if people are working during normal business hours. There has also been concern voiced about children having to miss school to attend appointments especially if they are struggling in school”	
“After [hours] services and some type of triage system would be great”	
“[W]aiting lists are a huge barrier”	
Consumer Education	<ul style="list-style-type: none"> ○ Consumers need more information about available resources
“There is resource information available ex. through SWIFA MHDS Region website, but if people are not familiar with where to find the information about resources, they may have a difficult time.”	
“Even though TMS is available, and SWITA – they are not always user friendly or available when needed.”	



Seasons Center for Behavioral Health. Six of the 20 respondents that provided information for the Seasons Center for Behavioral Health also provided additional open-ended information regarding the accessibility and availability of services at the Seasons Center for Behavioral Health.

The most commonly occurring themes in these responses include:

- Consumer Education
- Staff
- Communication

Table 3. Selected Open-Ended Responses for Common Themes Concerning Service Availability and Accessibility—Seasons Center for Behavioral Health

Consumer Education	○ Consumers need more information about available resources
“It really depends on who you know and what you know in order to get services.”	
“Available services seem to be kept secret to save money. The only way to find out is to talk to other people in the same circumstances. They are the ones who will tell you what services they use.”	
“We have no idea what is available and how to find it.”	

Barriers to Service Access

Analysis of Close-Ended Questions

Geographic and Temporal Barriers

Question eight of the Community Needs Assessment Survey was used to measure barriers to service receipt: “How much do the following barriers impact people being able to access services in your area? For this survey "barriers" are things that makes it difficult for a person to receive the services they need, when they need them. This could be because of where or how the agencies providing the services operate, or because of things like time off work or transportation.” The tables below present selected informative excerpts from open-ended responses to the Community Needs Assessment Survey.

To capture respondents’ perceptions of barriers to service receipt related to *geographic and temporal barriers*, analyses of the following topics were completed:

- Transportation
- Location of Services
- Hours of Operation



Figure 13 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of perceived barrier to service receipt in the Abbe Center for Mental Health catchment area.

Figure 13. Geographic and Temporal Barriers to Services—Abbe Center for Mental Health Catchment Area

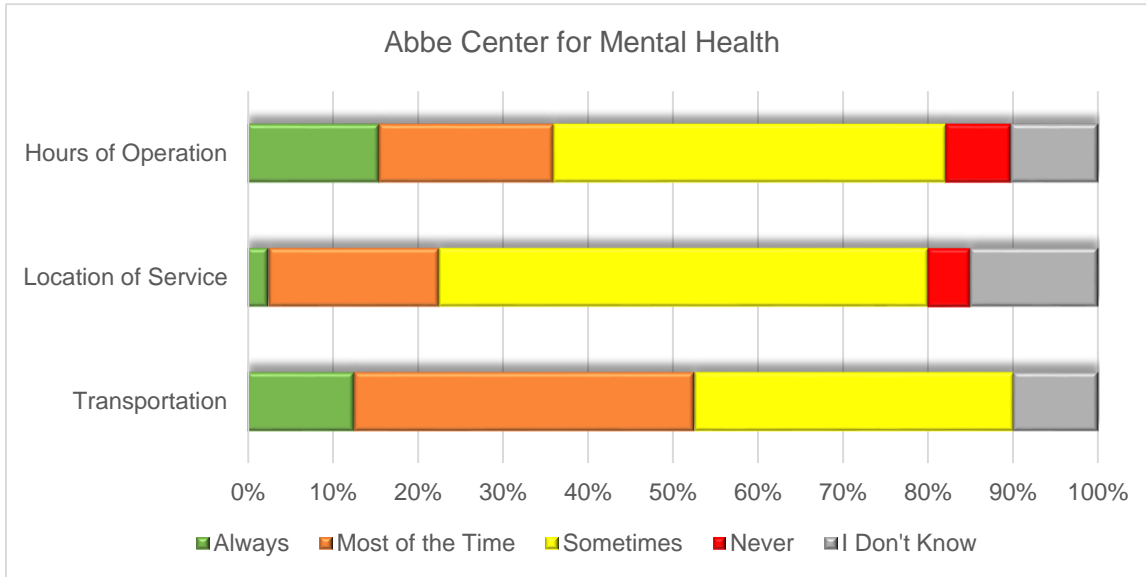


Figure 14 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of perceived barrier to service receipt in the Heartland Family Services catchment area.

Figure 14. Geographic and Temporal Barriers to Services—Heartland Family Services Catchment Area

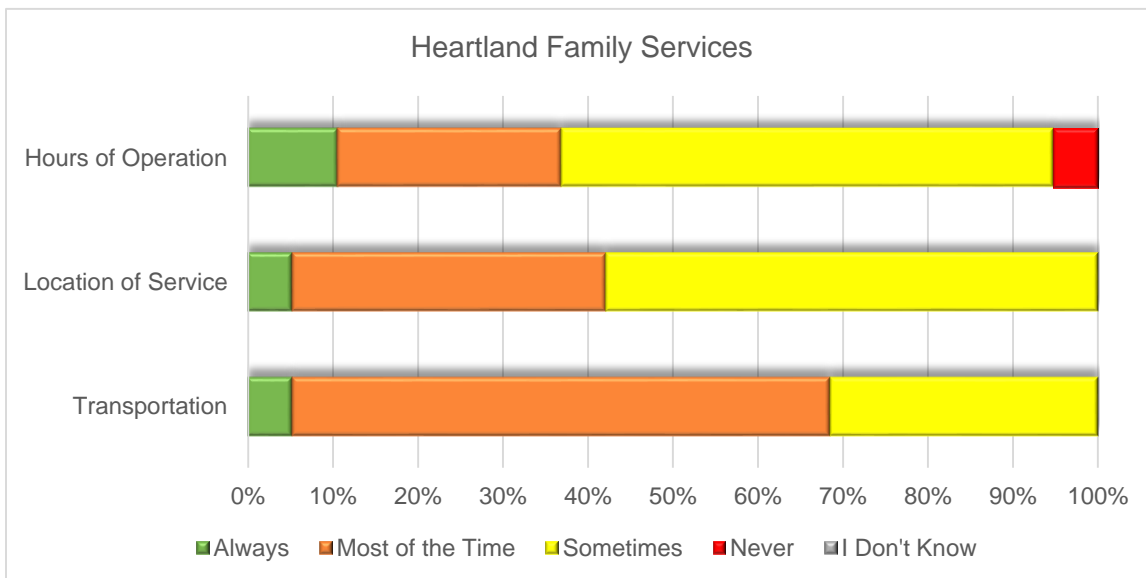
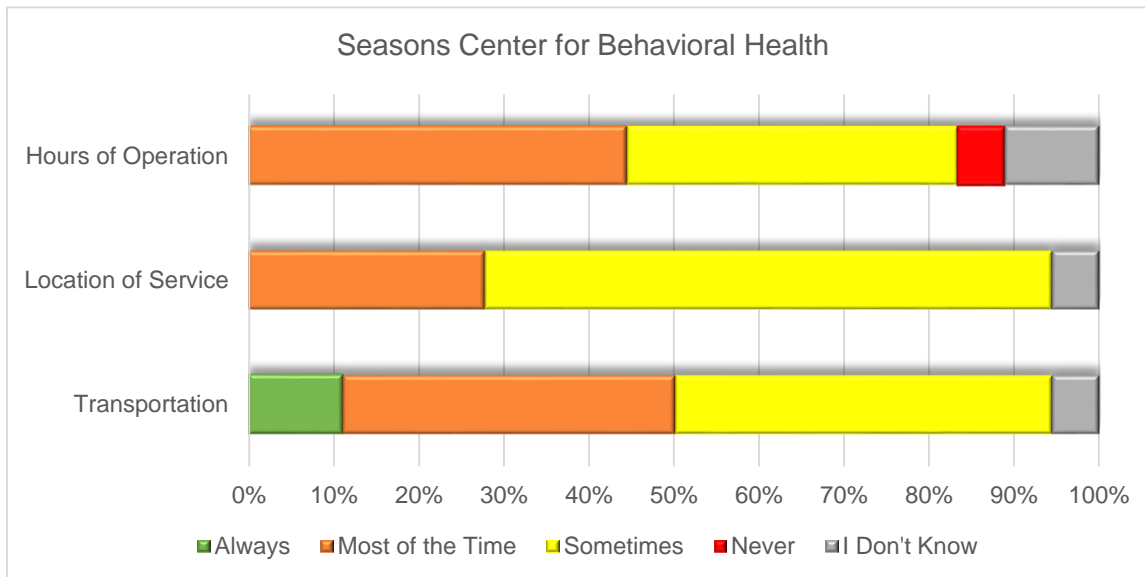


Figure 15 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of perceived barrier to service receipt in the Seasons Center for Behavioral Health catchment area.

Figure 15. Geographic and Temporal Barriers to Services—Seasons Center for Behavioral Health Catchment Area



Informational Barriers

Question eight of the Community Needs Assessment Survey was used to measure barriers to service receipt: “How much do the following barriers impact people being able to access services in your area? For this survey "barriers" are things that makes it difficult for a person to receive the services they need, when they need them. This could be because of where or how the agencies providing the services operate, or because of things like time off work or transportation.”

To capture respondents’ perceptions of barriers to service receipt related to *informational barriers*, analyses of the following topics were completed:

- Not enough information about what services are available
- Not enough understanding about how services are funded and eligibility
- Not sure who to contact to start receiving services

Figure 16 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of perceived informational barrier to service receipt in the Abbe Center for Mental Health catchment area.

Figure 16. Informational Barriers to Services—Abbe Center for Mental Health Catchment Area

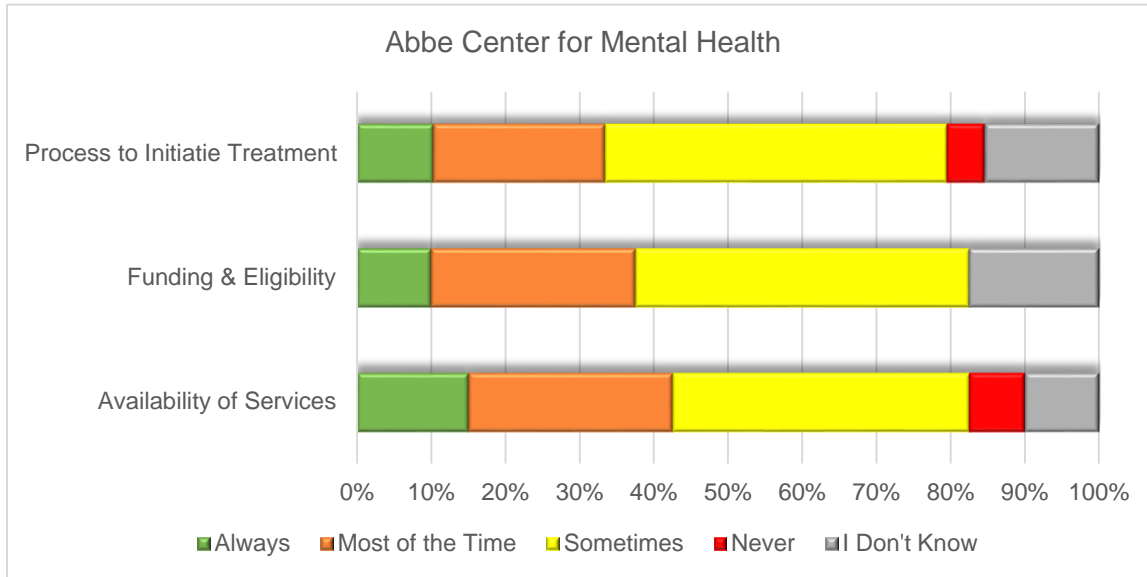


Figure 17 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of perceived informational barrier to service receipt in the Heartland Family Services catchment area.

Figure 17. Informational Barriers to Services—Heartland Family Services Catchment Area

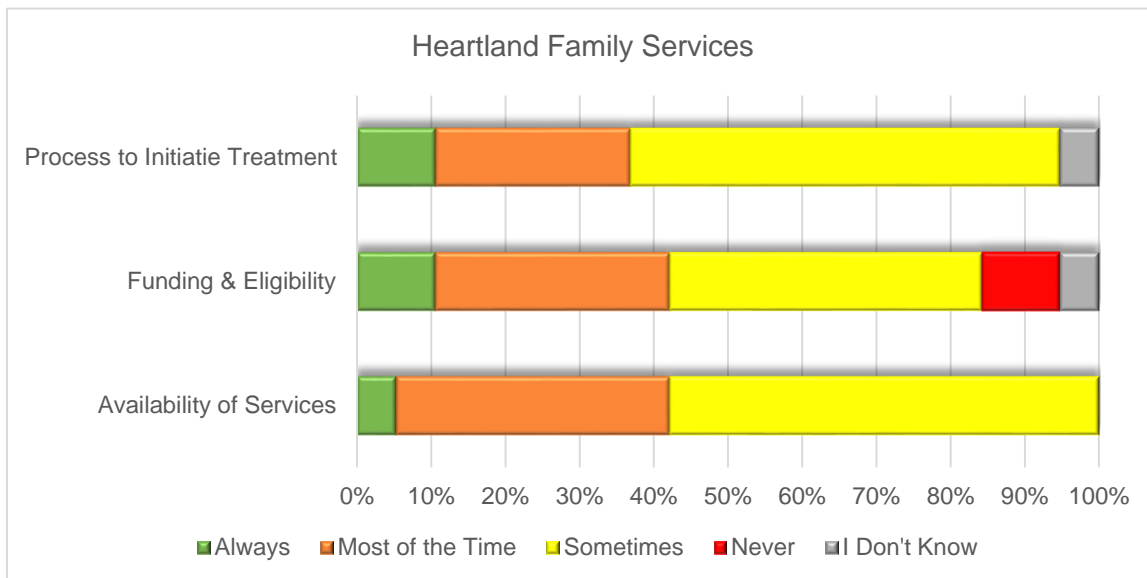
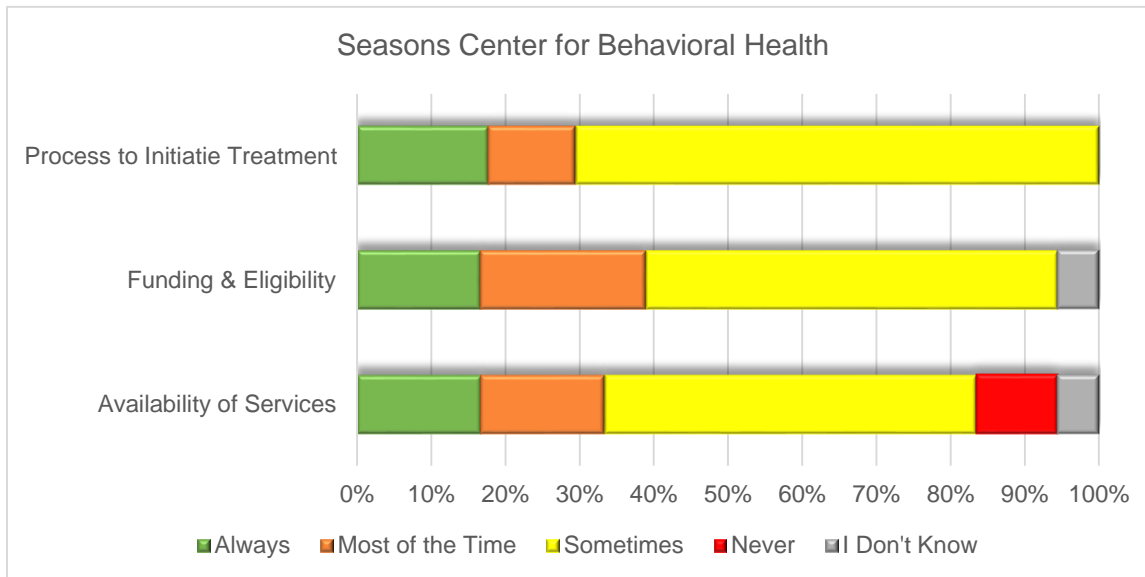


Figure 18 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for each type of perceived informational barrier to service receipt in the Seasons Center for Behavioral Health catchment area.

Figure 18. Informational Barriers to Services—Seasons Center for Behavioral Health Catchment Area



Provider Shortage Barriers

Question eight of the Community Needs Assessment Survey was used to measure barriers to service receipt: “How much do the following barriers impact people being able to access services in your area? For this survey "barriers" are things that makes it difficult for a person to receive the services they need, when they need them. This could be because of where or how the agencies providing the services operate, or because of things like time off work or transportation.”

To capture respondents’ perceptions of barriers to service receipt related to *barriers related to a provider shortage*, analyses of the following topics were completed:

- Not enough providers who are trained to provide needed services

Figure 19 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for a perceived barrier related to a provider shortage in the Abbe Center for Mental Health catchment area.



Figure 19. Provider Shortage Barrier to Services—Abbe Center for Mental Health Catchment Area

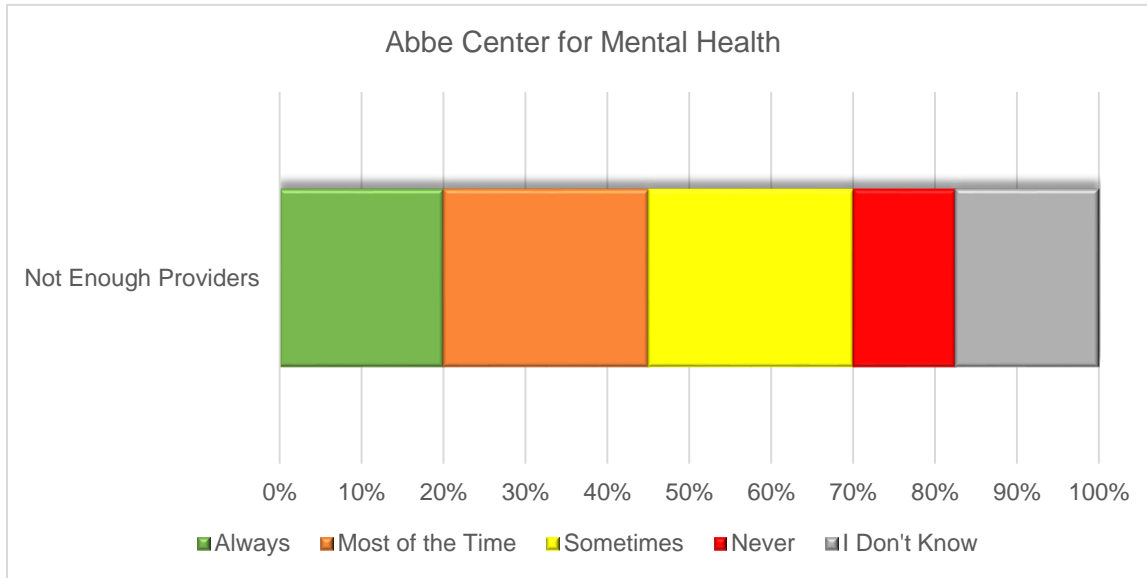


Figure X presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for a perceived barrier related to a provider shortage in the Heartland Family Services catchment area.

Figure 20. Provider Shortage Barrier to Services—Heartland Family Services Catchment Area

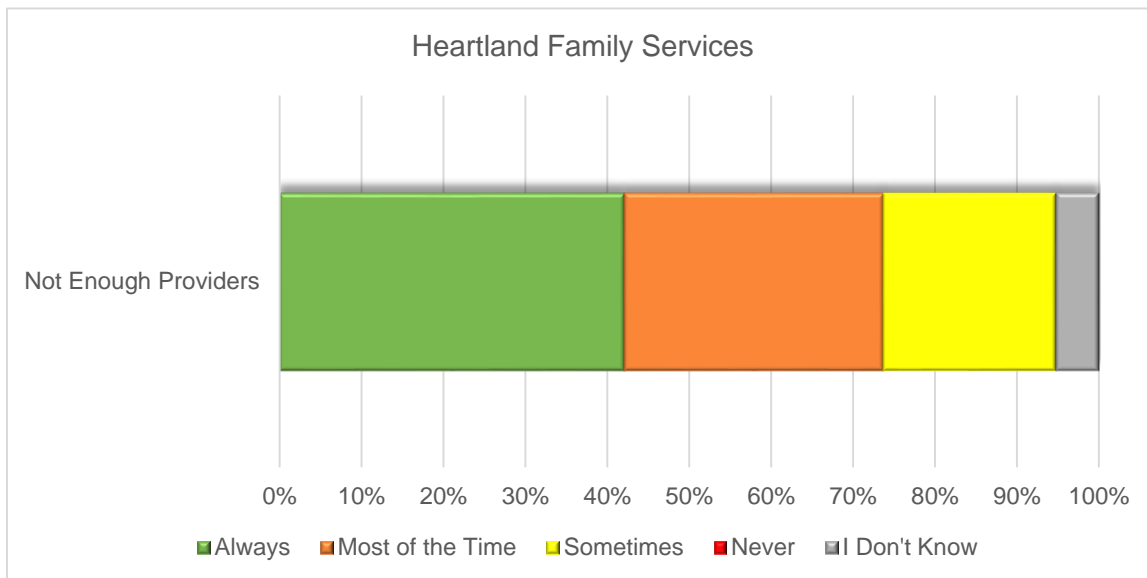
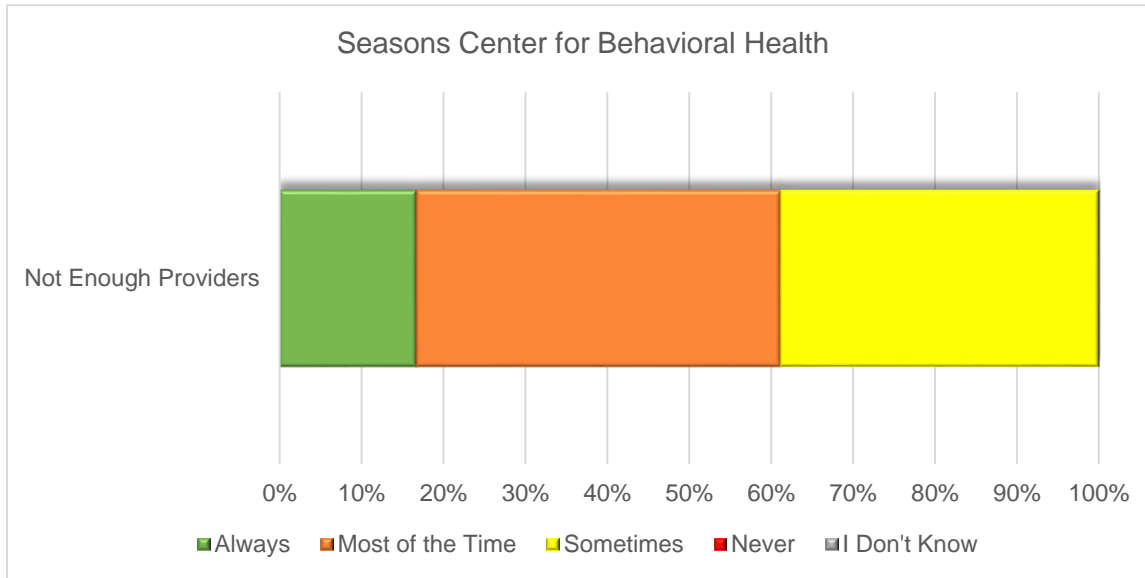


Figure 21 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for a perceived barrier related to a provider shortage in the Seasons Center for Behavioral Health catchment area.

Figure 21. Provider Shortage Barrier to Services—Seasons Center for Behavioral Health Catchment Area



Economic and Cultural Barriers

Question eight of the Community Needs Assessment Survey was used to measure barriers to service receipt: “How much do the following barriers impact people being able to access services in your area? For this survey "barriers" are things that makes it difficult for a person to receive the services they need, when they need them. This could be because of where or how the agencies providing the services operate, or because of things like time off work or transportation.”

To capture respondents’ perceptions of barriers to service receipt related to *linguistic/cultural and economic barriers*, analyses of the following topics were completed:

- Not able to pay for services
- Language or cultural barriers

Figure 22 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for a perceived barrier related to a linguistic/cultural or economic barrier in the Abbe Center for Mental Health catchment area.

Figure 22. Economic and Cultural Barriers to Services—Abbe Center for Mental Health Catchment Area

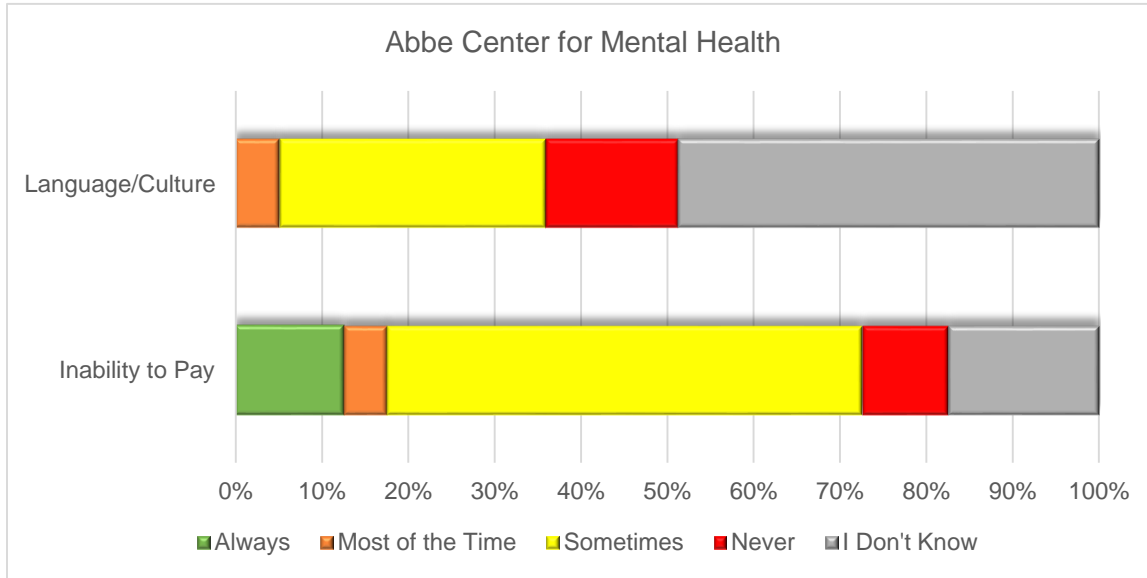


Figure 23 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for a perceived barrier related to a linguistic/cultural or economic barrier in the Heartland Family Services catchment area.

Figure 23. Economic and Cultural Barriers to Services—Heartland Family Services Catchment Area

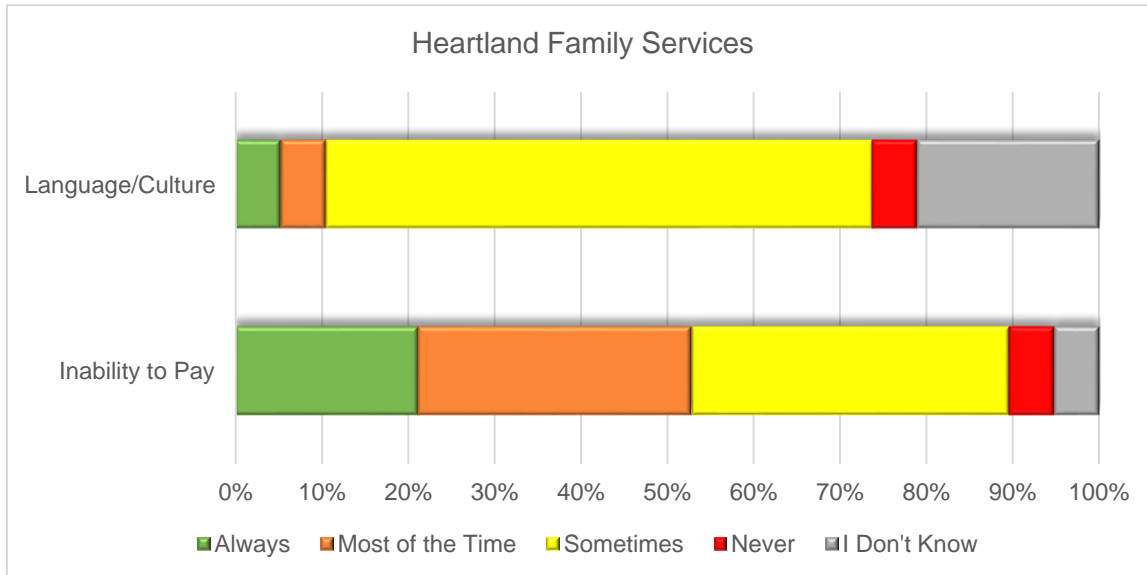
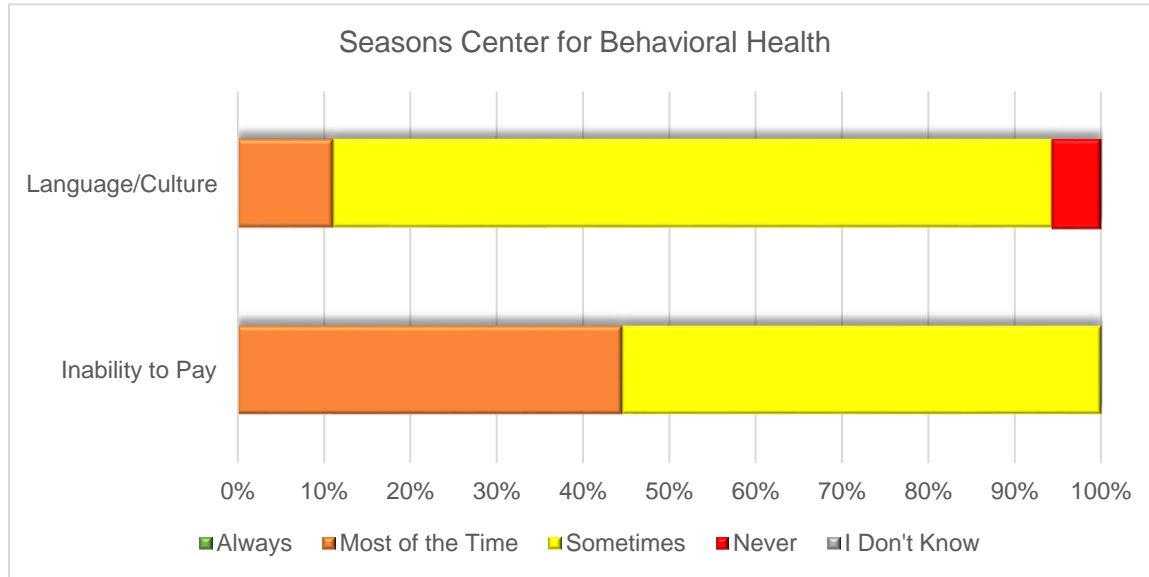


Figure 24 presents the percentage of respondents who answered “always”, “most of the time”, “sometimes” “never” or don’t know” for a perceived barrier related to a linguistic/cultural or economic barrier in the Seasons Center for Behavioral Health catchment area.



Figure 24. Economic and Cultural Barriers to Services—Seasons Center for Behavioral Health Catchment Area



Open-Ended Survey Responses

There are two sources of information from open-ended questions that address barriers to service access.

The first source is from question eight of the questionnaire, (“How much do the following barriers impact people being able to access services in your area? For this survey "barriers" are things that makes it difficult for a person to receive the services they need, when they need them. This could be because of where or how the agencies providing the services operate, or because of things like time off work or transportation.”). Survey respondents had the opportunity to provide additional information about their close-ended responses regarding their perception of barriers to services at their representative agency.

The second source of open-ended responses concerning consumer barriers to service access is from question 12 of the questionnaire. If respondents answered positively to question 11: “Do you think it is harder for some people to access services in your area than others?” then respondents were asked to identify *who* they perceive as encountering more barriers to accessing services. The tables below present selected informative excerpts from open-ended responses to the Community Needs Assessment Survey.

Abbe Mental Health Center. There were 25 responses that provided additional open-ended information for follow-up questions to questions eight and eleven regarding barriers consumers experience when attempting to access services.

The most commonly occurring themes in these responses include:

- Lack of economic resources
 - Insurance
 - Transportation
 - Service Options

Table 4. Selected Open-Ended Responses for Common Themes Concerning Barriers to Service Access—Abbe Center for Mental Health Catchment Area

Lack of Economic Resources	<ul style="list-style-type: none"> ○ Difficulty accessing transportation ○ Insurance not comprehensive enough to cover treatment
“I suspect that lower income individuals have a more difficult time due to the public transportation service not being effective with broad coverage and frequent pick-up/drop-off times”	
“Lower income individuals due to transportation barriers. Buses only run certain amount of hours where I live and do not run on the same schedule as parts of town closer to the city interior.”	
“If you are an individual that does not fit neatly into the Medicaid service array- you have very limited options for assistance. Most people cannot afford private pay toward the level of care that they need if their insurance carrier is private third party.”	
Service Options	
	<ul style="list-style-type: none"> ○ Inadequate access to needed resources
“[N]o good set of resources for parent of adult child who needs services”.	
“Hard for all to see a prescriber.”	

Heartland Family Services. There were 24 responses that provided additional open-ended information for follow-up questions to questions eight and eleven regarding barriers consumers experience when attempting to access services.

The most commonly occurring themes in these responses include:

- Lack of economic resources
 - Transportation
 - Insurance
- Clients who have trouble maintaining connections



Table 5. Selected Open-Ended Responses for Common Themes Concerning Barriers to Service Access—Heartland Family Services Catchment Area

Lack of Economic Resources	<ul style="list-style-type: none"> ○ Difficulty accessing transportation ○ Insurance not comprehensive enough to cover treatment
<p>“Families struggle with reliable cars, support systems for daycare, cost of gas, understanding systems/processes, not always having required documentation; not being able to afford required documentation, trusting unknown entities.”</p>	
<p>“Rural Iowa has a more difficult time accessing services due to transportation needs which increase time and money requirements for the services.”</p>	
<p>“Those without private insurance and financial means.”</p>	
Clients Maintaining Connections	<ul style="list-style-type: none"> ○ Clients with poor mental health ○ Clients with limited access to technology
<p>“[Clients] do not always have the patience or right mental health to follow through with the appointments or medication management.”</p>	
<p>“Individuals with persistent mental illness struggle to stay connected with the appropriate services. “</p>	
<p>“As social media becomes a more mainstream way for people and businesses to communicate, some people become more isolated (those without Internet, some elderly, etc.)”</p>	

Seasons Center for Behavioral Health. There were 14 responses that provided additional open-ended information for follow-up questions to questions eight and eleven regarding barriers consumers experience when attempting to access services.

The most commonly occurring themes in these responses include:

- Lack of economic resources
 - Transportation
 - Insurance
- Rural Location

Table 6. Selected Open-Ended Responses for Common Themes Concerning Barriers to Service Access—Seasons Center for Behavioral Health Catchment Area

Lack of Economic Resources	<ul style="list-style-type: none"> ○ Difficulty accessing transportation ○ Insurance not comprehensive enough to cover treatment
“The working poor have a difficult time taking off of work as well as; transportation to travel to the appointment.”	
“Individuals with financial barriers - those who do not qualify for Medicaid but are underinsured (i.e. high deductible, high copays, etc.)”	
“Those without private insurance and financial means.”	
Location	<ul style="list-style-type: none"> ○ Clients living in rural areas have fewer provider choices ○ Clients living in rural areas face more transportation barriers
“Few providers in rural areas, no transportation available.”	
“It’s a very rural area so transportation/time to get to service is difficult for low income and elderly.”	

Strengths

Question nine of the Community Needs Assessment Survey was used to measure respondents’ perceptions of agencies’ areas of strength: “What are some strengths, or things your area does well in terms of mental health and substance use disorder services and treatment?” Frequently occurring themes in the responses for this open-ended question by agency follow. See Appendix B for a complete list of responses to open-ended questions.

Abbe Center for Mental Health. Twenty-five of the 46 respondents providing information about the services in the Abbe Center for Mental Health catchment area provided open-ended information for question nine regarding perceived strengths in service delivery.

The most commonly occurring themes in these responses include:

- Service options
- Staff
- Increased client knowledge and social connection



Table 7. Selected Open-Ended Responses for Common Themes Concerning Service Delivery Strengths—Abbe Center for Mental Health Catchment Area

Service Options	<ul style="list-style-type: none"> ○ Breadth of services offered
“Wide array of mental health services available for different levels of care”	
“I feel that IHH services have made a very positive impact in terms of helping providers and persons receiving services in the area understand the mental/physical health connection and how to use that to improve their quality of life.”	
“[H]aving a drop-in center at the Abbe Center helps a lot in my recovery with my mental illness”	
Staff	<ul style="list-style-type: none"> ○ Caring and knowledgeable staff ○ Staff Communication
“People really do care and want to help”	
“Staff are educated and well trained in evidenced based practices. “	
Internal to the Abbe Center, it seems that health providers co-operate well with each other and share information for treatment.”	
Consumer Knowledge and Connection	<ul style="list-style-type: none"> ○ Information clients receive is useful for recovery
“I have access to be able to get out more. I am able to learn different skills.”	
“I have been taught to exercise regularly “	
“Things are explained well to me. The classes I take are good.”	

Heartland Family Services. Fifteen of the 23 respondents who provided information about the services in the Heartland Family Services catchment area provided open-ended information for question nine regarding perceived strengths in service delivery.

The most commonly occurring themes in these responses include:

- Service options
- Care Coordination
- Accessibility and Availability



Table 8. Selected Open-Ended Responses for Common Themes Concerning Service Delivery Strengths—Heartland Family Services Catchment Area

Care Coordination	<ul style="list-style-type: none"> ○ Collaboration with various providers in the community to provide more comprehensive care to clients
<p>“In many ways service providers do a great job of collaborating with each other to refer clients to what they need.”</p>	
<p>“There is pretty good collaboration in our community - for the most part, organizations and agencies are communicating and working together to solve problems and reduce barriers for individuals to enter into treatment. [T]here is good collaboration between law enforcement and human service organizations also.”</p>	
<p>“Providers have good communication amongst and between agencies, many new crisis services have been developed are or in development, we have two inpatient psychiatric hospitals available in the area.”</p>	
Service Options	<ul style="list-style-type: none"> ○ Breadth of services offered
<p>“Two good services are the Mobile Crisis Response Team (Pott County but expanding into other counties in the Region) and the HOPE4Iowa Crisis Call line are available 24 hours a day.”</p>	
<p>“Our region is very open to providing services. Crisis response is very strong in our area.”</p>	

Seasons Center for Behavioral Health. Ten of the twenty respondents who provided information about services in the Seasons Center for Behavioral Health catchment area provided open-ended information for question nine regarding perceived strengths in service delivery at the Seasons Center for Behavioral Health.

The most commonly occurring themes in these responses include:

- Overcoming barriers related to rural environment
- Care Coordination
- Service Options

Table 9. Selected Open-Ended Responses for Common Themes Concerning Service Delivery Strengths—Seasons Center for Behavioral Health Catchment Area

Rural Environment	<ul style="list-style-type: none"> ○ Efforts to overcome barriers related to being accessible to clients living in rural environments
<p>“There is an intentional approach to providing access in this rural area by having a decentralized approach and support to a variety of different qualified practitioner.”</p>	
<p>“There are providers in our communities that are progressive and actively seek out new and additional funding to enhance/increase services for individuals and decrease access barriers.”</p>	
Care Coordination	<ul style="list-style-type: none"> ○ Collaboration with various providers in the community to provide more comprehensive care to clients
<p>“Our continuum of care can always be more robust and we spend time and resources identifying and attaining them. We have regular meetings to support crisis, housing, employment and enhanced service coordination, both in the community and through the county jail system to address needs and problem solve solutions.”</p>	
<p>“I believe that our communities do well in working together to address the needs of MH and SUD services and treatments - community coalitions, workgroups, etc.”</p>	

Needs

Question ten of the Community Needs Assessment Survey was used to measure respondents’ perceptions of agencies’ needs: “What are the biggest needs in your area in terms of mental health and substance use disorder services and treatment?” Frequently occurring themes in the responses for this open-ended question by agency follow. See Appendix B for a complete list of responses to open-ended questions.

Abbe Center for Mental Health. Twenty-five of the 46 respondents who provided information about the services in the Abbe Center for Mental Health catchment area provided open-ended information for question ten regarding perceived needs in service delivery.

The most commonly occurring themes in these responses include:

- Access to services
 - Timely access to care
 - Access to care for clients regardless of economic resources and insurance
 - Access to medication prescribers
- Care Coordination



Table 10. Selected Open-Ended Responses for Common Themes Concerning Service Needs—Abbe Center for Mental Health Catchment Area

Access to Services	<ul style="list-style-type: none"> ○ Accessing services in a timely manner ○ Varying availability to clients with fewer economic resources
<p>“Timely services. I am grateful for the existing ones, but much crisis care could be prevented if someone could access services in a timely fashion, as opposed to being put on months-long waiting lists.”</p>	
<p>“There are a limited number available - not only providers, but clinics. This causes long waits to actually get in to see your provider, even when you are in crisis.”</p>	
<p>“There is a safety net missing in the Iowa system at large. There is no longer a service system that has a no eject/no reject policy.”</p>	
Care Coordination	<ul style="list-style-type: none"> ○ Lack of collaboration with various providers in the community to provide more comprehensive care to clients
<p>“It seems that no one is connecting the dots about her except me, and as her mom I am very happy to do that, but it is very very hard to navigate the system and know what questions to ask. I work full time outside of the home, and I believe I could work full time to manage her care.... There has to be a better way!”</p>	
<p>“Increased coordination of inpatient services and outpatient services”</p>	

Heartland Family Services. Sixteen of the 23 respondents who provided information about services in the Heartland Family Services catchment area provided open-ended information for question ten regarding perceived needs in service delivery.

The most commonly occurring themes in these responses include:

- Access to services
 - Timely access to care
 - Transportation
 - Access to medication prescribers
- Lack of Service Options

Table 11. Selected Open-Ended Responses for Common Themes Concerning Service Needs—Heartland Family Services Catchment Area

Access to Services	<ul style="list-style-type: none"> ○ Accessing services in a timely manner ○ Accessing transportation for visits ○ Shortage of medication prescribers and appropriately credentialed providers
<p>“Several options of places to go (not in every town though) but hard to get in quickly at most places.”</p>	
<p>“There needs to be more availability of outpatient services to treat mental health as wait time is sometimes 1 to 2 months unless a call is made to crisis line then the initial appointment can usually occur sooner if a psychiatric hospitalization does not occur.”</p>	
<p>“There are limited providers, especially Psychiatrists. Patients go to ER due to lack of other options, are turned away with a referral to a provider with an appointment in 40 days. They are underserved at times of crisis.”</p>	
Service Options	<ul style="list-style-type: none"> ○ Accessing inpatient care for substance use disorders ○ Provision of prevention services
<p>“Additional inpatient MH and SA beds. Our area currently does not have SA inpatient facility.”</p>	
<p>“Prevention/funding measures involving youth need to expand--providing more opportunities for healthy activities/community involvement. IE: purchasing required sports equipment; scholarships; free swimming; etc.”</p>	

Seasons Center for Behavioral Health. Thirteen of the 20 respondents who provided information about services in the Seasons Center for Behavioral Health catchment area provided open-ended information for question ten regarding perceived needs in service delivery.

The most commonly occurring themes in these responses include:

- Accessibility and Availability
 - Timely access to care
- Care Coordination
- Service Options



Table 12. Selected Open-Ended Responses for Common Themes Concerning Service Needs—Seasons Center for Mental Health Catchment Area

Care Coordination	<ul style="list-style-type: none"> ○ Lack of collaboration with various providers in the community to provide more comprehensive care to clients
“...difficulty with sharing of information across providers for mutual patients due to confidentiality laws and requirements and truly functioning as a multidisciplinary team”	
“We also need to have a system wide integrated care response to persons with complex needs that is seamless among providers, that supports persons with lived experience and their families as well as the community they live in.”	
Access to Services	<ul style="list-style-type: none"> ○ Accessing services in a timely manner
“Waiting lists are a constant for agencies doing initial assessments and initial evaluations. The current waiting list for most qualified psychologists and psychiatrists goes to May 2017. Most adults are court ordered to receive an evaluation in juvenile court and are having to travel long distances to complete these evaluations; however, do not have the finances or transportation to make those trips.”	
“Treatment facilities and in-patient programs can have a wait of months/years for treatment. The brother of a friend committed suicide after waiting weeks for treatment and never received it.”	

Efforts

Questions thirteen and fourteen of the Community Needs Assessment Survey was used to measure respondents’ perceptions of agencies’ ongoing efforts to improve service access and availability. Question fourteen asks respondents: “Are you aware of efforts in your area to address any of the services, barriers, or issues mentioned in this survey?” If respondents indicated that they were aware of any efforts, then they were asked, “...please tell us more about the efforts you are aware of”. Frequently occurring themes in the responses for this open-ended question by agency follow. See Appendix B for a complete list of responses to open-ended questions.

Abbe Center for Mental Health. Nine respondents of the 46 respondents who provided information about services in the Abbe Center for Mental Health catchment area provided additional open-ended information for question fourteen regarding perceived efforts to improve in service delivery.

The most commonly occurring themes in these responses include:

- Service options
- Outreach



Table 13. Selected Open-Ended Responses for Common Themes Concerning Efforts to Improve Services—Abbe Center for Mental Health Catchment Area

Service Options	<ul style="list-style-type: none"> ○ Providing more mental health and substance use disorder services ○ Providing more resources to help clients access mental health and substance use disorder services
“Abbe is doing some limited telehealth. The MH region offered incentives for providers to sign on.”	
Outreach	<ul style="list-style-type: none"> ○ Improved communication with community members
“Advisory groups, NAMI, and local legislatures are coming together to address these issue, but it will take collective action in order to remedy the ills of the MH/SA service system.”	
“[F]lyers in the community, outreach phone calls.”	

Heartland Family Services. Ten of the 23 respondents who provided information about services in the Heartland Family Services catchment are provided additional open-ended information for question fourteen regarding perceived efforts to improve in service delivery.

The most commonly occurring themes in these responses include:

- Service Options
- Care Coordination

Table 14. Selected Open-Ended Responses for Common Themes Concerning Efforts to Improve Services—Heartland Family Services Catchment Area

Service Options	<ul style="list-style-type: none"> ○ Providing more mental health and substance use disorder services ○ Providing more prevention services
“Trying to provide more preventative services and crisis based services as well.”	
“Alternatives to Incarceration project, developed and managed by the Mental Health and Substance Abuse Network since 2012. “	
Care Coordination	<ul style="list-style-type: none"> ○ Accessing services in a timely manner
“The mental health and substance abuse network in collaboration with the Southwest Iowa Mental Health and Disability Services Region are working to fill gaps in human services needs to address all of the above mentioned barriers. They have numerous programs in place to address some of these concerns”	

Seasons Center for Behavioral Health. Eight of the 20 respondents who provided information about services in the Seasons Center for Behavioral Health catchment area provided additional open-ended information for question fourteen regarding perceived efforts to improve in service delivery.



The most commonly occurring themes in these responses include:

- Service Options
- Accessibility

Table 15. Selected Open-Ended Responses for Common Themes Concerning Efforts to Improve Services—Seasons Center for Behavioral Health Catchment Area

Service Options	○ Providing more mental health and substance use disorder services
Regional offices are addressing many of the Crisis Services and looking at how these can be implemented and affordable.	
“telemental health is in place in several area hospitals”	
Accessibility	○ Increased availability of resources that reduce barriers to treatment
“Agencies do provide gas cards to appointments DCAT funding from DHS helps to pay for transportation issues. Guardian Angels Car Repair program, NCC provides accepted applicants with a vehicle after they fix it.”	



Appendix A: CCBHC Needs Assessment Survey

Q22 The Iowa Departments of Human Services and Public Health are conducting a survey as part of the Certified Community Behavioral Health Clinics (CCBHC) planning grant to better understand the needs of people with mental illness and/or substance use disorders receiving services in the areas served by the selected CCBHCs. Responses are anonymous and will be used to plan services that will be part of an application Iowa is submitting for a national demonstration project for states to implement CCBHCs. The CCBHC's will provide comprehensive services to children and adults with behavioral health needs. More information about the CCBHC program is located at the following link: <http://dhs.iowa.gov/mhds/mental-health/ccbhc> Please complete the survey by Friday, September 2nd 2016 if you have knowledge or experience with the mental health and/or substance use disorder delivery systems in the following counties: Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Sioux, Harrison, Mills, Pottawattamie or Linn.

Q2 Which of the following describes you? If more than one of the responses below describes you, please choose the one that best describes you and the information you will be providing for this survey.

- I am a person who receives services for a mental health and/or substance use disorder (1)
- I am a family member, caregiver, or friend of a person who receives services for a mental health and/or substance use disorder (3)
- I work in the human services field (4)
- I am a community member (5)
- Other (6) _____

Answer If Which of the following describes you? You may select more than one response. If work in the human services field Is Selected

Q3 In what area of human services do you work? You may select all that apply.

- Substance use disorder treatment (1)
- Mental health services (2)
- Other (3) _____

Q15 Please select which area you are completing this survey for.

- Linn County (1)
- Pottawattamie, Mills, and Harrison Counties (2)
- Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux Counties (3)
- I do not see my area on this list. (4)

Answer If Please select which area you are completing this survey for. If Pottawattamie, Mills, and Harrison Counties Is Selected

Q7 What county or counties within the area you selected are you familiar with? If you are a person who receives services, or a family member, caregiver, or friend of someone who does, select the county or counties where you/they live and receive services. If you are a provider of services, select the county or counties you work in and/or are knowledgeable about. If you are



a community member, advocate, or other please select the county or counties you live in or are otherwise knowledgeable about.

- Pottawattamie County (1)
- Mills County (2)
- Harrison County (3)

Answer If Please select which area you are completing this survey for. If Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux Counties Is Selected

Q16 What county or counties within the area you selected are you familiar with? If you are a person who receives services, or a family member, caregiver, or friend of someone who does, select the county or counties where you/they live and receive services. If you are a provider of services, select the county or counties you work in and/or are knowledgeable about. If you are a community member, advocate, or other please select the county or counties you live in or are otherwise knowledgeable about.

- Buena Vista County (1)
- Clay County (2)
- Dickinson County (3)
- Emmet County (4)
- Lyon County (5)
- O'Brien County (6)
- Osceola County (7)
- Palo Alto County (8)
- Sioux County (9)

Answer If Please select which area you are completing this survey for. I do not see my area on this list. Is Selected

Q20 Thank you for your interest. This survey meant to gather information about services in specific parts of Iowa, not the whole state, and is intended for people who receive services, live, or work in the areas listed.

If Thank you for your interest... Is Displayed, Then Skip to End of Survey

Q4 Are you a member of the US Armed Forces or a veteran?

- Yes (1)
- No (2)



Q5 Which of the following describes your race/ethnicity?

- Asian or Pacific Islander (1)
- Black or African American (2)
- Hispanic or Latino (3)
- American Indian or Alaska Native (4)
- White or Caucasian (5)

Q6 How available and accessible are the following services to people in your area? For this survey "available and accessible" means that people can get the services they need, when they need them.

	Always (1)	Most of the time (2)	Sometimes (3)	Never (4)	I don't know (5)
<p>Outpatient mental health services for adults These are services that include intensive outpatient treatment; and individual, group, and family therapy and counseling. (1)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Outpatient mental health services for children These are services like individual, family, or group counseling and therapy specifically for children with mental health concerns. (2)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Outpatient substance use disorder treatment. These are services that include intensive outpatient treatment; and individual, group, and family therapy and counseling for individuals with substance use disorders. (3)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<p>Outpatient substance use disorder treatment for youth/adolescents These are services that include intensive outpatient treatment; and individual, group, and family therapy and counseling for youth/adolescents with substance use disorders. (4)</p>	○	○	○	○	○
<p>Crisis mental health services These services de-escalate individuals during a mental health or substance use disorder crisis, and help them stabilize after. Services are available 24-hours a day, and include things like 24-hour crisis response teams, telephone response, and short-term stabilization available in an individual's home, work, or elsewhere in the community. (5)</p>	○	○	○	○	○



<p>Peer support services These are services delivered by people who have personally experienced a mental illness and are in recovery. (6)</p>	○	○	○	○	○
<p>Family peer support services These are services delivered by family members of children who have experienced a mental illness or substance use disorder. (7)</p>	○	○	○	○	○
<p>Recovery peer coaching These are services delivered by people who have personally experienced a substance use disorder and are in recovery. (8)</p>	○	○	○	○	○
<p>Psychiatry, medication prescription and management These are outpatient services to prescribe medications to manage mental illness and/or substance use disorders, as well as follow-up appointments to manage and monitor the medication prescribed. (9)</p>	○	○	○	○	○



<p>Medication assisted treatment. These are outpatient services that incorporate evidence based therapy and specific substance use disorder medication such as methadone, buprenorphine, or naltrexone. (10)</p> <p>Community-based mental health care for members of the armed forces and veterans These are outpatient mental health and substance use disorder services that are either specifically designed for members of the armed forces and veterans, or highly knowledgeable and responsive to the characteristics and needs of this population. (11)</p>	○	○	○	○	○
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<p>Services that are person and family centered These services should encourage the active participation of the person receiving services (and families if that person is a child, or if the adult receiving services wishes to include them) in a way that involves them in decision making and planning to the highest degree possible, and recognizes and respects their customs and values. (12)</p> <p>Care coordination. Care coordination is a service that organizes activities and shares information among all of the different individuals who are supporting an individual's recovery so that everyone is on the same page. The person's needs and preferences are known to the care coordinator ahead of time so they can be communicated at the right time to the right people. (13)</p>	<p>○</p> <p>○</p>	<p>○</p> <p>○</p>	<p>○</p> <p>○</p>	<p>○</p> <p>○</p>	<p>○</p> <p>○</p>
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Q18 Use the space below to provide additional information about your response. (Optional)



Q8 How much do the following barriers impact people being able to access services in your area? For this survey "barriers" are things that makes it difficult for a person to receive the services they need, when they need them. This could be because of where or how the agencies providing the services operate, or because of things like time off work or transportation.

	Always (1)	Most of the time (2)	Sometimes (3)	Never (4)	I don't know (5)
Transportation (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location of the service (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours of operation (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not able to pay for services (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language or cultural barriers (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough providers who are trained to provide needed services (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough information about what services are available (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough understanding about how services are funded and eligibility (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not sure who to contact to start receiving services (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 Use the space below to provide additional information about your response. (Optional)



Q9 What are some strengths, or things your area does well in terms of mental health and substance use disorder services and treatment?

Q10 What are the biggest needs in your area in terms of mental health and substance use disorder services and treatment?

Q11 Do you think it is harder for some people to access services in your area than others?

- Yes (1)
- No (2)
- I don't know (3)

Answer If Do you think services are harder for some community members to access than others? This could be individuals of a certain age group, race or ethnicity, income level, etc.

Yes, Is Selected

Q12 If yes, who is it harder for? Example: individuals who live in a certain part of the county, a certain age group, race or ethnicity group, income level, etc.

Q13 Are you aware of efforts in your area to address any of the services, barriers, or issues mentioned in this survey?

- Yes (1)
- No (2)

Answer If Are you aware of efforts in your area to address any of the services, barriers, or issues mentioned in this survey? If Yes Is Selected

Q14 If yes, please tell us more about the efforts you are aware of.



Appendix B: Responses to Open-Ended Survey Questions by Agency

**Question 18---In reference to: Q6 How available and accessible are the following services to people in your area? For this survey "available and accessible" means that people can get the services they need, when they need them.
Q18 Use the space below to provide additional information about your response.
(Optional)**

Abbe Center for Mental Health

While I see a therapist myself, I am the husband of someone with more acute mental health struggles, and also have two children who require services. My responses are from the perspective of a spouse/parent who seeks services for loved ones.

I worked in the peer support department at my mental health facility before I retired, and I am confident in the progress attained by the mental health staffs. We need, in my opinion, to continue getting the funds to carry out the processes.

We need more funding for mental health services in Linn County. Period.

I am concerned that there is not enough coordination of care and that there are a lot of people who had difficulty getting to the Abbe Center (stigma, transportation, times it is open, wanting to schedule an apt and not being able to.

Services are available but not always able to access some of the services in a timely manner- especially appointments with psychiatrist on an emergency outpatient basis. Also funding and authorization for services can be a barrier. Sometimes the recommended level of care isn't authorized.

It is difficult to find med prescribers and therapists in the area that are able to schedule immediately. Due to recent changes, it is also difficult for people already receiving services to schedule appointments far in advance. This is challenging for people who work.

It is very difficult for persons with mental health disabilities who wish to work to transfer from Medicaid to MEPD. Also, there is a HUGE gap between qualifying for services (HUD, SNAP, Medicaid), and ability to be financially self-sufficient. On top of that, it is difficult for working people to get services because availability is only during traditional working hours.

Care coordination for individuals with chronic Mental illness and substance disorders is lacking. There is lengthy wait times to activate care coordination and in some instances a refusal to



serve because of physical location of a person (acute psychiatric hospitalization elsewhere) despite the intent to return to their home in Linn.

These services exist but access is extremely limited and not client centered.

There are long waits to see a psychiatrist (3 months when we last surveyed). Linn gets the slowest response from IHH among the other counties across the state.

If part of "available and accessible" means consumers getting services when they need them, this is a weak point in Linn County. Services do exist, but are rarely available in any kind of timely manner.

As a care giver for an adult child with schizoaffective disorder, it is very very hard to navigate the system. I feel like we have to wait for something really terrible to happen in order to get help, and this is very unfortunate because, as a parent, I can see the escalation in symptoms and would love to have help before she is in a catastrophic situation requiring arrest or hospitalization. She is not aware of her state, I am. She feels she does not need help, I know she does....She is an adult and is being encouraged to be as independent as she can be.

In my experience it seems that these services are available (they exist) however getting in to actually use them is often times complicated and difficult. I have many client (especially those using T-19 insurance) that struggle to find medication providers. I have clients waiting months to get in for initial intakes for psychiatry and weeks for therapy services.

I see very limited resources for our veterans. Of course our federal government does not help this. As a former Marine and a licensed mental health counselor I am unable to be paneled to provide therapy for military due to regulation only allowing LISW's on the panel. This is absolutely a waste of resources and puts our services members at greater risk because they have even less access to the mental health services they need.

As part of my role I am working to help pioneer the integrated health care model which includes services such as care coordination, social work, mental health counseling, and a pharmacist all at one's medical home and this seems to be a very effective model so far.

qid17_text---In reference to: Q6 How available and accessible are the following services to people in your area? For this survey "available and accessible" means that people can get the services they need, when they need them.

Heartland Family Services

The largest needs that I hear about across numerous counties in Southwest Iowa (especially rural counties) are that it takes many weeks or more to get a therapy appointment, evaluation and appointment to fill or get prescribed psychiatric medication. In addition, base needs concerns such as lack of transportation or income are a large barrier to getting to the above mentioned appointments.



Services are very limited and often dependent on transportation; which creates a barrier for many in our community. Also, services are not always user friendly due to long waiting periods, lack of understanding on how to get through the process of paperwork, referrals, etc. Too much "red-tape" will make a person in need walk away. If they are already struggling-this is too much "overload" for them.

A lot of people in Harrison County have a hard time getting to the city for appointments, etc. There are mental health/substance abuse professionals in the area, but at some locations, it's not every day, and for many new patients there is quite a wait period to get in much of the time.

We have collected feedback on the needs and gaps in services in these counties. We are aware of a lack of psychiatric providers/physicians, long wait times for existing physicians, gaps in detox and substance abuse services, the over-prescribing of narcotic medication which then leads to opiate abuse, and the lack of warm hands off between specific providers. We are also aware of agencies that lack resources to provide appropriate training to staff, or lack resources to hire a higher level of staff. There are also many existing initiatives currently going on in these communities that are attempting to address some of these gaps. Clients and providers have also regularly talked with us about transportation barriers (i.e. to appointments, to work, to court, etc).

It is difficult for people with mental illness, both adults and children, to obtain initial appointments within a short amount of time. They typically have to wait 2 months or longer to obtain an initial appointment unless a crisis occurs and they feel like harming self or others in which they seek hospital care or call the crisis hotline. There lacks substance treatment services for children in the area as well as support groups for children; such as, Al-anon support groups or support groups just for children who use substances.

The child mental Health waiver waiting list is too long-it is not helpful when it takes two to three years to be available. More crisis care-or out of home options need to be available.

There is an extreme lack of resources in this area. I believe there are a handful of mental health agencies, but a very limited number of substance abuse services and med management services.

Local Celebrate Recovery Programs are a good source to be offered.

Mills County has peer recovery support groups that have been in our community for over a decade. But we are lacking professional services in our county - our clientele largely has to travel outside of county for many necessary services. Then there are long wait times - especially when problems are acute.



Seasons Center for Behavioral Health

We are not involved with our son's medications or doctors, or his psychiatrist. He is 41 years old and will not sign for us to know what is being prescribed for him. We do not feel like we are part of his care team and we are doing all the caregiving. He lives with us. He has no job, cannot get disability and is barely able to perform the activities of daily living.

I do not feel that our local doctors are knowledgeable about recognizing and helping a mentally ill person. We know that law enforcement is helpless in many situations when they deal with someone who is mentally ill.

Poorly delivered by Seasons. Although, the Director would say they are the best in the area.

I know several patrons lamenting the lack of available services for mental health issues-- there are not enough beds, centers are being closed, families cannot get the support they need, and veterans wait months to be seen for services then may or may not be able to get treatment or medication. A very good friend of mine has found that the medication she needs to be a contributing member of society has now been denied her due to lack of funding and services-- she can only get a few months' supply at a time, but can't be seen frequently-enough by her doctors to be able to keep her prescription current, so she ping-pongs between functionality when she has her meds, and depression and paranoia when she can't get them.

Immediate and appropriate crisis care is difficult in this area due to our rural location. In addition; there is not much in the way of co-ordination unless you go to Plains Area Mental Health or for peer support.

NW Iowa is pathetic for inpatient mental health treatment. Just across the border into South Dakota is a top in the country Behavioral health hospital. Iowa needs to contact and pay for us to get treatment there. We deserve care, not held in isolation and drugged in NW Iowa.

Between 1990 and 2010, from my own clinical experience, the "most of the time" category applied most of the time. I am hearing from county administrators and client populations that there has been a decline in services, waiting lists or key positions not being filled.

I believe many agencies can talk the talk but do not walk the walk. Intensive IHH service for my son is a one time a month contact with his case manager, even when he has been hospitalized for suicide attempts. One time a month is not intensive in my opinion.



Question 8 [Those who identified “other”]: How much do the following barriers impact people being able to access services in your area? For this survey "barriers" are things that make it difficult for a person to receive the services they need, when they need them. This could be because of where or how the agencies providing the services operate, or because of things like time off work or transportation.

Abbe Center for Mental Health

Lack of coordination when services need to come from more than one provider.

Residential Treatment.

Limited choice for where to obtain service.

No good set of resources for parent of adult child who needs services.

Heartland Family Services

Insurance.

Too long of process.

Seasons Center for Behavioral Health

Immediate access to care.

Stigma factor.

Q19 Use the space below to provide additional information about your response. (Optional)--in response to: Q8 How much do the following barriers impact people being able to access services in your area? For this survey "barriers" are things that makes it difficult for a person to receive the services they need, when they need them. This could be because of where or how the agencies providing the services operate, or because of things like time off work or transportation.

Abbe Center for Mental Health

Limited availability of psychiatry time at times leads to unnecessary hospitalization. The process of accessing funding has become much more complicated with having 3 MCO's and the Region to contact. It seemed to be a smoother process when funding was available through the county and only working with one MCO. Individuals utilizing the services find the new system very confusing and complicated.



Linn County technically has public transportation, but it's a joke. So generally if one doesn't drive (as I don't) accessing services is difficult.) It is also difficult because there are not many providers who accept Medicare/Medicaid, and the ones that do have huge waiting lists.

As I have had no experience dealing with loved ones with substance abuse issues, I really don't know what options there are for those needs.

I am pleased with the mental health services I get here even though I have a literacy problem.

Medical services in the local area that aren't provided by the Abbe Center are a large problem. Little to no medical providers, e.g. a family doctor, seem to accept both new patients and Medicare/Medicaid.

Residential treatment and hospital bed availability are Abysmal. The few in-patient facilities are underfunded, depressing, and poorly run (lots of contradictory messages, lack of professionalism from staff).

More providers needed, funding and rules less complicated.

None at this time.

Heartland Family Services

After hrs services and some type of a triage system would be great.

See previous comment.

I am pleased with the mental health services I get here even though I have a literacy problem.

Many people express a concern that there are not enough trained professionals to prescribe medication.

Barriers to mental health coverage have improved since low income adults are able to obtain Medicaid without having children in their care. Hours of operation is sometimes a barrier if people are working during normal business hours. There has also been concern voiced about children having to miss school to attend appointments especially if they are struggling in school.

There is resource information available ex. through SWIA MHDS Region website, but if people are not familiar with where to find the information about resources, they may have a difficult time.

Waiting lists are a huge barrier.



Transportation is a major barrier. Even though TMS is available, and SWITA - they are not always user friendly or available when needed.

Seasons Center for Behavioral Health

If someone is severely mentally ill there is nobody to assist these individuals in finding and then coordinating appointments. Not to mention medication compliance. And often the psychiatrist and therapist are not in contact with each other.

It really depends on who you know and what you know in order to get services.

Long wait time for services at Seasons.

Available services seem to be kept secret to save money. The only way to find out is to talk to other people in the same circumstances. They are the ones who will tell you what services they use.

I believe there is still a definite stigma associated with mental health help, advocacy for bullied/depressed students and folks with chronic mental illness.

We have had a lot of problems getting to the point where someone was able to recommend and fill out the paper work for Iowa Medicaid. Our local doctors seemed clueless and were less than helpful with recognizing someone who was mentally ill. We did not feel compassion and one of the surgeons who visited with our son in an emergency room and follow up care was heard by us calling him crazy and telling the nursing staff to get him out of the hospital. It was a horrid thing for a parent to overhear. HIPPA!! What a laugh! We have no idea what is available and how to find it.

Question 9: What are some strengths, or things your area does well in terms of mental health and substance use disorder services and treatment?

Abbe Center for Mental Health

Abbe center has been instrumental in my continuing recovery from substance abuse and mental health issues. More funding is needed to bring more providers into the area to help everyone in Iowa. I am lucky to live in Cedar Rapids, it would be a lot worse to live in a more remote area devoid of capable providers.

At least services do exist locally. In some of the more rural counties, they don't exist at all, or people have to drive quite far away to access them.



Be there for people.

Doctors, nurses, staff, therapy.

Has a community support worker come to the building I reside on Mondays. The worker helps arrange needed services for you.

Have abundance of therapy options.

Having a drop-in center at the Abbe Center helps a lot in my recovery with my mental illness.

I did not find any strengths.

I do believe that there are some efforts to have services collaborate. There still is too much "protecting of territory". More concerned about the bottom dollar instead of what is best for the client.

I feel that IHH services have made a very positive impact in terms of helping providers and persons receiving services in the area understand the mental/physical health connection and how to use that to improve their quality of life.

I feel that there is a great crisis centered services but after the support kind of falls through at times.

I have access to be able to get out more. I am able to learn different skills.

I have been taught to exercise regular.

I think Linn County has places for people to go if persons are in need of socialization and or assistance with an immediate problem (ie. Abbe Center Club 520).

Internal to the Abbe Center, it seems that health providers co-operate well with each other and share information for treatment.

It's better in Cedar Rapids than in rural areas.

Not enough care coordination for substance abuse pts and not enough options for inpt treatment

People really do care and want to help.

Really fabulous resources at Abbe Center in Cedar Rapids. Shout out to Miranda Moore who always tries to be helpful and supportive of me when we are able to connect.



The Abbe Center Club 520 program provides an excellent opportunity for those with mental health issues to interact with and be supported by peers. Unfortunately, this program is only available four afternoons a week, and I'm not aware of any other "drop-in centers" for mental health clients in the area.

There are key people and agencies that are very committed to providing excellent care to individuals in need. The business/financial environment needs to support those individuals and agencies in serving individuals that are known to be difficult to serve and require specialized service.

Things are explained well to me. The classes I take are good.

We do have some options for outpatient treatment in our area, as well as veteran specific treatment.

Wide array of mental health services available for different levels of care.

Staff are educated and well trained in evidenced based practices.

Heartland Family Services

The Council Bluffs area is very collaborative in terms of relationships and connections between providers. We have the Mental Health and Substance Abuse Network that regularly helps agencies and providers make these connections. We have local initiatives targeted at our community's needs. The Network is also expanding to reach the rural populations including Harrison and Mills county. The community does have some long-standing, respected providers in these fields. The Mental Health Court Program, started by the Network, has helped many offenders get the right kinds of treatment and support.

All three of these programs are free and offer some availability to transportation.

****Family Matters Program- Moms Off Meth; Dads Against Drugs; Not Alone (for children growing up in homes of recovery).*

****Circles4Support- Community Immersion Group for individuals/families struggling.*

****NEST Program -Families expecting or have children up to age 3. Incentive Program that provides support to caregivers. Support, Education and Prevention*

****Mills County Public Health is a great resource and referral for many programs.*

Both hospitals emergency departments screen patients we bring them.

I believe we work well together to collaborate and to try to make a well-rounded approach to services.



In general the Southwest Iowa Region is making great strides in this area, attempting to fill gaps in human services through program coordinators, crisis stabilization services, alternatives to incarceration program, etc... In addition, there are numerous mental health therapists available in Council Bluffs, however not enough providers outside of the urban area. In many ways service providers do a great job of collaborating with each other to refer clients to what they need.

MHDS region is working on developing new MH/SA services for the area especially in crisis services. The Region works closely with Heartland family Services as well as other MHC to provide outpatient and crisis services for our area.

Qualifying low income people who don't have children in their care for Medicaid services. Having care coordination services. Having crisis hotline services.

Personally, I am familiar with crisis services in the SW Iowa MHDS Region. Two good services are the Mobile Crisis Response Team (Pott County but expanding into other counties in the Region) and the HOPE4Iowa Crisis Call line are available 24 hours a day.

Resource and referral. Peer recovery groups.

Schools have interventionists (I'm not sure about hours/availability/etc. at each school.)

Staff who are working are dedicated and caring. Do the best they can with the meager resources the state of Iowa provides.

There is ongoing discussion in the community between invested agencies and organizations on how to make access to treatment better. There is also constant discussion on the need for more providers. There is pretty good collaboration in our community - for the most part, organizations and agencies are communicating and working together to solve problems and reduce barriers for individuals to enter into treatment. there is good collaboration between law enforcement and human service organizations also.

We have a MH/SA network to address gaps of these services in the SW Iowa Region. This network looks at both adult and children's MH/SA. We have well trained providers. Our region is very open to providing services. Crisis response is very strong in our area.

We have a wellness center.

Providers have good communication amongst and between agencies, many new crisis services have been developed are or in development, we have two inpatient psychiatric hospitals available in the area.



Seasons Center for Behavioral Health

There is an intentional approach to providing access in this rural area by having a decentralized approach and support to a variety of different qualified practitioner. Our continuum of care can always be more robust and we spend time and resources identifying and attaining them. We have regular meetings to support crisis, housing, employment and enhanced service coordination, both in the community and through the county jail system to address needs and problem solve solutions.

The service we do have a great but we need more access to places as this a rural area and transportation is always an issue.

Collateral contact meetings amongst agencies and providers. Agencies and providers reaching out to each other to gain more information and the willingness to schedule staff meeting trainings for agencies. Multi-disc meetings held 1x/month are held that allow providers and agencies to come together to discuss upcoming events, programs, services, etc.

Good regional services and availability. NWICC and Sioux Rivers. Most services are available in one way or another.

I believe that our communities do well in working together to address the needs of MH and SUD services and treatments - community coalitions, workgroups, etc.

There are providers in our communities that are progressive and actively seek out new and additional funding to enhance/increase services for individuals and decrease access barriers.

Substance Use disorder services/treatment excellently provided by IDPH licensed and funded program. Compass Pointe.

Not sure there are any.

We have a good variety of outpatient clinics and private providers within 20 miles of each other, so driving/getting a ride shouldn't be a barrier considering what people will do to travel to a favorite concert, entertainment venue, of vacation spot/sporting event. It is often a case of priorities Denial plays a big role in patients/clients getting needed help.

We have several very caring, well-staffed, with various therapies, outpatient clinics in NW Iowa.

We visited on the phone only with social workers and nurses from Cherokee Mental Health while our son was hospitalized there. We were impressed by their help the most. Our son was first admitted to Avera Behavior Health in Sioux Falls and sent to Yankton for further treatment. He was hospitalized again 6 months later in Cherokee.



Question 10: What are the biggest needs in your area in terms of mental health and substance use disorder services and treatment?

Abbe Center for Mental Health

Access to medication providers is a major need in our area.

Better bus hours.

Education of service providers, Education of those treating people with issues, Education and Awareness of what is available and how to get help.

For me, it is help navigating the system, working across the various people that help with my daughter. Her psychiatrist, her social worker, her managed care team (very low marks here), her job coaches, etc. It seems that no one is connecting the dots about her except me, and as her mom I am very happy to do that, but it is very very hard to navigate the system and know what questions to ask. I work full time outside of the home, and I believe I could work full time to manage her care.... There has to be a better way!

I cant think of anything right now

I could always need some comfort from others

I dont know

A need to be able to make appointments with a therapist or prescriber without having to wait excessively.

Increase availability of medication providers

Increased availability of services for co-occurring disorders. Increased coordination of inpatient services and outpatient services

larger availability of service providers, both in time or day and in those accepting new patients

More doctors and general practitioners who accept Medicare and Medicaid

More peer support funding for part time employment to support overworked full time staff.

More trauma informed care providers with certifications in Trauma focused therapy. More therapy for adolescent and younger children with sexualized behavior issues.



Need a long term residential facility that will serve those with co-occurring disorders would be number 1.

Prevention of substance abuse in teens, parents, adults. Strengthening families. Mental health stigma/awareness of its reality and its ability to be treated. Children are in need of being protected from adverse influences and replacing with strong, positive influences. Keeping kids away from damaging visual images on TV and online. The teens who do get hospitalized or placed outside the home seem to be exposed to other kids' problems and they learn bad habits/behaviors.

Right now services are DOMINATED by one care provider - Abbe Inc. There is little choice for income driven services otherwise.

See the above response.

There are a limited number available - not only providers, but clinics. This causes long waits to actually get in to see your provider, even when you are in crisis.

There is a safety net missing in the Iowa system at large. There is no longer a service system that has a no eject/no reject policy. Acknowledgement of public safety and personal risk have been stripped from the conversation with little to no accountability of the service system most equipped to assist in these matters. Responsibility has been relinquished and forced upon that of law enforcement, the legal system, and corrections.

Timely access to psychiatry and IHH.

Timely services. I am grateful for the existing ones, but much crisis care could be prevented if someone could access services in a timely fashion, as opposed to being put on months-long waiting lists.

Transportation, Doctor scheduling, medication concerns

We need more psychiatric care without lengthy wait periods, and more community providers who provide routine outreach to people living on the streets with mental illness.

willingness to receive help despite stigma

Heartland Family Services

Transportation, Therapists/Psychologists in rural areas.



TRANSPORTATION

There are limited providers, especially Psychiatrists. Patients go to ER due to lack of other options, are turned away with a referral to a provider with an appointment in 40 days. They are underserved at times of crisis.

Prevention, education of resources, after hour options, and short bed numbers for admits.

Need more providers. Several options of places to go (not in every town though) but hard to get in quickly at most places.

Outpatient offices are very busy. Rural areas are limited in the availability of care. Transportation to services can be challenging. Not enough licensed practitioners.

In patient and residential options, crisis response, medication management strategies.

Access to waiver programs for adults and children. Access to respite care services. There needs to be more than one substance provider (heartland family services) who has flexible hours with sliding fee scale. There needs to be more availability of outpatient services to treat mental health as wait time is sometimes 1 to 2 months unless a call is made to crisis line then the initial appointment can usually occur sooner if a psychiatric hospitalization does not occur. More therapy services and treatment options need provided in Mills and Harrison county.

Additional inpatient MH and SA beds. Our area currently does not have SA inpatient facility. Long waiting to get someone into these facilities.

Available professional services. Not affordable. Not comprehensive. Too many barriers - not user friendly.

Lack of treatment providers with needed credentials.

More professionals to prescribe or fill medication in all counties (especially rural areas). More mental health and substance use service providers in rural counties. Better communication and understanding of current services in the area to better refer clients/patients among agencies that currently exist. Then focus on any current gaps in services and begin providing those services to fill in where there are needs (mostly in rural areas).

-More psychiatric providers; there are currently very long wait times for new patients and for follow up appointments.

-Detox services; there is an initiative through the CHI Mission for Ministries Behavioral Health Grant which was approved in July 2016.



More providers. There are simply not enough providers to help all the people who need help. If the current providers had more funding, that would be helpful as well.

More funding is needed to support the work that is already established and trusted in our county to ensure sustainability. Mental health counselors are needed within our county. Trying to contact the one we have is impossible. Prevention/funding measures involving youth need to expand--providing more opportunities for healthy activities/community involvement. IE: purchasing required sports equipment; scholarships; free swimming; etc.

More in-patient options for adolescents.

Seasons Center for Behavioral Health

Working collaboratively with all agencies in the area. Seasons wants to be the only provider. Mental services. Getting patients in timely.

More intensive services and close services. Hours are often difficult as well because they are often normal business hours so working people are limited to when they can receive services.

Waiting lists are a constant for agencies doing initial assessments and initial evaluations. The current waiting list for most qualified psychologists and psychiatrists goes to May 2017. Most adults are court ordered to receive an evaluation in juvenile court and are having to travel long distances to complete these evaluations; however, do not have the finances or transportation to make those trips.

We need insurance to pay for us to go across the border to South Dakota for inpatient mental health treatment.

Some of the largest barriers are: costs of the service for individuals and families, difficulty with sharing of information across providers for mutual patients due to confidentiality laws and requirements and truly functioning as a multidisciplinary team, difficulty locating bilingual staff across services, also being in rural communities in NW Iowa the stigma associated with accessing MH/SUD services remains strong in some communities.

Rate increases for Peer Support and Family Peer Support Services.

Publicity/education and acceptance that mental illness exists, can be treated, and requires motivation and persistence.

MORE BEDS! Treatment facilities and in-patient programs can have a wait of months/years for treatment. The brother of a friend committed suicide after waiting weeks for treatment and never received it.



Follow up adult psychiatrists. The Spencer hospital has a hospital based psychiatrist but he doesn't do out patient. An ARNP manages meds utilizing telehealth, if you are lucky.

Access to specialist care in order to receive proper care and medication therapy.

Caregiver and family support and education for the general public

Jobs need to be offered. It would be wonderful to have someone who could counsel as a friend. Our son is very lonely and isolated.

We need to have an imbedded mobile crisis team to assist current emergency responders to address mental health and/or substance abuse needs.

We also need to have a system wide integrated care response to persons with complex needs that is seamless among providers, that supports persons with lived experience and their families as well as the community they live in.

We need to see more outreach to the public for early detection and intervention.

We need to have more service/care coordination for individuals released higher levels of support, including county jails.

Question 12: Do you think services are harder for some community members to access than others? This could be individuals of a certain age group, race or ethnicity, income level, etc. If yes, who is it harder for? Example: individuals who live in a certain part of the county, a certain age group, race or ethnicity group, income level, etc.

Abbe Mental Health Center

Ones that are unable to advocate for themselves. Also ones that have transportations issues or do not have insurance.

Hard for all to see a prescriber.

I suspect that lower income individuals have a more difficult time due to the public transportation service not being effective with broad coverage and frequent pick-up/drop-off times.

If you are an individual that does not fit neatly into the Medicaid service array- you have very limited options for assistance. Most people cannot afford private pay toward the level of care that they need if their insurance carrier is private third party.

Income level primarily.

Income level, location in the county, people that have a hard time with transportation.



LGBT people, people who rely on public transportation.

Lower income individuals due to transportation barriers. Buses only run certain amount of hours where I live and do not run on the same schedule as parts of town closer to the city interior.

People not living on or near a bus route in Cedar Rapids or Marion. People with mobility issues. Elderly citizens.

People who are lower functioning and have families.

People who don't have transport.

People who have Medicare or Medicaid due to low reimbursement rates and difficulty with the bureaucracy of the systems.

People who live outside of Cedar Rapids and who have transportation problems.

The mentally ill person that does not recognize their illness, will not accept help, and will not take medicine as prescribed.

Those who have physical disabilities, those who don't drive, and those who are on Medicare/Medicaid vs. private insurance.

Those with transportation limitations.

Transportation is a huge barrier!

Heartland Family Services

Those who live in more rural parts of Southwest Iowa. Those who have lack of base needs (income, transportation, insurance, etc...)

Those who live in rural area are very limited as to who they can seek out for services. Transportation is also an issue.

Those with limited transportation, high co-pay insurance or no insurance.

As social media becomes a more mainstream way for people and businesses to communicate, some people become more isolated (those without Internet, some elderly, etc.)

Harrison and Mills residents have limited options in their area and limited transportation access to attend these appointments. Those with lower income do not always understand they can use



Medicaid for transportation needs. Or they do not always have the patience or right mental health to follow through with the appointments or medication management.

Individuals with persistent mental illness struggle to stay connected with the appropriate services. We also have a large homeless population.

People who do not live along the bus route. People who do not have a telephone.

Those without private insurance and financial means.

Low income people.

Low income, working poor. Individuals with mental health issues that cannot jump through the endless red tape. Difficult access to care - no hospital in our county. Limited professional services. In county counselors are few and hard to get into. Don't return phone calls.

People in rural community, clients without resources, people without driver's licenses receiving services out of our county is difficult. Families struggle with reliable cars, support systems for daycare, cost of gas, understanding systems/processes, not always having required documentation; not being able to afford required documentation, trusting unknown entities.

Rural Iowa has a more difficult time accessing services due to transportation needs which increase time and money requirements for the services.

Rural, lower income.

Shortage of psychiatrists in our area- long waiting time to get into see a psychiatrist for new clients.

The clients

Seasons Center for Behavioral Health

All of the above.

The working poor have a difficult time taking off of work as well as; transportation to travel to the appointment.

Minorities, the poor, children, elderly.

The elderly, those without access to a vehicle, the poor.



Few providers in rural areas, no transportation available.

*Individuals who are undocumented and/or have language barriers
Individuals with financial barriers - those who do not qualify for Medicaid but are underinsured
(i.e. high deductible, high copays, etc.)*

Individuals who live in a certain part of the county

It's a very rural area so transportation/time to get to service is difficult for low income and elderly.

Question 14: Are you aware of efforts in your area to address any of the services, barriers, or issues mentioned in this survey? If yes, please tell us more about the efforts you are aware of.

Abbe Center for Mental Health

Abbe is doing some limited telehealth. The MH region offered incentives for providers to sign on.

Advisory groups, NAMI, and local legislatures are coming together to address these issue, but it will take collective action in order to remedy the ills of the MH/SA service system.

Bus passes, TMS.

Flyers in the community, outreach phone calls.

I am doing my best even though my literacy is poor.

I am doing this survey, aren't I? I am certain someone is reading this and will evaluate it and institute positive change.

Lifts transportation.

MHDD.

NAMI support groups are helpful.

Heartland Family Services

-Alternatives to Incarceration project, developed and managed by the Mental Health and Substance Abuse Network since 2012. The overall project meets bi-annually. There are about 10 different work groups within this project. Collaborative Support Team.



Care coordination services have been advertised and used by families, although, some families don't want one more person coming into their home if they are involved with the system. People who did not use to have access to health care now have access which has been a huge step for Iowa.

Community Coalition- we are able to identify the needs, but do not have the resources or staff to independently resolve.

Crisis Stabilization System implementation and planning through the SWIA MHDS Region. Region also regularly looking at barriers (such as transportation) and planning for the needs and solutions.

Public Health is a point of access - getting people set up with services that they need. But a great number of people are not necessarily hooked into or aware of the resource and referral system at Public Health. It's somewhat informal and not publicized.

The mental health and substance abuse network in collaboration with the Southwest Iowa Mental Health and Disability Services Region are working to fill gaps in human services needs to address all of the above mentioned barriers. They have numerous programs in place to address some of these concerns.

The MH/SA network addresses MH/SA needs in the Region. In addition as part of the network there are committees that address specific aspects of MH needs such as the homeless populations.

The MHDS Region is working with area providers as well as DHS on this issue. Trying to provide more preventative services and crisis based services as well.

The SWIA MHDS Region is holding community forums through the Local Advisory Councils about transportation to ID the barriers. However, progress is slow in addressing needs.

These concerns were identified as major issues in our Mills County Community Health Assessment completed in February of 2016. Our County is looking at multiple options to try to address these concerns, however, without adequate staff to provide services, our success will be minimal. Mills County has no hospital and no public transportation other than SWITA which is limiting. These add to the areas of concern.

Seasons Center for Behavioral Health

CCBHC initiative

Seasons Center - VOCA funding, CCTP grant

SIM funding - Public Health



*FQHCs outreach and education
DCAT funding unique programs and start-ups
Integration of behavioral health and primary care - co-location in FQHCs and clinics
Integrated Health Homes.*

Agencies do provide gas cards to appointments. DCAT funding from DHS helps to pay for transportation issues. Guardian Angels Car Repair program, NCC provides accepted applicants with a vehicle after they fix it.

Monthly NAMI meetings, timely newspaper articles, talks by professionals, \$ and resources being dedicated to children's mental health needs (Autumn's Center).

New legislation passed in Iowa to allow Psychologists to receive training to prescribe specialized meds.

Regional offices are addressing many of the Crisis Services and looking at how these can be implemented and affordable. There are some great collaboratives between agencies in many of the counties we work in.

Regional Teams that support 5 star quality initiatives (housing, employment, somatic care, and social inclusion domains), Evidence Based, research based, and best practices, including Positive Behavior Supports, are being developed and implemented with an emphasis on individual and system outcomes.

Crisis services are being addressed in community based venues, including educational systems, and justice-related settings. Access is being improved by in-house jail services, discussion of transportation needs, and support for NAMI, DBSA, and Peer Support. telemental health is in place in several area hospitals etc. However, some individuals do not care for this type of visit. And one of the area hospitals is trying to work with our county bus service to find some sort of transportation to appointments, but this is just in the talking stages.

Various community efforts and engagement with stakeholders and the community to broaden knowledge and understanding.

