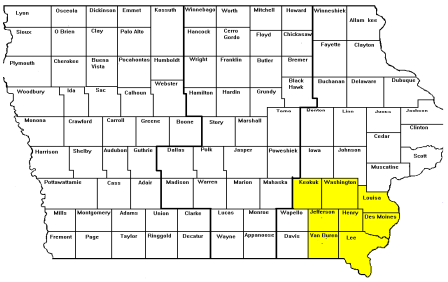

SOUTHEAST IOWA LINK (SEIL)

MENTAL HEALTH AND DISABILITY SERVICES REGION

DES MOINES, HENRY, JEFFERSON,

KEOKUK, LEE, LOUISA, VAN BUREN

& WASHINGTON COUNTIES

REGIONAL MENTAL HEALTH AND DISABILITY SERVICES COMMUNITY SERVICES PLAN

PREPARED BY:

RYANNE WOOD, CHIEF EXECUTIVE OFFICER

TO BE SUBMITTED

OCTOBER 16, 2017

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FY18 Community Services Plan Overview

The 2017 Legislative session passed Senate File 504 which instructs MHDS Regions:

- To convene a Stakeholder Workgroup comprised of representatives from hospitals, the judicial system, law enforcement agencies, managed care organizations, mental health providers, crisis service providers, substance abuse providers, the national alliance on mental illness, and other entities, as appropriate, to meet on a regular basis effective 7/1/17. The desired outcome of this Workgroup is to create collaborative policies and processes relating to the delivery of, access to, and continuity of services and supports for individuals with mental health, disability, and substance use disorder needs;
- To review funding resources currently available (including but not limited to regional fund balances, Title XIX, and other funding sources) and to partner with other regions to provide needed services and supports to individuals with mental health, disability, and substance use disorder needs; and
- To identify the following Community Services Plan components
    - Planning and Implementation Timeframes and Assessment Tools for determining the effectiveness of the plan in achieving the Department's identified outcomes for success
    - Financial Strategies to support the plan

A. Stakeholder Workgroups

The following individuals attended workgroup meetings to provide input into the development of this Community Service Plan. Meetings were held at the Henry County Emergency Management building in Mount Pleasant on July 12, 2017, August 9, 2017, September 13, 2017, and October 4, 2017

NAME	AGENCY/ORGANIZATION
Abby West	Young House Family Services
Amanda Burgus	Fort Madison Community Hospital
Andrea Leyden	Washington County Hospital and Clinics
Angie Torres	Optimae Lifeservices
Annette Remick	Goodwill
April Krogmeier	Southeast Iowa Link Advocate
Bart Richmond	
Bob Bartles	Hope Haven
Bobbie Wulf	Washington & Louisa County
Brian Simmons	River Hills
Candace Collins	Department of Corrections
Cheryl Plank	Tenco
Chris Estle	Jefferson County Public Health
Christina Watson	
Christopher Betsworth	Hillcrest
Codie Amason	Tenco
Cokie Ikerd	Optimae Lifeservices
Dan Kenel	ADDS
Dan Koch	Integrated Telehealth
Darren Grimshaw	Burlington Police Department
David Crawford	Hillcrest
David Thomas	

Deb Wood	Tenco
Dee Sandquist	Jefferson County Board of Supervisors
Don Ryan	
Donald Ross	
Doug Ervine	Des Moines County Sheriff's Office
Doug Wilson	Integrated Telehealth
Elley Neuzil	Transition Link
Eugenia Kendall	Kirkwood
Faith Housman	Hillcrest
Jack Seward Jr	Washington County
Jackie Morgan	Indian Hills
Jamie Beskow	Lee County Health Department
Janet Phelps	Van Buren County Hospital
Jared Schneider	Washington County Sheriff's Office
Jay Ricke	Integrated Telehealth
Jim Romar	
Joy Smith	
Kelsey Christiansen	Hillcrest
Ken Hyndman	Des Moines County
Kim Crutcher	First Resources
Kristen Helm	Hillcrest
Kristen Miller	Keokuk Hospital
Lacey Harlan-Ralls	Henry County Health Center
Lanae Greene	Iowa Workforce
Lisa Burkhalter	Jefferson County Health Center
Lori Baker	Amerigroup
Marris Whitfield	Tenco
Matt Faidley	Amerihealth Caritas
Meagan Vogel	Counseling Associates
Misty Harris	Great River
Natalie Ginty	Iowa Hospital Association
Nicholas Foss	ADDS
Path Sallee	Henry County Health Center
Ron Christensen	Hope Haven
Roxanne Hupp	
Ryanne Wood	Lee County
Sandra Hashman	
Sandy Stever	Jefferson & Van Buren County
Shannon Weaver	Iowa Workforce Development
Sarah Berndt	Henry County
Sarah Seifert	Ameri Group
Shelley Marshall	Keokuk Hospital
Staci Worley	Jefferson County Health Center
Stacy Weber	Lee County Sheriff's Office
Stephanie Millard	Southern Iowa Mental Health Center
Steve Sehr	Amerihealth Caritas

Tami Gilliland	Keokuk County
Ted Kuechmann	Southeast Iowa Link Advocate
Tom Broeker	Des Moines County Board of Supervisors
Tracy Liptak	Optimae Lifeservices
Veto Thode	Washington Schools
Wyatt Peterson	

Mental health crises are costly in human, medical and financial terms. To be more effective, we need to work together. Mental health crises involves many players. A crisis may begin in a community home, involving direct support providers, managers and case workers; bring in law enforcement or crisis service specialists; and be routed to jail, an emergency room or a crisis stabilization residential service. That path may be influenced by insurance, regional decision-makers, or community-based providers. All these professionals play their part.

On June 28, 2017, Mental Health and Disability Service (MHDS) Regions and the Iowa Law Enforcement Academy (ILEA) hosted a Crisis Prevention & Mental Health Summit Roundtable **(see Appendix A)**. We brought together a broad variety of professionals who don't usually get to talk to each other to begin discussing and brainstorming ideas for improvement. We identified our goal as: Iowans with behavioral needs will be supported in their community from a public health not a public safety perspective. Collaboration was a common theme in our discussions:

- **Resource Collaborations – Training** (develop common language across stakeholder groups)
  - Mental Health First Aid (Family, Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
  - Crisis Intervention Training (Community Providers – information/support, Regions, MCOs, Law Enforcement)
  - C3 De-Escalation (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
  - Trauma Informed Care (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
  - Co-Occurring (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
  - SAMHSA Emails (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
  - Police & MH Toolkit (Community Providers, Regions, MCOs, Law Enforcement)
- **Resource Collaborations – Community Supports** (continuing to build community capacity)
  - Tele Psychiatry
  - Mobile Crisis Response Teams/MH Assessment
  - Jail Diversion/Re-Entry
  - Open Bed Tracking System
    - Crisis Stabilization
    - Crisis Observation
    - Transition Homes
    - Sub-Acute Supports
    - Substance Abuse Services

B. Statewide Strategic Direction

The Department of Human Services released a report on February 22, 2017 which identifies two problem areas with Iowa's Mental Health System for Individuals with complex needs. The passage of Senate File 504 legislatively mandates the Mental Health and Disability Service Regions to identify strategies to address these issues as follows:

Problem #1: The absence of a community plan and a fragmented approach in serving individuals,

particularly those with complex needs.

Appropriate services for individuals with complex needs need to be readily available statewide. To achieve this, the Regions will work with stakeholders and various funders to build the service continuum and ensure people receive continuity of care through a collaborative, community-based approach.

Goal: Engage the community and develop implementation plans and processes to handle complex cases.

Problem #2: There is a gap in care for patients with complex needs due to an incomplete service continuum and lack of continuity of care (case management and integrated health homes). Individuals are stuck at a higher level of care due to lack of services and a lack of provider willing to accept patients with complex needs.

Through the Mental Health and Disability Service Redesign, Regions have been tasked with building a service system that closes the service gaps through the development of Evidenced Based Practices, Core Services and Additional Core Services as funding is available. Building the service continuum is imperative for individuals with complex needs to be discharged from higher levels of care than is necessary and works towards individuals receiving appropriate services.

Goal: Build the service continuum and increase the continuity of care by having MHDS regions utilize current resources and braiding funds to build a comprehensive, full array of services.

C. Department Identified Outcomes for Success

Desired Outcome for Success 1. The number of individuals who are in the emergency department over 24 hours because mental health, disability, or substance use disorder services are not available.		
Regional Strategy	**Anticipated Completion Date**	**Projected Cost**
The SEIL region will work with our eight hospital systems in gathering information regarding individual cases in which a person has lingered in the ED over a 24 hour time frame.	11/1/2017-6/30/2022	$0 Administrative
SEIL will use the standardized region spreadsheet to collect this data on a monthly basis.	11/1/2017-6/30/2022	$0 Administrative
SEIL will report this data to DHS on a quarterly basis.	11/1/2017-6/30/2022	$0 Administrative
SEIL will establish baseline information pertaining to the difficult to serve/complex needs population numbers.	11/1/2017-6/30/2022	$0 Administrative
SEIL will gather interfering factors to placements for individuals and work with community partners to strategize service development and/or service access that can directly address the most pressing interfering factors identified in the data.	11/1/2017-6/30/2022	$0 Administrative
SEIL will measure effectiveness of placement strategy for individuals on the aggregate by numbers moved through the EDs in less than 24 hours.	11/1/2017-6/30/2022	$0 Administrative

Desired Outcome for Success 2. The number of individuals who are psychiatrically hospitalized 24 hours beyond the hospital determining them ready for discharge because community based mental health, disability, or substance use disorder services are not available.		
Regional Strategy	**Anticipated Completion Date**	**Projected Cost**
The SEIL region will work with inpatient acute psychiatric units in gathering information regarding individual cases in which a person has lingered in inpatient services for over a 24 hour time frame post psychiatrist determination of level of care decrease and receipt of hospital discharge plan and/or Integrated Health Home coordination of service.	11/1/2017-6/30/2022	$0 Administrative
SEIL will use the standardized region spreadsheet to collect this data on a monthly basis.	11/1/2017-6/30/2022	$0 Administrative
SEIL will report this data to DHS on a quarterly basis.	11/1/2017-6/30/2022	$0 Administrative
SEIL will establish baseline information pertaining to the difficult to serve/complex needs population numbers.	11/1/2017-6/30/2022	$0 Administrative
SEIL will gather interfering factors to timely discharges from inpatient acute psychiatric services on a individual case basis and work with community partners to strategize procedural/system coordination efforts that streamline efficient discharge processes.	11/1/2017-6/30/2022	$0 Administrative
SEIL will use the identified discharge interfering factors to develop and/or gain access to the service array that can meet the predominant aggregate need.	11/1/2017-6/30/2022	$0 Administrative
SEIL will measure effectiveness of placement strategy for individuals on the aggregate by numbers moved through inpatient acute psychiatric placement in less than 24 hours post psychiatrist determination.	11/1/2017-6/30/2022	$0 Administrative
Desired Outcome for Success 3. The number of individuals with a mental illness, intellectual disability, or substance use disorder who could have been diverted or released from jail if appropriate community based services had been available.		
Regional Strategy	**Anticipated Completion Date**	**Projected Cost**
SEIL will work with our eight(8) county jail systems in identifying individuals that could have been diverted from incarceration due to issues related to their diagnostic disability (mental illness, intellectual disability, or substance use disorder).	11/1/2017-6/30/2022	$0 Administrative
SEIL will work with our eight(8) county jail systems in identifying individuals that are not released timely from incarceration due to issues related to their diagnostic disability (mental illness, intellectual disability,	11/1/2017-6/30/2022	$0 Administrative

or substance use disorder).		
SEIL will report this data to DHS on a quarterly basis.	11/1/2017-6/30/2022	$0 Administrative
SEIL will establish baseline information pertaining to the difficult to serve/complex needs population numbers in the jail setting.	11/1/2017-6/30/2022	$0 Administrative
SEIL will gather interfering factors to successful diversion from jail setting and timely discharges from custody on an individual case basis and work with community partners to strategize procedural/system coordination efforts that streamline efficient discharge processes.	11/1/2017-6/30/2022	$0 Administrative
SEIL will use the identified discharge interfering factors to develop and/or gain access to the service array that can meet the predominant aggregate need.	11/1/2017-6/30/2022	$0 Administrative
SEIL will measure effectiveness of placement strategy for individuals on the aggregate by numbers moved through the incarceration process that are complex need cases and as it relates to service access delays. **NOTE**: SEIL will not measure delays as related to judicial or correctional processes (i.e. continuances, criminal proceedings, pre-sentence investigations, revocations, work release delays, appeals processes, etc.)	11/1/2017-6/30/2022	$0 Administrative
Desired Outcome for Success **4.** The number of individuals involuntarily discharged from their community based mental health, disability or substance use disorder provider without a new community based provider in place. This includes, individuals discharged to jail, homelessness, or hospital that are not returning to services with their current provider.		
Regional Strategy	**Anticipated Completion Date**	**Projected Cost**
SEIL has emphasized with our local provider network the importance of data submission into the CSN system related to Five Star Quality to push our region along in the development of Value Based Contracting. Community integration is a vital data point of the Five Star Quality CSN entry process and will be the methodology to receive individual involuntary discharge information from community based residence/services.	11/1/2017-6/30/2022	$0 Administrative
SEIL will report this data to DHS on a quarterly basis.	11/1/2017-6/30/2022	$0 Administrative
SEIL will establish baseline information pertaining to the difficult to serve/complex needs population numbers in which service providers have involuntarily discharged.	11/1/2017-6/30/2022	$0 Administrative
SEIL will gather interfering factors that contributed to the involuntary discharges from community based residence/services on the aggregate and work with MHDS providers to strategize procedural/system coordination efforts that address unplanned discharges.	11/1/2017-6/30/2022	$0 Administrative
SEIL will measure engagement and effectiveness of strategies to deter involuntary discharges from community based providers/services.	11/1/2017-6/30/2022	$0 Administrative

*FY22 based on current legislated funding formulary is when the region system has reached its optimum financial capacity. The existing Fund balances will be spent down, maximum levy capacity will be required to sustain the service development to derive the department identified outcomes, and for the SEIL region 20% cash flow to cross fiscal years until tax levy revenue registers in the county auditor

systems is the maximum allowable. The strategies identified above relate to data indicating the number of individuals that are complex needs and analysis of data will indicate success in overcoming systematic deficits in serving this population. Because data input, management, and analysis will be done at the region level as it pertains to the SEIL management plan- $0 cost is allocated because there will not be any growth within the administrative management of the region or financing thereof. Cost increase will be realized as it relates to service delivery with anticipation of performance based contracting demonstrable to the region via data submission.

Outcome Indicators		FY18 Goal	Nov-17 - Jan-18	Feb-18 - Apr-18	May-18 - July-18	Aug-18 - Oct-18
Community Integration						
Community Based Employment						
Safe Affordable Housing						
Somatic Care						
Care Coordination for all complex needs population						
Peer Support and Natural Support Engagement						

Process Indicator/Assessment Tool		FY18 Goal	Nov-17 - Jan-18	Feb-18 - Apr-18	May-18 - July-18	Aug-18 - Oct-18
DHS data points as described above from each of the SEIL 8 hospitals submitted monthly to SEIL Region to measure complex need population ED placements lasting longer than 24 hours						
Time stamped discharge plan from in patient acute that verifies patient capacity to move to a lower level of care						
Orbis Spin Reentry software will measure justice involved complex needs individuals that are over accessing/exasperating the criminal justice process/system						
CSN event indicated in provider portal and/or Region CSN entity will measure involuntary discharges from community based service						
Inter-RAI/SIS/Crisis Pre Assessment/CRASH/Hab tier review will be utilized as diagnostic assessment indicators of interfering factors contributing to the complex needs population in the aggregate.						

D. Plan for Regional Fund Balance Spend Down

New Service Investments	Time Frames for Implementation.	Projected Costs
5 Star Quality Training	July 2017-June 2018	$10,000-One Time Cost Collaboration with other Regions
Crisis Intervention Training- Public Safety	July 2017-June 2018	$15,000-Every other year
C3 De-escalation Training- Service Providers targeting Direct support personnel	October 2017-October 2019	$18,000- 2 years

Crisis Intervention Team- Rural Model	July 2018-ongoing	$68,000- Annually Projected 3% price index increase
Mobile Crisis- Hybrid model using a combination of electronic technology and personnel dispatch	July 2018-ongoing	$100,000- Start Up cost $105,000- Annually
Specialized Service Coordination for Complex Needs Population	July 2018- ongoing	$80,000- Annually Projected 3% price index increase
Co-occurring Residential Treatment	January 2018	$1,149,750-Annually Braid funding Medicaid/Region/Public Health Estimated on a $210 per diem rate 15 bed capacity
No Eject/No Reject (low admission criteria) pre and post hospital service for observation and person centered intervention/treatment strategy development. (Pre-Booking/Transitional Services/Post Acute)	July 2018-ongoing	$775,625- Annually- Braided Funding Estimated on a $425 per diem rate
Permanent Supported Housing	July 2017-ongoing	$200,000- Annually Projected on averaged fair market rental lease- 30 units with Section 8 subsidy

As defined in the 28E Agreement which is the prevailing document which describes the formation and function of the SEIL region consisting of the eight(8) member counties and as approved by the Department of Human Services, SEIL has from its inception focused on the development of a region service system that meets the needs of our target diagnostic populations with consideration of county levied tax dollars. In our public documents (published minutes/ Annual Service and Budget Plans/Annual Reports/etc.), the region has advised and provided guidance to local member counties of spending authority needs to support the region service system and the anticipated costs for service system development. This guidance has consistently allowed for county members to exert local control in determining the most effective funding mechanisms to support the identified cost of the service system. County members determine for themselves what is meaningful and necessary to them at the local level on whether to use fund balance/ levied property tax dollars/or combination of fund balance and levied property tax dollars to cover the expense of the region service system. This methodology relates heavily to a per capita contribution which is a fair and equitable mechanism to developing a population health service system and value based mechanisms for contracting. During the 3 years of functioning as a region, member county tax asking on the aggregate has decreased and expenditure budgets have increased. The expenditure increase is in direct relation to services for individuals and service array growth and development.

In this financial administrative style, clear and stable funding formularies must be in place in order to determine appropriate growth/expansion of service with great concentration on sustainability of effective and efficient service that will derive desired outcomes for individuals accessing care. Fund balance is one-time money and analysis of use should be gleamed from quantitative evidence of need and projected impact value. I would venture to say that it is a reach to have this accomplished in a 3 year period with the partnerships that must be developed across varying disciplines that take

part in systematic change. Furthermore, the regions have experienced funding formula change within the 3 years of functioning as a region, which has only contributed to the complexity of quantitative and qualitative analysis. Good faith effort has been made with our change agent/stakeholder partners even prior to regionalization with the creation of a SEIL strategic plan as the guiding document and visionary mission of the SEIL region. This too is a public document and has been submitted to DHS along with other submitted reports.

We now enter the second phase of strategic planning which is this document- the Community Services Plan which again brought our change agent/stakeholder group to the table with a broader and deeper representation of disciplinary perspective. These have been robust conversations of how, when, and where we can work together within the frameworks of business practice, objectives, and resources. This a public/private venture that encompasses the gamete of government jurisdictions (Federal/State/County/Municipality) and business structure (for profit and not for profit). The complexity of the work is profound when you get into the details. The concept of braided funding becomes nothing more than a sound bite that rolls easily off the tongue, but requires much more than conversations about money. Braiding mission, vision, objective, culture, language, and methods of operation takes great concentration, effort, and time.

SEIL will put forth every effort to formulate a service delivery system that has meaning and provides quantitative benefit to those that receive service. Fund balance spend down will be part of that development process (just as it always has), but it is not the mission or vision of the work that needs to be done. Wise and sustainable service will be the impetus for decisions and development. Targeting cost to meet financial framework as per legislation to avoid long term financial consequence on the backs of individuals served, provider's efforts and engagement of service, and partner process investment will be a factor in financial considerations, but the SEIL region cannot and will not spend money for the sake of spending money nor will the region hoard money for the sake of hoarding money as what has been implicitly implied by the state mandated prescriptive.

Year	Revenue	Expenditures	Fund Balance
FY15 Audit Finals	$7,687,098	$3,995,698	$13,222,798
FY16 Audit Finals	$5,022,834	$5,175,640	$13,050,914
FY17 Projected	$2,822,668	$5,349,024	$10,524,558
FY18 Projected	$3,411,406	$6,668,351	$7,267,613
FY19 Projected	$3,271,760	$9,064,726	$4,575,625
FY20 Projected	$3,271,760	$9,120,656	$1,824,131
FY21Projected	$4,089,700	$8,765,756	$1,753,150
FY22 Projected	$4,907,640	$7,556,164	$1,511,230

- Projected Revenue is subject to local Board of Supervisor taxing authority decision. SEIL Region will provide recommendation for targeted amount expenditure budget on a county member basis. Max levy capacity for SEIL is $6,968,848 (based on 2015 population estimate of 163,588) or new region per capita max of $42.60
- Projected Expenditure is subject to accreditation/licensing/contracting/business agreements for interested parties development of identified new services in Table D above and capacity to roll out additional service array in designated time frames. There are various other variables that can have impact on expenditures, i.e. court committals, MHI placements, Federal and State adjustments to insurance coverage and/or benefits, waiver waitlists, access to core services within statewide provider network and access standards, legislative changes to Region obligation for service and/or population(s), Legislative modifications to funding formula of MHDS, and workforce capacity to grow the necessary service array.

- Projected Expenditure amounts also include Encumbrance of funds as per contracts ongoing with the above detailed services identified in Table D. In the event that other funding sources do not contribute to the service array of the region, the region may become the single payor ongoing to sustain the service. It is for this reason that the entirety of the cost is built into projected expenditures.

Appendix A

Crisis Prevention Mental Health Summit Roundtable Participants

Agency	First Name	Last Name	Host County/Region
Story County Sheriff's Office	John	Asmussen	Central Iowa Community Services
Access	Jenny	Backer	Central Iowa Community Services
Central Iowa Community Services	Jody	Eaton	Central Iowa Community Services
Eyerly Ball	Shelby	Forsythe (Peters)	Central Iowa Community Services
Jasper County Sheriff's Office/Jail	Wendy	Hecox	Central Iowa Community Services
Marshall County Sheriff Office	Steven	Hoffman	Central Iowa Community Services
Capstone	Renae	Northcutt	Central Iowa Community Services
CROSS MHDS Region	Codie	Amason	County Rural Offices of Social Services
Circle of Life	Lisa	Conklin	County Rural Offices of Social Services
Circle of Life	Ashley	Kibbe	County Rural Offices of Social Services
CROSS MHDS Region	Kathy	Lerma	County Rural Offices of Social Services
Tenco	Marris	Whitfield	County Rural Offices of Social Services
Eastern Iowa MHDS Region	Lori	Elam	Eastern Iowa MHDS
Eastern Iowa MHDS Region	Christine	Gradert	Eastern Iowa MHDS
Heart of Iowa Region	Darci	Alt	Heart of Iowa
Heart of Iowa Region	Michelle	Humiston	Heart of Iowa
Dallas County Sheriff's Office	Adam	Infante	Heart of Iowa
Heart of Iowa Region	Ellen	Ritter	Heart of Iowa
Heart of Iowa Region	Karen	Rosengreen	Heart of Iowa
Johnson County Jail Alternatives	Jessica	Peckover	MHDS of the East Central Region
Compass-Pointe Behavioral Health	Bill	Glienke	Northwest Iowa Care Connections
Seasons Center for Behavioral Health	Emily	Rohlk	Northwest Iowa Care Connections
Hope Haven, Inc.	Doug	Smit	Northwest Iowa Care Connections
Northwest Iowa Care Connections	Kim	Wilson	Northwest Iowa Care Connections
Unity Point	Kevin	Carroll	Polk
Des Moines Police Department	Kelly	Drane	Polk
Iowa Association of Community Providers	Gayla	Harken	Polk
Johnston Police Department	Jessica	Jensen	Polk
Broadlawns	Steve	Johnson	Polk
PCHS	Sara	Lupkes	Polk
Polk County Health Services	Susie	Osby	Polk
Polk County Health Services	Annie	Uetz	Polk

Agency	First Name	Last Name	Host County/Region
Rolling Hills Community Services	Lisa	Bringle	Rolling Hills Community Services
Plains Area Mental Health	Melissa	Drey	Rolling Hills Community Services
Rolling Hills Community Services	Leisa	Mayer	Rolling Hills Community Services
Rolling Hills Community Services	Dawn	Mentzer	Rolling Hills Community Services
First Resources	Rob	Breckenridge	South Central Behavioral Health Region
First Resources	Chris	Conlee	South Central Behavioral Health Region
First Resources	Kyleigh	Moser	South Central Behavioral Health Region
South Central Behavioral Health Region	Miranda	Tucker	South Central Behavioral Health Region
South Central Behavioral Health Region	Jennifer	Vitko	South Central Behavioral Health Region
Henry County Transition Link	Deb	Bergquist	Southeast Iowa Link
Henry County Transition Link	Sarah	Berndt	Southeast Iowa Link
Great River Medical Center	Heather	Boatman	Southeast Iowa Link
Henry County Transition Link	Elley	Neuzil	Southeast Iowa Link
Optimae Behavioral Health	Rochelle	Phelps	Southeast Iowa Link
Southeast Iowa Link	Sandy	Severs	Southeast Iowa Link
Amerihealth Caritas	Marissa	Eyanson	Statewide
Iowa Hospital Association	Natalie	Ginty	Statewide
Amerihealth Caritas	Cathy	Helmke	Statewide
Iowa Hospital Association	Kim	Murphy	Statewide
Amerihealth Caritas	Dr. Steven	Sehr	Statewide
Heartland Family Service	Mindy	Blair	SWIAMHDS DSD
Southwest Iowa Region	Danelle	Bruce	SWIAMHDS DSD
Nishna Productions	Sherri	Clark	SWIAMHDS DSD
Shelby County Sheriff's Office	Kyle	Lindberg	SWIAMHDS DSD
Southwest Iowa Region	Lonnie	Maguire	SWIAMHDS DSD
Shelby County Sheriff's Office	Nancy	Pigsley	SWIAMHDS DSD
DHS	Theresa	Armstrong	Statewide
DHS	Julie	Jetter	Statewide
C3	Andra	Medea	Consultant/Researcher
IDPH	MIchele	Tilotta	Statewide
NAMI	Craig	Matzke	Statewide