

Central Iowa Community Services Region FY20 Annual Report



CICS

Supporting Individuals. Strengthening Communities.

SUBMITTED 11/25/20

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

Approved by CICS Governing Board: 11/19/20

Reviewed by CICS Advisory Committees: 11/13/20

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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.

There were no changes in FY20 to the CICS member counties; Story County continues to be the Fiscal Agent for CICS. CICS developed a regional children's behavioral health advisory committee with representation across the CICS region, committee members began meeting in December 2019 and designated the two voting and one non-voting members to the CICS Governing Board effective February 2020. The adult advisory member representing an individual who utilizes mental health and disability services or is an actively involved relative of such an individual became a Governing Board voting member in February 2020.

Transition planning was completed during FY20 with three CICS Administrative team members indicating intent to retire in early FY21. Through employee attrition the CICS Administrative team now consists of five Officer positions: Chief Executive Officer, Coordination Officer, Finance Officer, Operations Officer, and Planning and Development Officer.

The FY20 Annual Report covers the period of July 1, 2019 to June 30, 2020. The annual report includes documentation of the status of service development, services actually provided, individuals served, designated intensive mental health services, a financial statement including revenues, expenditures, and levies, and specific regional outcomes for the year.

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 FY20 were:

Chad Behn - Boone County

Mike Nolte - Franklin County

Dawn Rudolph - Greene County

Doug Bailey - Hamilton County

BJ Hoffman - Hardin County

Brandon Talsma - Jasper County

Phil Clifton - Madison County

Bill Patten - Marshall County

Diana Dawley - Poweshiek County

Lisa Heddens - Story County

Aaron DeKock - Warren County

Wendie Cooper - Individual who Utilizes Mental Health and Disability Services or is an Actively Involved Relative of such an Individual (ended 12/19)

JD Deambra - Individual who Utilizes Mental Health and Disability Services or is an Actively Involved Relative of such an Individual (began 1/20, voting member 2/20)

Julie Smith - Ex-officio, non-voting Provider Representative

Allie Wulfekuhle - Parent/Actively Involved Relative of a Child who Utilizes Children's Behavioral Health Services (began 2/20, voting member)

Robin Maas - The Education System (began 2/20, voting member)

Krystina Engle - Ex-officio, non-voting Children's Behavioral Health Service Provider (began 2/20)

The CICS Adult Advisory Committee members for FY20 were:

Individual who Utilizes Mental Health and Disability Services or is an Actively Involved Relative of such an Individual:

Tim Rogers (ended 12/19)

Kathy Hanzek (began 1/20)

Brandon Greenfield

Wendie Cooper (ended 12/19)

JD Deambra (began 1/20)

Al Fagerlund (ended 12/19)

Tamara Morris (began 1/20)

Grace Sivadge

Robert Sproule

Shan Sasser

Kirsten Klepfer

Provider Representative:

Mary Nelson

Tim Bedford (ended 12/19)

Anthony Wubben (began 1/20)

Sherry Becker

Jennifer Ellis

Anne Vance (ended 12/19)

Sharon Swope (began 1/20)

Justin Terry (term 1/20–5/20)

Julie Smith

Marion Kresse

Linda Romero (ended 12/19)

Jeff Vance (began 2/20)

Cassie Fowler

Governing Board Ex-Officio Non-Voting Members:

Diana Dawley

Doug Bailey (ended 12/19)

BJ Hoffman (began 1/20)

The CICS Children's Behavioral Health Advisory Committee Members for FY20 were:

Allie Wulfekuhle - Parent/Actively Involved Relative of a Child who Utilizes Children's Behavioral Health Services

Andrea Dickerson - Children's Behavioral Health Service Provider

Kelly Olson - Children's Behavioral Health Service Provider

Krystina Engle - Children's Behavioral Health Service Provider

Kelly Moore - Early Childhood Advocate

Lori Price - Early Childhood Advocate

Rita Baker - Early Childhood Advocate

Clarissa Thompson - Child Welfare Advocate

Keith Halleland - Child Welfare Advocate

Rose Dickinson - Child Welfare Advocate

Karie Foster - The Education System

Kendra Alexander - The Education System

Robin Maas - The Education System

Chief Rob Burdess - Local Law Enforcement

Matthew Benson - Local Law Enforcement

Emilea Lundberg - The Juvenile Court System

Shirley Faircloth - The Juvenile Court System

Dejah Roman - Child Care Provider

Dr. Jack Swanson - Pediatrician

Dawn Rudolph - Regional Governing Board

Lisa Heddens - Regional Governing Board

The CICS Annual Report provides an opportunity to reflect on the past year's accomplishments. FY20 brought about additional challenges with the coronavirus disease 2019 (COVID-19) pandemic. CICS modified work practices in order to implement safety measures for staff and individuals served and worked to support providers as they maneuvered through the pandemic and provided services as much as possible to individuals. In the last quarter of FY20 CICS noticed a downward trend in expenses with a decline in claims for service as some services were stopped and individuals were not accessing services as much as prior to the pandemic. A downward trend also was seen in the number of individuals served and applicants applying for service.

Throughout FY20 CICS continued to partner with regions and service providers for development of intensive mental health services and balance the challenges brought by the COVID-19 pandemic. 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.

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

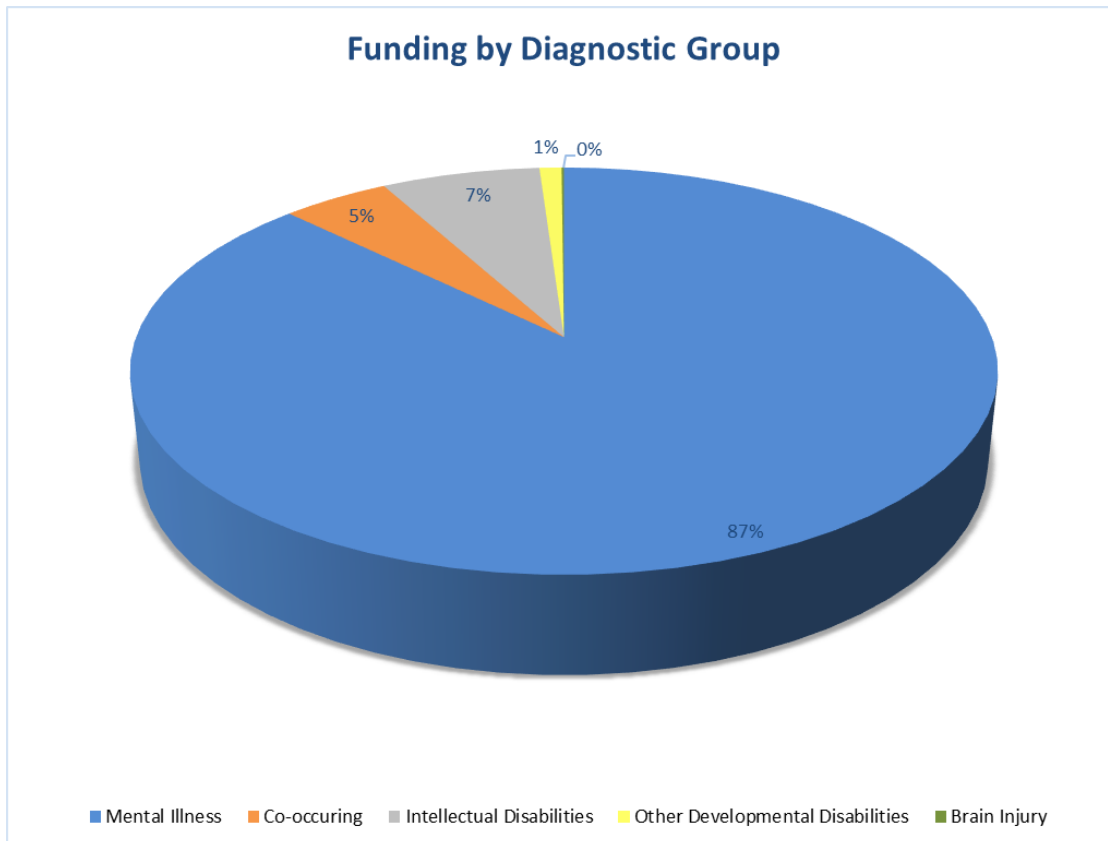
FY 2020 Actual GAAP	Central Iowa Community Services MHDS Region	Diagnosis										Total	
		MI (40)		ID (42)		DD (43)		BI (47)		Other			
		A	C	A	C	A	C	A	C	A	C		
	Comprehensive Facility and Community Based Treatment												
Core													
	Treatment												
42305	Psychotherapeutic Treatment - Outpatient	107	5										112
42306	Psychotherapeutic Treatment - Medication Prescribing	68											68
43301	Evaluation (Non Crisis) - Assessment and Evaluation	1											1
71319	State MHI Inpatient - Per diem charges	36											36
73319	Other Priv./Public Hospitals - Inpatient per diem charges	1											1
	Basic Crisis Response												
44301	Crisis Evaluation	664	213	10	2	1							890
44313	Crisis Stabilization Residential Service (CSRS)	8											8
	Sub-Acute Services												
64309	Sub Acute Services (6+ Beds)	1											1
	Support for Community Living												
32329	Support Services - Supported Community Living	129	1	27		33		4					194
	Support For Employment												
50362	Voc/Day - Prevocational Services	4		1		3		1					9
50367	Day Habilitation	32		17		21		9					79
50368	Voc/Day - Individual Supported Employment	45		11		23		1					80
50369	Voc/Day - Group Supported Employment	3		4		2							9
	Recovery Services												
45366	Peer Family Support - Peer Support Services	7											7

	Service Coordination												
	Core Evidence Based Treatment												
42398	Assertive Community Treatment (ACT)	28											28
	Core Subtotals:	1134	219	70	2	83		15					1523
Mandated													
74XXX	Commitment Related (except 301)	528	113	7									648
75XXX	Mental health advocate	477	51										528
	Mandated Subtotals:	1005	164	7									1176
Core Plus													
	Justice System Involved Services												
25XXX	Coordination services	312	1										313
46305	Mental Health Services in Jails	347	2										349
46399	Justice System - Involved Services - Other	16											16
	Additional Core Evidence Based Treatment												
42366	Psychotherapeutic Treatment - Social Support Services	455	3	308		40		2					808
42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	39											39
	Core Plus Subtotals:	1169	6	308		40		2					1525
Other Informational Services													
05373	Public Education Services	9											9
	Other Informational Services Subtotals:	9											9
Community Living Support Services													
22XXX	Services management	2502	238	74	8	60	3	10					2895
31XXX	Transportation	254	78	10		16		2					360
32327	Support Services - Representative Payee	29		4		5							38
33340	Basic Needs - Rent Payments	158		4									162
33345	Basic Needs - Ongoing Rent Subsidy	1											1
33399	Basic Needs - Other	90		2		1							93
41306	Physiological Treatment - Prescription Medicine/Vaccines	21											21
42310	Psychotherapeutic Treatment - Transitional Living Program	67	1	3									71
42396	Psychotherapeutic Treatment - Community Support Programs	2											2
42399	Psychotherapeutic Treatment - Other	1											1
46306	Prescription Medication (Psychiatric Medications in Jail)	330	2										332
63XXX	RCF 1-5 beds	1											1
	Community Living Support Services Subtotals:	3456	319	97	8	82	3	12					3977
Congregate Services													
64XXX	RCF-6 and over beds	51		1									52
	Congregate Services Subtotals:	51		1									52
Administration													

Uncategorized														
Regional Totals:	6824	708	483	10	205	3	29							8262

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

Disability Group	Children	Adult	Unduplicated Total
Mental Illness	350	3078	3428
Mental Illness, Intellectual Disabilities	3	118	121
Mental Illness, Intellectual Disabilities, Other Developmental Disabilities	0	15	15
Mental Illness, Intellectual Disabilities, Other Developmental Disabilities, Brain Injury	0	1	1
Mental Illness, Other Developmental Disabilities	3	35	38
Mental Illness, Other Developmental Disabilities, Brain Injury	0	2	2
Mental Illness, Brain Injury	0	8	8
Intellectual Disabilities	7	247	254
Intellectual Disabilities, Other Developmental Disabilities	0	17	17
Intellectual Disabilities, Brain Injury	0	2	2
Other Developmental Disabilities	0	37	37
Other Developmental Disabilities, Brain Injury	0	1	1
Brain Injury	0	4	4
Total	363	3565	3928



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 7%. The remaining are residents with Developmental Disabilities, Co-Occurring Disorders, and Brain Injury.

B. Regionally Designated Intensive Mental Health Services

CICS intends to designate intensive mental health services during FY21. CICS has partnered with Southern Iowa Mental Health Center (SIMHC), South Central Behavioral Health Region (SCBH), County Rural Offices of Social Services (CROSS) Region, and Southeast Iowa Link (SEIL) Region for utilization of Access Center services and a Memorandum of Understanding (MOU) for deficit funding. Once SIMHC is designated an Access Center by SCBH Region, then CICS will take steps for designation consideration. CICS intends to designate Access Centers as they become available in CROSS, County Social Services (CSS), and Heart of Iowa regions, as well as the Access Center Network CICS is currently developing.

C. Financials

As previously mentioned CICS has seen a downward trend in expenditures during the fourth quarter due to COVID 19 and anticipate this trend will continue.

Table C. Expenditures

FY 2020 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	\$ 37,835.74					\$ 37,835.74
42306	Medication prescribing & management	\$ 24,787.29					\$ 24,787.29
43301	Assessment & evaluation	\$ 190.89					\$ 190.89
71319	Mental health inpatient therapy-MHI	\$ 387,146.06					\$ 387,146.06
73319	Mental health inpatient therapy	\$ 424.01					\$ 424.01
	Crisis Services						
32322	Personal emergency response system						\$ -
44301	Crisis evaluation	\$ 817,654.83	\$ 9,000.00	\$ 900.00			\$ 827,554.83
44302	23 hour crisis observation & holding						\$ -
44305	24 hour access to crisis response	\$ 89,290.14					\$ 89,290.14
44307	Mobile response	\$ 799,416.82					\$ 799,416.82
44312	Crisis Stabilization community-based services						\$ -
44313	Crisis Stabilization residential services	\$ 16,220.95					\$ 16,220.95
44396	Access Centers: start-up / sustainability						\$ -
	Support for Community Living						
32320	Home health aide						\$ -
32325	Respite						\$ -
32328	Home & vehicle modifications						\$ -
32329	Supported community living	\$ 782,944.39	\$ 175,803.97	\$ 126,296.02	\$ 7,882.85		\$ 1,092,927.23
42329	Intensive residential services						\$ -
	Support for Employment						
50362	Prevocational services	\$ 1,807.27	\$ 4,000.28	\$ 4,784.44	\$ 3,350.75		\$ 13,942.74
50364	Job development						\$ -

50367	Day habilitation	\$ 28,605.86	\$ 33,396.62	\$ 79,890.27	\$ 21,170.53		\$ 163,063.28
50368	Supported employment	\$ 91,062.97	\$ 21,692.11	\$ 34,978.28	\$ 2,247.96		\$ 149,981.32
50369	Group Supported employment-enclave	\$ 1,514.81	\$ 2,473.68	\$ 3,893.50			\$ 7,881.99
	Recovery Services						
45323	Family support	\$ 27,275.88					\$ 27,275.88
45366	Peer support	\$ 948.39					\$ 948.39
	Service Coordination						
21375	Case management						\$ -
24376	Health homes						\$ -
	Sub-Acute Services						
63309	Subacute services-1-5 beds						\$ -
64309	Subacute services-6 and over beds	\$ 4,000.00					\$ 4,000.00
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency						\$ -
32396	Supported housing						\$ -
42398	Assertive community treatment (ACT)	\$ 74,736.44					\$ 74,736.44
45373	Family psychoeducation	\$ 2,457.14					\$ 2,457.14
	Core Domains Total	\$3,188,319.88	\$ 246,366.66	\$ 250,742.51	\$ 34,652.09		\$ 3,720,081.14
	Mandated Services						
46319	Oakdale						\$ -
72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	\$ 281,410.66	\$ 625.00				\$ 282,035.66
75XXX	Mental health advocate	\$ 154,271.66					\$ 154,271.66
	Mandated Services Total	\$ 435,682.32	\$ 625.00	\$ -	\$ -		\$ 436,307.32
	Additional Core Domains						
	Justice system-involved services						
25xxx	Coordination services	\$ 588,948.54					\$ 588,948.54
44346	24 hour crisis line**	\$ 101,092.00					\$ 101,092.00
44366	Warm line**	\$ 11,916.79					\$ 11,916.79
46305	Mental health services in jails	\$ 144,466.49					\$ 144,466.49
46399	Justice system-involved services-other	\$ 355.78					\$ 355.78
46422	Crisis prevention training						\$ -
46425	Mental health court related costs						\$ -
74301	Civil commitment prescreening evaluation						\$ -
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	\$ 810,746.73	\$ 110,368.97	\$ 19,625.41	\$ 2,704.22		\$ 943,445.33
42397	Psychiatric rehabilitation (IPR)	\$ 37,705.87					\$ 37,705.87
	Additional Core Domains Total	\$1,695,232.20	\$ 110,368.97	\$ 19,625.41	\$ 2,704.22		\$ 1,827,930.80
	Other Informational Services						
03371	Information & referral	\$ 13.75					\$ 13.75
04372	Planning and/or Consultation (client related)						\$ -
04377	Provider Incentive Payment						\$ -

04399	Consultation Other						\$ -
04429	Planning and Management Consultants (non-client related)	\$ 4,862.50					\$ 4,862.50
05373	Public education	\$ 34,527.75					\$ 34,527.75
	Other Informational Services Total	\$ 39,404.00					\$ 39,404.00
Community Living Supports							
06399	Academic services						\$ -
22XXX	Services management	\$1,327,085.86	\$ 40,156.92	\$ 47,345.07	\$ 7,064.40		\$ 1,421,652.25
23376	Crisis care coordination						\$ -
23399	Crisis care coordination other						\$ -
24399	Health home other						\$ -
31XXX	Transportation	\$ 133,088.06	\$ 9,011.28	\$ 17,025.27	\$ 1,274.72		\$ 160,399.33
32321	Chore services						\$ -
32326	Guardian/conservator						\$ -
32327	Representative payee	\$ 12,058.10	\$ 1,698.00	\$ 1,217.00			\$ 14,973.10
32335	CDAC						\$ -
32399	Other support						\$ -
33330	Mobile meals						\$ -
33340	Rent payments (time limited)	\$ 133,707.07	\$ 1,317.00				\$ 135,024.07
33345	Ongoing rent subsidy	\$ 1,563.50					\$ 1,563.50
33399	Other basic needs	\$ 44,415.23	\$ 3,226.09	\$ 776.18			\$ 48,417.50
41305	Physiological outpatient treatment						\$ -
41306	Prescription meds	\$ 4,110.58					\$ 4,110.58
41307	In-home nursing						\$ -
41308	Health supplies						\$ -
41399	Other physiological treatment						\$ -
42309	Partial hospitalization						\$ -
42310	Transitional living program	\$ 973,762.76	\$ 24,663.60				\$ 998,426.36
42363	Day treatment						\$ -
42396	Community support programs	\$ 530.61					\$ 530.61
42399	Other psychotherapeutic treatment	\$ 60.00					\$ 60.00
43399	Other non-crisis evaluation						\$ -
44304	Emergency care						\$ -
44399	Other crisis services						\$ -
45399	Other family & peer support						\$ -
46306	Psychiatric medications in jail	\$ 22,064.45					\$ 22,064.45
50361	Vocational skills training						\$ -
50365	Supported education						\$ -
50399	Other vocational & day services						\$ -
63XXX	RCF 1-5 beds (63314, 63315 & 63316)						\$ -
63XXX	ICF 1-5 beds (63317 & 63318)						\$ -
63329	SCL 1-5 beds						\$ -
63399	Other 1-5 beds	\$ 2,152.88					\$ 2,152.88
	Community Living Supports	\$2,654,599.10	\$ 80,072.89	\$ 66,363.52	\$ 8,339.12		\$ 2,809,374.63

Other Congregate Services							
50360	Work services (work activity/sheltered work)						\$ -
64XXX	RCF 6 and over beds (64314, 64315 & 64316)						\$ -
64XXX	ICF 6 and over beds (64317 & 64318)						\$ -
64329	SCL 6 and over beds						\$ -
64399	Other 6 and over beds	\$ 760,196.56	\$ 19,749.40				\$ 779,945.96
Other Congregate Services Total		\$ 760,196.56	\$ 19,749.40				\$ 779,945.96
Administration							
11XXX	Direct Administration	\$				\$1,304,643.55	\$ 1,304,643.55
12XXX	Purchased Administration					\$ 122,895.91	\$ 122,895.91
Administration Total		\$				\$1,427,539.46	\$ 1,427,539.46
Regional Totals		\$8,773,434.06	\$ 457,182.92	\$ 336,731.44	\$ 45,695.43	\$1,427,539.46	\$11,040,583.31
(45XX-XXX)County Provided Case Management							\$ -
(46XX-XXX)County Provided Services							\$ -
Regional Grand Total							\$11,040,583.31

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	\$ 9,255,505.10
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$ -

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

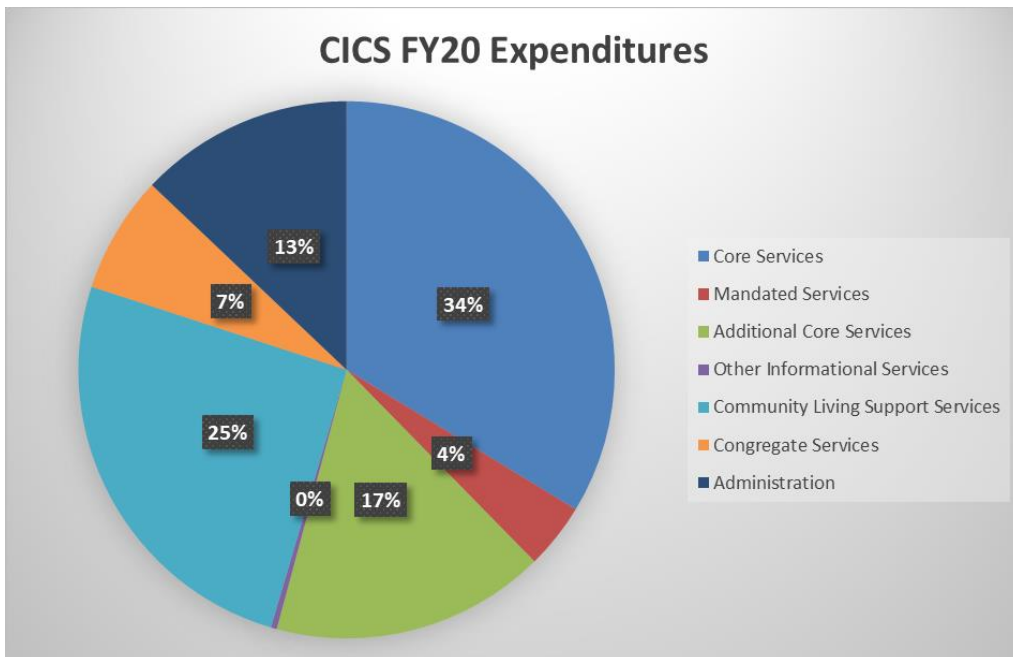


Table D. Revenues

FY 2020 Accrual	Central Iowa Community Services MHDS Region		
Revenues			
	FY19 Annual Report Ending Fund Balance		\$ 13,412,500
	Adjustment to 6/30/19 Fund Balance		\$ 403,268
	Audited Ending Fund Balance as of 6/30/19 (Beginning FY20)		\$ 13,815,768
	Local/Regional Funds		\$ 7,174,362
10XX	Property Tax Levied	6,846,135	
12XX	Other County Taxes	7,453	
16XX	Utility Tax Replacement Excise Taxes	218,659	
25XX	Other Governmental Revenues	-	
4XXX-5XXX	Charges for Services	47,933	
5310	Client Fees	-	
60XX	Interest	39,402	
6XXX	Use of Money & Property	-	
8XXX	Miscellaneous	14,780	
9040	Other Budgetary Funds (Polk Only)	-	
		-	
	State Funds		\$ 503,813.00
21XX	State Tax Credits	343,320	
22XX	Other State Replacement Credits	159,787	
2250	MHDS Equalization	-	
24XX	State/Federal pass thru Revenue	-	
2644	MHDS Allowed Growth // State Gen. Funds	-	
29XX	Payment in Lieu of taxes	706	
		-	
	Federal Funds		\$ -
2344	Social services block grant	-	
2345	Medicaid	-	
	Other	-	
	Total Revenues		\$ 7,678,175

Total Funds Available for FY20	\$ 21,493,943
FY20 Actual Regional Expenditures	\$ 11,040,583
Accrual Fund Balance as of 6/30/20	\$ 10,453,360

Table E. County Levies

County	2017 Est. Pop.	Regional Per Capita	FY20 Max Levy	FY20 Actual Levy	Actual Levy Per Capita
Boone	26,484	35.50	\$ 940,182	\$ 587,945	\$ 22.20
Franklin	10,164	35.50	\$ 360,822	\$ 225,641	\$ 22.20
Greene	8,981	35.50	\$ 318,826	\$ 199,378	\$ 22.20
Hamilton	15,115	35.50	\$ 536,583	\$ 335,553	\$ 22.20
Hardin	17,048	35.50	\$ 605,204	\$ 378,466	\$ 22.20
Jasper	36,966	35.50	\$ 1,312,293	\$ 820,645	\$ 22.20
Madison	16,013	35.50	\$ 568,462	\$ 355,489	\$ 22.20
Marshall	40,288	35.50	\$ 1,430,224	\$ 894,394	\$ 22.20
Poweshiek	18,314	35.50	\$ 650,147	\$ 406,571	\$ 22.20
Story	97,502	35.50	\$ 3,461,321	\$ 2,164,544	\$ 22.20
Warren	50,163	35.50	\$ 1,780,787	\$ 1,113,619	\$ 22.20
Total CICS Region	337,038		\$ 11,964,849	\$ 7,482,245	

To address the regional ending fund balance, CICS member counties have levied less than the regional per capita maximum of \$35.50. Due to expenditure trends with the current pandemic it is anticipated CICS member counties will continue to levy below the maximum.

D. Status of Service Development in FY2020

CICS let a request for proposal (RFP) for subacute services in April 2020, no responses were received to the RFP. CICS has since been working with Mary Greeley Medical Center for the possible development of subacute services to be provided at the current Crisis Stabilization-Transitional Living Center (CS-TLC) location in Ames. CICS worked with YSS for the development of Crisis Stabilization Residential Services (CSRS) for youth at the YSS Ames location and for access to these services at the YSS Mason City location.

An inventory of current children’s behavioral health services serving residents of the CICS Region was completed. This information was put into a Children’s Service Directory that is available on the CICS website and through each CICS office location.

CICS is working with Eyerly Ball Community Mental Health Services for the development of Crisis Stabilization Community Based (CSCB) services for children and adults.

CICS partnered with Optimae LifeServices for expansion of supported community living services and medication management services in Marshall County.

CICS worked with Capstone Behavioral Health Services for development and expansion of drop-in center services in Jasper County and with Central Iowa Recovery for development of drop-in center services in Warren County and development and expansion of drop-in center services in Hamilton County. In addition, CICS contracted with Prairie Ridge Integrated Behavioral Healthcare to provide drop-in center services in Franklin County.

CICS worked with block grant funded transitional living center (TLC) providers to transition TLC services to habilitation funding where possible. Mary Greeley Medical Center continues to provide TLC services on a fee-for-service basis.

CICS is continuing to work toward development of an Access Center network with a lead agency component as well as partnering with other regions who are developing Access Center services that are within a 120-mile radius of the CICS region.

E. Outcomes/Regional Accomplishments in FY20

This section includes:

- Service progress and availability of Core, Additional Core, and Other Informational Services
- Region Program Outcomes
- Other Community Living Support Services
- 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 continues to make available 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. In FY20 CICS also provided funding for therapy services when a LISW was not available to see an individual with Medicare insurance and the individual met CICS funding eligibility criteria.

Medication Prescribing & Management: CICS continues to work to ensure this service is available throughout the CICS region. CICS continues to make available 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 continued to contract 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 continued to fund an access fee and guarantee payment for crisis therapy and crisis psychiatric appointments that were not filled and/or not billable through third-party payers.

CICS continued 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 FY20, ITP was operational in the following ten hospital emergency rooms located in the counties identified (Warren County does not have a hospital):

- 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 provided 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. As of January 2020, the mobile response service is accessed by calling the Your Life Iowa 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 is working with Eyerly Ball Community Mental Health Services for development of this service with an anticipated start date of December 1, 2020.

Crisis Stabilization Residential Services: Mary Greeley Medical Center is accredited to provide crisis stabilization residential services. CICS honors the host region contract when an individual accesses this service in another region.

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.

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. CICS will fund peer support services for individuals in jail up to 30 days prior to discharge to assist with transition to the community.

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 working on plans for this service to be available within the CICS region with an anticipated start date of January 1, 2021. CICS has accessed subacute services available within other regions.

Core Evidence Based Treatment

Education and Training Services – provider competency: CICS offered training in Trauma Informed Care and Cultural Competency to providers. Community Mental Health Center (CMHC) Federal Block Grant funding has been used in a variety of ways by CMHCs for evidence based training and therapy practices including: Eye Movement Desensitization Reprocessing (EMDR) training for therapists, Wellness Recovery Action Planning (WRAP) training, Mindfulness Based Cognitive Therapy (MBCT) for therapists, Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid (MHFA), Youth Mental Health First Aid, and Question, Persuade, and Refer (QPR). Additionally providers offer integrated treatment of co-occurring substance abuse and mental health disorders, positive behavioral supports (PBS), cognitive based therapy (CBT), EMDR, NAVIGATE (RESTORE), Motivational Interviewing, Systems Training for Emotional Predictability and Problem Solving (STEPPS), play therapy, Dialectical Behavior Therapy (DBT), Parent Child Interaction Therapy (PCIT) and WRAP.

Supported Housing: CICS continues to explore concepts of Permanent Supportive Housing and implementation strategies with other MHDS Regional CEOs.

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. CICS has paid and continues to pay for Facilitator training through NAMI Iowa to establish and maintain support groups within CICS.

Additional Core Services

Justice Involved Services

Coordination Services: Jail diversion intensive case management services have been implemented in all CICS counties. At the end of FY20 CICS worked on development of a pilot project for CICS service coordination in Boone, Franklin, Greene, Hamilton and Hardin counties to provide jail diversion intensive case management services. The other counties within CICS have this service available through a contracted provider agency.

24 hour Crisis Line: CICS began using the Your Life Iowa Crisis Line (855-581-8111) in January 2020 as this became the statewide crisis line. Any calls received on the CICS Crisis Line are rolled over to the Your Life Iowa Crisis Line. Additional communication options for crisis support are available from 9am–3pm, Monday–Friday, for individuals to chat one-to-one online at yourlifeiowa.org or by texting 855-895-8398.

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 and Franklin County do not have a jail. Warren County inmates have been going to the Jasper County Jail since January 2018. Center Associates provides telehealth services to the Marshall County Jail. Telehealth is available in each CICS county that has a jail. CICS funding also was available with contracted providers for intensive psychiatric rehabilitation, therapy evaluations, and 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: Even though CICS budgeted for Crisis Intervention Training (CIT), planning did not occur for implementation as resources were redirected due to COVID-19. CICS supports CIT for law enforcement officials and 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 open to collaborating with justice systems for Mental Health Court should the Supreme Court of Iowa's moratorium on Specialty Courts be lifted.

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: This service is available in nine CICS counties.

Intensive Psychiatric Rehabilitation (IPR): This service is available in each county in CICS. In FY20, funding was available for individuals within CICS to access this service while incarcerated in a county jail.

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 FY20 CICS contracted with Achieve Mental Health, Inc. for consultation services provided to the Iowa Falls Schools and 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.

In FY20 CICS had 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. CICS provided a total of 32 trainings in FY20.

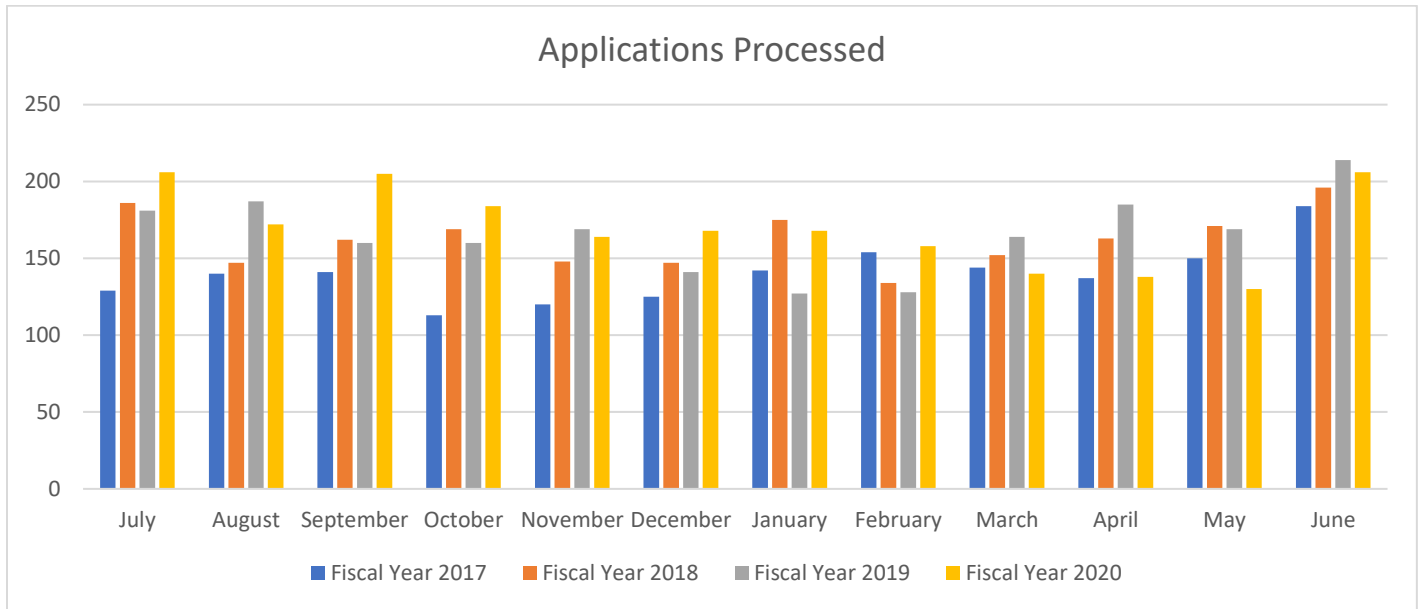
Region Program Outcomes

The following section provides information on:

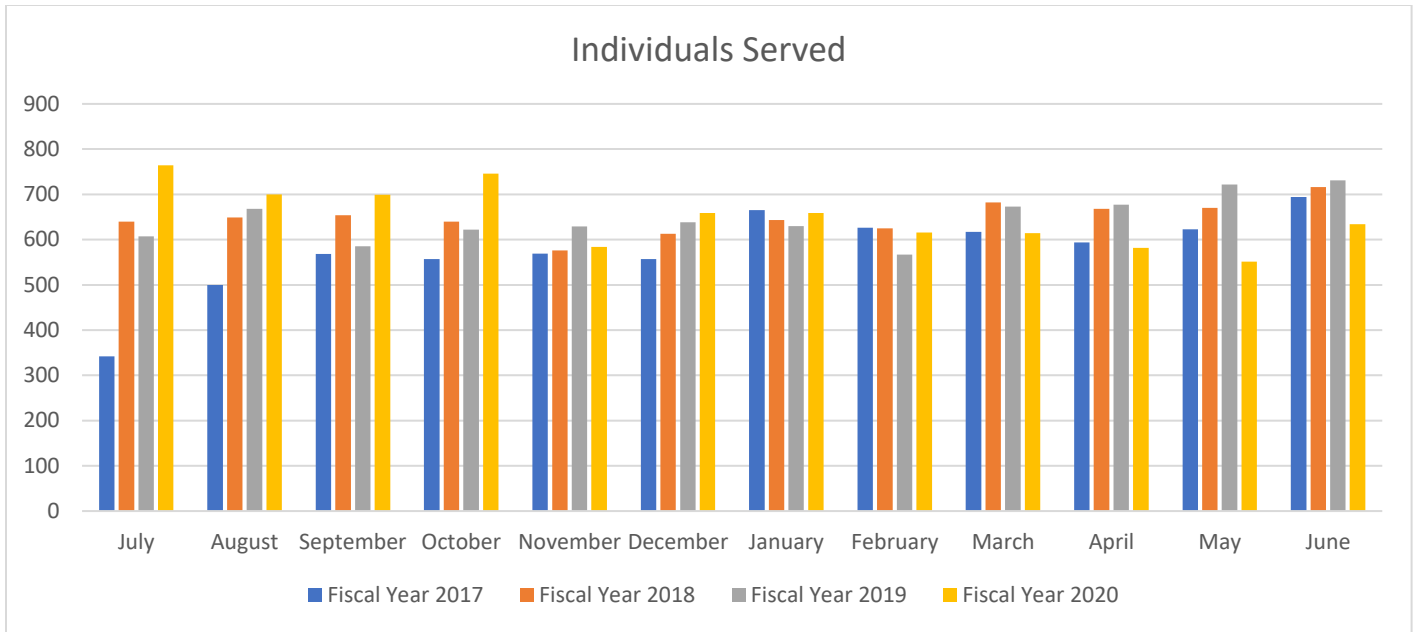
- *Service Coordination*
- *Medicaid Waiting List funding*
- *Special Project Grant funding*

Service Coordination

In FY20 CICS was staffed with two Service Coordination Officers, local Service Coordination staff in each county, and two Service Coordination Specialists. At the end of FY20, a Lead Service Worker position was created with the reduction to one Service Coordination Specialist position and one Service Coordination Officer position; local Service Coordination staff remain in each county. Service coordination is essential in connecting individuals with mental health and developmental disabilities and/or co-occurring diagnoses to resources, services, and supports. In FY20, 2,039 applications were processed. The COVID-19 pandemic has had an impact on the number of applications received. For the first two-thirds of the fiscal year, July 2019 to February 2020, the applications increased nearly 14% over the previous year. Applications for the period March through June 2020 were down significantly as the pandemic reached Iowa.



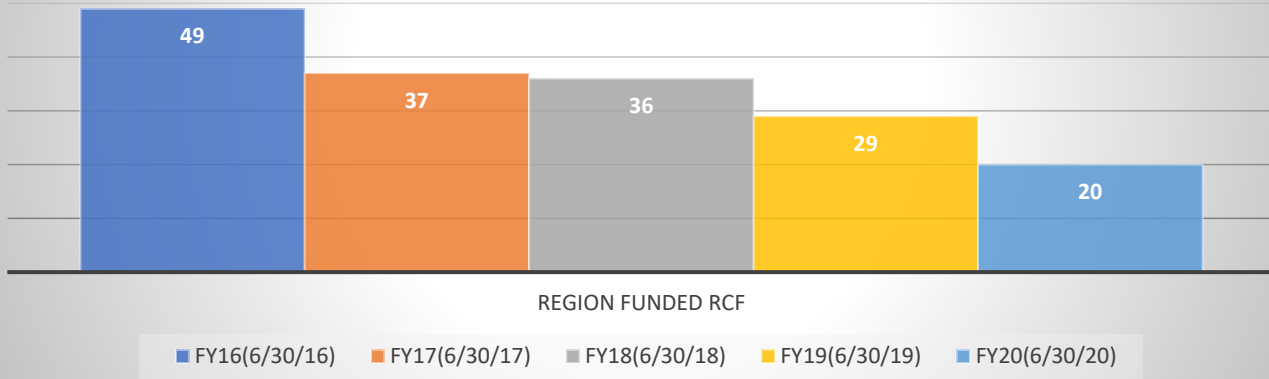
The number of individuals truly served by service coordination is much greater than the number of applications received and processed. Since FY17 CICS has been tracking how many individuals Service Coordinators are providing service to each month. This service includes process of applications, contact with clients, collateral contact with provider agencies, contact with family members and other interested parties, and other activities on behalf of those being served. In FY20, CICS served an average of 651 individuals each month. Similar to the impact that COVID-19 had on the number of applications, the numbers of individuals served increased 9.7% for the first two-thirds of the fiscal year but dropped significantly for the months of March through June after the virus hit.



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. Strategies to reduce the number of individuals at Residential Care Facilities have included working to reduce the number of admissions to RCFs, identifying RCF providers who have shown a willingness to stabilize and assist in community placement, focusing on a targeted list of individuals appropriate to move to a lower level of care, and building a base of community providers willing to work with individuals discharging from RCFs. Additionally, in FY20 the CICS RCF Policy was revised to reduce the amount of time individuals spend in RCFs that are otherwise eligible to be served in community-based Habilitation funded settings. Efforts were also strengthened to look at alternative services, such as sub-acute, crisis stabilization, and transitional living, to help an individual stabilize and return to their home.

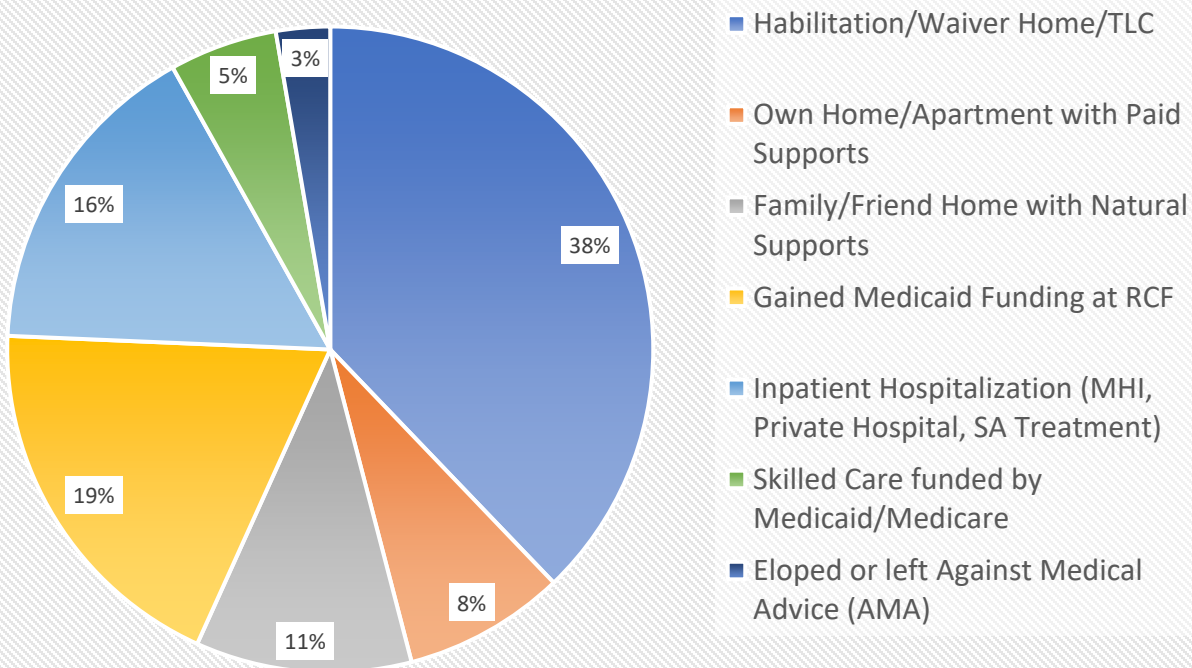
During FY20 there were 28 admissions to RCFs, however, there were 37 discharges, resulting in a net reduction of nine from the end of the previous year. At the end of FY20 (6/30/20), the number of regionally funded individuals in RCFs was 20, a decrease of 31% from the previous year. This is a 59% decrease from the FY16 baseline year. Efforts will continue to enhance community-based services and reduce individuals in RCFs.

Region Funded Residential Care Facility (RCF) Residents



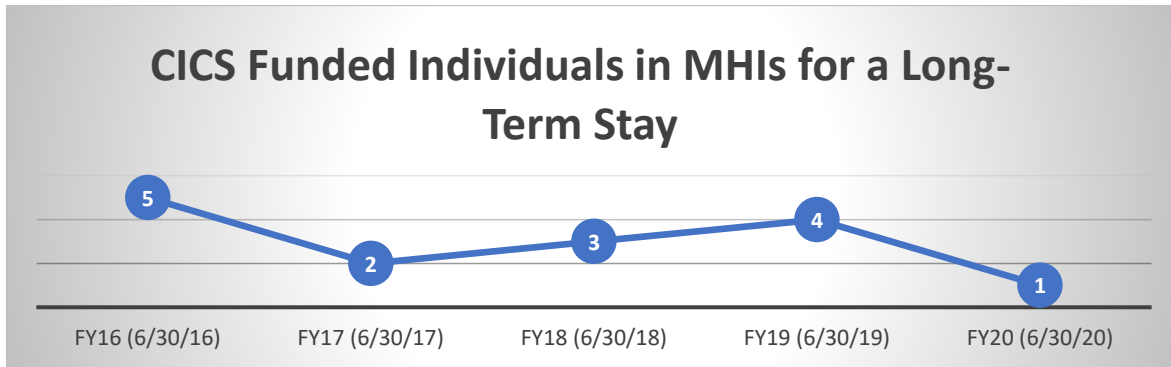
Many of the individuals discharging from RCFs continue to need ongoing support. After a short time of stabilization in the RCF, individuals are able to discharge into community-based services.

FY20 RCF Discharge Locations



In FY20, CICS saw a reduction in individuals at the State Mental Health Institutes (MHIs) down to 1 at the end of FY20 compared to 4 at the end of FY19. When an individual is at one of the two MHI facilities (Independence or Cherokee) for more than 30 days it is considered a “long-term stay,” and the individual joins the Specialist’s caseload. There were 8 “long-term stay” MHI admissions in FY 20, however, there were 11 discharges for those

clients resulting in a net decrease of 3. Of the 11 “long-term” discharges, five moved to RCFs, three went home, two moved to Habilitation sites, and one was readmitted to the local community hospital.



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 FY20, 175 assessments were completed, in contrast to 263 assessments in FY19, the primary reason FY20 assessments declined is due to changes implemented with transitional living centers.

Medicaid Waiting List Funding

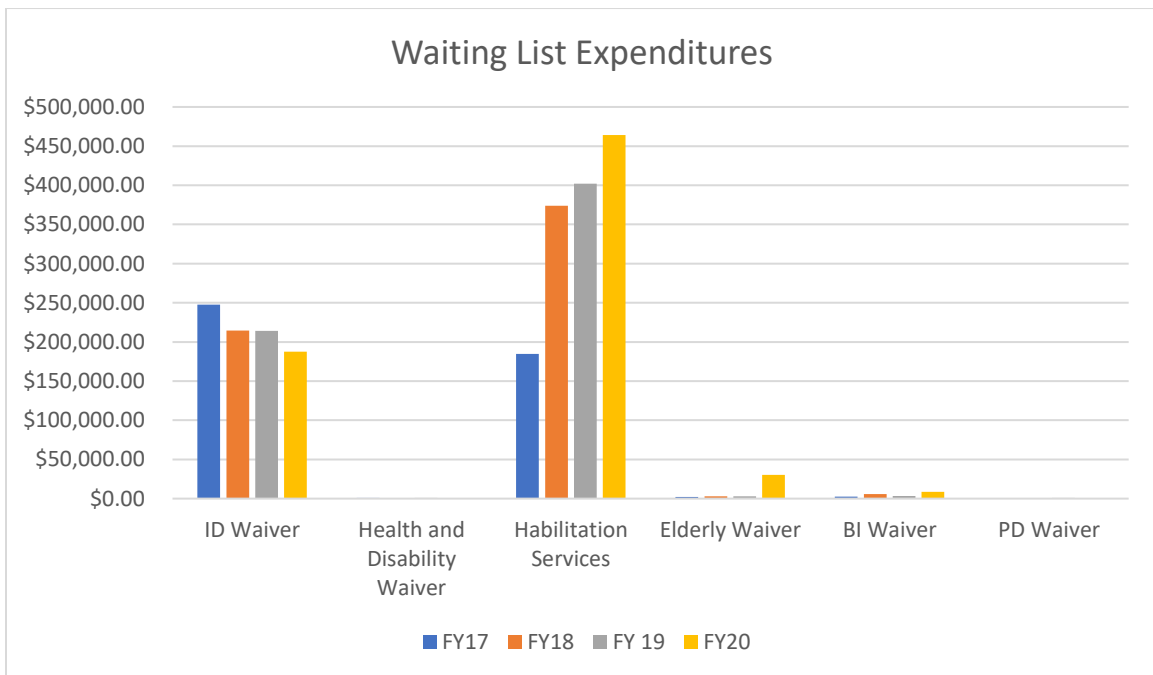
During FY17, CICS began tracking Medicaid gap funding. CICS funded 141 individuals in FY20 who were waiting for Medicaid waiver funding. This is compared to 121 in FY19, 128 in FY18, and 114 in FY17. According to the Iowa Code, MHDS Regions are not required to fund individuals that are on a Medicaid waiting list. However, CICS implemented a policy that states CICS will fund minimum necessary services for individuals while they are waiting for Medicaid funding.

CICS expenditures for services that should be Medicaid funded continued to rise in FY20. CICS funded services totaling \$691,838.67 for these individuals in FY20 compared to \$624,567.51 in FY19.

The funding streams for which individuals may be waiting include: Intellectual Disability (ID) Waiver, Health and Disability (H&D) Waiver, Habilitation Services, Elderly Waiver, Physical Disability (PD) and Brain Injury (BI) Waiver.

Medicaid Waiting List Information

Waiver	FY18		FY19		FY20	
	Individuals Funded	Amount Paid	Individuals Funded	Amount Paid	Individuals Funded	Amount Paid
BI Waiver	3	\$5,754.13	2	\$3,481.77	2	\$8,720.40
Elderly Waiver	3	\$2,828.79	4	\$2,932.71	10	\$30,434.65
Habilitation Services	103	\$373,915.53	89	\$401,965.39	97	\$464,088.05
ID Waiver	19	\$214,653.92	23	\$214,324.74	29	\$187,770.97
H&D Waiver	0	\$0	2	\$1,069.06	1	\$410.90
PD Waiver	0	\$0	1	\$793.84	2	\$413.70
Total	128	\$597,152.37	121	\$624,567.51	141	\$691,838.67



The table below reflects the services and dollars expended in FY18, FY19, and FY20 for individuals waiting for Medicaid program eligibility.

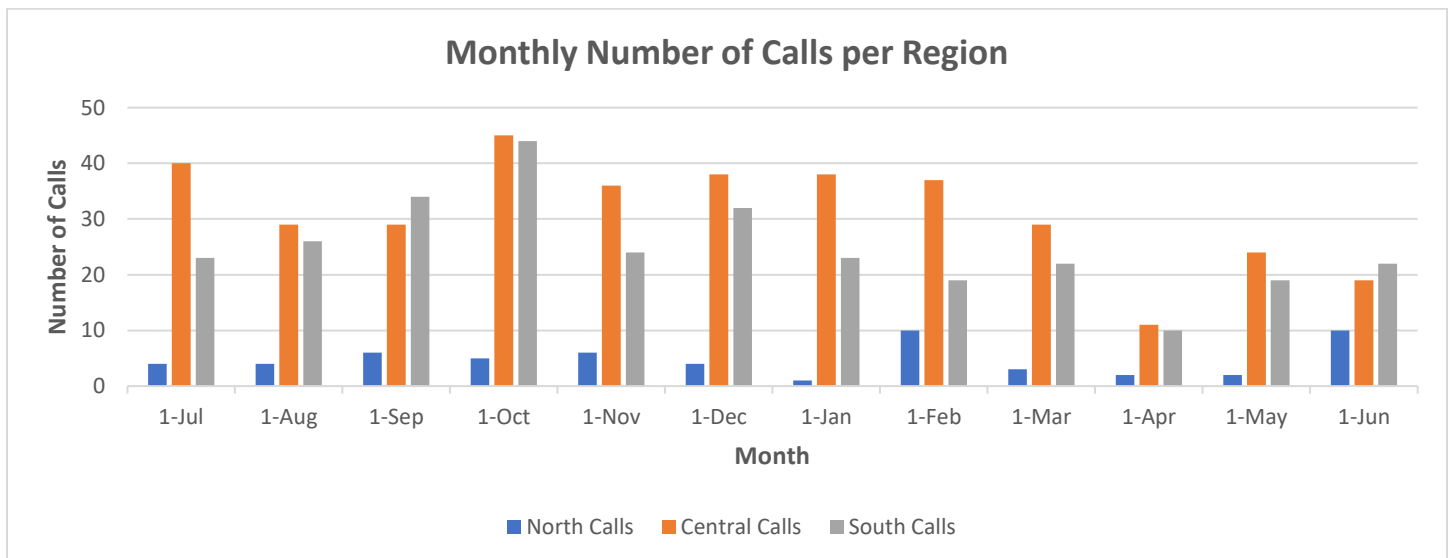
Service	FY18 Amount	FY18 %age of Total	FY19 Amount	FY19 %age of Total	FY20 Amount	FY20 %age of Total
Supported Community Living (hourly & daily)	\$302,683.55	50.7%	\$502,031.64	80.4%	\$550,557.61	79.6%
Day Habilitation	\$67,487.04	11.3%	\$39,970.92	6.4%	\$46,903.65	6.8%
Employment Services	\$28,289.53	4.7%	\$38,871.36	6.2%	\$37,962.34	5.5%
RCF & RCF/PMI	\$162,056.54	27.1%	\$28,523.97	4.6%	\$40,116.36	5.8%
Other	\$23,236.39	3.9%	\$7,301.43	1.2%	\$13,072.65	1.9%
Transportation	\$13,399.32	2.2%	\$7,868.19	1.3%	\$3,226.06	.4%

Special Project Grants

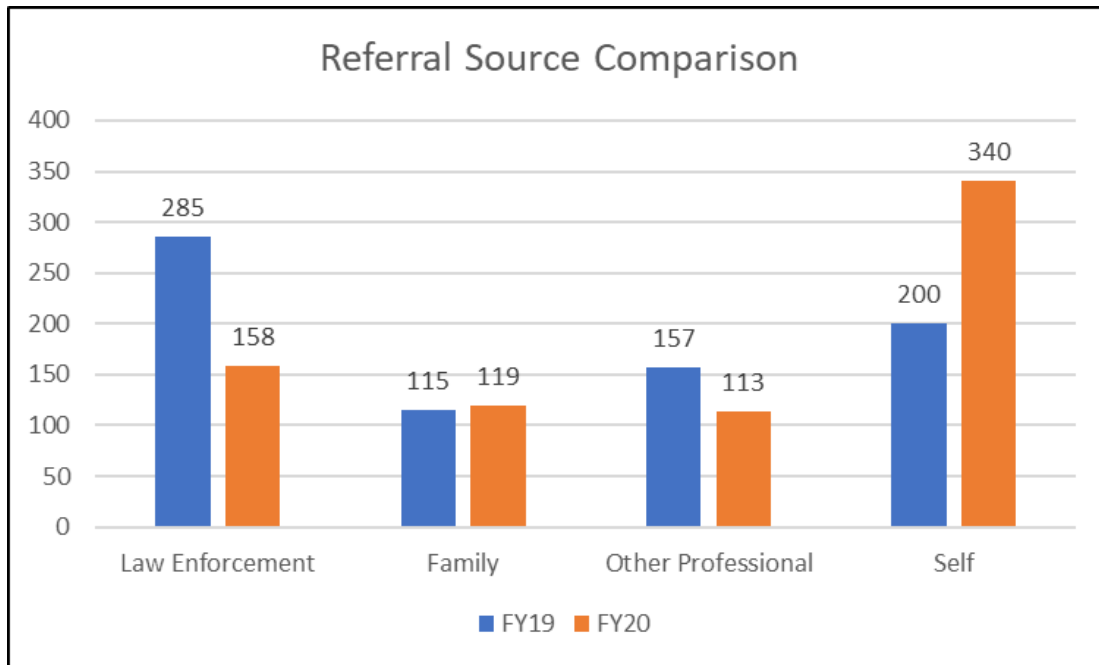
CICS has used special project block grant funding for a variety of reasons, such as program start up, service sustainability, service access, and availability.

Mobile Crisis Response

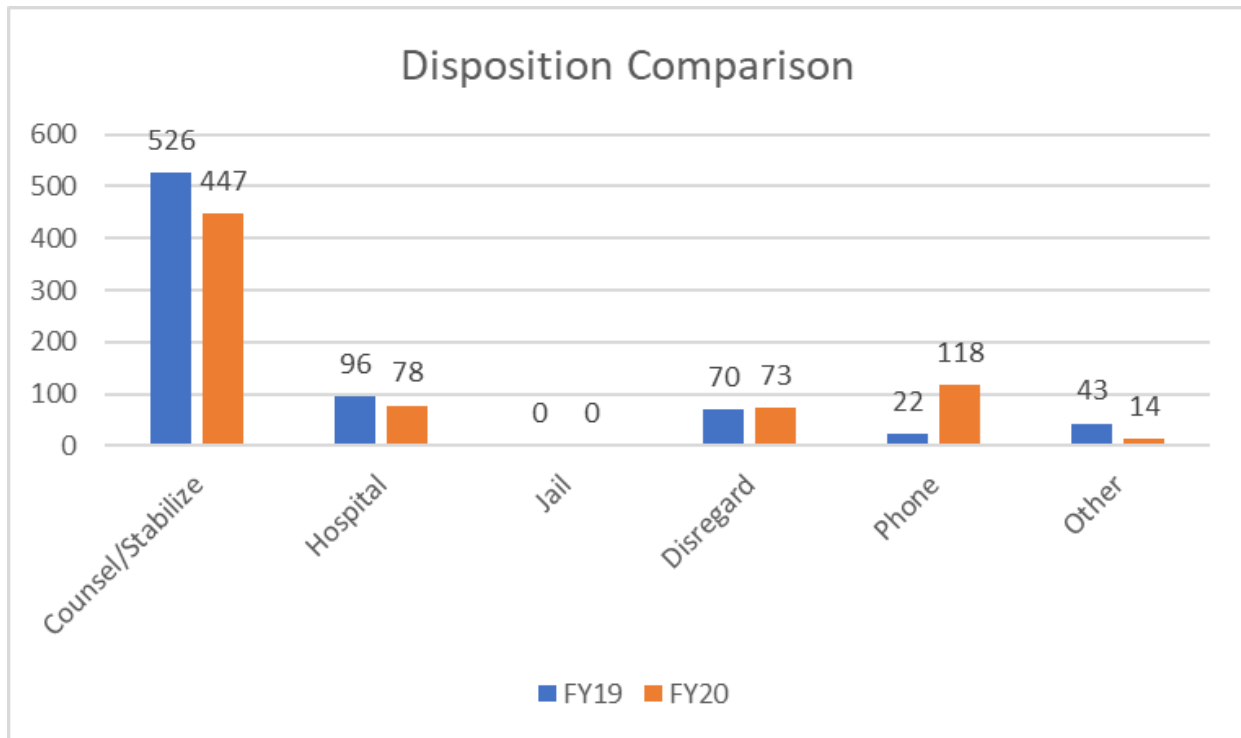
Mobile Crisis Response services are provided by Eyerly Ball Community Mental Health Services. Due to the geographic area, Mobile Response teams are grouped by service areas: North team covers Franklin, Hamilton, Hardin counties; Central team covers Greene, Boone, Story, and Marshall counties; and Southern team covers Madison, Warren, Jasper, and Poweshiek counties. The following chart shows the calls by month during FY20, with the number of calls ranging from 23 to 94 per month regionwide.



Mobile Crisis Response services can be requested by calling the Your Life Iowa Crisis Line. Of the total 730 mobile response calls received in FY20, 47% were self-referral, 22% were from law enforcement, 15% from mental health professionals, and 16% from family members. This compares to FY19 where a total of 757 calls were received with 38% from law enforcement, 26% from self-referral, 21% from mental health professionals, and 15% from family members. In FY20 there was an increase in self-referrals and calls from family members with a decrease in calls from law enforcement and mental health professionals.



In FY20 61% of the calls resulted in the individual being stabilized and remaining in their home, 11% of calls individuals were hospitalized, 10% resulted in mobile response being cancelled prior to the team’s arrival, 18% had other outcomes including phone de-escalation, and 0% resulted in jail. With the onset of the COVID-19 pandemic, calls were primarily addressed through phone de-escalation. Teams eventually returned to in-person responding and continue to monitor county infection rates; if a county is in the “red zone,” then the team has the option of responding to the call via phone or in-person.



Transitional Living Centers (TLCs)

In FY20 CICS worked with block grant funded TLC providers to transition services to habilitation funding where possible. Two providers were able to offer habilitation funded services and two providers opted to not pursue habilitation funding. The intent is that these services would be considered Intensive Residential Service Home services. Mary Greeley Medical Center provides crisis stabilization-transitional living center services as fee-for-service.

Supported Employment Project

FY20 was the third and final year for the Individual Placement and Supports (IPS) pilot project with NIVC Services and CICS. In FY20, 26 individuals received IPS services in Franklin and Hardin counties with 17 individuals obtaining employment for a 65% job placement rate. NIVC Services changed their name to 43 North Iowa and have received an exception to policy to be able to bill Medicaid for IPS.

Drop-In Centers

In FY20 CICS funded drop-in centers at a monthly contracted amount based on each drop-in center’s service budget. CICS allocated 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) and Mary Greeley Medical Center (MGMC) for transportation services for 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, subacute mental health services, and discharge needs, as well as other transportation needs receiving prior funding authorization by CICS. CICS contracts with MGMC for voluntary transport services for individuals who are located at MGMC and need transport assistance to other inpatient behavioral health services, subacute mental health services or crisis stabilization residential services. CICS contracts with public transit providers and other providers for transportation services as well.

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: In FY20 CICS contracted with providers for basic material needs assistance. This assistance allowed 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.

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 (MCOs)

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, 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 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.

Data Analytics

MHDS regions meet monthly to work on a standardized approach for data informed decision making and outcomes development. Membership includes representatives from regions across the state. Patti Treibel Leeds and Russell Wood, who serves as Chair, represent CICS.

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. Through January 2020 one provider and one individual who utilizes 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. In February 2020, the adult provider remained as an ex-officio non-voting Director and the individual who utilizes mental health and disability services, or an actively involved relative of such an individual, became a voting Director of the Governing Board. The Adult Advisory Committee met on three occasions during the fiscal year, one meeting was canceled due to onset of the COVID-19 pandemic; the following is a summary of those meetings:

Meeting date: July 9, 2019. Member Participation: 6 individuals who utilize mental health disability services or are actively involved relatives of such an individual, 8 providers, and 2 Governing Board members. Meeting content: election to CICS Governing Board of provider representative, Governing Board meeting updates, Advisory Committee Bylaws, HF690 and legislative review, Service Coordination report, agency update/information sharing.

Meeting date: October 8, 2019. Member Participation: 5 individuals who utilize mental health disability services or are actively involved relatives of such an individual, 2 providers, and 1 Governing Board member. Meeting content: Governing Board meeting updates, CICS 28E Agreement changes, children's advisory committee update, transitional living center update, Service Coordination report, Advisory Committee terms expiring, presentation on ID Action "Make your Mark" conference, agency update/information sharing.

Meeting date: January 14, 2020. Member Participation: 4 individuals who utilize mental health disability services or are actively involved relatives of such an individual, 7 providers, and 1 Governing Board member. Meeting content: election of Chair and Vice-Chair, election of an individual who utilizes mental health and disability services or is an actively involved relative of such an individual to the CICS Governing Board, review and update of bylaws for CICS Adult Advisory Committee, Governing Board meeting updates, 2019 Advisory Committee report, CICS MHDS 2019 Annual Report, CICS crisis line update, CICS legislative priorities, children's behavioral health system update, agency update/information sharing.

The April 14, 2020 meeting was canceled.

Children's Behavioral Health Advisory Committee

As previously mentioned, this committee was formed with representation across the CICS region, committee members began meeting in December 2019 and held five meetings. Three committee members are designated to the CICS Governing Board: Children's Behavioral Health Service Provider non-voting ex-officio Director, the Education System voting Director, and Parent/Actively Involved Relative of a Child who Utilizes

Children’s Behavioral Health Services voting Director. Please see below for a summary of the Children’s Behavioral Health Advisory Committee meetings:

Meeting date: December 9, 2019. Sixteen committee members present and eight CICS representatives. Welcome and introductions, meeting time, desired outcome of the committee, learning what service supports are currently available for children, what are the gaps and needs, legislation and rules overview, current children’s services and service implementation plan overview, service tracts and coordination project, planning for the next meeting.

Meeting date: January 13, 2020. Fifteen committee members present and three CICS representatives. Implementation progress and next steps, identified providers of children’s services, CICS legislative priorities, election of chair and vice-chair, prevention and education discussion, planning for next meeting.

Meeting date: February 10, 2020. Sixteen committee members present and five CICS representatives. Election of representatives to the CICS Governing Board, CICS children’s behavioral health service implementation plan, Juvenile Court services presentation, upcoming events, and planning for next meeting.

Meeting date: March 9, 2020. Fourteen committee members present and three CICS representatives. Diagnoses review and discussion, First Five presentation, future meeting format discussion, and goals of committee.

Meeting date: June 8, 2020. Ten committee members present, two guests, and two CICS representatives. Discussion on how to move forward and work plan, programs currently used in schools, Juvenile Court, detention, law enforcement needs, topics for future discussion included serious emotional disturbance definitions, funding of services, services, and timelines.

No meetings were held in April and May 2020.

Provider Meetings:

CICS met with various provider groups at least quarterly.

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 with complex needs, and outcomes project.

Mental Health and Disabilities Services Commission:

CICS attends monthly meetings of the MHDS Commission; Jody Eaton and Russell Wood were appointed by the Governor to 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 was appointed by the Governor to serve as a member of this council and was a member of the Executive Committee

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 through December 2019 with his term ending 12/31/19. As of 1/1/20 Karla Webb serves on this Board.

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. Karla Webb and Russell Wood, who serves as Chair, were representatives of this Committee.

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

Jill Eaton was a member of this committee.

Regional Collaborations:

Due to the fact that CICS is located within the center of Iowa, we work with many regional groups on partnering and planning for services. As mentioned earlier, CICS partnered with Sioux Rivers and Northwest Iowa Care Connections for the IPS pilot project and also worked with other regions regarding 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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