

Central Iowa Community Services Region FY 2018 Annual Report

*Geographic Area Serving: Boone, Franklin, Hamilton, Hardin, Jasper,
Madison, Marshall, Poweshiek, Story, and Warren Counties.*



CICS

Supporting Individuals. Strengthening Communities.

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Introduction

Central Iowa Community Services (CICS) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. Within this region, CICS created a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities and intellectual/developmental disabilities, including those with multi-occurring issues and other complex human service needs. CICS provides coordination and financial support for mental health and disability services to individuals located in Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, and Warren counties. Greene County joined the CICS Region July 1, 2018, thus bringing the region to 11 counties in total.

In compliance with IAC 441-25, the CICS Management Plan includes three parts: Annual Service and Budget Plan, Policies and Procedures Manual, and the Annual Report.

CICS Management Plans are available on the CICS Website www.cicsmhds.org and the Department of Human Services (DHS) Website <https://dhs.iowa.gov>.

The CICS Governing Board Directors for FY18 are:

Chad Behn – Boone County
Mike Nolte – Franklin County
Doug Bailey – Hamilton County
BJ Hoffman – Hardin County
Joe Brock – Jasper County
Phil Clifton – Madison County
Bill Patten – Marshall County
Larry Wilson – Poweshiek County (ended 12/31/17)
Diana Dawley – Poweshiek County (began 1/1/18)
Marty Chitty – Story County
Dean Yordi – Warren County
Al Fagerlund – Ex-officio, non-voting Director
Sherry Becker – Ex-officio, non-voting Director (ended 6/30/17)
Terry Johnson – Ex-officio, non-voting Director (began 7/1/17)

The CICS Advisory Board members for FY18 are:

Tim Rogers, Mary Nelson, Chad Huddleston, Tim Bedford, Sherry Becker, Wendie Cooper, William Vaughn (ended 12/17), Jennifer Ellis (began 1/18), Al Fagerlund, Anne Vance, Grace Sivadge, Terry Johnson, Jessica McNeer, Julie Gibson, Jim Paprocki, Jr., Kathy Dinges, Shan Sasser (began 4/18), Kim Brobst-Hinkle (ended 10/17), Linda Romero, Kirsten Klepfer (began 4/18), and Governing Board ex-officio non-voting members Larry Wilson (ended 12/17), Diana Dawley (began 1/18), Doug Bailey.

The CICS annual report provides an opportunity to reflect on the past year's accomplishments amid our continued drive to create a better system of care in the MHDS arena. The focus of CICS remains to support individuals and strengthen our communities.

CICS strives to meet core access standards through innovative means, as well as create additional crisis and justice involved services that will remain sustainable through the use of both Medicaid and Regional funding. We have addressed the shortage of mental health professionals by utilizing telepsychiatry in our local Emergency Departments and jails among other innovations.

The annual report will convey the developments of CICS by providing the data and statistics regarding services funded, annual expenditures, revenue, and counts of persons served. This report will feature the array of services that CICS funds along with facts regarding utilization and the results of these programs. It will describe new projects completed that fill the gaps identified, including a 24-hour crisis line and Mobile Response among other programs.

As we reflect on the progress and challenges faced over the past few years, an accomplishment that comes to mind is teamwork that begins with the CICS Governing Board, who embraced regionalization even through the challenges. The teamwork carries on with the Advisory Board, who remind us not to be so governmental; the CICS staff, who question us every day by asking why not; and our providers, who, even in the face of hardship, continue on because it's the right thing to do.

Services Provided in Fiscal Year 2018

The table below identifies core services, mandated services, additional core services, other informational services, other community living support services, and other congregate services provided and/or available in FY18.

Domains and Services	
Core Domains	
Treatment	
Mental health outpatient therapy	Includes medication prescribing and management, therapy. Access standards: emergency within 15 minutes of contact, urgent within one hour of contact or 24 hours of phone contact, routine within 4 weeks of request for appointment (within 45 miles).
Assessment & evaluation	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.
Mental health inpatient therapy (State MHI/other private/public hospital)	24-hour settings that provide services to treat acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize symptoms, address health and safety needs and develop a comprehensive and appropriate discharge plan. Access within 24 hours and close proximity.
Basic Crisis Response	
Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.
Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute episode. Access within 24 hours.

24 hour access to crisis response	Outpatient (24 Hour Crisis Response Services) - short term individualized mental health services following a crisis screening or assessment, which are designed to restore the individual to prior functional level.
Support for Community Living	
Home health aide	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.
Respite	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.
Home & vehicle modifications	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.
Supported community living	Services provided in a non-institutional setting to adult persons with mental illness, intellectual, or developmental disabilities to meet the persons' daily living needs. Access standard within 4 weeks of request.
Support for Employment	
Prevocational services	Prevocational services – services that focus on developing generalized skills that prepare an individual for paid or unpaid employment. Skill development includes but is not limited to following directions, attending to tasks, task completion, problem solving, and safety and mobility training. Prevocational services can be provided in a variety of settings.
Day habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.
Job development	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration. Access standards within 60 days of request.
Supported employment	
Group Supported employment- enclave	Group Supported Employment – the job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.
Recovery Services	
Family support	Family support peer specialist and peer support specialist that assist the family of an individual to live successfully including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.
Peer support	

Service Coordination	
Case management	Service provided by a case manager, service coordinator, or Health Home through an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports. Assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring, and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community. Access within 10 days of request.
Health homes	

Core Evidence Based Treatment	
Education & Training Services - provider competency	Educational and Training Services means training related to provider competency in delivering co-occurring integrated services, trauma-informed services, and evidence-based practices.
Assertive community treatment (ACT)	An intensive and highly integrated approach for community mental health service delivery. ACT programs serve outpatients whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness.
Family psychoeducation	Family psychoeducation – services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

Mandated Services

Oakdale	Hospital Services provided at Iowa Medical & Classification Center Code of Iowa Chapter 812
Commitment related (except 301)	Diagnostic Evaluations/Sherriff transportation/Legal representation
Mental health advocate	Mental health advocate - executes duties in compliance with Section 229.19 of the Iowa Code; acts as the advocate representing the interest of patients involuntarily hospitalized by the Court in any manner relating to the patients’ hospitalization or treatment.

Additional Core Domains

Comprehensive Facility & Community Based Crisis Services	
23 hour crisis observation & holding	A level of care provided up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.
Mobile response	A mental health service which provides on-site, face-to-face mental health crisis services for individuals experiencing a mental health crisis. Mobile crisis staff have the capacity to intervene, wherever the crisis is occurring, including but not limited to the individual’s place of residence, emergency rooms, police stations, outpatient mental health settings, schools, recovery centers, or any other location where the individual lives, works, attends school, or socializes.
Crisis Stabilization residential services	Services provided in short-term non community-based residential settings to de-escalate and stabilize a mental health crisis.

24 hour crisis line	Crisis Hotline (fee paid to vendor) (24 Hour Crisis Line) Telephone crisis service— program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week including, but not limited to, relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary, and referral of callers to appropriate services.
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Justice System-Involved Services

Coordination services	Justice System Involved Coordination- service coordination provided to individuals in justice system.
Mental health services in jails	Outpatient mental health services provided to individuals in criminal justice settings.
Justice system-involved services – other	Other support services within the justice system.
Crisis prevention training	Educational and Training Services Safety training for law enforcement, first responders, etc., regarding mental health awareness such as Crisis Intervention Training (CIT).
Civil commitment prescreening evaluation	Evaluations completed prior to commitment with goal to divert individuals from commitment process.

Additional Core Evidence Based Treatment

Social Support services	Social Support services- drop-in centers and clubhouse centers.
Psychiatric rehabilitation (IPR)	Psychiatric Rehabilitation- is for individualized services designed to increase the consumer’s ability to function independently to prevent or reduce the need for services in a hospital or residential setting, and to promote the consumer’s recovery of the ability to perform a valued role in society.

Other Informational Services

Information & referral	Information & Referral are activities designed to provide facts about resources available/help to access those resources.
Planning and Management Consultants (Non-Client Related)	Advisory activities directed to a service provider to assist the provider in delivering services to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider’s own organization.
Public education	Public Education Services- activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect a person's functioning in society. Services focus on the following: prevention activities, which are designed to convey information about the cause of conditions, situations, or problems that interfere with a person's functioning or convey ways in which the knowledge acquired can be used to prevent their occurrence or reduce their effect; and public awareness activities, which convey information about the abilities and contributions to society of all people, the causes and nature of conditions or situations which interfere with a person's ability to function, and the benefits that providing services and supports have for the community and for the individual.

Other Community Living Support Services

Services management	Services Management- is designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management.
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Transportation	Transportation is for services for consumers to conduct business errands or essential shopping, to receive medical services not reimbursed through Title XIX, to go to and from work, recreation, education or day programs, and to reduce social isolation.
Guardian/conservator	Guardian/Conservator- is for activities provided as required by the court system to handle the personal business of the individual.
Representative payee	Activities provided to manage an individual's finances.
Rent payments (time limited)	Rent payment to avoid homelessness.
Other basic needs	Other costs associated with basic necessities.
Physiological outpatient treatment	Activities designed to prevent, halt, control, relieve, or reverse symptoms or conditions which interfere with the normal physiological functioning of the human body.
Prescription meds	Prescription medication, including medication prescribed for psychiatric conditions.
Transitional living program	Transitional living means any type of living situation that is transition with the primary purpose or mission to help the individual become a productive member of society; length of stay may vary but is not permanent housing.
Community support programs	Community Support Programs - is for comprehensive programs to meet individual treatment and support needs of consumers which enable consumers with a mental illness, intellectual disability, or a developmental disability to live and work in a community setting.
Vocational skills training	Training for specific skills related to specific job or position and/or customized employment.

Other Congregate Services

Work services (work activity/sheltered work)	Sheltered Workshop Services- is for services provided by a facility carrying out a recognized program of rehabilitation, habilitation, or education for persons with disabilities, designed to lead to competitive employment.
Community Based Settings (6+ beds) – Supported Community Living	Supported Community Living (SCL) – is for services and supports determined necessary to enable consumers to live and work in a community, and is provided in a Licensed RCF facility 6 & over beds. Services are directed to enhancing the consumer's ability to regain or attain higher levels of independence, or to maximize current levels of functioning.
RCF 6 and over beds	Residential care refers to long-term care given to adults or children who stay in a residential setting rather than in their own home or family home.

Individuals Served in Fiscal Year 2018

This section includes:

- the number of individuals in each diagnostic category funded for each service
- unduplicated count of individuals funded by age and diagnostic category

Persons Served by Age Group and by Primary Diagnosis

This chart lists the number of individuals funded for each service by diagnosis.

MI – Mental Illness

A – Adult

DD – Developmental Disability

C – Child

ID – Intellectual Disability

BI – Brain Injury

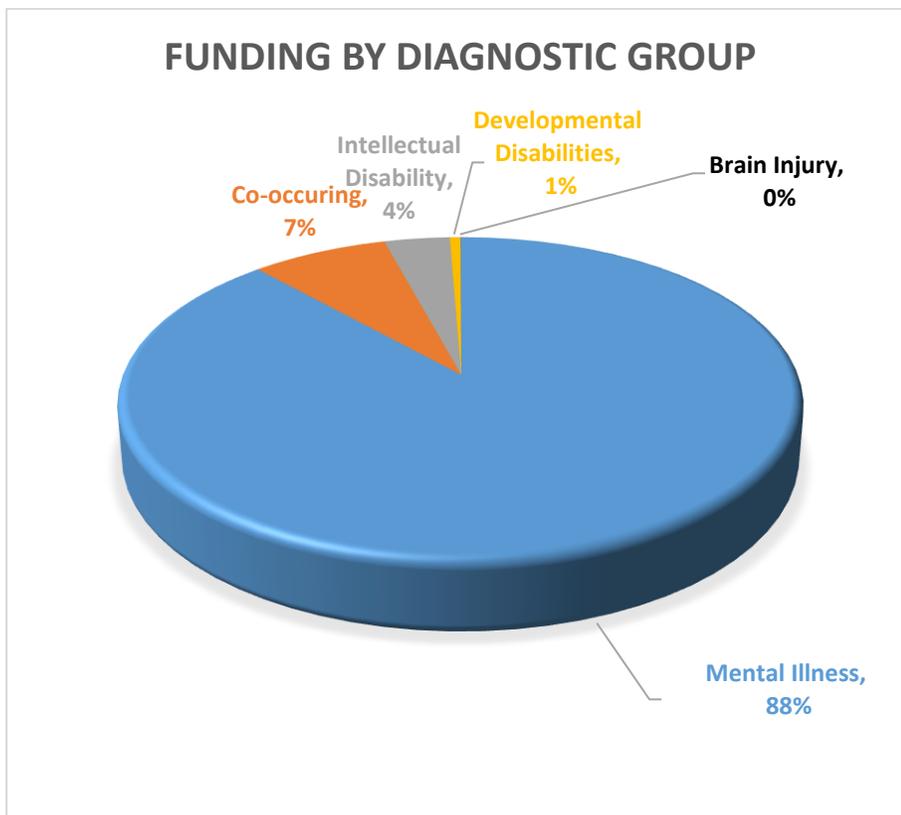
FY 2018 Actual GAAP	Central Iowa Community Services MHDS Region	Diagnosis										Total
		MI (40)		ID (42)		DD (43)		BI (47)		Other		
		A	C	A	C	A	C	A	C	A	C	
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient	111	8									119
42306	Psychotherapeutic Treatment - Medication Prescribing	75	1									76
43301	Evaluation (Non Crisis) - Assessment and Evaluation	2										2
71319	State MHI Inpatient - Per diem charges	15										15
73319	Other Priv./Public Hospitals - Inpatient per diem charges	4										4
	Basic Crisis Response											
44301	Crisis Evaluation	1										1
44305	24 Hour Crisis Response	1										1
	Support for Community Living											
32320	Support Services - Home Health Aides	8		2								10
32325	Support Services - Respite Services			1		1						2
32329	Support Services - Supported Community Living	161	1	23		35		1				221
	Support For Employment											
50362	Voc/Day - Prevocational Services	2		2		4						8
50367	Day Habilitation	73	1	121		23						218
50368	Voc/Day - Individual Supported Employment	37		9		18						64
50369	Voc/Day - Group Supported Employment	6		2		3						11
	Recovery Services											
45366	Peer Family Support - Peer Support Services	20		1		1						22
	Service Coordination											
	Core Evidence Based Treatment											
	Core Subtotals:	516	11	161		85		1				774

Mandated											
46319	Iowa Medical and Classification Center (Oakdale)	2									2
74XXX	Commitment Related (except 301)	552	79								631
75XXX	Mental health advocate	184	5								189
	Mandated Subtotals:	738	84								822
Core Plus											
	Comprehensive Facility and Community Based Treatment										
44313	Crisis Stabilization Residential Service (CSRS)	23									23
	Sub-Acute Services										
	Justice System Involved Services										
25XXX	Coordination services	311	2								313
46305	Mental Health Services in Jails	411	4								415
46399	Justice System - Involved Services - Other	333	4								337
	Additional Core Evidence Based Treatment										
42366	Psychotherapeutic Treatment - Social Support Services	320	1	90		13					424
42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	49									49
	Core Plus Subtotals:	1447	11	90		13					1561
Other Informational Services											
05373	Public Education Services	1									1
	Other Informational Services Subtotals:	1									1
Community Living Support Services											
22XXX	Services management	2397	146	82	6	62	2	3			2698
31XXX	Transportation	173	37	15		36					261
32326	Support Services - Guardian/Conservator		1								1
32327	Support Services - Representative Payee	28		5		2					35
33340	Basic Needs - Rent Payments	268	4	3		1					276
33399	Basic Needs - Other	121	2	1		2					126
41306	Physiological Treatment - Prescription Medicine/Vaccines	45		3							48
42310	Psychotherapeutic Treatment - Transitional Living Program	87									87
42396	Psychotherapeutic Treatment - Community Support Programs	25				2					27
42399	Psychotherapeutic Treatment - Other	1									1
63329	Comm Based Settings (1-5 Bed) - Supported Community Living	1									1
	Community Living Support Services Subtotals:	3146	190	109	6	105	2	3			3561
Congregate Services											
64329	Comm Based Settings (6+ Beds) - Supported Community Living	1									1
64XXX	RCF-6 and over beds	61		3		1					65
	Congregate Services Subtotals:	62		3		1					66
Administration											
Uncategorized											
Regional Totals:		5910	296	363	6	204	2	4			6785

Unduplicated Count of Adults and Children by Diagnosis

The chart below shows the unduplicated count of individuals funded by age group and diagnosis.

Disability Group	Children	Adult	Unduplicated Total
Mental Illness	175	2669	2844
Mental Illness, Intellectual Disabilities	2	160	162
Mental Illness, Intellectual Disabilities, Other Developmental Disabilities	0	14	14
Mental Illness, Other Developmental Disabilities	1	61	62
Mental Illness, Brain Injury	0	3	3
Intellectual Disabilities	4	105	109
Intellectual Disabilities, Other Developmental Disabilities	0	6	6
Other Developmental Disabilities	1	18	19
Brain Injury	0	1	1
Total	183	3037	3220



The chart (left) shows funding for residents in the Mental Illness disability group accounts for 88% of those funded, while residents in the Intellectual Disability group account for 4%. The remaining are residents with Developmental Disabilities, Co-Occurring Disorders, and Brain Injury.

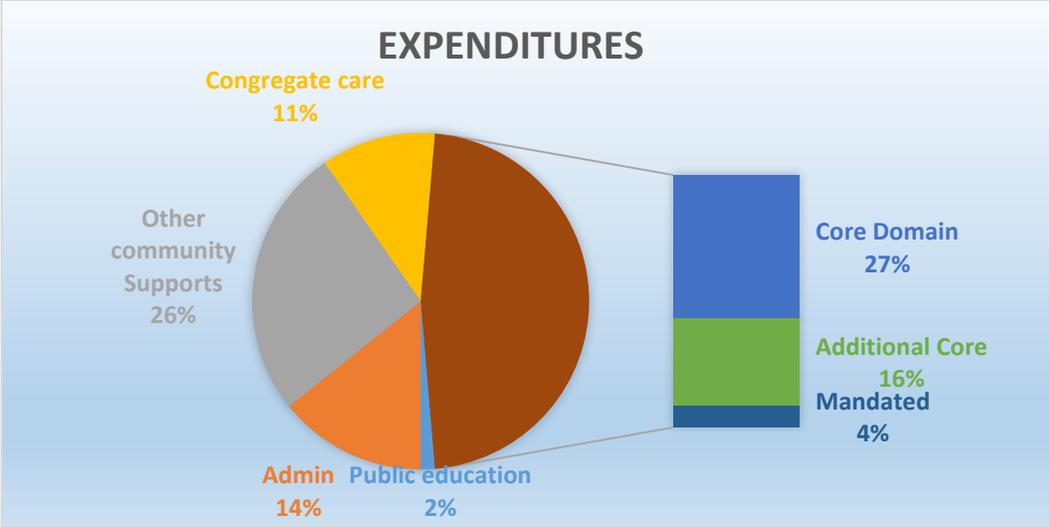
Moneys Expended

Total Expenditures by Chart of Accounts Number and Disability Type

Fiscal Year 2018	Central Iowa Community Services MHDS Region	MI (40)	ID (42)	DD (43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy	\$33,168.74					\$33,168.74
42306	Medication prescribing & management	\$15,323.18					\$15,323.18
43301	Assessment & evaluation	\$710.32					\$710.32
71319	Mental health inpatient therapy-MHI	\$220,869.25					\$220,869.25
73319	Mental health inpatient therapy	\$13,842.16					\$13,842.16
	Basic Crisis Response						
44301	Crisis evaluation	\$714,889.59					\$714,889.59
44305	24 hour access to crisis response	\$90,485.75					\$90,485.75
	Support for Community Living						
32320	Home health aide	\$1,411.10	\$978.50				\$2,389.60
32325	Respite		\$568.56	\$2,660.49			\$3,229.05
32329	Supported community living	\$757,151.05	\$112,219.91	\$146,399.67	\$480.40		\$1,016,251.03
	Support for Employment						
50362	Prevocational services	\$3,917.74	\$10,817.70	\$17,811.09			\$32,546.53
50367	Day habilitation	\$93,359.00	\$97,663.03	\$107,016.19			\$298,038.22
50368	Supported employment	\$97,678.15	\$23,872.85	\$69,158.49			\$190,709.49
50369	Group Supported employment-enclave	\$13,621.79	\$1,702.64	\$3,696.68			\$19,021.11
	Recovery Services						
45323	Family support	\$28,000.08					\$28,000.08
45366	Peer support	\$7,263.50	\$36.26	\$435.12			\$7,734.88
	Service Coordination						
	Core Evidence Based Treatment						
04422	Education & Training Services - provider competency	\$2,138.45					\$2,138.45
	Core Domains Total	\$2,093,829.85	\$247,859.45	\$347,177.73	\$480.40		\$2,689,347.43
Mandated Services							
46319	Oakdale	\$4,070.53					\$4,070.53
74XXX	Commitment related (except 301)	\$322,174.55					\$322,174.55

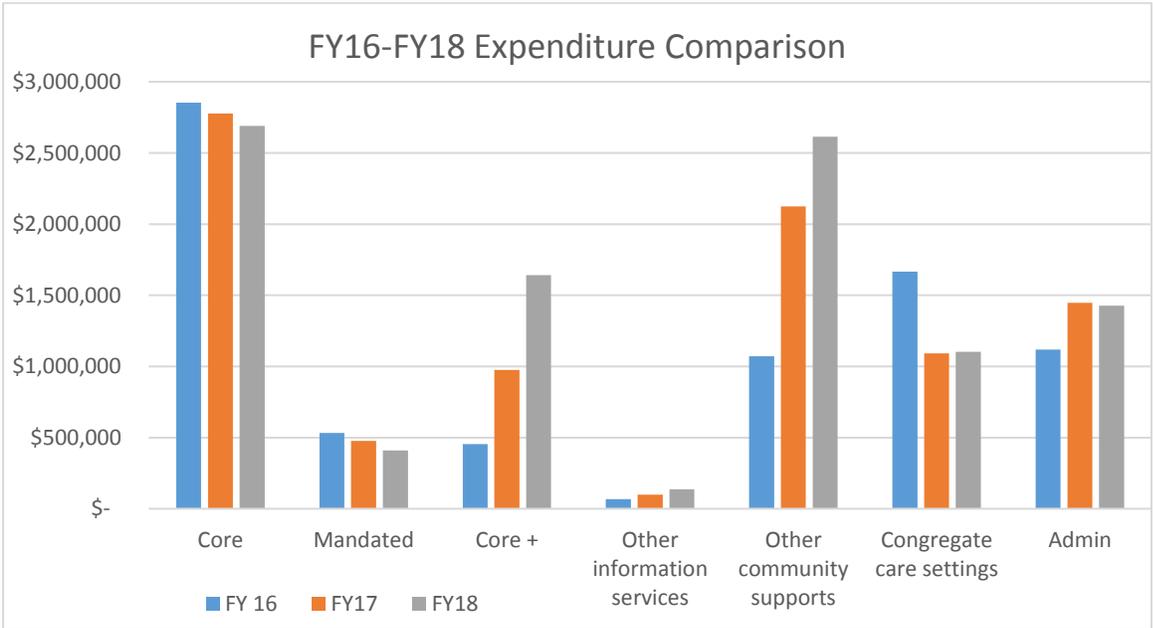
75XXX	Mental health advocate	\$84,210.76					\$84,210.76
	Mandated Services Total	\$410,455.84	\$0.00	\$0.00	\$0.00		\$410,455.84
Additional Core Domains							
	Comprehensive Facility & Community Based Crisis Services						
44307	Mobile response	\$239,328.00					\$239,328.00
44313	Crisis Stabilization residential services	\$40,900.00					\$40,900.00
44346	24 hour crisis line	\$121,041.98					\$121,041.98
	Sub-Acute Services						
	Justice system-involved services						
25xxx	Coordination services	\$416,517.27					\$416,517.27
46305	Mental health services in jails	\$231,709.69					\$231,709.69
46399	Justice system-involved services-other	\$35,626.41					\$35,626.41
46422	Crisis prevention training	\$12,256.96					\$12,256.96
	Additional Core Evidence based treatment						
42366	Peer self-help drop-in centers	\$345,928.31	\$104,785.27	\$13,690.70			\$464,404.28
42397	Psychiatric rehabilitation (IPR)	\$78,944.42					\$78,944.42
	Additional Core Domains Total	\$1,522,253.04	\$104,785.27	\$13,690.70	\$0.00		\$1,640,729.01
Other Informational Services							
04429	Planning and Management Consultants (non-client related)	\$2,143.35	\$4,800.00				\$6,943.35
05373	Public education	\$128,862.39	\$682.24	\$682.24	\$682.24		\$130,909.11
	Other Informational Services Total	\$131,005.74	\$5,482.24	\$682.24	\$682.24		\$137,852.46
Other Community Living Support Services							
22XXX	Services management	\$887,652.11	\$23,356.55	\$19,463.24	\$4,149.18		\$934,621.08
23376	Crisis care coordination	\$3,928.95					\$3,928.95
31XXX	Transportation	\$162,516.30	\$21,950.96	\$31,021.56			\$215,488.82
32326	Guardian/conservator	\$385.00					\$385.00
32327	Representative payee	\$8,955.86	\$1,100.20	\$729.20			\$10,785.26
33340	Rent payments (time limited)	\$253,813.85	\$2,387.00	\$485.00			\$256,685.85
33399	Other basic needs	\$60,146.71	\$297.33	\$300.33			\$60,744.37
41306	Prescription meds	\$11,363.77	\$46.99				\$11,410.76
42310	Transitional living program	\$1,091,973.77					\$1,091,973.77
42396	Community support programs	\$15,188.00		\$1,213.80			\$16,401.80
42399	Other psychotherapeutic treatment	\$30.00					\$30.00

63329	SCL 1-5 beds	\$12,152.00					\$12,152.00
	Other Comm Living Support Services Total	\$2,508,106.32	\$49,139.03	\$53,213.13	\$4,149.18		\$2,614,607.66
Other Congregate Services							
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$971,462.37	\$86,290.36	\$18,291.70			\$1,076,044.43
64329	SCL 6 and over beds	\$25,830.00					\$25,830.00
	Other Congregate Services Total	\$997,292.37	\$86,290.36	\$18,291.70	\$0.00		\$1,101,874.43
Administration							
11XXX	Direct Administration					\$1,289,237.78	\$1,289,237.78
12XXX	Purchased Administration					\$138,054.74	\$138,054.74
	Administration Total					\$1,427,292.52	\$1,427,292.52
	Regional Totals	\$7,662,943.16	\$493,556.35	\$433,055.50	\$5,311.82	\$1,427,292.52	\$10,022,159.35
Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances.)							
13951	Distribution to MHDS regional fiscal agent from member county						\$4,406,805.57
14951	MHDS fiscal agent reimbursement to MHDS regional member county						\$-



The pie chart (left) provides a breakdown of expenses in FY18 by domain category. Core, Additional Core, and Mandated services account for 47% of CICS expenditures for FY18.

FY16-FY18 comparison shows a significant increase in Additional Core and Other Community Supports with a decrease in Mandated (commitment related) and Congregate Care Settings.



Revenue

FY 2018 Accrual*	Central Iowa Community Services Region		
Revenues			
	FY17 Annual Report Ending Fund Balance		\$20,538,595
	Adjustments to 6/30/17 Fund Balance		\$14,612
	Audited Fund Balance as of 6/30/17		\$20,553,207
	Local/Regional Funds		\$7,397,233
10XX	Property Tax Levied	\$7,267,078	
12XX	Other County Taxes	\$	
16XX	Utility Tax Replacement Excise Taxes	\$	
25XX	Other Governmental Revenues	\$7,483	
4XXX-5XXX	Charges for Services		
5310	Client Fees		
60XX	Interest	\$109,768	
6XXX	Use of Money & Property		
8XXX	Miscellaneous	\$12,904	
92XX	Proceeds /Gen Fixed assets sales		
	State Funds		\$
21XX	State Tax Credits		
22XX	Other State Replacement Credits		
2250	MHDS Equalization		
24XX	State/Federal pass thru Revenue		
2644	MHDS Allowed Growth // State Gen. Funds		
2645	State Payment Program		
29XX	Payment in Lieu of taxes		
	Federal Funds		\$
2344	Social services block grant		
2345	Medicaid		
	Other		
	Total Revenues		\$7,397,233

Total Funds Available for FY18	\$27,950,440
FY18 Accrual Regional Expenditures	\$10,022,159
Region's Accrual Fund Balance as of 6/30/18	\$17,928,281

*Compiled with the latest information available. Accrual reports from Counties were not available at the time this report was written.

County Levies

County	2015 Est. Pop.	Regional Per Capita Target	FY18 Max Levy	FY18 Actual Levy	Actual Levy Per Capita
Boone	26,643	35.50	945,827	593,873	22.29
Franklin	10,295	35.50	365,473	229,476	22.29
Hamilton	15,190	35.50	539,245	338,585	22.29
Hardin	17,367	35.50	616,529	387,110	22.29
Jasper	36,827	35.50	1,307,359	820,874	22.29
Madison	15,753	35.50	559,232	351,134	22.29
Marshall	40,746	35.50	1,446,483	908,228	22.29
Poweshiek	18,550	35.50	658,525	413,479	22.29
Story	96,021	35.50	3,408,746	2,140,308	22.29
Warren	48,626	35.50	1,726,223	1,084,011	22.29
CICS Region	326,018		11,573,639	7,267,078	22.29

CICS member counties levy the same per capita amount and are levying less than the regional per capita target as CICS addresses the regional ending fund balance.

Outcomes Achieved in Fiscal Year 2018

This section includes:

- Service progress and availability of Core, Additional Core, Evidence Based Treatment, and Other Informational Services
- Region Program Outcomes
- Other Community Living Support Services
- Statewide Outcomes

Service Progress and Availability of Core, Additional Core, Evidence Based Treatment, and Other Informational Services

Core Services

Treatment

Assessment & Evaluation: This service provided by Community Mental Health Centers (CMHCs) and providers is available in each county in the region.

Mental Health Outpatient Therapy: CICS continues to consider Provider Network Enrollment Applications to expand outpatient mental health services within the region. CICS will also honor host region contracts for outpatient mental health services.

Mental Health Inpatient Therapy (private/public hospital): CICS contracts with Mary Greeley Medical Center and will also honor host region contracts for inpatient behavioral health services.

Basic Crisis Response

Personal Emergency Response System: Service options are available in CICS.

Crisis Evaluation: CICS contracts with Community Mental Health Centers and providers for a select number of crisis therapy and crisis psychiatric appointments to be held available by the CMHC or provider allowing for quicker access. CICS funds an access fee and guarantees payment for crisis therapy and crisis psychiatric appointments that are not filled and/or not billable through third-party payers.

CICS continues to financially support access to telepsychiatry at participating local hospital emergency rooms with this service provided by Integrated Telehealth Partners (ITP). At the end of FY18 ITP was operational in the following nine hospital emergency rooms:

- Boone County Hospital
- Franklin General Hospital
- Grinnell Regional Medical Center
- Hardin Hansen Family Hospital
- Madison County Memorial Hospital
- Mary Greeley Medical Center
- Skiff Medical Center
- Story County Medical Center
- UnityPoint Health - Marshalltown
- Van Diest Medical Center

24 Hour Access to Crisis Response Services: The CMHCs have trained health professionals available by phone 24 hours per day, as well as walk-ins during business hours. CICS provides a crisis services access fee to providers to ensure availability of on-call staff.

Support for Community Living

Home Health Aid: Service options are available in CICS.

Respite: Service options are available in CICS.

Home and Vehicle Modifications: Service options are available in CICS.

Supported Community Living: Supported community living (SCL) services are available in each county in the CICS region.

Support for Employment

Prevocational Services: Service options are available in CICS.

Day Habilitation: Service options are available in CICS.

Job Development, Supported Employment: FY18 was the final year of a four-year project partnering with providers to establish, develop, or expand supported employment services in each of the CICS counties. The project focused on sustainability of the services for each provider; at the close of the project supported employment services are available in each county.

Group Supported Employment – Enclave: Service options are available in CICS.

Recovery Services

Family Support and Peer Support: Family support and peer support are available with Integrated Health Home providers. Peer support is also available with Central Iowa Recovery and some drop-in centers. CICS continues to encourage employment of peer and/or family support specialists.

Service Coordination

Case Management: Case management is available through Iowa Department of Human Services and Managed Care Organizations.

Health Homes: This service continues to be available in each county in CICS.

Core Evidence Based Treatment

Education and Training Services – provider competency: CICS offers training in Trauma Informed Care and Cultural Competency to providers.

Supported Housing: CICS continues to explore concepts of Permanent Supportive Housing and implementation strategies.

Assertive Community Treatment (ACT): This service is available in Hamilton County and Eyerly Ball Community Mental Health Services began providing ACT services the latter part of FY18 in Story and Boone counties. CICS is exploring implementation of rural ACT in additional CICS counties.

Family Psychoeducation: CICS continues to contract and collaborate with NAMI Central Iowa for outreach in the region for guidance in the development of support groups and educational opportunities. Toward the end of FY17 and carrying through FY18, Hardin and Jasper counties have family support groups facilitated by NAMI trained leaders.

Additional Core Services

Comprehensive Facility & Community Based Crisis Services

CICS Crisis Line (844-258-8858) remains available 24/7. Additional communication options for crisis support are available from 9am-3pm, Monday-Friday for individuals to chat one-to-one online at www.Foundation2CrisisChat.org or by texting 800-332-4224.

Warm Line: In FY18 CICS worked with Abbe Center for Community Mental Health, Inc. for warm line service to begin in early FY19.

Mobile Response: Eyerly Ball Community Mental Health Services began providing mobile response services in March 2018 in Jasper, Madison, Poweshiek, and Warren counties; next in Boone, Marshall, and Story counties in May 2018; and then in Franklin, Hamilton, and Hardin counties in June 2018. Eyerly Ball provides case management follow-up within 24 hours of the service being dispatched and continues to provide case management for up to 30 days. The mobile response service is accessed by calling the CICS Crisis Line answered by Foundation 2. Foundation 2 triages the call and dispatches the mobile response team when determined appropriate.

23 Hour Crisis Observation and Holding: Mary Greeley Medical Center has this service available in the CICS region.

Crisis Stabilization Community Based Services: CICS continues to research and explore development options for this service.

Crisis Stabilization Residential Services: CICS continues to contract with Mary Greeley Medical Center Transitional Living Program for crisis stabilization and hospital diversion services. CICS further worked with Mary Greeley Medical Center and Story County for the transition and expansion of crisis stabilization services to a new location. CICS has maintained a contract with Genesis Development for access to the Hope Wellness Center for Crisis Stabilization Residential Services located in Woodward. CICS will also honor host region contracts should an individual access this service in another region.

Subacute Services

Subacute services 1-5 beds and 6 and over: CICS continues to explore the development of this service in conjunction with legislative changes.

Justice Involved Services

Mental Health Services in the Jails: CICS fully funds telepsychiatry services with ITP in eight county jails. Warren County inmates have been going to the Jasper County Jail since January 2018 as Warren County does not currently have a jail. Center Associates provides telehealth services to the Marshall County Jail. Telehealth is available in each CICS county that has a jail. CICS funding also is available for intensive psychiatric rehabilitation, therapy evaluations, individual therapy, and group therapy for mental health and co-occurring substance use with contracted providers. Service Coordination staff are available to each jail to assist with referrals for telepsychiatry, therapy services, jail diversion services, and other services/resource supports.

Coordination Services: Jail diversion intensive case management services have been implemented in all CICS counties. Final implementation occurred in FY18 with Center Associates providing services in Marshall County and Capstone Behavioral Healthcare providing services in Poweshiek and Jasper counties.

Crisis Prevention Training: CICS supports Crisis Intervention Training (CIT) for law enforcement officials and worked collaboratively with NAMI Central Iowa, Iowa State Police Department, City of Ames Police Department, and the Story County Attorney's Office to host a CIT training in March 2018. This collaborative has also planned for a second CIT training to occur in November 2018. CICS will provide reimbursement to employers of law enforcement for mileage, lodging, and food costs associated with an officer attending in-state Crisis Intervention Training. CICS supports Mental Health First Aid training for law enforcement as well.

Mental Health Court Related Costs: This service is not currently available. CICS is part of a collaborative effort in Story County led by the Story County Attorney's Office to develop Mental Health Court. CICS is open to collaborating with additional justice systems for the development of Mental Health Court Related services.

Civil Commitment Prescreening Evaluation: ITP provides prescreening services in emergency rooms of hospitals contracted with ITP.

Justice System Involved Services-other: CICS continues to reimburse county jails for the cost of inmate prescribed psychotropic medications on ITP's medication formulary.

Additional Core Evidence Based Treatment

Intensive Psychiatric Rehabilitation (IPR): This service is available in each county in CICS. CICS funds this service including when an individual is incarcerated in a county jail and desires to access this service.

Peer self-help drop-in centers: CICS continues to contract with NAMI Central Iowa for collaboration in the development and support of peer self-help drop-in centers. CICS is going through a Request for Proposal process for development of a drop-in center in Warren County. CICS next is planning for future development of drop-in centers in Madison and Greene counties. Once these developments occur, drop-in center services will be available in each CICS county.

Other Informational Services

Information & Referral: The CICS website can be found at www.cicsmhds.org. CICS also has a Facebook page, an electronic newsletter, and works with Trilix Marketing Group for media announcements. These media outlets are avenues to inform others about CICS, how CICS can assist individuals, and services and resources available in the CICS region. Service Coordination staff offer assistance with information and referrals; see Service Coordination under Region Program Outcomes for additional information.

Public Education: CICS supports involvement with Mental Health Expos and other mental health awareness events. Providing these opportunities assists individuals to achieve wellness through health education. CICS contracts with Community Mental Health Centers for public education services.

CICS has staff members available to provide training in: Trauma Informed Care 101 & Recovery, Mental Health First Aid USA (MHFA)/Adult, Juvenile Mental Health First Aid, Cultural Competency, and Compassion Fatigue. Trainings have been provided to regional staff, MHDS providers, school systems, law enforcement, public health, church members, nursing students, county employees, and the general public. CICS has collaborated with Iowa Association of Community Providers (IACP) in the hosting of Mental Health First Aid trainings. CICS has partnered with Eyerly Ball Community Mental Health Services to co-facilitate Adult MHFA. In FY18 a total of 456 individuals were trained in Adult Mental Health First Aid and 36 individuals were trained in Juvenile Mental Health First Aid.

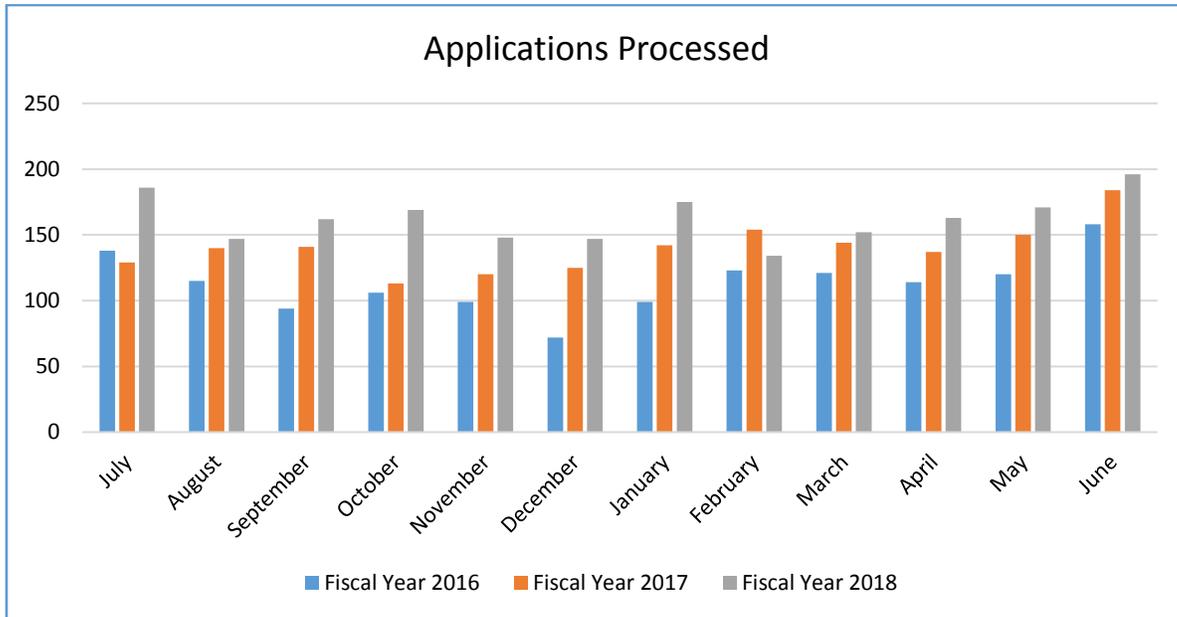
In January 2018 CICS had three staff trained as facilitators in C3 De-Escalation Training; staff from Eyerly Ball Community Mental Health Services and Capstone Behavioral Health also participated in this training. C3 De-Escalation training is currently a pilot project for three regions in the State of Iowa, and a total of 101 individuals were trained in C3 De-Escalation in the CICS region in FY18.

Region Program Outcomes

The following section provides information on Service Coordination and Special Project Grant funding.

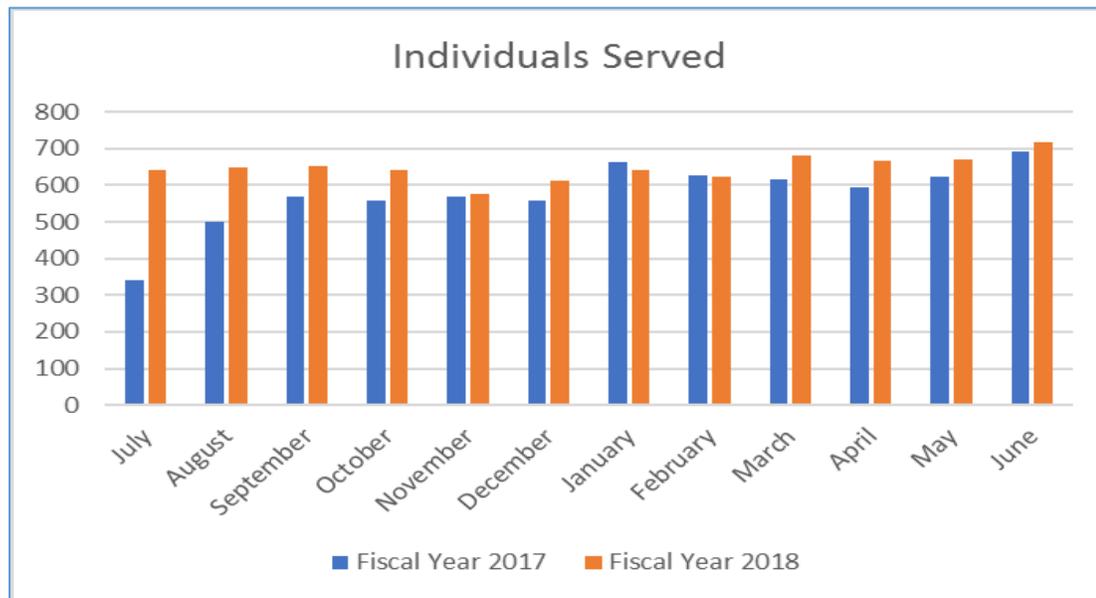
Service Coordination

CICS is staffed with two Service Coordination Officers, local Service Coordination staff in each county, and two Service Coordination Specialists. Service Coordination is essential in connecting individuals with mental health and developmental disabilities and/or co-occurring diagnoses to resources, services, and supports.



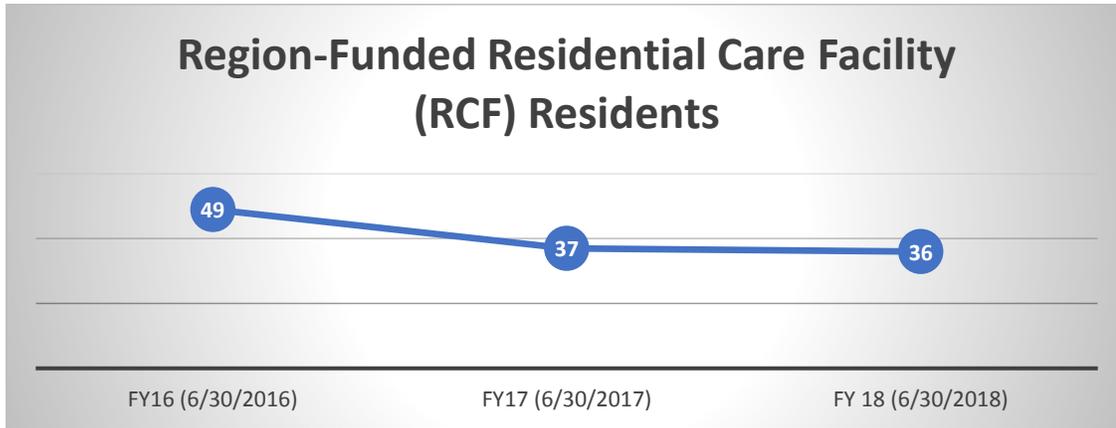
In FY18, CICS Service Coordinators received and processed 16% more applications than in FY17, and 42% more applications than in FY16.

In July 2016, CICS began tracking how many individuals the Service Coordinators were providing services to each month. This includes those whose application they are processing, as well as contact with ongoing clients, collateral contact with provider agencies, contact with family members and other interested parties, email correspondence regarding ongoing clients, and other activities on behalf of those we serve. In FY18, CICS Service Coordination served an average of 647 individuals each month, compared to 579 individuals in FY17.



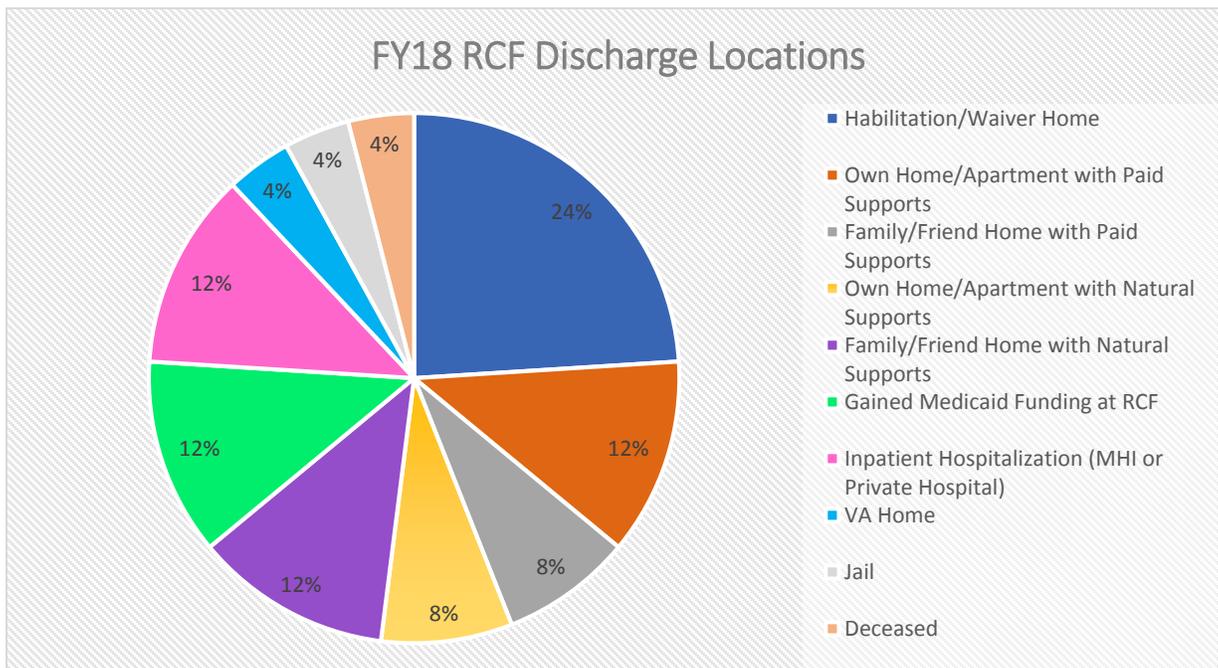
The table (left) displays by month the number of individuals accessing CICS Service Coordination services.

Service Coordination Specialists focus on assisting individuals with transitioning from Residential Care Facilities (RCFs) and Mental Health Institutes (MHIs) to residing in appropriate community-based services. During FY18, CICS reduced the number of individuals in RCFs from 37 to 36. Although this is a net reduction of only 1, there were a total of 25 discharges from RCFs and 24 admissions. Overall in the time from the hire of the Specialist positions in FY16 to the end of FY18, the number of individuals in RCFs has reduced from 49 to 36, a 27% decrease.



The table (left) reflects by Fiscal Year the number of CICS funded individuals residing in Residential Care Facilities.

Many of the individuals discharging from RCFs continue to need ongoing support. After a short time of stabilization in the RCF, individuals are able to discharge into community-based services. In total, 56% moved to a lower level of care in the community.



In FY18, CICS saw a slight increase in individuals at the Mental Health Institutes (MHIs) up to three at the end of FY18 compared to two at the end of FY17. When an individual is at one of the two MHI facilities (Independence or Cherokee) for more than 30 days, we consider this a long-term stay and move the individual to the Specialist's caseload. Although the result at the end of the fiscal year was an increase, we did have eight discharges from the MHIs. Many of those leaving the MHIs are moving into RCFs for continued stabilization (5), while others are moving directly into community-based services (3).



This table shows by Fiscal Year the number of individuals with CICS funding residing long-term at MHIs.

In December 2016, CICS implemented the Level of Care Utilization System (LOCUS) assessment tool to assist in determining level of care and needed services for individuals with a mental illness diagnosis. Additionally, we are utilizing the Inventory for Client and Agency Planning (ICAP) assessment tool for individuals with Intellectual Disabilities (ID) and Development Disabilities (DD). The two service coordination specialist positions assess individuals when RCF, Transitional Living Center (TLC), or ongoing regionally funded services are requested. In FY18, 211 assessments were completed by the two Service Coordination Specialist positions, in contrast to 86 total assessments during FY17.

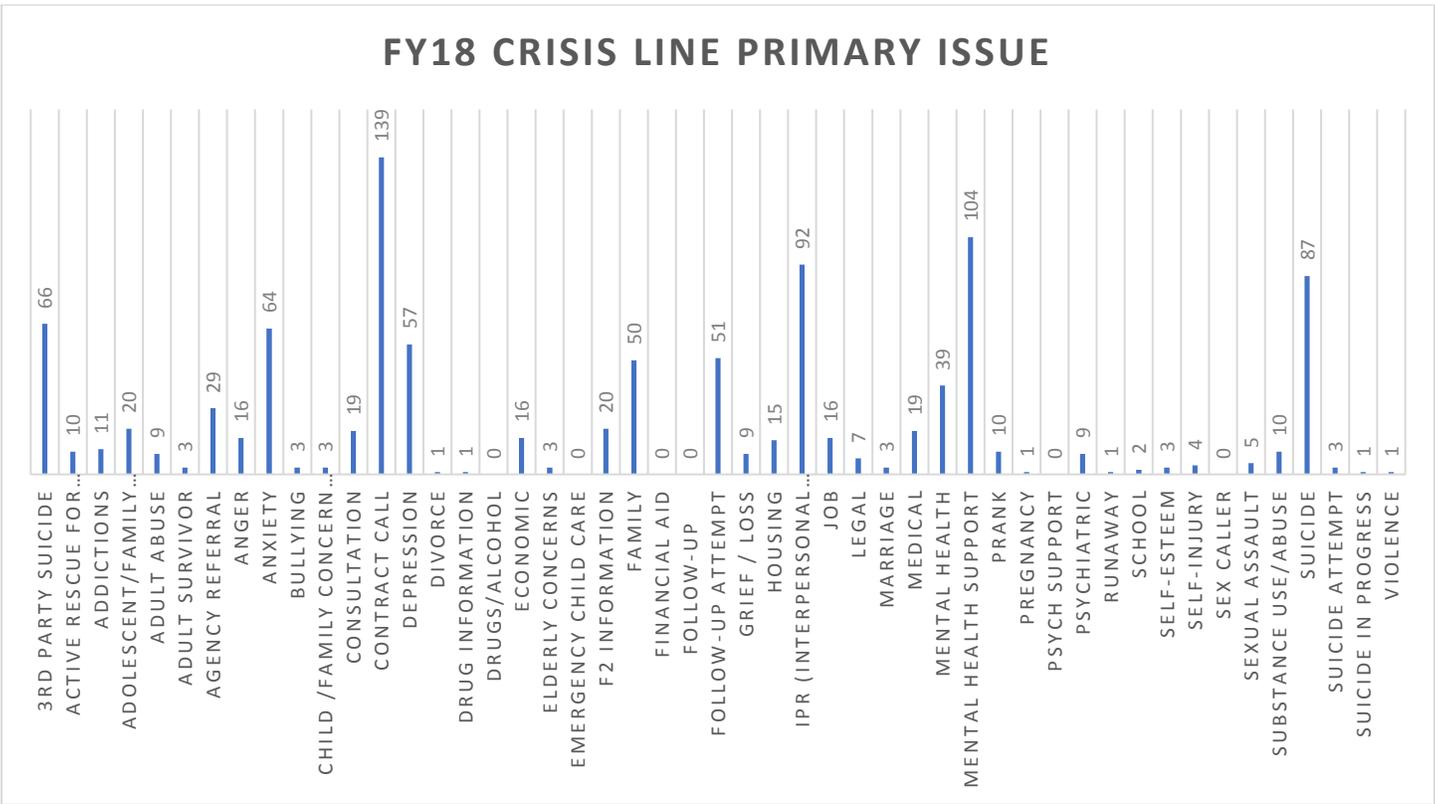
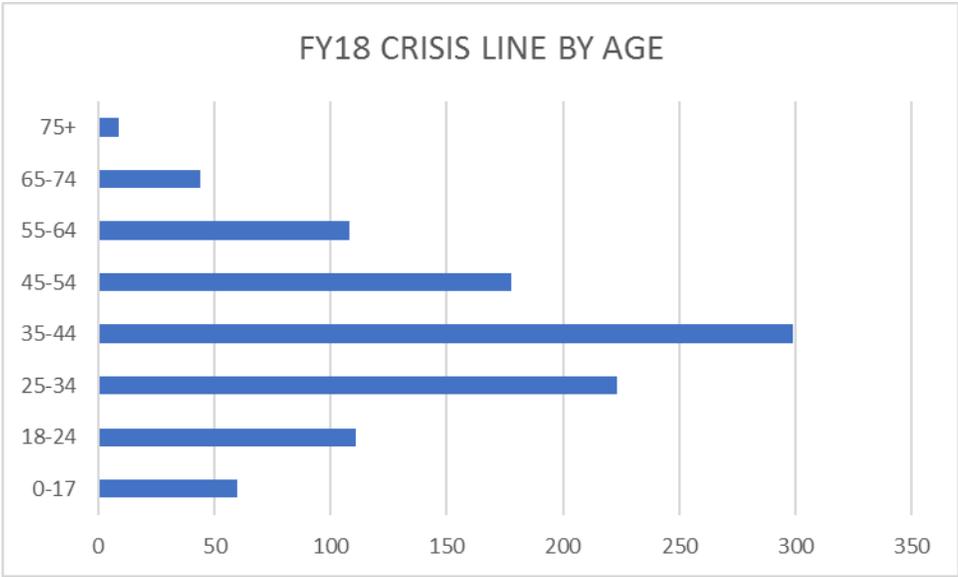
Special Project Grants

CICS has used special project block grant funding for a variety of reasons, such as program start up, service sustainability, service access, and availability.

Crisis Line

CICS has a contracted monthly fee with Foundation 2 for answering and managing the CICS Crisis Line. In March 2018 mobile crisis response team calls began to be dispatched by Foundation 2 through the crisis line. A total of 621 crisis line calls were received in FY18, this is an 85% increase from FY17. In November 2017 Foundation 2 began reporting data for all crisis lines answered by Foundation 2 with calls originating from individuals in the CICS region; total calls received from within the CICS region were 1,032.

The tables to follow include information from all of the crisis lines answered by Foundation 2 in the CICS region, including the CICS Crisis Line.

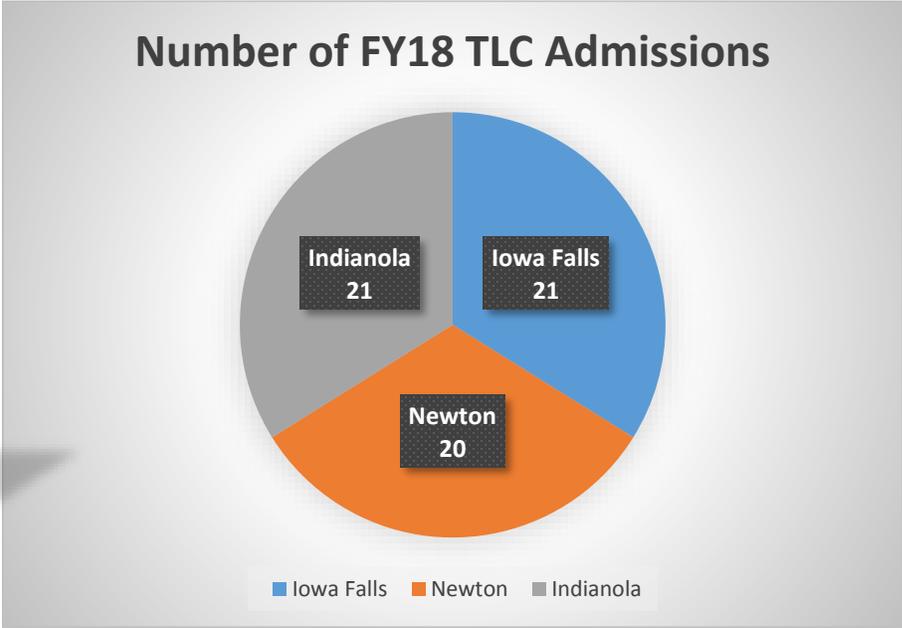


Transitional Living Centers

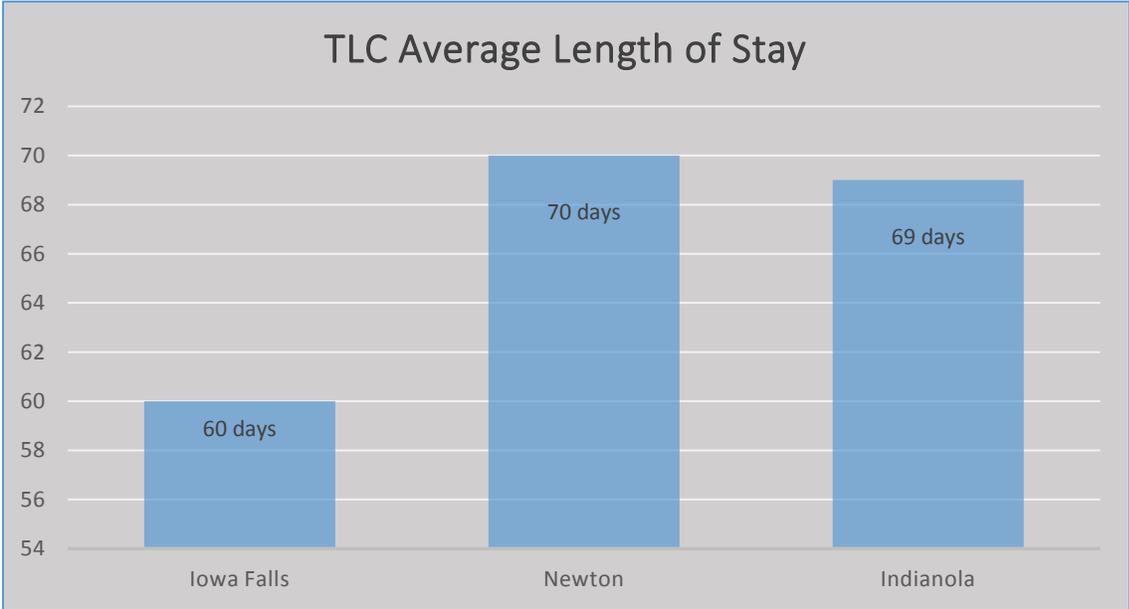
Through a Request for Proposal process in FY18, CICS worked to add a fourth Transitional Living Center (TLC) to be located in the CICS region. CICS provided one time start-up costs to Center Associates for TLC development in Marshalltown with the opening of the TLC occurring in FY19. CICS has three other TLCs located in the communities of Indianola, Iowa Falls, and Newton. CICS funds these four TLCs at a monthly contracted rate. Throughout FY18 CICS collaborated with Story County and Mary Greeley Medical Center for Crisis Stabilization-Transitional Living Center (CS-TLC) services to be provided at a new location in Ames. CICS is providing funding

for remodel expenses to the building the services will be provided in as well as one-time startup funding for the CS-TLC services. TLCs provide a safe environment where clients are supported in creating a plan to transition to stable affordable housing, seek employment, and connect with benefits and community resources. Clients may stay up to three months at a TLC while they are working to complete the steps necessary to reach the goals identified in their transition plan. Local Service Coordinators collaborate with the client and team of providers weekly to monitor progress towards independence.

The chart (right) displays the number of individuals accessing TLC services in FY18. CICS funded 61 different individuals at the three TLC locations. One individual was there for two stays for a total of 62 admissions into the TLCs in FY18.



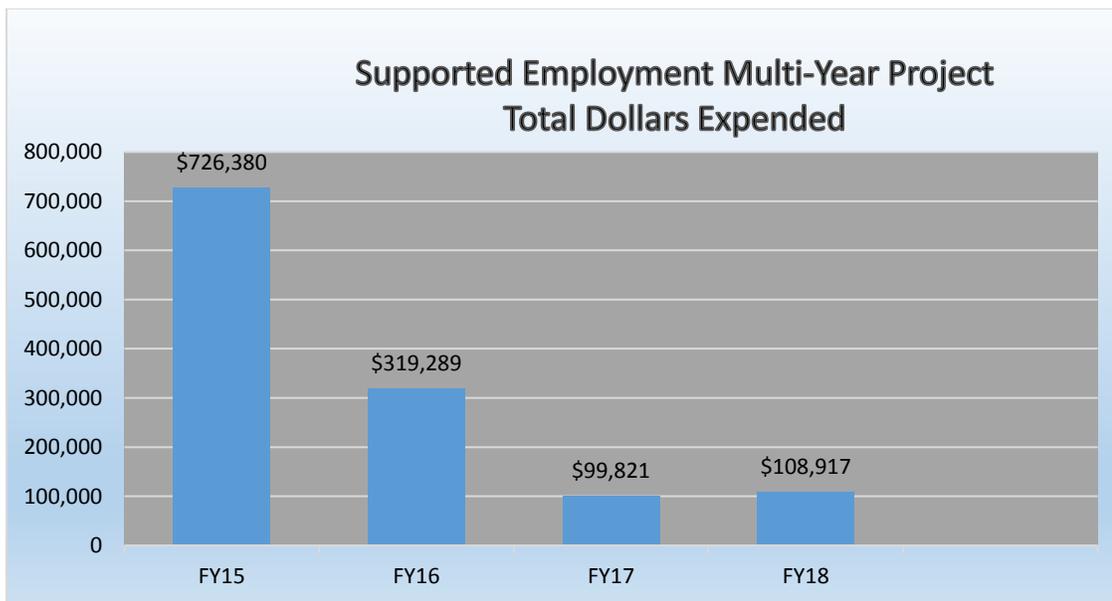
Average length of stay for all three TLCs combined is 66 days per admission.



Supported Employment Project

The fourth and final year of the Supported Employment Project focused on provider sustainability. The dollars spent from the beginning of the project declined as providers worked toward sustainability with available funding mechanisms such as Medicaid, Iowa Vocational Rehabilitation Services (IVRS), and regional funding for those who did not qualify for Medicaid or IVRS funding. In year three and four of the project CICS implemented fee for service reimbursement to providers for supported employment services. A quarterly analysis was completed and if a provider's revenue did not equal their expenditures for the quarter, the provider could be paid an access fee up to a per capita amount identified in each provider contract. If a quarterly deficit occurred, the provider and CICS staff worked together to develop a sustainability plan.

Progress Industries identified the supported employment services they were providing in Story County were not sustainable, and they provided notice to close their Supported Employment office in Story County toward the end of FY18. CICS provided expansion funding to Optima Life Services to expand their existing supported employment services in Story County. Genesis Development also expanded their supported employment services and received expansion funding for FY19.



The chart (left) displays dollars expended each fiscal year of the Supported Employment Project.

CICS is engaged in an Individual Placement and Supports (IPS) pilot project with NIVC Services, Inc. and two other MHDS Regions. In FY18 regional funding was provided to two consultants to provide IPS training and program development with agencies participating in the pilot project. In FY19 CICS is funding a monthly contracted amount with NIVC Services, Inc. to provide IPS services in the CICS region.

Drop-In Centers

CICS has moved toward funding drop-in centers at a monthly contracted amount based on each drop-in center's service budget. CICS allocates costs to members served when possible. Funding drop-in centers in this manner helps to ensure sustainability of the drop-in centers as the service is not billable to Medicaid.

Other Community Living Support Services (transportation, basic needs, rent subsidy, payee, guardianship, SOAR)

In addition to increased funding in Core Plus services as shown in the FY16-FY18 Expenditure Comparison chart on page 15, CICS has significantly increased funding of Other Community Living Support with the development of Transitional Living Center services, Services Management growth, and funding of the services discussed below.

Transportation: CICS contracts with Central Iowa Juvenile Detention Center (CIJDC) for transportation services. CIJDC assists with Civil Mental Health Commitment transports when requested by the Sheriff's Office. This offers the ability for law enforcement to be able to more expediently return to other duties. CIJDC also assists with voluntary transports to and from Hope Wellness Center, voluntary hospitalization and discharge needs, as well as other transportation needs receiving prior funding authorization by CICS. In addition, CICS contracts with public transit providers and other providers for transportation services. CICS continues to explore additional ways to expand transportation service options.

Basic Needs: CICS contracts with providers for basic material needs assistance. This assistance allows a provider to receive reimbursement from CICS for the purchase of an item on behalf of a client that does not fall under the traditional array of service funding offered by CICS. Providers have been able to pay for items such as clothing and car repairs which assist the client in being able to address immediate needs.

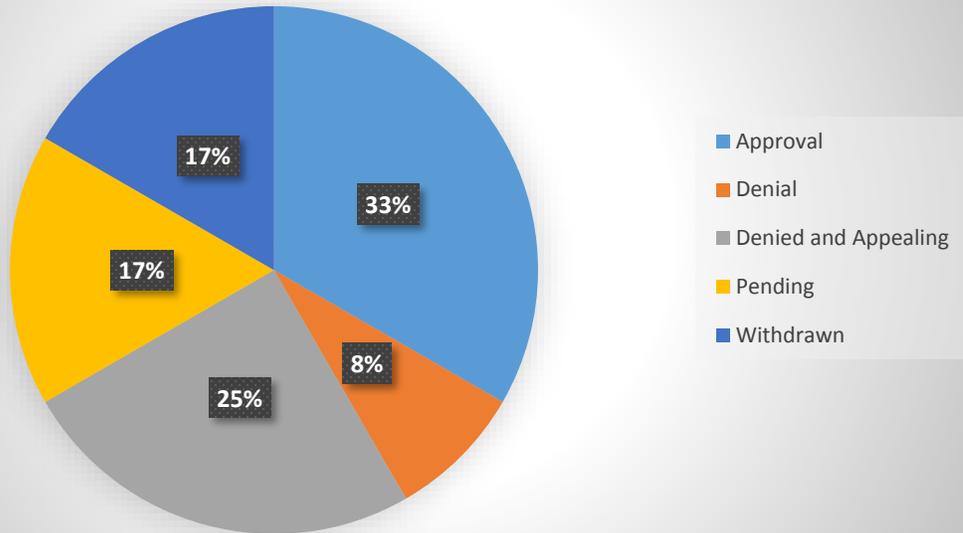
Rent Subsidy: CICS offers time limited assistance with rent and utilities. Toward the end of FY18, CICS was working to finalize revisions to the housing assistance policies. Rent and utility assistance can be helpful when individuals are going through the application process for SSI/SSDI benefits and/or seeking employment.

Representative Payee: CICS contracts with providers for funding of representative payee services.

Guardianship: Service Coordination staff can assist individuals in obtaining information regarding guardianship options. CICS contracts with Legal Aid Society of Story County and will work with other legal representatives for legal services where an individual may obtain representation in a guardianship case.

SOAR: Service Coordination staff trained in the SSI/SSDI Outreach, Access, and Recovery (SOAR) Program completed 12 SOAR applications with individuals for approval of SSI/SSDI benefits during FY18. The below table provides the results of those applications. The average length from time of application filing to initial award letter was 154 days in FY18 and 122 days in FY17. It is taking 26% longer to get an approval than the previous fiscal year. This may be due to where the individuals are at with the application process when SOAR is initiated. If individuals are already in the appeal procedure, they may be approved more quickly. In FY18 additional Service Coordination staff were trained in SOAR.

SOAR Application Results



The chart (left) shows 33% of SOAR applications completed by CICS Service Coordinators in FY18 were approved; 17% are pending a decision; 8% were denied; 25% were denied and being appealed; and 17% were withdrawn.

Collaboration

The following section describes regional collaborative efforts with others.

Regional Collaboration with Department of Human Services (DHS) and Medical Assistance Program

The CEO Collaborative meets with DHS monthly to discuss relevant topics and initiatives. CICS CEO, Jody Eaton, participated in the Complex Needs workgroup gathered by DHS and Iowa Department of Public Health (IDPH) to develop legislative recommendations on improvements to the MHDS system in serving individuals with complex needs.

Regional Collaboration with Managed Care Organizations (MCOs), Community Organizations

The CEO Collaborative meets with MCOs every other month to discuss important topics and current initiatives. CICS signed a Memorandum of Understanding (MOU) with UnitedHealthcare and Amerigroup. The purpose of the MOUs is to define the roles and responsibilities of both parties in the area of member care coordination and provider network management.

In the IPS project, CICS is working in collaboration with the following organizations: Amerigroup MCO, Iowa Association of Community Providers, Iowa Coalition for Integration and Employment, Iowa Department of Human Rights, Iowa Department of Human Services, Iowa Department for the Blind, Iowa Division of Vocational Rehabilitation Services, Iowa Medicaid Enterprise, Northwest Iowa Cares Connection MHDS Region, Sioux Rivers MHDS Region, UnitedHealthcare MCO, and the University of Iowa.

CICS staff continue to participate in the Iowa Therapeutic Alternatives to Incarceration Coalition (ITAIC). ITAIC provides opportunity for providers, law enforcement, MCOs, and other interested individuals to meet on a quarterly basis and work toward the common goal of ITAIC's mission statement, "Supporting the development of therapeutic alternatives to incarceration in Iowa communities." Several CICS counties have signed the Stepping Up Initiative and participated in the Stepping Up Summit held in FY18.

Regional Collaboration with Providers, Stakeholders, and Regions

Quality Service Development, Delivery & Assessment—(QSDA)

MHDS regions believe it is important to create a standardized approach to the development of outcomes and Evidence Based Practices. Regions formed the Quality Service Development, Delivery and Assessment (QSDA) Committee for this purpose. Membership in QSDA includes representation from MHDS regions, providers, Managed Care Organizations (MCOs), DHS, and individuals familiar with the service delivery system. John Grush and Annie Koch with CICS serve on the Executive QSDA Committee.

Advisory Board Meetings:

The CICS Regional Advisory Board is an advisory stakeholders group that provides for broad representation. The Board consists of two members from each county and two Governing Board Directors. One member is a provider and one member is an individual who utilizes mental health and disability services or is an actively involved relative of such an individual. Two Directors from the Governing Board serve as ex-officio non-voting members. From the Regional Advisory Board, one provider and one individual with mental health and disability services, or an actively involved relative of such an individual, serve on the Governing Board as ex-officio non-voting Directors. The Regional Advisory Board met on four occasions during the fiscal year; the following is a summary of those meetings:

Meeting date: July 11, 2017. Member Participation: 2 clients, 3 family members, 8 providers, 3 regional staff members, 2 Governing Board members. Meeting content: Governing Board meeting updates, Election of Provider Representative for Governing Board, Senate File 504 Information, Request for Information for Family Transition Home, FY18 Contracting, Service Coordination Quarterly and Annual Report, Empowerment Conference, Agency Update/Information Sharing.

Meeting date: October 10, 2017. Member Participation: 2 clients, 1 family member, 4 providers, 3 regional staff members, 1 Governing Board member. Meeting content: Governing Board meeting updates, CICS Regional Planning Update, Request for Proposal for Mobile Crisis Response Team Services, FY17 Annual Reports for Service Coordination, Telehealth, and Crisis Line, Agency Update/Information Sharing.

Meeting date: January 9, 2018. Member Participation: 1 client, 2 family members, 6 providers, 3 regional staff, 1 Governing Board member. Meeting content: Election of Chair and Vice-Chair, Review of Bylaws for CICS Regional Advisory Board, Governing Board meeting updates, 2017 Advisory Board Report, CICS MHDS 2017 Annual Report, CICS Community Services Plan, CICS Strategic Plan 2017-2020, Service Coordination Report, Agency Update/Information Sharing.

Meeting date: April 10, 2018. Member Participation: 2 clients, 4 family members, 4 providers, 3 regional staff members, 2 Governing Board members. Meeting content: Discussion and Consideration of Revised CICS Regional Advisory Board Bylaws, Governing Board meeting updates, Discussion and Consideration of Revised CICS Management Plan Policies and Procedures, CICS FY19 Annual Service and Budget Plan, Quality Service Development, Delivery and Assessment (QSDA), HF 2456 Legislation, Service Coordination Quarterly Report, Agency Update/Information Sharing.

Provider Meetings:

CICS is working in partnership with agencies in the CICS region including Transitional Living Center services and Jail Diversion services to standardize application processes, service delivery, and information/data tracking for outcomes.

CEO Collaborative meetings:

The Regional CEOs meet on a monthly basis to discuss and resolve statewide issues. Members are appointed to taskforce groups to meet with representatives from MCOs on topics such as funding for Crisis Services, solutions for individuals who are difficult to serve, and outcomes project. The CEO Collaborative is also in the process of identifying regional niches and strategies moving forward. Jody Eaton services as Chair of the CEO Collaborative.

Mental Health and Disabilities Services Commission:

CICS attends monthly meetings of the MHDS Commission; Jody Eaton serves on the MHDS Commission. The MHDS Commission reviewed updates to the CICS Management Plan and recommended approval to the Department of Human Services.

Iowa Developmental Disabilities Council (DD Council):

The DD Council advocates for the development of services and supports for Iowans with developmental disabilities. Russell Wood is a member of this council.

Iowa Community Services Association (ICSA) meetings:

The ICSA Board of Directors represent county Community Services offices for the purpose of promoting progressive county government administration. Russell Wood served as Board Chair for FY18.

Legislative Review Committee:

The purpose of the Legislative Review Committee is to make recommendations on priorities for legislative action and to review legislation in regard to the effect on counties. Russell Wood serves as Chair of this Committee.

Iowa Counties Technology Services (ICTS) Advisory Committee (formerly CSN-ETC):

Jill Eaton is a member of this committee.

Regional Collaborations:

In the latter part of FY18 CICS entered into an Independent Contractor Agreement with Karen Walters Crammond with identified focus areas involving but not limited to: value-based purchasing, braided funding models, and connectivity for information/data sharing. Karen is collaborating on the behalf of CICS with various partners.

As mentioned earlier CICS partnered with Sioux Rivers and Northwest Iowa Care Connections for the IPS pilot project.

Local Collaborations:

CICS encourages collaboration through local MHDS Advisory Boards, other social services agencies, and law enforcement entities including:

- Homeless Coordinating Boards
- Local Providers
- AEA Transition Advisory Board
- DHS Transition Committees

- Department of Correctional Services Advisory Board
- Case Management/Health Home Agencies
- Mental Health Interdisciplinary Team
- Mental Health Task Force
- Criminal Justice Task Force
- Opioid Task Force
- Human Services Providers
- ASSET – Analysis of Social Services Evaluation Team
- Public Health Departments
- Public Libraries
- Ministerial Association
- City Councils
- Local Hospitals
- Public Schools
- Public and Private Colleges
- Learning Community
- Wellness Coalition
- Regional Housing Association
- Transportation Boards
- Sheriff Offices, County Jails, and community Law Enforcement Agencies

With the close of FY18 and the onset of FY19, CICS looks forward to the enhancement and development of further core, additional core, and other services, as well as our continued partnerships locally, regionally, and statewide. With the addition of Greene County in FY19, CICS will be focused on embracing Greene County, building relationships, and delivering services supported by CICS. Please visit our website www.cicsmhds.org for updates on service development and activities occurring within CICS.

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