

Central Iowa Community Services Region FY19 Annual Report



CICS

Supporting Individuals. Strengthening Communities.

SUBMITTED
11/26/19

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

Approved by CICS Governing Board: 11/21/19

Reviewed by CICS Adult Advisory Committee: 11/25/19

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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. The annual report is a component of the Management Plan which includes three parts: Annual Service and Budget Plan, Annual Report, and Policies and Procedures Manual in compliance with Iowa Administrative Code 441.25.

Greene County joined CICS effective July 1, 2018 bringing the region to 11 counties in total. Madison County was the Fiscal Agent for CICS through June 30, 2019 with Story County then assuming the Fiscal Agent responsibilities July 1, 2019.

The FY19 Annual Report covers the period of July 1, 2018 to June 30, 2019. The annual report includes documentation of the services provided, individuals served, documentation of designated intensive mental health services, and the costs associated with regional obligations as well as regional outcomes and/or accomplishments for the year.

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 FY19 are:

Chad Behn – Boone County
Mike Nolte – Franklin County
Dawn Rudolph – Greene County
Doug Bailey – Hamilton County
BJ Hoffman – Hardin County
Joe Brock – Jasper County (ended 12/31/18)
Brandon Talsma – Jasper County (began 1/1/19)
Phil Clifton – Madison County
Bill Patten – Marshall County
Diana Dawley – Poweshiek County
Marty Chitty – Story County (ended 12/31/18)
Linda Murken – Story County (began 1/1/19 and ended 6/19)
Lisa Heddens – Story County (began 6/19)
Dean Yordi – Warren County (ended 12/31/18)
Aaron DeKock – Warren County (began 1/1/19)
Wendie Cooper – Ex-officio, non-voting Director
Terry Johnson – Ex-officio, non-voting Director

The CICS Adult Advisory Committee members for FY19 are:

Tim Rogers, Mary Nelson, Chad Huddleston (ended 12/18), Brandon Greenfield (began 1/19), Tim Bedford, Sherry Becker, Wendie Cooper, Jennifer Ellis, Al Fagerlund, Anne Vance, Grace Sivadge, Terry Johnson, Jessica McNeer (ended 12/18), Julie Gibson, Jim Paprocki, Jr. (ended 12/18), Robert Sproule (began 1/19), Marion

Kresse (began 1/19), Shan Sasser, Linda Romero, Kirsten Klepfer, Cassie Fowler (began 1/19), and Governing Board ex-officio non-voting members Diana Dawley and Doug Bailey.

The CICS annual report provides an opportunity to reflect on the past year's accomplishments. FY19 brought about changes with additional requirements of regions to implement Intensive Crisis Services and Intensive Residential Services. Planning for these additional services while maintaining our current level of service has been our focus this year.

CICS strives to meet core access standards through innovative means to insure sustainability through the use of both Medicaid and Regional funding. We continue to address the shortage of mental health professionals by utilizing telepsychiatry in our local Emergency Departments and jails among other innovations. However, statewide we continue to face a workforce shortage including professionals, paraprofessionals, and direct support workers, which are essential for building a quality MHDS system.

The annual report conveys 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 outcomes of these programs.

It has been an exciting year for CICS as we experience the results of our program implementations. We look forward to our continued collaborations with providers and our community partners.

A. Services Provided and Individuals Served

This section includes:

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

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

MI – Mental Illness

A – Adult

DD – Developmental Disability

C – Child

ID – Intellectual Disability

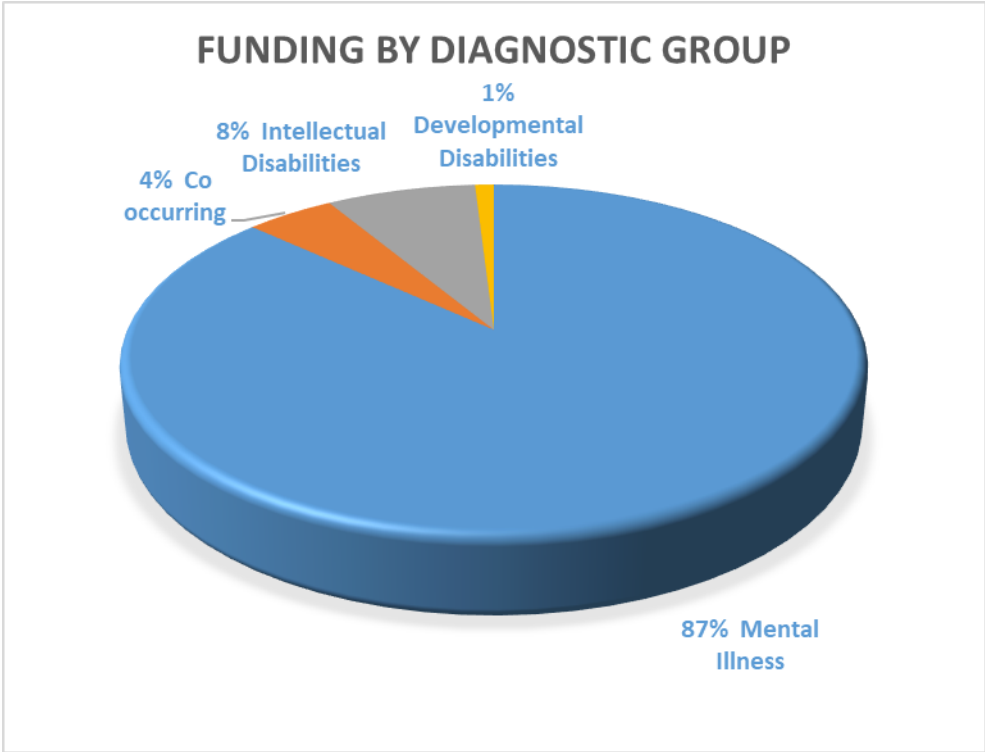
BI – Brain Injury

FY 2019 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	105	7	1									113

Community Living Support Services													
22XXX	Services management	2543	181	101	6	65	5	3					2904
31XXX	Transportation	201	35	10		29							275
32326	Support Services - Guardian/Conservator	1		1									2
32327	Support Services - Representative Payee	36		6		3							45
33340	Basic Needs - Rent Payments	202	3	2		2							209
33345	Basic Needs - Ongoing Rent Subsidy	1											1
33399	Basic Needs - Other	100		1		1							102
41306	Physiological Treatment - Prescription Medicine/Vaccines	41											41
42310	Psychotherapeutic Treatment - Transitional Living Program	103	2										105
42396	Psychotherapeutic Treatment - Community Support Programs	8											8
42399	Psychotherapeutic Treatment - Other	4											4
63329	Comm Based Settings (1-5 Bed) - Supported Community Living	2											2
	Community Living Support Services Subtotals:	3242	221	121	6	100	5	3					3698
Congregate Services													
64XXX	RCF-6 and over beds	63		2									65
	Congregate Services Subtotals:	63		2									65
Administration													
Uncategorized													
Regional Totals:		6367	409	655	7	206	6	12					7662

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

Disability Group	Children	Adult	Unduplicated Total
Mental Illness	221	2932	3153
Mental Illness, Intellectual Disabilities	0	101	101
Mental Illness, Intellectual Disabilities, Other Developmental Disabilities	0	6	6
Mental Illness, Other Developmental Disabilities	1	47	48
Mental Illness, Brain Injury	0	5	5
Intellectual Disabilities	7	272	279
Intellectual Disabilities, Other Developmental Disabilities	0	6	6
Other Developmental Disabilities	4	31	35
Brain Injury	0	3	3
Total	233	3403	3636



The chart (left) shows funding for residents in the Mental Illness disability group account for 87% of those funded, while residents in the Intellectual Disability group account for 8%. The remaining are residents with Developmental Disabilities, Co-Occurring Disorders, and Brain Injury.

B. Regionally Designated Intensive Mental Health Services

CICS is in the process of developing an Access Center Network which would encompass all the required services for an Access Center. Assertive Community Treatment (ACT) services are provided by Eyerly Ball Community Mental Health Services and Berryhill Center. CICS has accessed Subacute services in another region and is in the initial planning stages for developing these services within the CICS region. CICS is downsizing Transitional Living Center capacity and planning for development of Intensive Residential Services. The intent of CICS is to designate the Intensive Mental Health Services prior to July 1, 2021.

C. Financials

Table C. Expenditures

FY 2019 Accrual	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	\$ 41,903.62	\$ 173.60				\$ 42,077.22
42306	Medication prescribing & management	\$ 35,278.10					\$ 35,278.10
43301	Assessment & evaluation	\$ 90.59					\$ 90.59
71319	Mental health inpatient therapy-MHI	\$ 275,123.91					\$ 275,123.91
73319	Mental health inpatient therapy	\$ 4,173.30					\$ 4,173.30
	Crisis Services						
32322	Personal emergency response system						\$ 0.00
44301	Crisis evaluation	\$ 864,252.48					\$ 864,252.48
44302	23 hour crisis observation & holding	\$ 90,681.43					\$ 90,681.43
44305	24 hour access to crisis response						\$ 0.00
44307	Mobile response	\$ 799,418.88					\$ 799,418.88
44312	Crisis Stabilization community-based services						\$ 0.00
44313	Crisis Stabilization residential services	\$ 354,144.24					\$ 354,144.24
44396	Access Centers: start-up / sustainability						\$ 0.00
	Support for Community Living						
32320	Home health aide						\$ 0.00
32325	Respite		\$ 4,268.77	\$ 3,145.62			\$ 7,414.39
32328	Home & vehicle modifications						\$ 0.00
32329	Supported community living	\$ 688,486.77	\$ 195,698.74	\$ 155,518.42	\$ 7,204.93		\$ 1,046,908.86
42329	Intensive residential services						\$ 0.00
	Support for Employment						
50362	Prevocational services	\$ 305.70	\$ 7,756.46	\$ 9,835.74			\$ 17,897.90
50364	Job development						\$ 0.00
50367	Day habilitation	\$ 47,783.02	\$ 47,020.16	\$ 102,078.52	\$ 37,052.91		\$ 233,934.61
50368	Supported employment	\$ 108,168.21	\$ 20,008.87	\$ 44,523.04			\$ 172,700.12
50369	Group Supported employment-enclave	\$ 7,349.19	\$ 1,036.07	\$ 13,125.19			\$ 21,510.45
	Recovery Services						
45323	Family support	\$ 25,000.08					\$ 25,000.08
45366	Peer support	\$ 4,771.71					\$ 4,771.71
	Service Coordination						
21375	Case management						\$ 0.00
24376	Health homes	\$ 280.39					\$ 280.39
	Sub-Acute Services						
63309	Subacute services-1-5 beds						\$ 0.00
64309	Subacute services-6 and over beds	\$ 360.19					\$ 360.19

	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	\$ 3,492.26					\$ 3,492.26
32396	Supported housing						\$ 0.00
42398	Assertive community treatment (ACT)	\$ 56,350.38					\$ 56,350.38
45373	Family psychoeducation						\$ 0.00
	Core Domains Total	\$3,407,414.45	\$ 275,962.67	\$ 328,226.53	\$ 44,257.84		\$ 4,055,861.49
Mandated Services							
46319	Oakdale	\$ 9,975.36					\$ 9,975.36
72319	State resource centers						\$ 0.00
74XXX	Commitment related (except 301)	\$ 345,303.45	\$ 72.50				\$ 345,375.95
75XXX	Mental health advocate	\$ 160,848.92					\$ 160,848.92
	Mandated Services Total	\$ 516,127.73	\$ 72.50	\$ 0.00	\$ 0.00		\$ 516,200.23
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services	\$ 583,488.83					\$ 583,488.83
44346	24 hour crisis line**	\$ 121,812.00					\$ 121,812.00
44366	Warm line**	\$ 7,046.07					\$ 7,046.07
46305	Mental health services in jails	\$ 187,003.15					\$ 187,003.15
46399	Justice system-involved services-other	\$ 21,033.20					\$ 21,033.20
46422	Crisis prevention training	\$ 13,748.69					\$ 13,748.69
46425	Mental health court related costs						\$ 0.00
74301	Civil commitment prescreening evaluation						\$ 0.00
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	\$ 427,611.31	\$ 122,339.33	\$ 20,144.25	\$ 905.61		\$ 571,000.50
42397	Psychiatric rehabilitation (IPR)	\$ 49,033.33					\$ 49,033.33
	Additional Core Domains Total	\$1,410,776.58	\$ 122,339.33	\$ 20,144.25	\$ 905.61		\$ 1,554,165.77
Other Informational Services							
03371	Information & referral						\$ 0.00
04372	Planning and/or Consultation (client related)						\$ 0.00
04377	Provider Incentive Payment						\$ 0.00
04399	Consultation Other						\$ 0.00
04429	Planning and Management Consultants (non-client related)	\$ 2,439.38	\$ 14,535.73				\$ 16,975.11
05373	Public education	\$ 125,531.67	\$ 146.06				\$ 125,677.73
	Other Informational Services Total	\$ 127,971.05	\$ 14,681.79	\$ 0.00	\$ 0.00		\$ 142,652.84
Community Living Supports							
06399	Academic services						\$ 0.00
22XXX	Services management	\$1,281,915.48	\$ 41,414.09	\$ 35,487.01	\$ 1,355.90		\$ 1,360,172.48
23376	Crisis care coordination						\$ 0.00
23399	Crisis care coordination other						\$ 0.00
24399	Health home other						\$ 0.00
31XXX	Transportation	\$ 143,472.71	\$ 26,671.72	\$ 49,254.06	\$ 11,032.75		\$ 230,431.24
32321	Chore services						\$ 0.00

32326	Guardian/conservator	\$ 237.60	\$ 132.00				\$ 369.60
32327	Representative payee	\$ 13,023.10	\$ 1,287.80	\$ 602.40			\$ 14,913.30
32335	CDAC						\$ 0.00
32399	Other support						\$ 0.00
33330	Mobile meals						\$ 0.00
33340	Rent payments (time limited)	\$ 153,028.60	\$ 820.00	\$ 973.38			\$ 154,821.98
33345	Ongoing rent subsidy	\$ 938.71					\$ 938.71
33399	Other basic needs	\$ 51,795.40	\$ 337.61	\$ 131.61			\$ 52,264.62
41305	Physiological outpatient treatment						\$ 0.00
41306	Prescription meds	\$ 7,960.73					\$ 7,960.73
41307	In-home nursing						\$ 0.00
41308	Health supplies						\$ 0.00
41399	Other physiological treatment						\$ 0.00
42309	Partial hospitalization						\$ 0.00
42310	Transitional living program	\$1,577,105.50					\$ 1,577,105.50
42363	Day treatment						\$ 0.00
42396	Community support programs	\$ 6,810.85					\$ 6,810.85
42399	Other psychotherapeutic treatment	\$ 126.00					\$ 126.00
43399	Other non-crisis evaluation						\$ 0.00
44304	Emergency care						\$ 0.00
44399	Other crisis services						\$ 0.00
45399	Other family & peer support						\$ 0.00
46306	Psychiatric medications in jail						\$ 0.00
50361	Vocational skills training						\$ 0.00
50365	Supported education						\$ 0.00
50399	Other vocational & day services						\$ 0.00
63XXX	RCF 1-5 beds (63314, 63315 & 63316)						\$ 0.00
63XXX	ICF 1-5 beds (63317 & 63318)						\$ 0.00
63329	SCL 1-5 beds						\$ 0.00
63399	Other 1-5 beds						\$ 0.00
	Community Living Supports	\$3,236,414.68	\$ 70,663.22	\$ 86,448.46	\$ 12,388.65		\$ 3,405,915.01
Other Congregate Services							
50360	Work services (work activity/sheltered work)						\$ 0.00
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 886,272.30	\$ 19,495.54				\$ 905,767.84
64XXX	ICF 6 and over beds (64317 & 64318)						\$ 0.00
64329	SCL 6 and over beds						\$ 0.00
64399	Other 6 and over beds						\$ 0.00
	Other Congregate Services Total	\$ 886,272.30	\$ 19,495.54	\$ 0.00	\$ 0.00		\$ 905,767.84
Administration							
11XXX	Direct Administration					\$1,354,534.35	\$ 1,354,534.35
12XXX	Purchased Administration					\$ 147,470.21	\$ 147,470.21
	Administration Total					\$1,502,004.56	\$ 1,502,004.56

	Regional Totals	\$9,584,976.79	\$ 503,215.05	\$ 434,819.24	\$ 57,552.10	\$1,502,004.56	\$ 12,082,567.74
(45XX-XXX)County Provided Case Management							\$ 0.00
(46XX-XXX)County Provided Services							\$ 0.00
	Regional Grand Total						\$ 12,082,567.74
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						\$ 5,065,048.21
14951	MHDS fiscal agent reimbursement to MHDS regional member county						\$ 250,000.00

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

Central Iowa Community Services (CICS) Expenditures for 2019

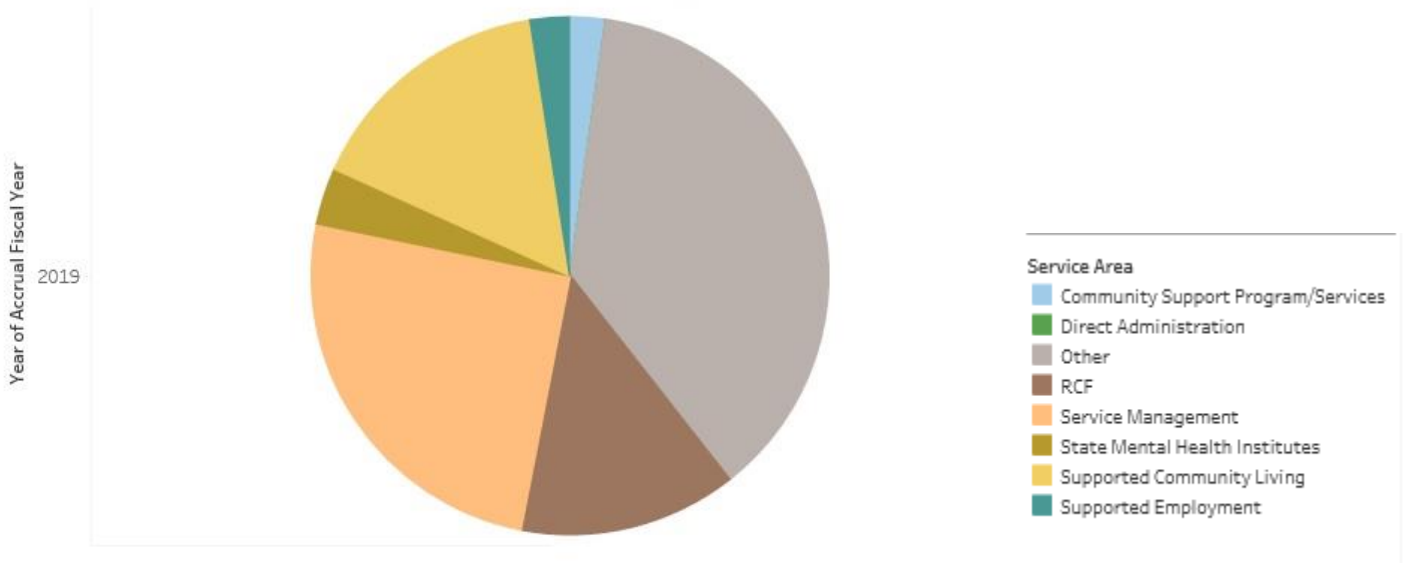


Table D. Revenues

FY 2019 Accrual	CICS MHDS Region		
Revenues			
	FY18 Annual Report Ending Fund Balance		\$ 17,928,281
	Adjustment to 6/30/18 Fund Balance*		\$ (224,734)
	Audited Ending Fund Balance as of 6/30/18 (Beginning FY19)		\$ 17,703,547
	Local/Regional Funds		\$ 7,259,118
10XX	Property Tax Levied	6,874,594	
12XX	Other County Taxes	8,370	
16XX	Utility Tax Replacement Excise Taxes	207,507	
25XX	Other Governmental Revenues	-	
4XXX- 5XXX	Charges for Services	-	
5310	Client Fees	-	
60XX	Interest	155,846	
6XXX	Use of Money & Property	-	
8XXX	Miscellaneous	12,801	
9040	Other Budgetary Funds (Polk Only)	-	
	State Funds		\$ 532,403
21XX	State Tax Credits	360,159	
22XX	Other State Replacement Credits	164,258	
2250	MHDS Equalization	-	
24XX	State/Federal pass thru Revenue	-	
2644	MHDS Allowed Growth // State Gen. Funds	6,966	
29XX	Payment in Lieu of taxes	1,020	
	Federal Funds		\$ -
2344	Social services block grant	-	
2345	Medicaid	-	
	Other	-	
	Total Revenues		\$ 7,791,521

Total Funds Available for FY19	\$ 25,495,068
FY19 Actual Regional Expenditures	\$ 12,082,568
Accrual Fund Balance as of 6/30/19	\$ 13,412,500

*The Adjustment to 6/30/18 Fund Balance noted on the Revenue Table was due to expenditures not captured by CSN and accrual adjustments which were identified in the FY18 Audit.

Table E. County Levies

County	2016 Est. Pop.	Regional Per Capita	FY19 Max Levy	FY19 Actual Levy	Actual Levy Per Capita
Boone	26,532	35.50	941,886	589010	22.20
Franklin	10,170	35.50	361,035	229476	22.56
Greene	9,011	35.50	319,891	200044	22.20
Hamilton	15,076	35.50	535,198	334687	22.20
Hardin	17,226	35.50	611,523	382417	22.20
Jasper	36,708	35.50	1,303,134	814918	22.20
Madison	15,848	35.50	562,604	351826	22.20
Marshall	40,312	35.50	1,431,076	894926	22.20
Poweshiek	18,533	35.50	657,922	411433	22.20
Story	97,090	35.50	3,446,695	2155398	22.20
Warren	49,691	35.50	1,764,031	1103126	22.20
Total CICS Region	336,197		11,934,994	7,467,261	22.21

To address the regional ending funding balance, CICS member counties have levied less than the regional per capita maximum of \$35.50.

D. Outcomes/Regional Accomplishments in FY19

This section includes:

- Service progress and availability of Core, Additional Core, and Other Informational Services
- Region Program Outcomes
- Other Community Living Support Services
- Statewide Outcomes
- Regional Collaboration with Providers, Stakeholders, and Regions

Service Progress and Availability of Core, Additional Core, and Other Informational Services

Core Services

Treatment

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. CICS has implemented a Licensed Independent Social Worker (LISW) incentive policy for onboarding and access for providers that hire or increase LISW hours in service areas of the region that have an identified need. CICS has also provided funding for therapy services when a LISW is not available to see an individual with Medicare Insurance and the individual meets CICS funding eligibility criteria.

Medication Prescribing & Management: CICS continues to work to ensure this service is available throughout the CICS region. CICS has implemented a Psychiatric Prescriber incentive policy for onboarding and access for providers that hire or expand existing psychiatric prescriber services in service areas of the region that have an identified need.

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

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.

Crisis Services

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 FY19, ITP was operational in the following ten hospital emergency rooms located in the counties identified:

- Boone - Boone County Hospital
- Franklin - Franklin General Hospital
- Greene - Greene County Medical Center
- Hamilton - Van Diest Medical Center
- Jasper – MercyOne Newton Medical Center
- Madison - Madison County Health Care Center
- Hardin - Hansen Family Hospital
- Marshall - UnityPoint Health - Marshalltown
- Poweshiek - Grinnell Regional Medical
- Story - Story County Medical Center

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

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

Mobile Response: Eyerly Ball Community Mental Health Services provides this service throughout the CICS region serving children and adults. 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.

Crisis Stabilization Community Based Services: CICS continues to research and explore development options for this service which may include utilizing mobile crisis response services to fulfill this need.

Crisis Stabilization Residential Services: Mary Greeley Medical Center began providing crisis stabilization services at a new location in the CICS region. The program has received provisional accreditation and will be undergoing a full accreditation review. CICS 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.

Access Centers start-up/sustainability: In FY19 CICS held community conversation meetings with stakeholders to discuss Access Center models; through these conversations stakeholders expressed interest for the development of an Access Center Network. CICS has engaged consultation services with Eyerly Ball Community Mental Health Services to assist in conceptualization of an Access Center Network.

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.

Intensive Residential Services: CICS is in planning stages for this service.

Support for Employment

Prevocational Services: Service options are available in CICS.

Day Habilitation: Service options are available in CICS.

Job Development, Supported Employment: Service options are available in each county in the CICS region. CICS is in a supported employment pilot project with NIVC Services, Inc. for Individual Placement and Supports (IPS).

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.

Subacute Services

Subacute services 1-5 beds and 6 and over: CICS is in the early planning stages for this service to be developed within the CICS region. CICS has accessed subacute services available in another region.

Core Evidence Based Treatment

Education and Training Services – provider competency: CICS offers training in Trauma Informed Care and Cultural Competency to providers. CICS provided funding for a therapist with Achieve Mental Health, Inc. to receive Eye Movement Desensitization and Reprocessing (EMDR) training. Community Mental Health Center (CMHC) Federal Block Grant funding has been used for Eyerly Ball Community Mental Health Services staff to become trained facilitators for Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid (MHFA), Youth Mental Health First Aid, and Question, Persuade, and Refer (QPR). Eyerly Ball is providing these trainings at no cost to community members. The CMHC Federal block grant dollars have also been used by CMHCs for evidence based training and therapy practices including: EMDR, NAVIGATE (RESTORE), Motivational Interviewing, Systems Training for Emotional Predictability and Problem Solving (STEPPS), cognitive behavioral therapy, play therapy, and wellness recovery action plan (WRAP).

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 through Berryhill Center and in Story and Boone counties through Eyerly Ball Community Mental Health Services. CICS continues to explore 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. An additional NAMI Family Support group with two trained facilitators was started in Hardin County in FY19.

Additional Core Services

Justice Involved Services

Coordination Services: Jail diversion intensive case management services have been implemented in all CICS counties.

24 hour Crisis Line: The 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. In FY20 CICS will be looking at transitioning to the statewide crisis line.

Warm Line: Abbe Center for Community Mental Health, Inc. provides warm line services throughout the CICS region.

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 is also available with contracted providers for intensive psychiatric rehabilitation, therapy evaluations, individual and group therapy for individuals with a mental health or co-occurring substance use diagnosis. Service Coordination staff are available to each jail to assist with referrals for telepsychiatry, therapy services, jail diversion services, and other services/resource supports.

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

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 two CIT trainings in FY19. 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 was part of a collaborative effort in Story County led by the Story County Attorney’s Office to develop Mental Health Court. The project has been discontinued due to the Supreme Court of Iowa’s moratorium on Specialty Courts. Should the moratorium be lifted CICS is open to collaborating with justice systems for Mental Health Court.

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

Additional Core Evidence Based Treatment

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. NAMI CI moved to a new location in Story County and CICS funded a lift to be used in lieu of stairs as needed for individuals. Franklin County Community Services opened a drop-in center in Franklin County as Franklin County Service Center discontinued providing this service in FY19. CICS contracted with Central Iowa Recovery (CIR) for development of a drop-in center in Warren County scheduled to open in FY20. CICS is providing funding for remodeling costs for a building owned by Hamilton County. CIR is contracted with CICS to open a drop-in center in this building in FY20. CICS contracted with Capstone Behavioral Health Services in FY20 to open a drop-in center in Jasper County that offers expanded services. CICS next is planning for future development of drop-in centers in Madison and Greene counties.

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.

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.

Planning and Management Consultants (non-client related): In FY19 and FY20 CICS contracted with Achieve Mental Health, Inc. for consultation services provided to the Iowa Falls Schools. In FY20 CICS also contracted with Classroom Clinic for consultation services provided to the Greene County Community School District.

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 and other providers 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 partners with Eyerly Ball Community Mental Health Services to co-facilitate Adult MHFA. In FY19 a total of 247 individuals were trained in Adult Mental Health First Aid and 170 individuals were trained in Juvenile Mental Health First Aid.

C3 De-Escalation training has been a pilot project for seven regions in the State of Iowa. Patti Treibel Leeds and Annie Koch are level 2 trainers and have been utilized to support new trainers as they are learning to facilitate the training on their own. A total of 443 individuals were trained in C3 De-Escalation through CICS trainings in FY19.

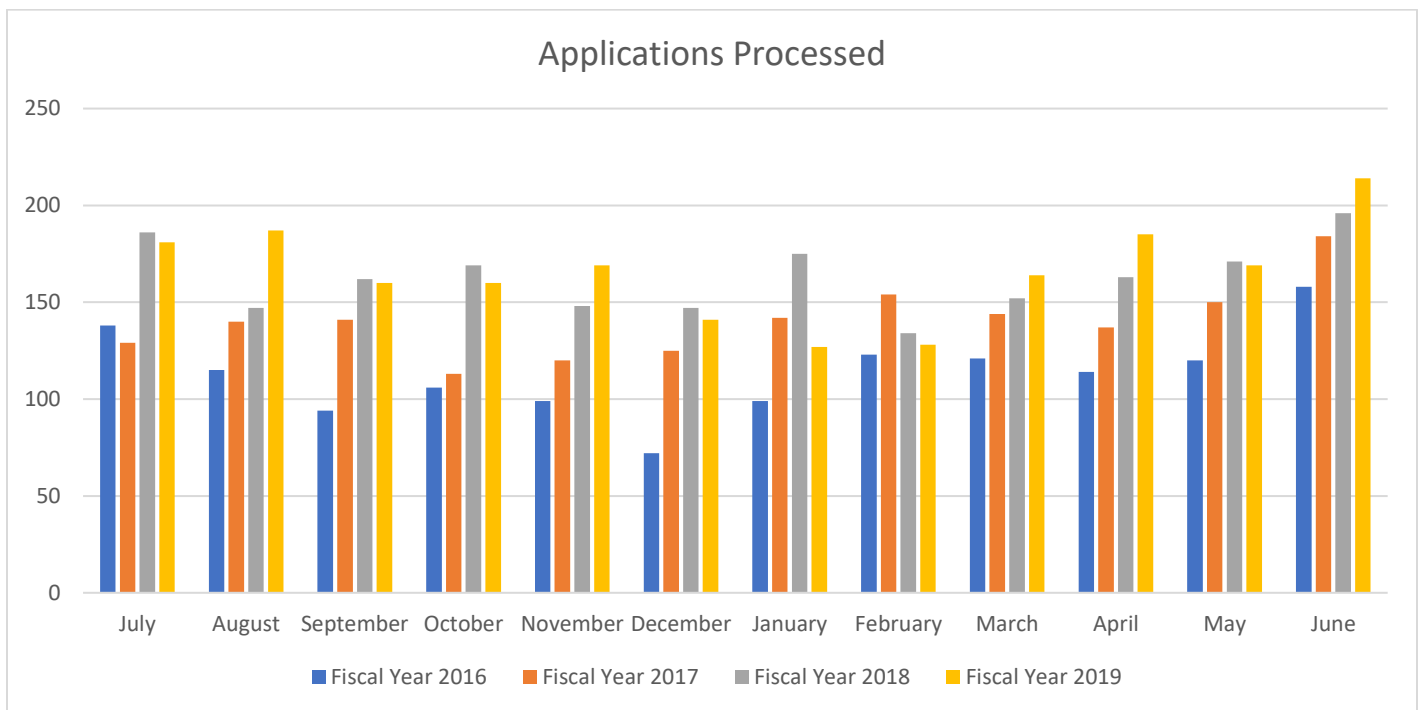
Region Program Outcomes

The following section provides information on:

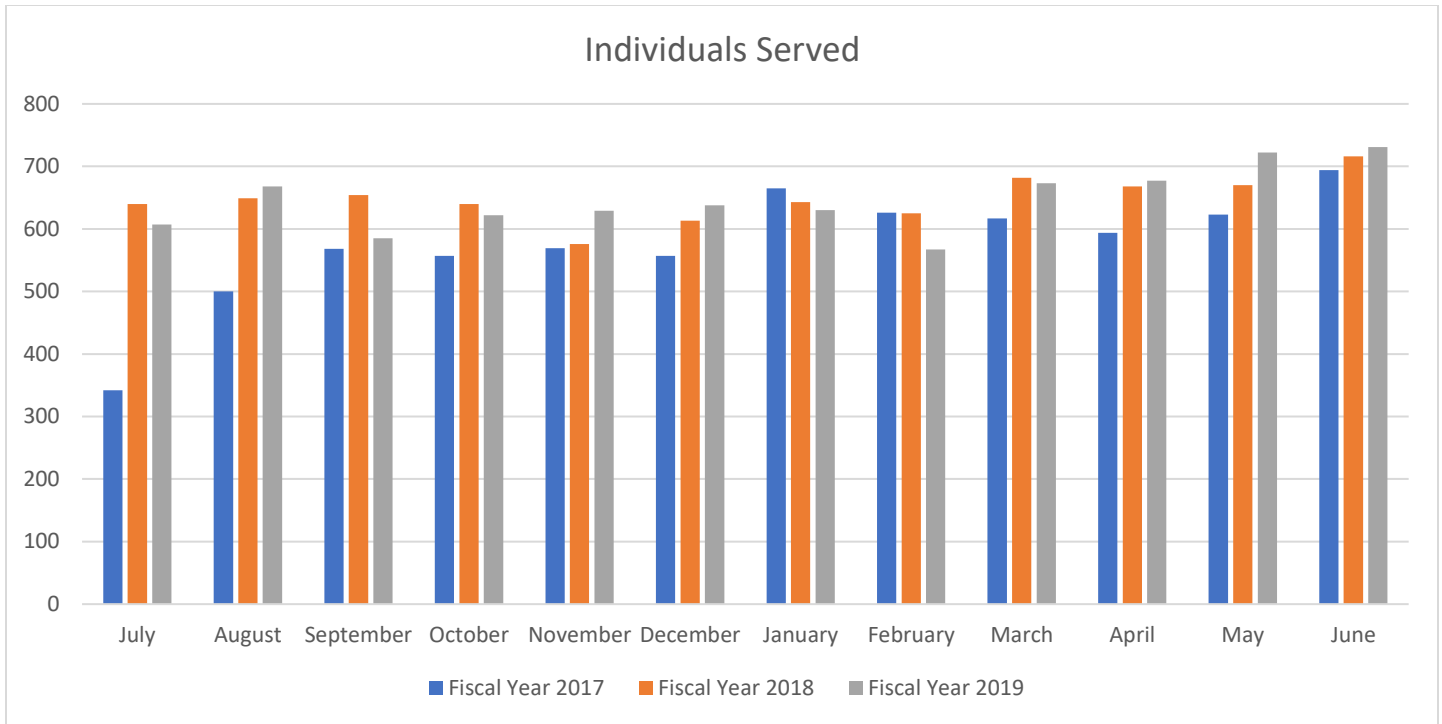
- *Service Coordination*
- *Medicaid Waiting List funding*
- *Special Project Grant funding*

Service Coordination

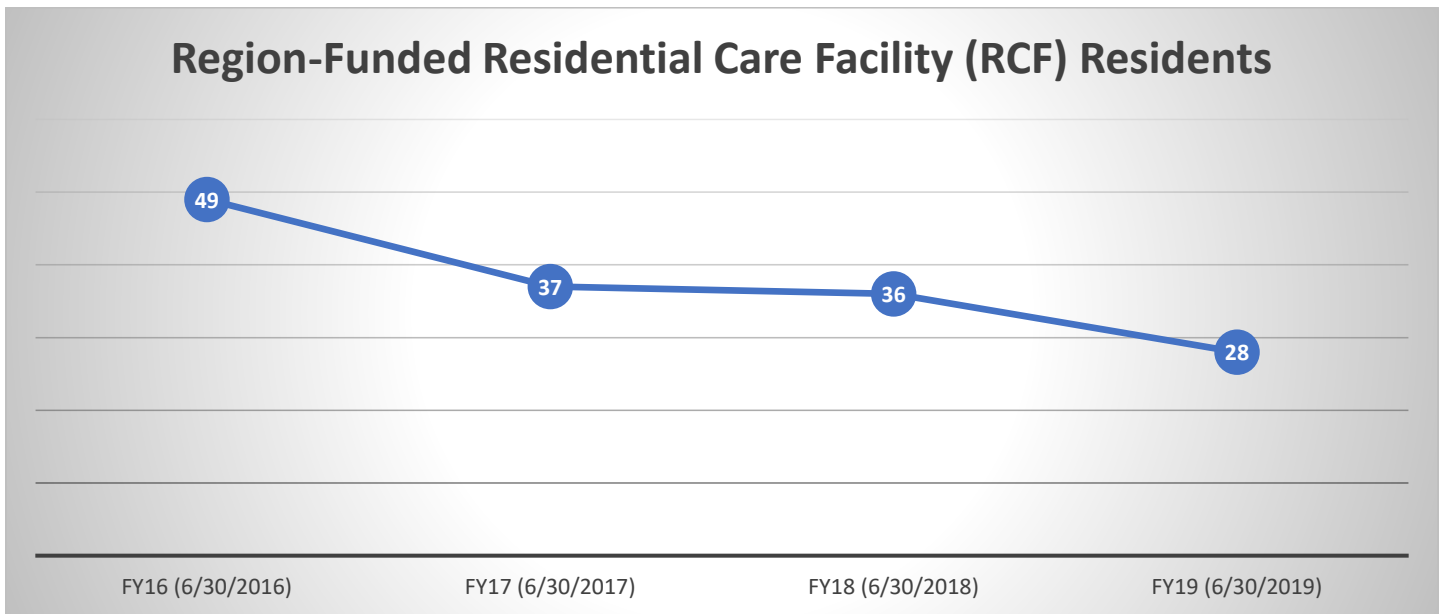
CICS is staffed with two Service Coordination Officers, local Service Coordination staff in each county, and two Service Coordination Specialists. Service coordination is essential in connecting individuals with mental health and developmental disabilities and/or co-occurring diagnoses to resources, services, and supports. The number of applications received stabilized between FY18 with 1,950 applications to FY19 with 1,985 applications.



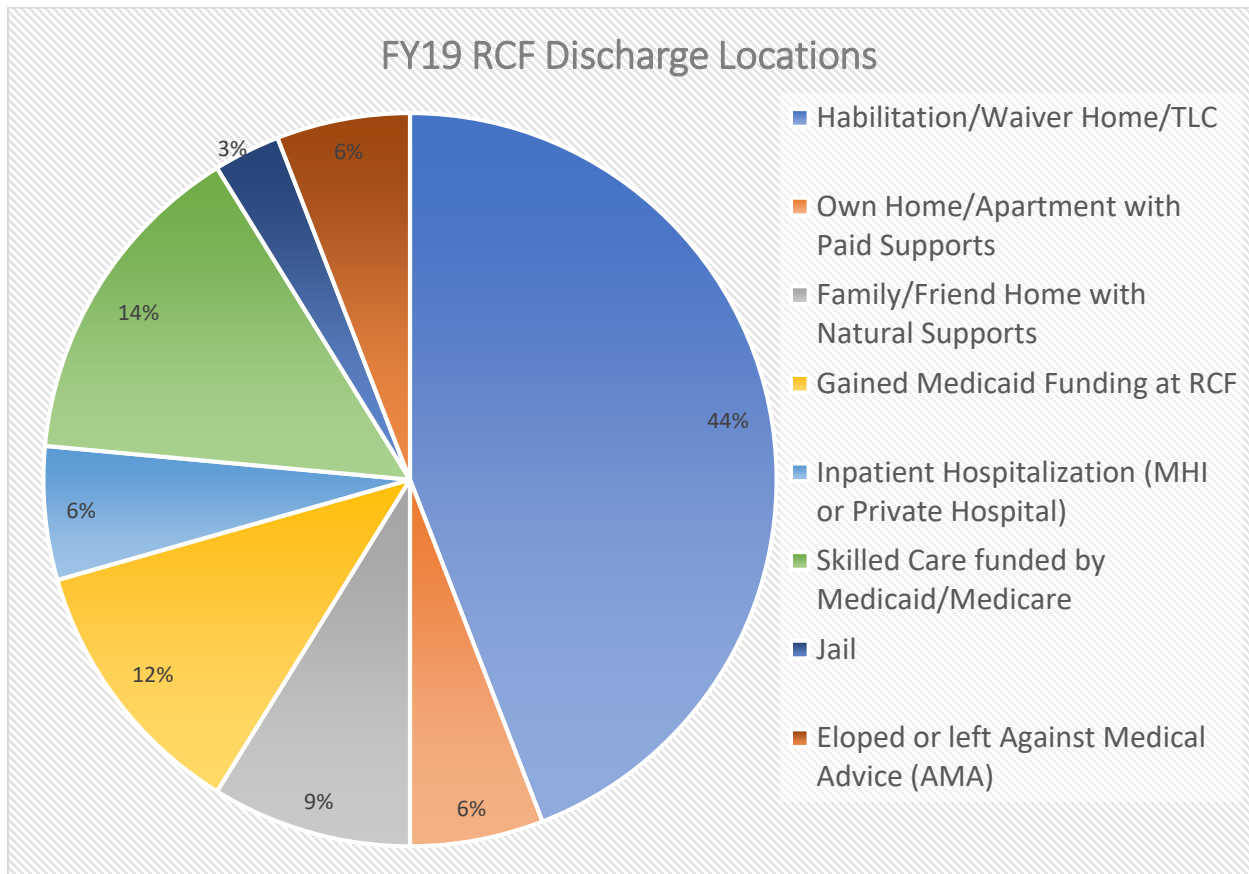
The number of individuals truly served by service coordination is much greater than the number of applications received and processed. Since FY17 CICS has been tracking how many individuals Service Coordinators are providing service to each month. This service includes process of applications, contact with clients, collateral contact with provider agencies, contact with family members and other interested parties, email correspondence regarding clients, and other activities on behalf of those being served. In FY19, CICS served an average of 647 individuals each month, which was the exact same monthly average as FY18.



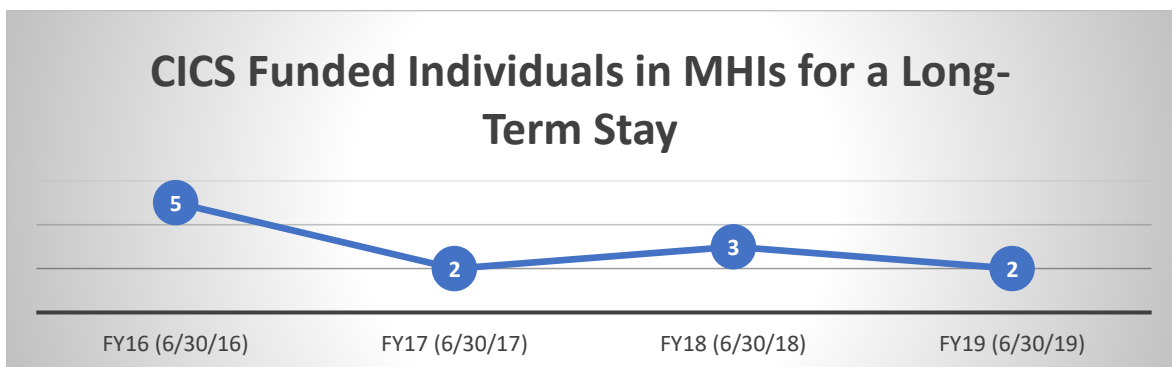
Service Coordination Specialists focus on assisting individuals with transitioning from Residential Care Facilities (RCFs) and Mental Health Institutes (MHIs) to residing in appropriate community-based services. During FY19, CICS reduced the number of individuals in RCFs from 36 to 28. During the time from the hire of the Specialist positions in 2016 to the end of FY19, the number of individuals living in RCFs has reduced from 49 to 28, a 44% reduction.



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 FY19, CICS saw a slight reduction in individuals at the Mental Health Institutes (MHIs) back to two at the end of FY19 compared to three at the end of FY18. 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 a slight decrease, we did have seven discharges from the MHIs during FY19. Many of those leaving the MHIs are moving into RCFs for continued stabilization (6), while others are moving directly into community-based services (1).



CICS utilizes 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, the Inventory for Client and Agency Planning (ICAP) assessment tool for individuals with Intellectual Disabilities (ID) and Development Disabilities (DD) is used. The two service coordination specialist positions assess individuals when RCF, Transitional Living Center (TLC), or ongoing regionally funded services are requested. In FY19, 263 assessments were completed in contrast to 211 assessments in FY18.

Medicaid Waiting List Funding

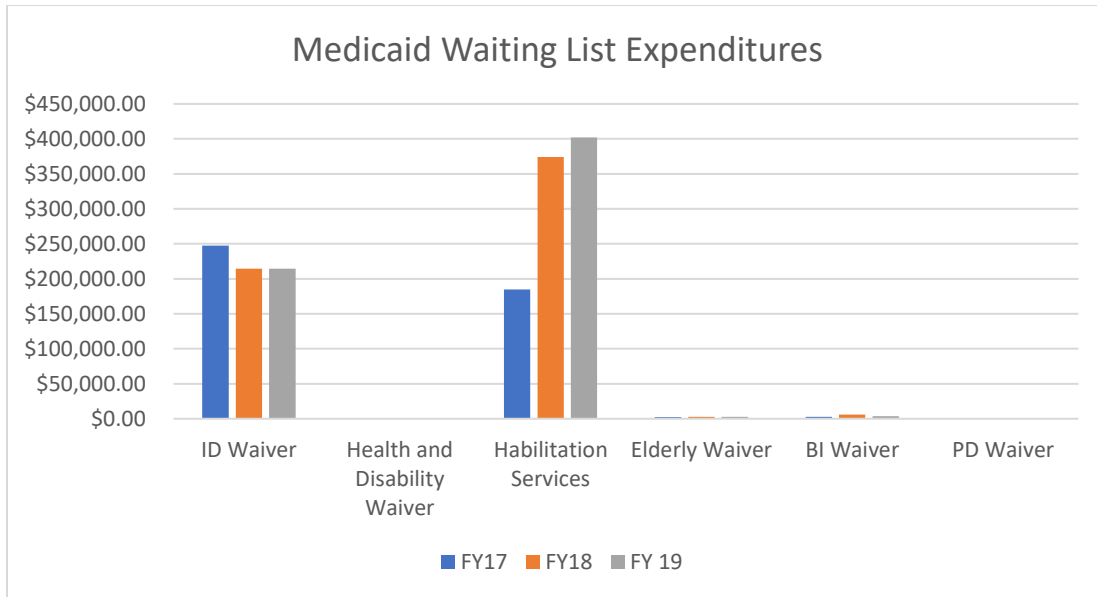
During fiscal year 2017, CICS began tracking Medicaid gap funding provided by CICS. CICS funded 121 individuals in FY19 who were waiting for Medicaid waiver funding. This is compared to 128 in FY18 and 114 in FY17. According to the Iowa Code, Regions are not required to fund individuals that are on a Medicaid waiting list. However, CICS implemented a policy that states the region would fund minimum necessary services for individuals while they are waiting for Medicaid funding.

CICS funded services totaling \$624,567.51 for individuals on a Medicaid waiting list in FY19. In FY18 the total expenditures were \$597,152.37, compared to \$438,238.66 in FY17. This is approximately a 5% increase from FY18 to FY19, compared to the significant increase between FY17 and FY18 of 36%.

The funding streams individuals are waiting for may include Intellectual Disability (ID) Waiver, Health and Disability (H&D) Waiver, Habilitation Services, Elderly Waiver, Physical Disability (PD) and Brain Injury (BI) Waiver. The below tables reflect expenditure information by funding type for individuals waiting for Medicaid program eligibility.

Medicaid Waiting List Information

Waiver	FY19		FY18	
	Individuals Funded	Amount Paid	Individuals Funded	Amount Paid
BI Waiver	2	\$3,481.77	3	\$5,754.13
Elderly Waiver	4	\$2,932.71	3	\$2,828.79
Habilitation Services	89	\$401,965.39	103	\$373,915.53
ID Waiver	23	\$214,324.74	19	\$214,653.92
H&D Waiver	2	\$1,069.06	0	\$0
PD Waiver	1	\$793.84	0	\$0
Total	121	\$624,567.51	128	\$597,152.37



The below table reflects the services and dollars expended in FY19 and FY18 for individuals waiting for Medicaid program eligibility.

Service	FY19 Dollars Expended	FY19 Percentage of Total	FY18 Dollars Expended	FY18 Percentage of Total
Supported Community Living (Hourly & Daily)	\$502,031.64	80.4%	\$302,683.55	50.7%
Day Habilitation	\$39,970.92	6.4%	\$67,487.04	11.3%
Employment Services	\$38,871.36	6.2%	\$28,289.53	4.7%
RCF and RCF/PMI	\$28,523.97	4.6%	\$162,056.54	27.1%
Other	\$7,301.43	1.2%	\$23,236.39	3.9%
Transportation	\$7,868.19	1.3%	\$13,399.32	2.2%

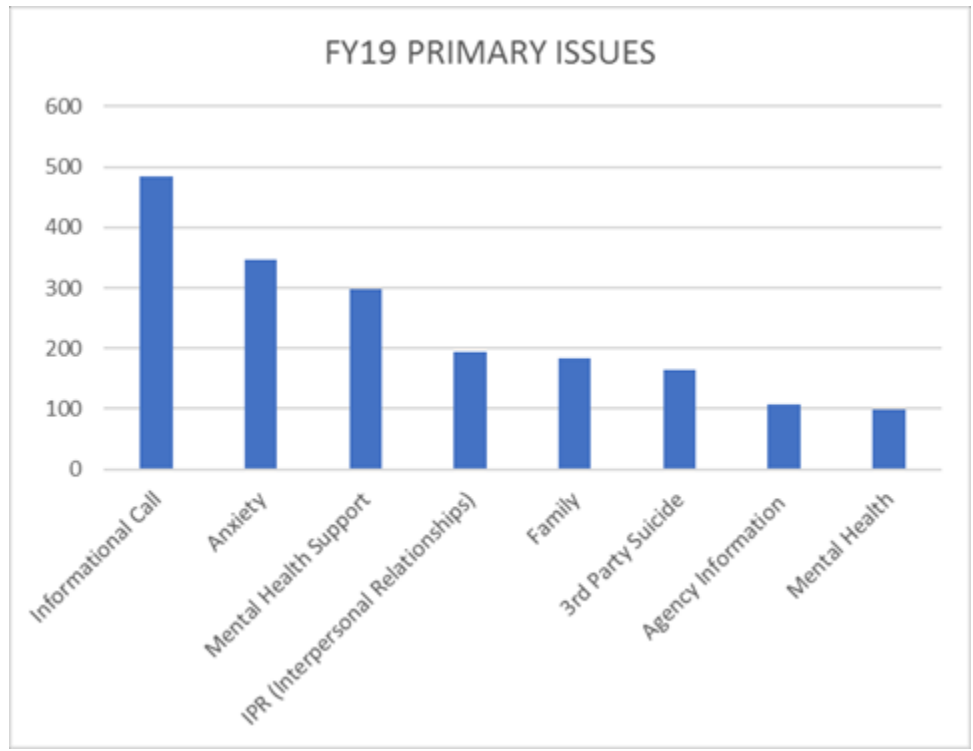
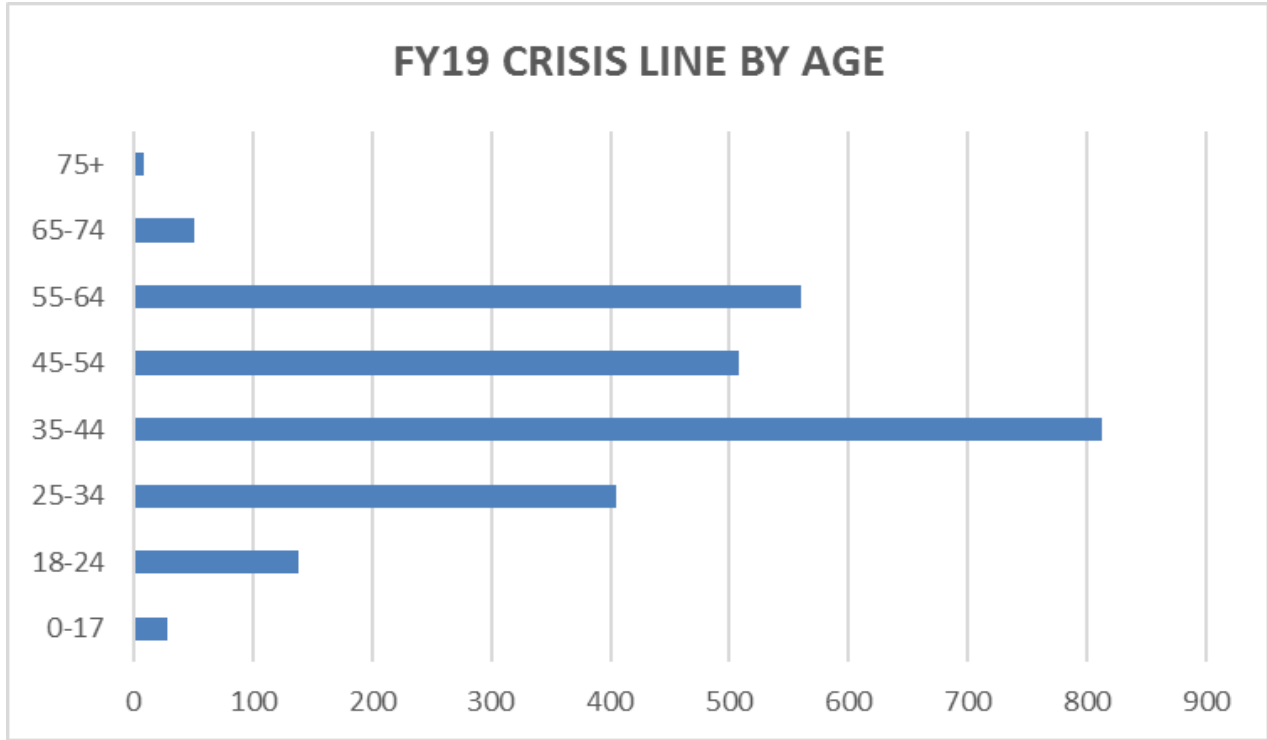
Special Project Grants

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 pays a contracted monthly fee with Foundation 2 for answering and managing the CICS Crisis Line, which also includes dispatch of mobile response services. A total of 2,512 crisis line calls were received in FY19. The number of calls to the crisis line has increased each year the line has been active with a 305% increase from FY18 to FY19.

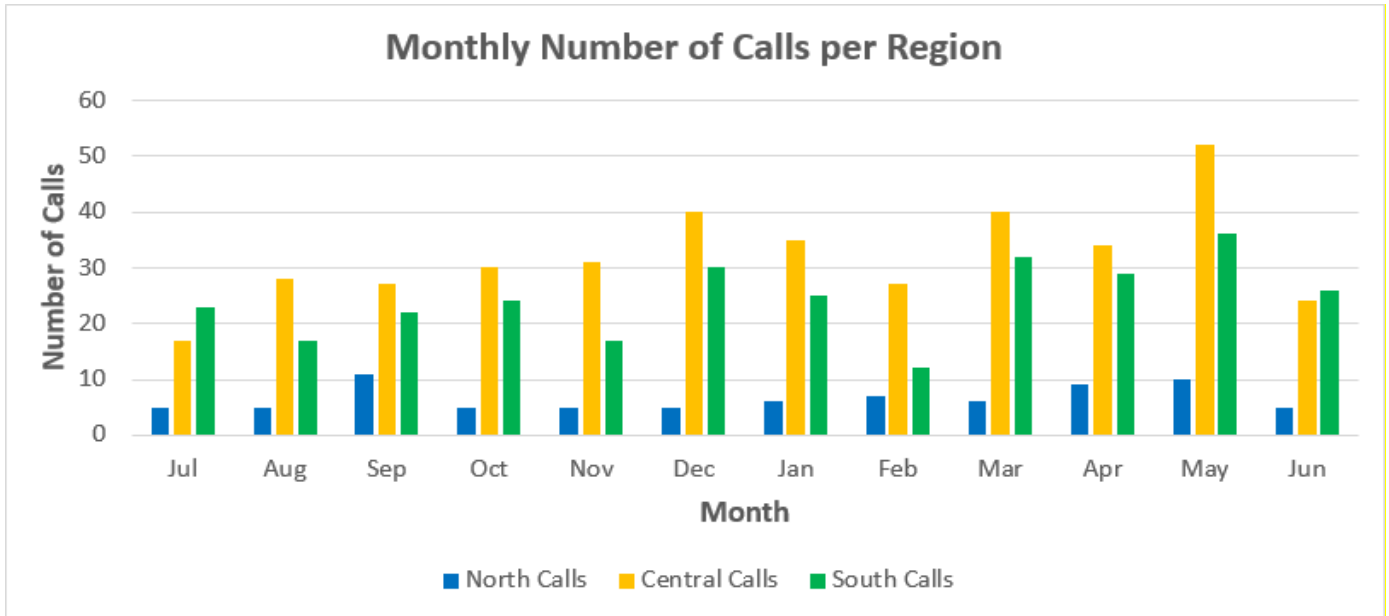
The following tables reflect CICS crisis line usage by age and the top eight primary topics/needs of callers.



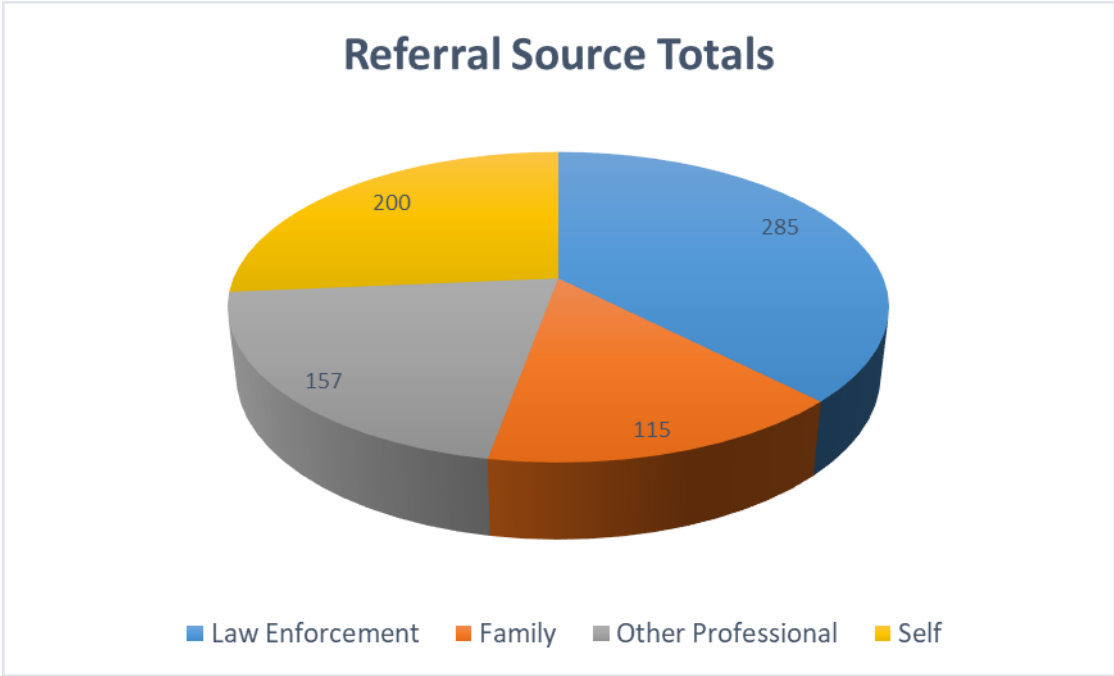
The highest volume of calls is when a caller is seeking information and no counseling is provided; the next highest volume of calls is for anxiety; and then mental health support for callers who have long-term mental health needs and use the crisis line as a supplemental support system to maintain stability.

Mobile Crisis Response

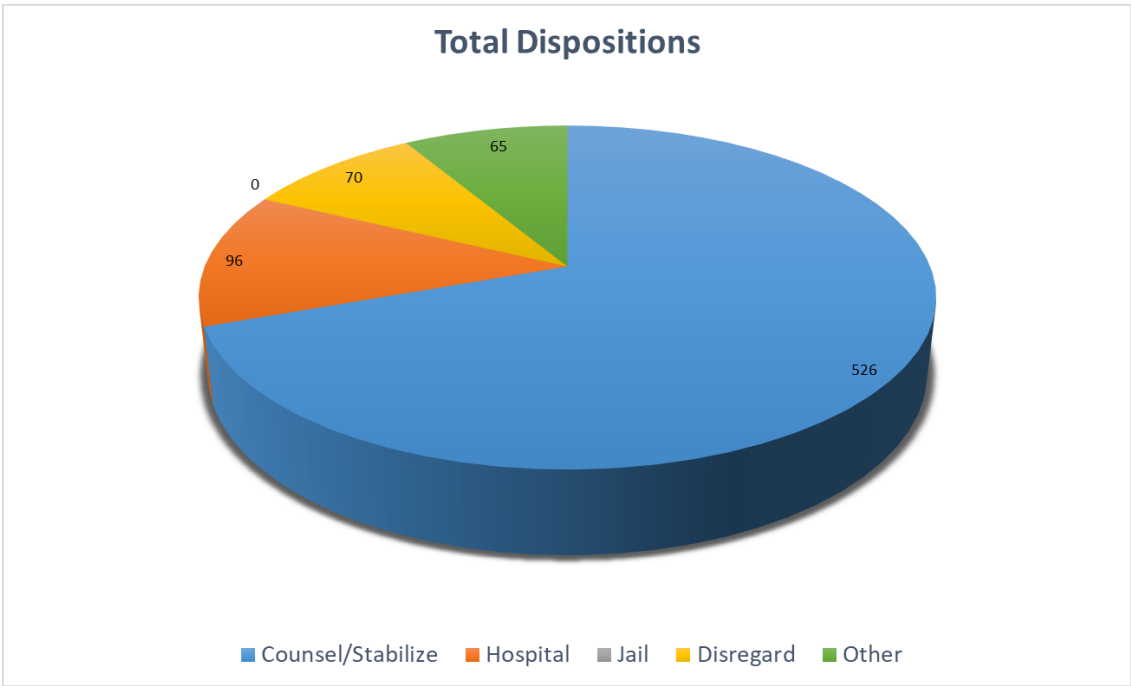
Mobile Crisis Response services were implemented in March 2018 in the southern tier of the CICS region with the services fully implemented and available in all 11 counties by July 1, 2018. In FY19 Eyerly Ball Community Mental Health Services received 757 calls for dispatch of mobile response services. Due to the geographic area, Mobile Response teams are grouped by service areas: North team covers Franklin, Hamilton, Hardin counties; Central team covers Greene, Boone, Story, and Marshall counties; and Southern team covers Madison, Warren, Jasper, and Poweshiek counties. The following chart shows the calls by month during FY19, with the number of calls ranging from 45 to 98 per month.



Anyone is able to call the CICS Crisis Line and request Mobile Response Services. Of the total 757 calls, 38% were from law enforcement, 26% were self-referral, 21% from mental health professionals, and 15% from family members.



For FY19, 69% of the calls resulted in the individual being stabilized and remaining in their home, 13% of calls individuals were hospitalized, 9% resulted in mobile response being cancelled prior to the team’s arrival, 9% had other outcomes including phone de-escalation, and 0% resulted in jail.



Transitional Living Centers (TLCs)

In October 2018 Mary Greeley Medical Center opened a new crisis stabilization-transitional living center (CS-TLC) in Ames through a partnership with Story County and CICS. This service is funded by fee-for-service. CICS also held contracts to block grant fund four other providers for TLC services. During FY19 CICS completed a review of the TLC service and is working with providers to transition this service to Medicaid funding when possible while continuing to meet the needs of individuals served.

The TLC Program is intended to be a 30 to 90-day program, depending on the needs of the individual served. Year-to-date, the average time spent at the TLCs is 55 days, compared to 65 days in FY18. Providers have reported in the instances where individuals were at the TLC longer than 90 days, reasons most often were: waiting for Social Security or Disability benefits, past criminal charges interfering with next steps, or bad credit that made it difficult to rent an apartment.

In FY19, there were 105 admissions into the five TLCs. Three individuals were admitted into two different TLCs at separate times. At the end of FY19, 86 total individuals were discharged from the five TLCs and 19 individuals were still participating in the program at the end of the fiscal year. Thirty out of 86 individuals (35%) discharged into their own homes, 11 individuals (13%) discharged to homelessness, ten individuals (12%) discharged to habilitation homes, and ten individuals (12%) discharged to live with relatives.

Supported Employment Project

FY19 was the second year CICS engaged in an Individual Placement and Supports (IPS) pilot project with NIVC Services, Inc. and two other MHDS Regions. Twenty-four people were served through IPS in the Franklin and Hardin County area in FY19. Since December 2018, 16 people were placed into jobs in those two counties. The average length of time for an individual to secure employment was approximately 49 days.

Drop-In Centers

CICS is 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

In addition to Services Management and Transitional Living Center services, the following section describes other services funded by CICS.

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 crisis stabilization residential services, 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.

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.

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

Rent Subsidy: CICS offers time limited assistance with rent and utilities as well as longer term assistance for individuals receiving SCL services on a daily basis. Rent and utility assistance can be helpful when individuals are going through the application process for SSI/SSDI benefits and/or seeking employment.

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 who does not fall under the traditional array of service funding offered by CICS. Providers have been able to pay for items such as household needs, photo ID, phone cards, and employment related expenses which assist the client in being able to address immediate needs.

Statewide Outcomes

Quality Service Development, Delivery and Assessment Committee (QSDA)

During FY19, QSDA reported progress on the following goals:

- 1) Development of Urban/Rural Learning Community
- 2) Development of a Statewide Trauma Informed Care Trainer Network
- 3) Development of an Integrated Co-Occurring Practice Model
- 4) Continued Development of an inclusive and comprehensive Training and Outcome website
- 5) Support Utilization of Evidence-based, Research-based, Best and Promising Practices
- 6) Measure Effectiveness of Evidence Based Practices, Research based, Best and Promising Practices in the areas of Permanent Supportive Housing, Supported Employment, and Integrated Co-Occurring Disorders

The Social Determinants/Outcomes project was suspended effective 7/1/19 and the Outcomes and Training Committee, created by the CEOs, has assumed most of the functions of the Development and Delivery Work Group. As such, the full Committee is no longer meeting on a regular basis and QSDA functions are handled through the QSDA Executive Committee.

Regional Collaboration with Providers, Stakeholders, and Regions

The following section describes regional collaborative efforts with others.

Regional Collaboration with Department of Human Services (DHS) and Managed Care Organizations

The CEO Collaborative meets with DHS monthly to discuss relevant topics and initiatives. The CEO Collaborative also meets with MCOs every other month to discuss important topics and current initiatives.

In the IPS project, CICS worked 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 FY19.

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.

Adult Advisory Committee

The CICS Adult Advisory Committee is an advisory stakeholders group that provides for broad representation. The Committee 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. In FY19 one provider and one individual with mental health and disability services, or an actively involved relative of such an individual, served on the Governing Board as ex-officio non-voting Directors. The Adult Advisory Committee met on four occasions during the fiscal year; the following is a summary of those meetings:

Meeting date: July 10, 2018. Member Participation: 8 individuals who utilize mental health disability services or are actively involved relatives of such an individual, 6 providers, and 2 Governing Board members. Meeting content: election to CICS Governing Board of an individual who utilizes mental health and disability services or is an actively involved relative of such an individual, Governing Board meeting updates, Crisis Intervention Training information, ACT services information, Service Coordination report, agency update/information sharing.

Meeting date: October 9, 2018. Member Participation: 5 individuals who utilize mental health disability services or are actively involved relatives of such an individual, 7 providers, and 2 Governing Board members. Meeting content: Governing Board meeting updates, presentation on ID Action "Make your Mark" conference, Quality Assurance FY18 annual services summary, Cerro Gordo County request to join CICS region, Advisory Committee terms expiring, agency update/information sharing.

Meeting date: January 8, 2019. Member Participation: 7 individuals who utilize mental health disability services or are actively involved relatives of such an individual, 7 providers, and 2 Governing Board members. Meeting content: election of Chair and Vice-Chair, review of bylaws for CICS Adult Advisory Committee,

Governing Board meeting updates, 2018 Advisory Committee report, CICS MHDS 2018 Annual Report, Service Coordination report, regional legislative priorities, agency update/information sharing.

Meeting date: April 9, 2019. Member Participation: 5 individuals who utilize mental health disability services or are actively involved relatives of such an individual, 5 providers, and 1 Governing Board member. Meeting content: Governing Board meeting updates, review of recommended changes to CICS Adult Advisory Committee bylaws, FY20 Annual Service and Budget Plan, legislative updates, access center and intensive residential service home meeting information, Service Coordination report, agency update/information sharing.

Provider Meetings:

CICS met on a quarterly basis with transitional living center and jail diversion providers as well as met as needed with other various providers throughout FY19.

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 served as Chair of the CEO Collaborative.

Mental Health and Disabilities Services Commission:

CICS attends monthly meetings of the MHDS Commission; Jody Eaton and Russell Wood serve on the MHDS Commission.

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 FY19.

Legislative Review Committee:

The purpose of the Legislative Review Committee is to make recommendations on priorities for legislative action and to review legislation regarding the effect on counties. Russell Wood served 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:

As mentioned earlier, CICS partnered with Sioux Rivers and Northwest Iowa Care Connections for the IPS pilot project and also partnered with seven other regions for C3 De-Escalation training.

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
- Integrated 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
- Substance Use Task Force
- Transportation Boards
- Sheriff Offices, County Jails, and community Law Enforcement Agencies

Please visit the CICS website www.cicsmhds.org for updates on service development, contracted provider network, and activities occurring within CICS.

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