

Central Iowa Community Services Mental Health and Disability Services FY 2015 Annual Report



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

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Introduction

Central Iowa Community Services (CICS) provides coordination and financial support for mental health and disability services to individuals located in the 10-county area including Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story and Warren counties.

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

CICS Management Plans are available on the CICS Website www.cicsmhds.org and DHS Website <http://dhs.iowa.gov>.

The Annual Report

The Annual Report reflects the first official year of regionalization. The report includes fiscal year 2015 efforts to merge the county mental health system into a regional system of care. The report contains information on the availability of core, additional core services, and the efforts and plans for expansion in services and provider proficiencies. Also reported are the statistical reports of individuals funded and expenditures and budgets. In the final section, we will report the struggles and the achievements, lessons learned, and show the collaboration and partnerships that will help lead to a better system of care in Iowa.

The CICS Governing Board Directors for FY15 are:

Tom Foster – Boone County
 Mike Nolte – Franklin County
 Doug Bailey – Hamilton County
 Ronn Rickels – Hardin County
 Joe Brock – Jasper County
 Kirk MacUmbert – Madison County (ended 12/31/14)
 Phil Clifton – Madison County (began 1/1/15)
 Dean Adams – Marshall County (ended 12/31/14)
 Bill Patten – Marshall County (began 1/1/15)
 Larry Wilson – Poweshiek County
 Wayne Clinton – Story County
 Dean Yordi – Warren County
 Al Fagerlund – Ex-officio, non-voting Director
 Mary Swartz – Ex-officio, non-voting Director (ended 12/31/14)
 Pam Herrema – Ex-officio, non-voting Director (began 1/1/15)

The CICS Advisory Board members for FY15 are:

Tim Rogers, Mary Swartz, Jerry Kramer, Chad Huddelston, Tim Bedford, Harry Jacoby, Sherri Becker, Sarah Baird, Anne Vance, Al Fagerlund, Renae Northcutt, Pam Herrema, Brent Deppe, Mike Morrison, Terry Johnson, William Vaughn, Wendie Cooper, Kimberly Pavlica, Pete Bratner, Susan Kriegel, Linda Romero, Jennifer Scott, Kathy Dinges, Tom Foster and Doug Bailey – Governing Board ex-officio non-voting members.

Services provided in Fiscal Year 2015:

Included in this section of the report:

- Access Standards for Core Services and what we are doing to meet access standards
- Additional Core Services, availability and plans for expansion
- Provider Practices and Competencies
 - Multi-occurring Capable
 - Trauma Informed Care
 - Evidence Based Practices

CICS contracts with local providers for core and additional core services throughout the 10-county area. CICS also honors host regional contracts to ensure that services are available.

Core Service/Access Standards: Iowa Administrative Code 441-25.3

The table below lists core services, describes if the region is meeting the access standards for each service, how the access is measured and plans to improve or meet access standards.

Code Reference	Standard	Results:	Comments:
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	<ul style="list-style-type: none"> • Met Yes/No • By which providers <p style="text-align: center;">Yes</p>	<ul style="list-style-type: none"> • How measured • If not, what is plan to meet access standard and how will it be measured <p>The Community Mental Health Centers identified serve 9 of the 10 counties. Additionally, CICS contracted provider in Poweshiek County, Grinnell Regional Mental Health Center (GRMHC) has inquired about receiving designation from DHS.</p>
25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	<ul style="list-style-type: none"> • Met Yes/No • By which providers <p style="text-align: center;">Yes</p>	<ul style="list-style-type: none"> • How measured • If not, what is plan to meet access standard and how will it be measured <p>Mary Greeley Medical Center has a 19-bed facility consisting of 12 adult beds and 7 adolescent beds.</p> <p>CICS also honors the host region contracts to provide access.</p>

Outpatient: (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)			
25.3(3)a(1)	<p>Timeliness: The region shall provide outpatient treatment services.</p> <p>Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p>	<p>Yes</p> <p>The Community Mental Health Centers (CMHC) listed above follow access standards in Iowa Code Chapter 230A, GRMHC also provides this access. These centers provide outpatient, medication prescribing, and management and assessment and evaluation. The CMHCs and GRMHC have also received Chapter 24 accreditation from DHS.</p>	<p>How Measured: CICS service coordination staff contacted outpatient providers and Integrated Health Home staff to gather information regarding access standards and timelines.</p> <p>CICS initiated on-call stipend for MHCs and GRMHC.</p>
25.3(3)a(2)	<p>Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.</p>	<p>Yes</p> <p>See information above</p>	<p>How Measured: CICS service coordination staff contacted outpatient providers and Integrated Health Home staff to gather information regarding access standards and timelines.</p> <p>CICS initiated on call stipend for MHCs and GRMHC.</p>
25.3(3)a(3)	<p>Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.</p>	<p>Yes/No</p> <p>Provider Network: Advanced Therapy Solutions, Anne Mc Crea, Berryhill Center for Mental Health, Capstone Behavioral Healthcare, Pam Caviness, Center Associates, Central Iowa Psychological Services, Crossroads Mental Health Center, Eyerly Ball Community Mental Health Services, Grinnell Regional Mental Health Center, Hansen Family Hospital, House of Mercy, Youth and Shelter Services.</p> <p>Other available providers: Achieve Mental Health, Adel Mental Health, Ames Counseling and Psychological Services, Behavioral Health Options, Behavioral Health</p>	<p>How Measured: CICS service coordination staff contacted outpatient providers and Integrated Health Home staff to gather information regarding access standards and timelines.</p> <p>Meeting access standards begins with contacting the MHCs. If it does not appear they are within the access standards, staff contacts other outpatient providers both within and outside the provider network to determine if services are available within the timeframe and distance standards. We are always striving to meet the access standard, at times in any given area there may be a staff shortage. The access standard is a moving target and is dependent on retention of staff and recruitment of new staff.</p> <p>Medication and Prescribing management is on occasion met by local Medical Providers, or referring to nearby communities to receive the service.</p>

		<p>Services, Borst Counseling, Patti Campidilli, Catalyst Counseling, Catholic Charities, Center for Interpersonal Effectiveness, Clear Brook Counseling Professionals, Clinical Associates of Ames, Compass Tree Counseling, Counseling for Growth and Change, Creative Counseling Services, Crossroads Counseling, Davis Psychological, 5th St. Mental Health Professionals, Genesis Mental Health Center, Healing Hearts Therapy, Health Homes, In Perspective PLLC, Integrated Treatment Services, Iowa Specialty Clinic, James R. Trahan Plc & Associates, Journey Counseling & Consultation, Linda Knierim, KW Counseling, Kun-Hong Lu, Lutheran Services in Iowa, William Martin, Phd., Mason City Clinic, Midwest Counseling LLC, Mind and Body Clinic, Monarch, Moonstone Wellness, Orchard Place Child Guidance, Peace of Mind Counseling Services, The Richmond Center, River Valley Clinic, Bailey Saal, LISW, SATUCI, Steiner and Associates, Dr. Stenger, Jeff Wells</p>	
<p>25.3(3)a(4)</p>	<p>Proximity: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.</p>	<p>Yes</p>	<p>While CICS meets access standards, the lack of transportation is still a concern.</p> <p>CICS provided funds in Poweshiek (FY 14), Story County, Boone County and Warren County (FY 15) to improve the access to outpatient services. (see Outcomes section for details on these projects)</p>

Inpatient: (Mental Health Inpatient Therapy)			
25.3(3)b(1)	Timeliness: The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	Yes/No Allen Hospital, Broadlawns Medical Center, Buena Vista Regional Medical Center (Geriatric), Cass County Memorial Hospital, Covenant Medical Center, Genesis Medical Center, Great River Medical Center, Iowa Lutheran Hospital, Jennie Edmundson Hospital, Mahaska Health Partners, Mary Greeley Medical Center, Mercy-Iowa City, Mercy-Clinton, Mercy-Des Moines, Mercy-Dubuque, Mercy-North Iowa, Mercy-Sioux, MHI, Satori Memorial Hospital, Spencer Municipal Hospital, St. Anthony Regional Hospital, St. Lukes-Cedar Rapids, St. Lukes-Sioux City, University Of Iowa Hospitals and Clinics	Even though inpatient beds are available, individuals are at times refused admittance by inpatient units. We have been informed that individuals with dual diagnosis, individuals needing detox, or those with disruptive behavior are often difficult to place in inpatient units. CICS has made Integrated Telehealth Partners available to local Emergency Rooms for access to psychiatry.
25.3(3)b(2)	Proximity: Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	Yes	Inpatient units are located within 100 miles of all CICS counties.
25.3(3)c	Timeliness: Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.	Yes See Routine Outpatient above	Self-report by MHCs, reports for Service Coordinators and Integrated Health Homes CICS has made arrangements to have individuals seen by alternate providers when necessary.

Basic Crisis Response: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)			
25.3(2) & 25.3(4)a	Timeliness: Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	Yes Community Mental Health Centers and GRMHC Amber Alert GPS, Connect America, Lifeline	How Measured: CICS service coordination staff contacted outpatient providers and Integrated Health Home staff to gather information regarding access standards and timelines. CMHCs either provide or contract with a provider for afterhours crisis line with CMHCs therapists providing on call services. CICS has implemented a Region-wide crisis line November 1, 2015.
25.3(4)b	Timeliness: Crisis evaluation within 24 hours.	Yes Community Mental Health Centers, GRMHC and Integrated Telehealth Partners	Through the CMHCs on-call therapist and through Integrated Telehealth Partners through Emergency Rooms.

Support for Community Living: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)			
25.3(5)	<p>Timeliness: The first appointment shall occur within four weeks of the individual's request of support for community living.</p>	<p>Yes</p> <p>Providers: Access Inc., ARC of Story County, At Home Care Services, Capstone Behavioral Healthcare, Central Iowa Residential Services, ChildServe, Choice Medical, Christian Opportunity Center, Diamond Life Health Care, Inc., Easter Seals of Iowa, Eyerly Ball Community Mental Health Services, Friends Forever Social Education Center, Friendship Ark Homes, Genesis Development, Grinnell Regional Home Care, Healthy Connections, Homecare Services of Boone County, Home Instead, Iowa Homecare, Jasper County Home Care, Lutheran Services in Iowa, Mainstream Living, MGMC Home Health and Hospice Services, Mosaic of North Central Iowa, Optimae Life Services, Phillips Floors, Inc., Progress Industries, The Respite Connection, Roberts Heating, Cooling, & Plumbing, Total Mobility, Universal Pediatrics, Village Enterprises, Warren County Public Health, Wesley at Home, Wesley Life Homecare</p>	<p>How Measured: CICS service coordination staff contacted outpatient providers and Integrated Health Home staff to gather information regarding access standards and timelines.</p> <p>All requests for these services have been met within the timeframe or the service is available. However, individuals with complex needs or interfering behaviors continue to be a challenge for community placement.</p> <p>In FY16 Transitional Housing site was opened by Optimae Life Services to assist individuals in providing a safe and secure place to live with staff supervision 16 hours/day while the individual establishes a plan, obtains support services, connects with resources, and secures safe and affordable housing.</p>

Support for Employment: (Day Habilitation, Job Development, Supported Employment, Prevocational Services)			
25.3(6)	Timeliness: The initial referral shall take place within 60 days of the individual's request of support for employment.	<p>Yes</p> <p>Job Development, Supported Employment, Prevocational Services: Christian Opportunity Center, Genesis Development, Mainstream Living Employment and Learning Center, MIW, Mosaic of North Central Iowa, North Iowa Vocational Center, Progress Industries</p> <p>Day Habilitation: Access, Inc., Capstone Behavioral Healthcare, Central Iowa Residential Services, Christian Opportunity Center, Friends Forever Social Education Center, Hardin County FIA Friendship Club, Mainstream Living Employment and Learning Center, Optima Life Services</p>	Supported employment providers were not available in each county previously. CICS drafted a proposal to partner with providers to establish, develop or expand supported employment services in each of the 10 counties. This project will continue for a period of 4 years.
Recovery Services: (Family Support, Peer Support)			
25.3(7)	Proximity: An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	<p>Yes/No</p> <p>Berryhill Center for Mental Health, Broadlawns Medical Center, Capstone Behavioral Healthcare, Center Associates, Central Iowa Recovery, Community Support Advocates, Crossroads Mental Health Center, Eyerly Ball Community Mental Health Services, Integrated Health Services, Lifeworks, Mid-Iowa Triumph Recovery Center, Orchard Place Child Guidance, Youth Emergency Services & Shelter, Youth and Shelter Services, Wellsource</p>	<p>Peer support is available through IHH providers and other trained peers.</p> <p>The required peer and family support training is beginning to become widely available. Recruitment of individuals to receive the training has been slow.</p> <p>CICS currently has NAMI trained peer support in some areas and has contracted with NAMI Iowa to provide Family to Family training to local volunteers. CICS has also contracted with NAMI of Central Iowa to provide guidance to other areas in developing support groups and educational opportunities.</p>

Service Coordination: (Case Management, Health Homes)			
25.3(8)a	Proximity: An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Yes Berryhill Center for Mental Health, Broadlawns Medical Center, Capstone Behavioral Healthcare, Center Associates, Central Iowa Case Management Services, Community Support Advocates, County Community Services Case Management, Crossroads Mental Health Center, Eyerly Ball Community Mental Health Services, Lifeworks, Orchard Place Child Guidance, Poweshiek County Case Management, Youth and Shelter Services, Youth Emergency Services & Shelter, Warren County MHDD Services, Wellsource	Each County in CICS has a designated Case Management and one or more Integrated Health Home providers. Not all individuals are served through case management or IHH. CICS employs Service Coordinators in each county to meet the coordination needs of individuals not enrolled in Medicaid or not eligible for IHH or case management.
25.3(8)b	Timeliness: An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	Yes	We are able to meet the access standard with CICS Service Coordination working with individuals referred to us until the individual can be served by the IHH. CICS does not manage the IHH enrollment.

Additional Core Services Available in Region: Iowa Code 331.397(6)

The Chart below includes additional core services currently provided or being developed.

<u>Service Domain/Service</u>	<u>Available:</u> <ul style="list-style-type: none"> • Yes/No • By which providers 	<u>Comments:</u> <ul style="list-style-type: none"> • Is it in a planning stage? If so describe.
Comprehensive Facility and Community-Based Crisis Services: 331.397~ 6.a.		
24-Hour Crisis Hotline	Yes Through CMHCs and GRMHC to cover the 10-county area	CICS implemented a Region-wide crisis line November 1, 2015.
Mobile Response	Yes Eyerly Ball Community Mental Health Services	Currently provided in Warren County; reviewing Chapter 24 Mobile Crisis rules to determine feasibility in rural areas.
23-Hour Crisis Observation & Holding	Yes Mary Greeley Medical Center	
Crisis Stabilization Community Based Services	Yes Berryhill Center for Mental Health	ACT is provided in Hamilton County.
Crisis Stabilization Residential Services	Yes Mary Greeley Medical Center Transitional Living Program (TLP)	Expansion of CSRS is in the beginning stages of development.
Other	Yes	Optimae Life Services Transitional Housing service implemented September 1, 2015.
Crisis Residential Services: 331.397~ 6.b.		
Subacute Services 1-5 beds	No	
Subacute Services 6+ beds	No	

Justice System–Involved Services: 331.397~ 6.c.		
Jail Diversion	Yes Eyerly Ball Community Mental Health Services, Optima Life Services (Intensive Case Management)	Jail Diversion services are provided in Warren County and as of May 1, 2015 these services are provided in Story County. Implementing in Jasper County October 1, 2015 and Poweshiek County January 1, 2016.
Crisis Prevention Training	Yes	CICS provided funding for Mental Health First Aid for Law Enforcement, First Responders and Fire personnel. Funds have been budgeted for additional Crisis Prevention Training.
Civil Commitment Prescreening	Yes Eyerly Ball Community Mental Health Services	Provided in Story County and Warren County CICS staff met with Court Administrators from the 2 nd and 5 th Judicial Districts to discuss how information could be shared. We will be reviewing civil commitment prescreening to see how effective it is to replicate in all counties.
Other	Yes Center Associates, House of Mercy, Integrated Telehealth Partners	CICS contracts with providers for therapy and psychiatric services in the jail.

Provider Competencies

Regions are expected to create a system of care that would incorporate provider practices that include the capacity to serve individuals with multi-occurring conditions, trauma informed care and evidence based or evidence supported practices. This initiative requires provider collaboration, creation of tracking mechanism for outcomes, and CICS identified the need for dedicated staff for Quality Assurance and implementing and measuring Evidence Based Practices. The additional administrative cost was not budgeted in FY 15. Realignment of job functions in FY 16 will allow us to dedicate additional time to these initiatives.

Below is a report from the Regional Collaborative regarding the
Outcomes measures and Provider proficiencies:

Regions, Iowa Provider Association and CSN staff have taken the lead in providing a mechanism for gathering data for outcome measures.

Quality Service Development and Assessment

I. What are the regions being asked to do as it pertains to Quality Service Development and Assessment, QSDA.

- Identify and collect Social Determinant Outcome data.
- Look at service delivery models- multi-occurring, culturally capable, evidence based practices, trauma informed care.
- Enter into performance based contracts/pay for performance.
(Each Region will need to compile this information as it is Region specific.)

II. Creating QSDA capacity within the regions.

- In FY 15 Regions generally addressed the QSDA process as Region specific. Most regions were beginning to identify the QSDA scope and conclude that to fulfill the QSDA requirements would require building capacity, developing priorities and implementing in phases. The initial effort to look at a statewide standardized approach targeted outcomes began. The rationale for selecting outcomes was that there was a successful model which had been developed by Polk County and a service delivery model, regardless of the type, could be evaluated by looking at outcomes.

III. Statewide Outcomes Project.

- The process began when the Iowa Association of Community Providers, IACP, scheduled a conference on the 5 star quality model in December 2014. Participants were providers and regional staff.
- A core group of providers, regional staff and ISAC CSN staff organized to discuss and design a statewide outcomes project in January 2015.
- At the ISAC Spring School in March, there was a presentation on an introduction to value-based social determinant outcomes and pay for performance.
- IACP gave an overview of the 5 star quality model to about 600 provider participants from all HCBS waivers and Habilitation services at a statewide training in April.
- IACP also trained providers (over 300 persons in attendance) on the 5 star quality model in May.
- Objectives for the statewide outcomes project:
 - Provider Agencies and Regions will work collaboratively as partners
 - Develop one set of standardized outcomes statewide
 - Establish a single point for data entry and data retrieval
 - Establish a set of core values utilizing the 5 star model as a framework

- We have identified the need and value in providing disability support services in the person's home community. We believe individuals with disabilities have the same basic human needs, aspirations, rights, privileges, and responsibilities as other citizens. They should have access to the supports and opportunities available to all persons, as well as to specialized services. Opportunities for growth, improvement, and movement toward independence should be provided in a manner that maintains the dignity and respects the individual needs of each person. Services must be provided in a manner that balances the needs and desires of the consumers against the legal responsibilities and fiscal resources of the Region.
- We want to support the individual as a citizen, receiving support in the person's home, local businesses, and community of choice, where the array of disability services are defined by the person's unique needs, skills and talents where decisions are made thru personal circles of support, with the desired outcome a high quality of life achieved by self-determined relationships.
- We envision a wide array of community living services designed to move individuals beyond their clinically diagnosed disability. Individuals supported by community living services should have community presence (characterized by blending community integration, community participation, and community relationships).

Development of the Outcomes Model

We utilized the Polk County outcomes model that has 16 measurable outcomes: Community Housing, Homelessness, Jail Days, Employment: Working toward self-sufficiency, Employment: Engagement toward employment, Education, Participant Satisfaction, Participant Empowerment, Somatic Care, Community Inclusion, Disenrollment, Psychiatric Hospital days, ER visits, Quality of Life and Administrative. This system has been operational since FY 98.

Operational Steps:

- Developed in the first phase 6 outcomes – Somatic Care, Community Housing, Employment, Community Integration, Clients served and Staff.
- Met with Rose Kim with DHS who is overseeing the outcomes process to review outcomes and determine if the project track is consistent with the Outcomes Workgroup recommendations.
- Discussed with Jeanine, CSN Director, the viability of utilizing CSN for provider input of outcome data.
- Presented Outcomes Project proposal to CEOs.
- In April constructed the following timeline for the Statewide Outcomes Project:
 - July Informational meetings
 - Sept. Support team training and system testing
 - Oct. Provide philosophical training (5-Star with Derrick Dufresne)
 - Oct. Follow up support team training
 - Oct. Web based portal launched
 - Oct. In person training for providers and regional staff
 - Nov. Project implementation – Providers begin entering data
 - Nov. Fall School – EBP – supportive housing, fidelity scales, outcomes
 - Jan. All providers begin entering data for the quarter

IV. Statewide Regional Objectives

- Move to create QSDA positions in the regions
- Set an organizational meeting by 10/1/15 for all regional designated QSDA staff
- Develop, implement and train on new provider portal built by ICTS by 11/1/15
- Identify scope of regional QSDA functions by 11/1/15
- Identify training needs (ongoing)
- Hold Statewide meeting in the fall focusing on QSDA

The Chart below is a brief description of the region’s efforts to increase provider competencies.

COMPETENCY	DESCRIBE REGION’S EFFORTS TOWARD INCREASING PROVIDER COMPETENCY.
<p><i>Service providers who provide services to persons with 2 or more of the following co-occurring conditions:</i></p> <ul style="list-style-type: none"> <i>a. Mental Illness</i> <i>b. Intellectual Disability</i> <i>c. Developmental Disability</i> <i>d. Brain Injury</i> <i>e. Substance Use Disorder</i> 	<p>CICS Administrative team met with Drs. Cline and Minkoff for two planning sessions to discuss strategies of implementing a system of care for multi-occurring individuals. CICS also hosted a region-wide provider meeting. Providers were encouraged to participate in the additional trainings.</p> <p>Quality Improvement Process Project (QuIPP) committee was initiated. Members of the steering committee consist of three Regional staff members and four provider members. The charge of this committee is to work to steer the implementation of a quality improvement and transformation process that included the Comprehensive, Continuous, Integrated System of Care model.</p>
<p>Trauma Informed Care</p>	<p>Gathered information from Community Mental Health Centers regarding services and trainings. DHS MHDS has contracts with CMHC’s or other mental health providers to provide staff training and EBP development/implementation. Other initiatives such as trauma informed care, multi-occurring service delivery, and other services are also supported with these contracts.</p>

The Chart below describes the region's efforts towards implementing and verifying fidelity of Evidence Based Practice.

EVIDENCE BASED PRACTICE	PROVIDERS	TRAINING	IMPLEMENTING EBP	DESCRIBE REGION'S EFFORTS TO INCREASE PROVIDER COMPETENCY IN EVIDENCE-BASED PRACTICES
<i>Core: IAC441-25.4(3)</i>	<i>List Agencies</i>	<i>List Trainings</i>	<i>List Agencies</i>	<i>Narrative</i>
Assertive Community Treatment or Strength Based Case Management	Berryhill Center for Mental Health			CICS is not the host county for the provider of ACT. CICS will partner with the regional host. Targeted case management for individuals with mental illness was phased out as those individuals transitioned into Integrated Health Homes contracted through the Iowa Plan.
Integrated Treatment of Co-Occurring SA & MH				
Supported Employment	Genesis Development, MIW, North Iowa Vocational Center, Progress Industries			
Family Psychoeducation				
Illness Management and Recovery	Berryhill Center for Mental Health, Capstone Behavioral Healthcare, Center Associates, Crossroads Mental Health Center, Eyerly Ball Community Mental Health Services	CMHCs have applied for funding for trainings through block grant administered by DHS.	Berryhill Center for Mental Health, Capstone Behavioral Healthcare, Center Associates, Crossroads Mental Health Center, Eyerly Ball Community Mental Health Services	As stated in Iowa Code 225c DHS MHDS, one of the many duties required of DHS is to emphasize the provision of evidence based outpatient and community support services. DHS contracts with CMHC's or other mental health providers to provide staff training and Evidence Based Practices development/ implementation through the Community Mental Health Center Block Grant. Other initiatives such as trauma informed care, multi-occurring service delivery, and other services are also supported with these contracts. CICS partnered with Community Mental Health Centers in the development of the scope of services for the block grant funds. Some of the initiatives in the requests were approved.
Permanent Supported Housing				

A fidelity assessment involves site visits by two trained fidelity assessors to gather information from various sources in order to make ratings on the critical components of the practice. We have not determined if we would train staff or outsource the assessments, both of which would add additional administrative costs. CICS participates in the [regional outcomes collaboration](#) to maximize efficiency, minimize administrative costs and inconsistencies in verification of fidelity standards.

This Chart shows other Evidenced Based Practices or other research based practices available.

<i>Additional Core:</i> 331:397(6)d	<i>List agencies</i>	<i>Narrative</i>
Positive Behavioral Support		
Peer Self Help Drop In Center	Capstone Clubhouse, Friendship Club of Hardin County, Friends Forever Social Education Center, Mid-Iowa Triumph Recovery Center, NAMI Mental Health Wellness Center, Optima Life Services Peer Drop In and Connections, Station Clubhouse	
Other Research Based Practice: IE IPR IAC 331.397(7)	Central Iowa Recovery	Intensive Psychiatric Rehabilitation is available in all 10 counties. IPR is a consumer oriented, goal-focused rehabilitation program for individuals recovering from mental illness. Consumers are assisted in developing the skills and resources to achieve their personal goals. Consumer goals may relate to: employment, education, housing, and socialization. It is designed to help the consumers live, learn, work and socialize in the community.

Individuals Served in Fiscal Year 2015

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

The information in this section contains only information on individuals that were funded by fee for service through regional funding. It does not capture those funded through grant funding. Regions do not have access to information for other public funding as that information is not provided to us.

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

Age	Account	Code	MI	Diagnostic			Total
				ID	DD		
Adult	5373	Public Education Services	6				6
Adult	12425	Purchased Admin - Legal & Court Related Services	1				1
Adult	21375	Case Management - 100% County	4	3			7
Adult	31354	Transportation - General	122	23	13		158
Adult	31410	Transportation - Contract Carriers	4		2		6
Adult	32320	Support Services - Home Health Aides	6	2			8
Adult	32322	Support Services - Personal Emergency Response System	1				1
Adult	32325	Support Services - Respite Services		1			1
Adult	32327	Support Services - Representative Payee	18	12	1		31
Adult	32329	Support Services - Supported Community Living	114	25	40		179
Adult	32399	Support Services - Other	1	1			2
Adult	33340	Basic Needs - Rent Payments	7	1			8
Adult	33345	Basic Needs - Ongoing Rent Subsidy	9				9
Adult	33399	Basic Needs - Other	69	7	4		80
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	55		1		56
Adult	42304	Psychotherapeutic Treatment - Acute & Emergency Treatment	1				1
Adult	42305	Psychotherapeutic Treatment - Outpatient	164	1			165
Adult	42306	Psychotherapeutic Treatment - Medication Prescribing	1				1
Adult	42366	Psychotherapeutic Treatment - Social Support Services	37				37
Adult	42396	Psychotherapeutic Treatment - Community Support Programs	13		1		14

Adult	42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	34	1		35
Adult	43301	Evaluation (Non Crisis) - Assessment and Evaluation		1		1
Adult	44301	Crisis Evaluation	1			1
Adult	44304	Crisis Services - Emergency Care	1			1
Adult	44305	24 Hour Crisis Response	3			3
Adult	44346	Crisis Services - Telephone Crisis Service	1			1
Adult	45366	Peer Family Support - Peer Support Services	14	3		17
Adult	46319	Iowa Medical & Classification Center (Oakdale)	12			12
Adult	46399	Justice System - Involved Services - Other	9			9
Adult	50360	Vocational/Day - Sheltered Workshop Services	3	14	3	20
Adult	50361	Vocational Skills Training			1	1
Adult	50362	Vocational/Day - Prevocational Services	13	19	5	37
Adult	50367	Day Habilitation	28	19	7	54
Adult	50368	Vocational/Day - Individual Supported Employment	19	9	9	37
Adult	50369	Vocational/Day - Group Supported Employment	6	1	2	9
Adult	50399	Vocational/Day - Day Habilitation	57	55	24	136
Adult	63310	Community Based Settings (1-5 Bed) - Assisted Living	1			1
Adult	63329	Community Based Settings (1-5 Bed) - Supported Community Living	11	2		13
Adult	64314	Community Based Settings (6+ Beds) - RCF	74	11	4	89
Adult	64316	Community Based Settings (6+ Beds) - RCF/PMI	7			7
Adult	64399	Community Based Settings (6+ Beds) - Other	35			35
Adult	71319	State MHI Inpatient - Per diem charges	56			56
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	23			23
Adult	73399	Other Priv./Public Hospitals - Other (non-inpatient charges)	4			4
Adult	74300	Commitment - Diagnostic Evaluations	17			17
Adult	74353	Commitment - Sheriff Transportation	586	14	1	601
Adult	74393	Commitment - Legal Representation	337	4		341
Adult	75101	Mental Health Advocate - Wages of Temp & Part Time Employees	43			43
Adult	75395	Mental Health Advocate - General	345			345
Child	31354	Transportation - General		1		1

**

Child	32325	Support Services- Respite Services		1	3	4
Child	32329	Support Services - Supported Community Living	2	1	1	4
Child	33399	Basic Needs - Other	1	1		2
Child	41306	Physiological Treatment - Prescription Medicine/Vaccines	4			4
Child	42305	Psychotherapeutic Treatment - Outpatient	14			14
Child	42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	1			1
Child	43301	Evaluation (Non Crisis) - Assessment and Evaluation		2		2
Child	50368	Vocational/Day - Individual Supported Employment	1			1
Child	50399	Vocational/Day - Day Habilitation		1	1	2
Child	64314	Community Based Settings (6+ Beds) - RCF	1		1	2
Child	73319	Other Priv./Public Hospitals - Inpatient per diem charges	2			2
Child	74353	Commitment - Sheriff Transportation	98	4	1	103
Child	74393	Commitment - Legal Representation	14	3		17
Child	75101	Mental Health Advocate - Wages of Temp & Part Time Employees	7			7
Child	75395	Mental Health Advocate - General	27			27

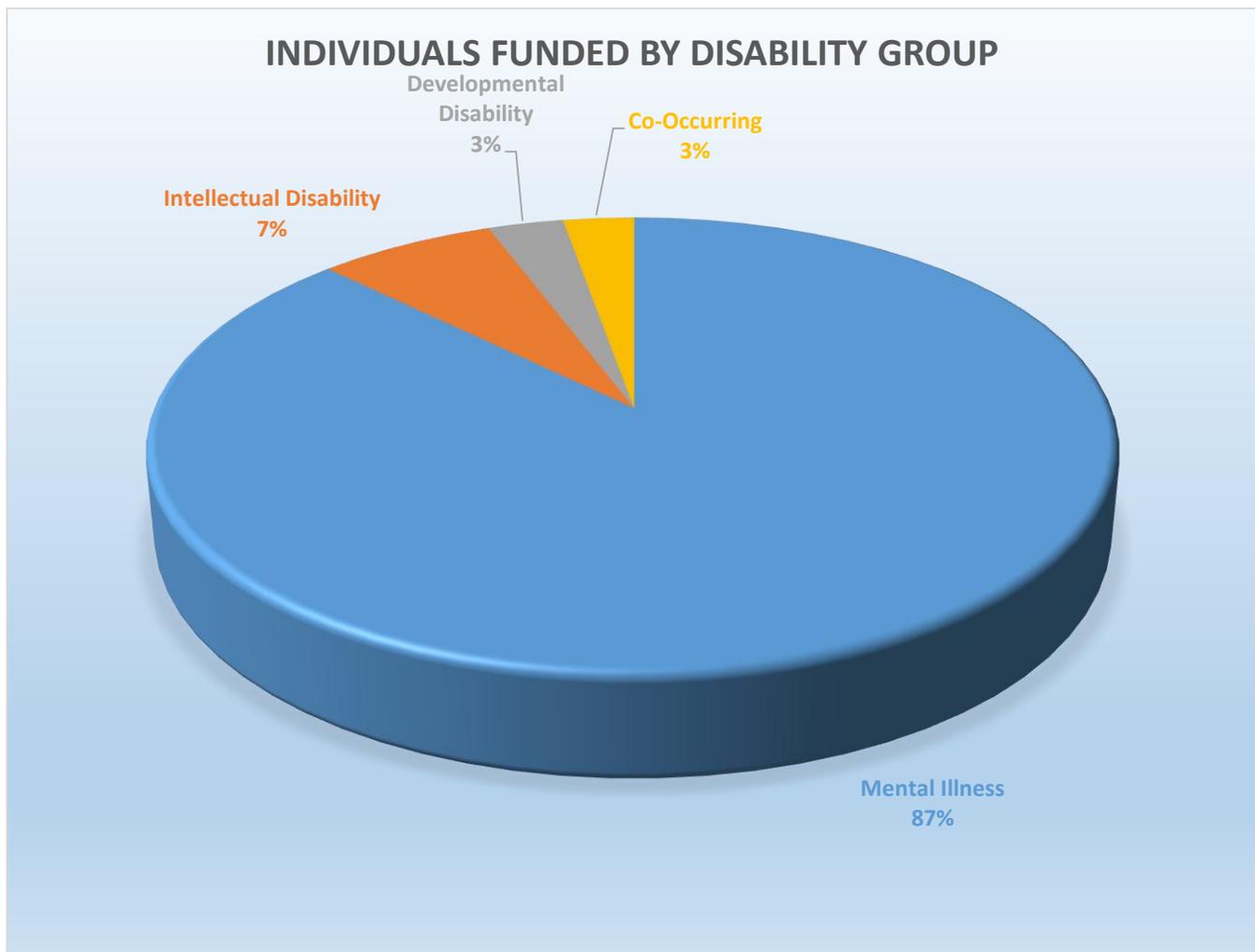
**Service Coordination serves many individuals not captured in this report. The costs for service coordination are not allocated out.*

*** Supported Employment is grant funded, 225 clients were served in FY15.*

Unduplicated Count

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

Disability Group	Children	Adult	Unduplicated Total
Mental Illness	127	1361	1488
Mental Illness, Intellectual Disabilities	2	38	40
Mental Illness, Other Developmental Disabilities	1	6	7
Intellectual Disabilities	8	111	119
Other Developmental Disabilities	4	49	53
Total	142	1565	1707



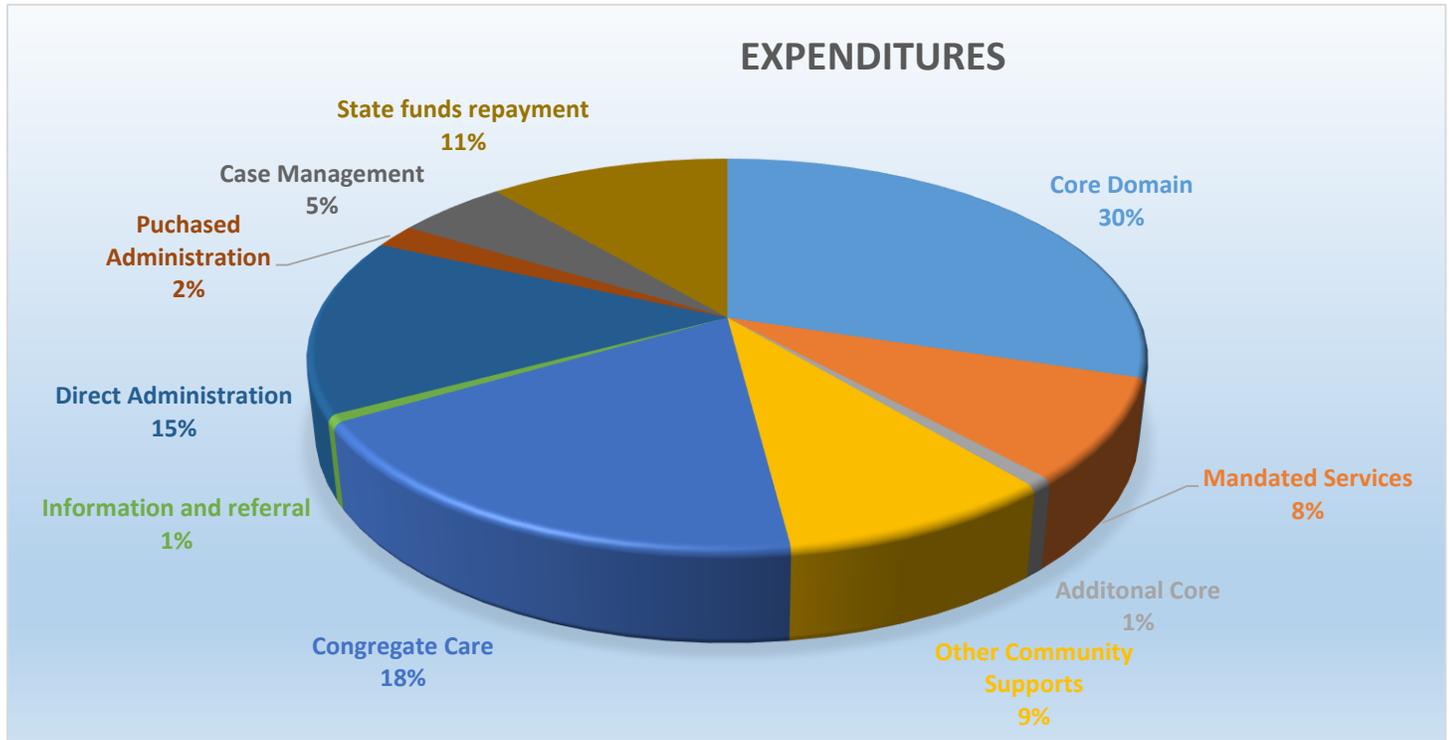
Moneys Expended

This section includes:

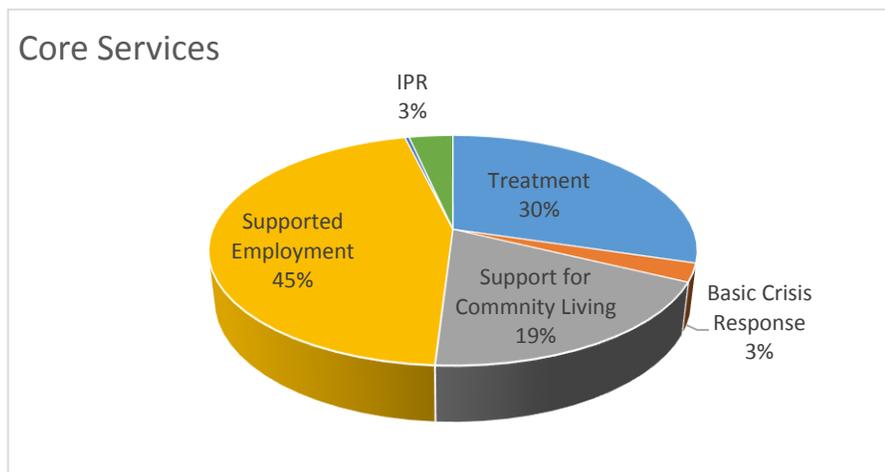
- Funds expended for each service
- Revenues
- County Levies

Expenditures

The pie chart below provides a preview of funds expended in FY15.



FY 15 Expenditure data was compiled from all counties. The data provides utilization information that will guide future budgeting and expansion of services.



Core Services account for 30% of the CICS expenditures. The pie chart on the left provides further detail of those expenditures.

The chart below shows the details of regional funds expended by service and by diagnosis.

FY 2015	CICS MHDS Region	MI (40)	ID(42)	DD(43)	Admin (44)	Total
Core Domains						
COA	Treatment					
43301	Assessment & evaluation		\$833.43			\$833.43
42305	Mental health outpatient therapy	\$105,872.07	\$3,100.00			\$108,972.57
42306	Medication prescribing & management	\$36,401.00				\$36,401.00
71319	Mental health inpatient therapy-MHI	\$583,081.69				\$583,081.69
73319	Mental health inpatient therapy	\$49,970.97				\$49,970.97
Basic Crisis Response						
32322	Personal emergency response system	\$395.45				\$395.45
44301	Crisis evaluation	\$63,378.04				\$63,378.04
44305	24-hour access to crisis response	\$2,950.00				\$2,950.00
Support for Community Living						
32320	Home health aide	\$15,204.50	\$7,397.38			\$22,601.88
32325	Respite		\$6919.67	\$3928.05		\$10,847.72
32328	Home & vehicle modifications	\$0.00	\$0.00	\$0.00		\$0.00
32329	Supported community living	\$257,099.06	\$57,129.46	\$141,734.59		\$455,963.11
Support for Employment						
50362	Prevocational services	\$32,578.99	\$63,174.00	\$69,162.78		\$164,915.77
50367	Day habilitation	\$118,069.60	\$98,894.33	\$30,430.77		\$247,394.70
50364	Job development					\$0.00
50368	Supported employment	\$336,181.66	\$366,690.39	\$50,659.95		\$753,532.00
50369	Group Supported employment-enclave	\$8,890.40	\$3,712.45	\$1,721.96		\$14,324.81
Recovery Services						
45323	Family support	\$0.00	\$0.00			\$0.00
45366	Peer support	\$4,624.00	\$238.00			\$4,862.00
Service Coordination						
21375	Case management	\$2,949.01	\$1910.53			\$4859.54
24376	Health homes					\$0.00
Core Evidenced Based Treatment						
45373	Family psychoeducation					\$0.00
42397	Psych rehab (ACT & IPR)	\$89,273.44	\$1,026.00			\$90,299.44
Core Domains Total		\$1,706,919.88	\$614,953.69	\$293,710.05	\$0.00	\$2,615,583.62

Mandated Services						
46319	Oakdale	\$274,953.56				\$274,953.56
74XXX	Commitment related (except 301)	\$287,745.36	\$7,305.61	\$388.97		\$295,439.94
75XXX	Mental health advocate	\$157,952.13				\$157,952.13
Mandated Services Total		\$720,651.05	\$7,305.61	\$388.97	\$0.00	\$728,345.63

Additional Core Domains						
Comprehensive Facility & Community Based Crisis Services						
44346	24-hour crisis line	\$21,610.00				\$21,610.00
44366	Warm line	\$0.00				\$0.00
44307	Mobile response	\$5,690.50				\$5,690.50
44302	23-hour crisis observation & holding	\$0.00				\$0.00
44312	Community based crisis stabilization	\$0.00				\$0.00
44313	Residential crisis stabilization	\$0.00				\$0.00
Sub-Acute Services						
63309	Subacute services-1-5 beds					\$0.00
64309	Subacute services-6 and over beds					\$0.00
Justice system-involved services						
46305	Mental health services in jails	\$2,510.00				\$2,510.00
46422	Crisis prevention training	\$0.00				\$0.00
74301	Civil commitment prescreening	\$0.00				\$0.00
46399	Justice system-involved services-other	\$5,849.28				\$5,849.28
Additional Core Evidenced Based Treatment						
42366	Peer self-help drop-in centers	\$30,051.24				\$30,051.24
Additional Core Domains Total		\$65,711.02	\$0.00	\$0.00	\$0.00	\$65,711.02

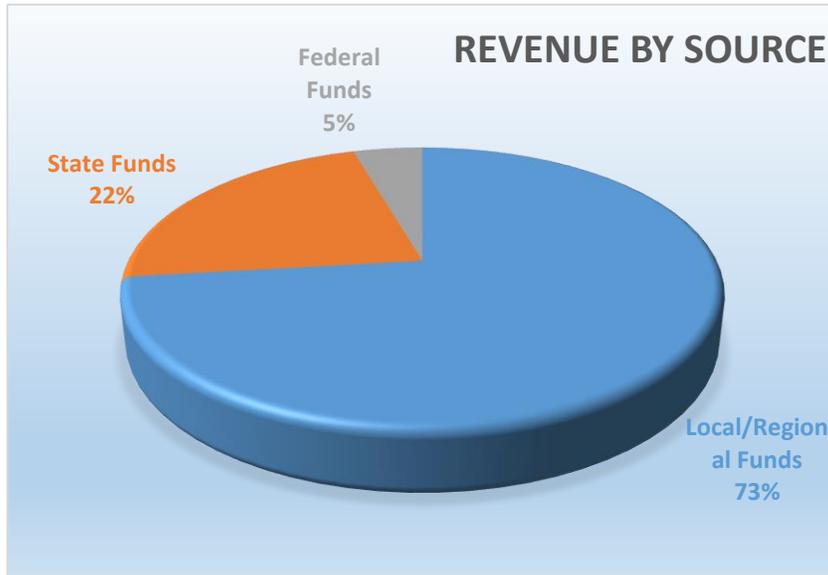
Other Informational Services						
03XXX	Information & referral	\$34,230.00				\$34,230.00
05XXX	Public education	\$19,048.48				\$19,048.48
Other Informational Services Total		\$53,278.48	\$0.00	\$0.00	\$0.00	\$53,278.48

Other Community Living Support Services						
22XXX	Services management	\$147,931.49	\$80,184.82	\$23,936.55		\$252,052.86
31XXX	Transportation	\$106,225.45	\$28,278.28	\$16,947.64		\$151,451.37
32327	Representative payee	\$7,396.80	\$8,588.77	\$699.45		\$16,685.02
33340	Rent payments (time limited)	\$2,415.00	\$180.00			\$2,595.00
33345	Ongoing rent subsidy	\$4,162.90				\$4,162.90
33399	Other basic needs	\$50,046.19	\$2,596.18	\$2,542.63		\$55,185.00
41306	Prescription meds	\$22,924.13		\$60.84		\$22,984.97
42309	Partial hospitalization					\$0.00
42363	Day treatment					\$0.00
42396	Community support programs	\$92,354.04		\$11,949.60		\$104,903.64
44304	Emergency care	\$30,660.00				\$30,660.00
44399	Other crisis services					\$0.00
50361	Vocational skills training			\$4,944.28		\$4,944.28
63XXX	RCF 1-5 beds	\$120,959.49	\$14,870.86			\$135,830.35
Other Community Living Support Services Total		\$585,075.49	\$134,698.91	\$61,080.99	\$0.00	\$780,855.39

Other Congregate Services						
50360	Work services (work activity/sheltered work)	\$9,602.74	\$77,453.57	\$19,472.05		\$106,528.36
64XXX	RCF--6 and over beds	\$1,279,377.60	\$171,348.97	\$64,736.97		\$1,515,463.54
64XXX	ICF--6 and over beds					\$0.00
64329	SCL--6 and over beds					\$0.00
64399	Other 6+ beds					\$0.00
Other Congregate Services Total		\$1,288,980.34	\$248,802.54	\$84,209.02	\$0.00	\$1,621,991.90

Administration						
11XXX	Direct Administration				\$1,278,871.72	\$1,278,871.72
12XXX	Purchased Administration				\$171,204.77	\$171,204.77
Administration Total					\$1,450,076.49	\$1,450,076.49
*Transition and Medicaid Offset funds paid to the state						\$973,177.39
Regional Sub total		\$4,420,616.26	\$1,001,832.70	\$443,317.08	\$2,423,253.88	\$8,289,019.92
(45)County Provided Case Management					\$442,198.00	\$442,198.00
(46)County Provided Services						\$0.00
Regional Grand Total						\$8,731,217.92

Revenue



Funds Returned

State Equalization funds were received for FY 15. A portion of those funds were sent back to the state due to Medicaid offset as reported in the expenditures section.

Boone	\$ 95,203.00
Franklin	\$ 13,125.00
Madison	\$ 51,399.00
Poweshiek	\$ 71,774.00
Story	\$323,574.00
Warren	\$185,862.00
Transition funds	\$232,240.39
Total Returned	\$973,177.39

FY 2015 Accrual	CICS MHDS Region		
Revenues			
	Fund Balance as of 6/30/14		\$13,032,622
	Local/Regional Funds		\$ 11,601,151
10XX	Property Tax levy (budgeted)	\$11,572,668	
5310	Client Fees	\$28,483	
	State Funds		\$ 3,541,667
2250	MHDS Equalization	\$3,522,645	
2645	State Payment Program	\$19,022	
2646	MHDS Transition	0.00	
	Federal Funds		\$ 713,610
2344	Social Services Block Grant	\$713,610	
2345	Medicaid	\$0	
	Total Revenues		\$ 15,856,428

Total Funds Available for FY15	\$28,889,050
FY15 Regional Expenditures	\$8,731,218
Accrual Fund Balance as of 6/30/15	\$20,157,832

County Levies

County	2012 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY15 Max Levy	FY15 Actual Levy	Actual Levy Per Capita
Boone	26195	\$1,238,500	\$878,976	\$878,976	\$878,967	\$33.56
Franklin	10554	\$498,993	\$358,934	\$358,934	\$358,934	\$34.01
Hamilton	15344	\$725,464	\$860,241	\$725,464	\$725,464	\$47.28
Hardin	17302	\$818,039	\$898,104	\$818,039	\$818,039	\$47.28
Jasper	36602	\$1,730,543	\$3,120,466	\$1,730,543	\$1,730,543	\$47.28
Madison	15654	\$740,121	\$534,189	\$534,189	\$534,189	\$34.12
Marshall	40857	\$1,931,719	\$2,115,400	\$1,931,719	\$1,931,719	\$47.28
Poweshiek	18736	\$885,838	\$444,227	\$444,227	\$444,227	\$23.71
Story	91140	\$4,309,099	\$3,066,575	\$3,066,575	\$3,066,575	\$33.65
Warren	46891	\$2,217,006	\$1,084,011	\$1,084,011	\$1,084,011	\$23.12
Region	319,275	\$15,095,322	\$13,361,123	\$11,572,677	\$11,572,668	\$36.25

	Fund Balance contribution	
Boone	\$ 335,405	In FY 15 counties transferred fund balance to the Fiscal Agent
Franklin	\$ 446,273	
Hamilton	\$ 500,000	
Hardin	\$ 1,288,345	
Jasper	\$ 2,420,665	
Madison	\$ 482,542	
Marshall	\$ 3,732,976	
Poweshiek	\$ 742,241	
Story	\$ 3,400,000	
Warren	\$ 1,439,405	
Total		

Outcomes Achieved in Fiscal Year 2015:

This Section includes:

- Updates to the Transition Plan
- Progress on goals
- Collaboration efforts
- Waiting lists
- Appeals and Exceptions to Policy

Transition

Prior to the beginning of FY 15, regions were required to submit a transition plan that included the following elements. This section will explain what we have learned this first year and what changes we have made.

- Designate local access points for the disability services administered by the region.
 - CICS retained our previous access points and continued to provide information and training as the service system evolved.
- Define the service access and service authorization process to be utilized for the region.
 - In January, 2015 administrative assignments were realigned resulting in three Coordination Officers designated to provide oversight and standardization to the access and authorization process. Additional local service coordinators were hired in counties where the need was identified.
- Designate the region's targeted case manager providers funded by the medical assistance program.
 - The process remains the same.
- Identify the service provider network for the region.
 - CICS has added providers to our network as needs are identified and providers apply through the process.
- Establish business functions, funds accounting procedures, and other administrative processes.
 - 28E Board- The original 28E agreement was not approved by DHS. The 28E was amended to fit the criteria necessary to gain approval.
 - Funds and Accounting Procedures - The process remained as written for FY 15 which provided authority to member counties to use locally held regional funds to support administrative and service claims. At the end of FY 15, counties were allowed to retain funds for administrative expenses budgeted for FY 16, and transferred the remainder of the fund balances to the fiscal agent account.
 - Other Administrative Processes: CICS CEO assigned administrative functions to Community Services Directors. The positions include:
 - Finance Officer
 - Operations Officer
 - Planning Officer
 - Compliance Officer
 - Coordination Officers
- Identify the information technology and data management capacity to be employed to support regional functions.
 - SharePoint: CICS has employees located in 10 county offices throughout CICS. We require a system that allows for connectivity without compromising our county access and also provide access according to the employee's function. Additional features we wanted to incorporate included using a standard format for files, online meetings, and secure email capabilities for

users that are not necessarily technology experts. We enlisted the expertise of the Iowa Counties Information Technologies Organization and followed the recommendation to use a subscription service that combines Web Apps with a set of web-enabled tools that are easy to use and work with our existing hardware.

- Community Services Network/ETC: Regions are supporting enhancements of the CSN database that are in process.
- Comply with data reporting and other information technology requirements identified by the department.
 - Warehouse data reports: CICS submits data reports through the Community Services Network. DHS staff works closely with regions and CSN staff in order to provide data in the required format. CICS has invested additional administrative funds for the enhancement of CSN that includes outcome tracking, level of care utilization and interface with our regional fiscal agent.
 - Provides monthly updates to DHS MHDS regarding service implementation.

Progress on Goals

CICS FY 15 Annual Service and Budget Plan listed the following goals:

Identify the level of service needs in each member county

Each county was asked to report the providers and services available in their area regardless of the funding stream. The next step was to prioritize the service system enhancements according to core, access standards and additional core services. As needs are identified, we target providers who are providing services in the area or similar services outside of the area, or issue an RFP if it is a larger need or a need in multiple counties.

We continue to receive feedback from our advisory board on needed service expansion and track needs through service coordination.

Access to Community Based Services projects

After identifying the level of service needs in each member county we developed a continuum of care based on access to community based services as the foundation to support the development of Crisis Services and Justice Involved Services in FY 16. As we routinely assess our ability to meet access standards, we are aware that there are many factors that will require us to continue to enhance community based services. Listed below are projects that CICS has supported:

Story County Community Life Program transition: The Story County Board of Supervisors worked in conjunction with the CICS region in determining the future of the Community Life Program (CLP). The process began by contracting with Parker Dennison Behavior Healthcare Consultants to determine program viability and options. Following Parker Dennison's review of CLP services, finances, and dialogue with CLP management staff, the recommendation was to transition the services to another provider or providers through a Request for Proposal (RFP) process. The Story County Board of Supervisors and CICS Governing Board approved the recommendation and received assistance from Parker Dennison with developing the RFP. In October 2014 CICS contracted with Progress Industries to establish an office in Story County and provide supported employment services through the supported employment grant process that the entire region was offering. In January 2015, Optimae Life Services was awarded the bid to provide RCF, Day Habilitation, SCL, and Jail Diversion services effective May 1, 2015.

House of Mercy: In FY15 CICS Region approved a one-time payment for a service expansion project for funds to renovate office space in Warren County. This will increase access for six outpatient counselors and one medication prescriber.

Grinnell Regional Mental Health Center: CICS provided retroactive funds for GRMC to assume services from the closing of Poweshiek County Mental Health Center. The funds included both space costs and service costs for individuals whose services were denied by Medicaid and Magellan due to the timeframe required for credentialing therapists. (GRMHC took over services in Poweshiek County due to the closing of the Poweshiek County Mental Health Center due to financial issues.)

GRMHC requested designation as a community mental health center but has been informed no new CMHCs are being designated by DHS. This affects Medicaid reimbursement rates and ability to apply for block grant funds available to the CMHCs.

Eyerly Ball Community Mental Health Services: Counties in the CICS Region, Boone, Story, and Warren, were involved with routine meetings with Eyerly Ball and Polk County Health Services to discuss Eyerly Ball's services and financial viability. The counties provided funding to Eyerly Ball Community Mental Health Services in FY14 to assist with cash flow while issues were being addressed with Medicaid cost settlements. The funds were used to continue to provide services in Story, Boone, Warren, and Polk counties. In FY15 CICS funded Community Capacity Development for Psychiatric Care. The funds were used to meet the costs of adding a med prescribing provider while building a caseload and credentialing with funders.

Supported Employment RFP: CICS issued a Request for Proposals (RFP) for all counties to develop or expand the capacity of service delivery of vocational services:

- a. Supported Employment Job Development and Job Coaching
- b. Community Work Site Assessment
- c. Comprehensive Vocational Evaluation
- d. Work Adjustment Training in the Community
- e. Job Seeking Skills Training

A competitive selection process was followed to compare provider qualifications, terms, conditions, prices of equal or similar services, and historical outcome data in order to determine the best candidate.

The initial providers awarded were:

- Genesis - Boone, Madison, Poweshiek and Warren
- MIW - Marshall
- Progress Industries - Jasper

Additional providers were sought for the remainder of the counties, and by the end of FY 15 all counties were covered under the Supported Employment Project. Progress Industries - Story, NIVC - Franklin, Hardin, and Hamilton.

Cost considered for compensation include the following:

- 100 percent of staffing costs for the first year;
- 75 percent of staffing costs for the second year;
- 60 percent of staffing costs for the third year;
- 45 percent of staffing costs for the fourth year; and
- Other expenditures related to the program, development or expansion of a community rehabilitation program providing the services identified as necessary, but are not ongoing operating expenses of the program.

Integrated Telehealth Partners (ITP): Central Iowa Community Services entered into a contract with Integrated Telehealth Partners to provide tele psychiatry in the jails and Emergency Rooms in the Central Iowa Community Services region. The services in the hospital ER covers:

- 800 # hotline to schedule an appointment
- Within 60 minutes, a MSW will assess the patient via telehealth and consult a psychiatrist on every assessment
- If requested by the ER doctor, the psychiatrist will see the patient via telehealth
- Will provide documentation for inpatient or outpatient care
- If inpatient placement is needed, ITP will find inpatient placement on behalf of the hospital allowing the nurses/staff to focus on their hospital duties
- If outpatient services are needed, ITP will coordinate with the Community Services office for those services

Coverage in the Jails: (Prior to evaluation, inmate is given prescreening assessment)

- Online scheduling is provided in the jails
- Inmate documentation is provided to the psychiatrist , including any medical information and history
- Application is filled out for the inmate and faxed to the Central Iowa Community Services representative
- Inmate will have an evaluation with the psychiatrist through telehealth
- Post consultation is provided after the evaluation; the psychiatrist will fax patient documentation and prescription orders to the jail

Currently in the Central Iowa Community Services region Integrated Telehealth is available in:

- Hamilton County Jail
- Boone County Jail
- Madison County Jail
- Jasper County Jail
- Poweshiek County Jail
- SKIFF Medical Center - Jasper County
- Madison County Health Care System
- Boone County Hospital

Integrated Telehealth Partners have reached out to all jails and hospitals in the Central Iowa Community Services Region. There is still interest, and contracting is currently being pursued.

Lifelong Links Collaboration: Central Iowa Community Services Region has collaborated with Lifelong Links and Boston University by investing resources for 17 Service Coordination staff to take Center for Aging Disability Education Research Options Counseling training offered through Boston University. This training is for the purpose of qualifying Service Coordination staff as Option Counselors. The goal of the course is to train staff in the areas of Aging and Disability services to be able to guide individuals in the process of choosing services that are appropriate for them. The training consists of five modules; staff must meet the requirements of the courses in order to become a certified options counselor. The course consists of the following modules:

- Core Issues in Aging & Disability
- Assessment with Older Adults and Persons with Disabilities
- A Guide to the Aging and Disability Networks
- Consumer Control, Choice, and Direction in Options Counseling
- Mental Health Training in Options Counseling

Testing is required at the end of each online course. Once requirements are met the Certification is granted.

Replicate effective programs in member counties.

Staff reviewed documentation of connections program and mobile crisis provided through Eyerly Ball Community Mental Health Services to determine effectiveness. There were times throughout the year that the positions were vacant and data could not be gathered. We determined further information is needed to assess both effectiveness and feasibility of replicating the programs in other areas.

Develop services in addition to inpatient and outpatient settings.

Chapter 24 rules regarding crisis services came out mid-year. Planning is underway and a continuum of services matrix has been created. Services are based on routine, urgent and emergent care that would adhere to the crisis rules.

Educate the community on mental health issues.

CICS provided funding for Mental Health First Aid Programs to be provided throughout the region and provided funding to Eyerly Ball Community Mental Health Services to coordinate and hold a Mental Health Expo.

Collaborative Efforts

The following information describes regional efforts to collaborate with other funders, service providers, individuals and families, advocates and the courts in the interest of better serving individuals with mental illness and disabilities:

Advisory Board Meetings: The CICS Regional Advisory Board is an advisory stakeholders group and consists of two members from each county and two Governing Board Directors. One member is a provider and one member is an individual who utilizes mental health and disability services or is an actively involved relative of such an individual. Two Directors from the Governing Board serve as ex-officio non-voting members. From the Regional Advisory Board one provider and one individual with mental health and disability services or actively involved relative of such an individual serves on the Governing Board as ex-officio non-voting Directors. The Regional Advisory Board met on 4 occasions during the fiscal year, the following is a summary of those meetings:

Meeting date: September 9, 2014: Member Participation: 1 family member, 6 providers, 2 Governing Board members, 3 Regional staff members. Meeting content: Governing Board meeting updates, Supported Employment update, Finance, provider information, agency updates, and communication.

Meeting date: January 13, 2015: Member Participation: 2 clients, 1 family member, 7 providers, 1 Governing Board member, 3 Regional staff members. Meeting content: election of chair and vice chair, appointments to Regional Governing Board, 2014 Regional Advisory Board review, Governing Board meeting updates, planning for 2015.

Meeting date: March 10, 2015: Member Participation: 1 client, 2 family members, 4 providers, 1 Governing Board member, 4 Regional staff members. Meeting content: Governing Board meeting updates, Medicaid Modernization RFP, Annual Service and Budget Plan, CICS SharePoint site, 2015 plan, Administrative team structure, agency update.

Meeting date: June 9, 2015: Member Participation: 1 client, 2 family members, 8 providers, 4 Regional staff members. Meeting content: Governing Board meeting updates, touring Crisis Stabilization Centers, client surveys, contracting, mental health advocate update, provider staff update, legislative updates, Microsoft Office 365/SharePoint, agency updates.

Provider Meetings:

- Optima Life Services: Transition meetings
- House of Mercy: Expansion meetings
- Eyerly Ball Community Mental Health Services: Access to services
- NAMI of Central Iowa: Expansion efforts
- NAMI of Iowa: Access to NAMI training
- Progress Industries: Supported Employment expansion
- MIW: Supported Employment expansion
- Genesis Development: Supported Employment expansion
- NIVC: Supported Employment expansion
- Integrated Telehealth Partners: Services to jails and ERs

Additional collaborative: CICS Staff participated in an assessment of behavioral health services and funding in Central Iowa through The United Way of Central Iowa, Mid-Iowa Health Foundation, and the Community Foundation of Greater Des Moines.

Leadership meetings: Regional CEOs and DHS MHDS representatives meet monthly to discuss regional issues. MHDS Regions CEO Collaborative was formed as a result of a strategic planning session held October 30, 2014. The CEOs have joined together in a unified effort to work towards statewide initiatives. The CEOs meet monthly.

Mental Health and Disabilities Services Commission: CICS attends monthly meetings of the MHDS Commission. Former CEO, Deb Schildroth, served on the Commission from May 2012 to May 2015. Jody Eaton now serves on the MHDS Commission.

Iowa Community Services Association meetings: The ICSA Board of Directors represent county community services for the purpose of promoting progressive county government administration. The group meets monthly. Russell Wood served as Affiliate president.

Legislative Review Committee: The purpose of the legislative review committee is to make recommendation on priorities for legislative action and to review legislation in regards to the effect on counties.

CSN-ETC: CSN-ETC strategic plan meeting was held February 18-19, 2015. Representatives from CICS participated in planning sessions to develop a vision and priorities for the Community Services Network database and address system needs for accurately gathering and reporting the required data. There are a number of committees under this heading that CICS participates in: Oversight, Operations, Compliance, Finance, Outcomes.

Local Collaborations: CICS encourages local collaboration through local MHDS Advisory Boards and with other social services agencies including:

- Homeless Coordinating Boards
- Local Providers
- AEA Transition Advisory Board
- Case Management Agencies
- Mental Health Interdisciplinary Team

- Mental Health Task Force
- Human Service Providers
- Criminal Justice Task Force
- ASSET - Analysis of Social Services Team

Waiting List

CICS Region did not have a waiting list for funding of services in Fiscal Year 2015. Individual providers at times have waiting lists for particular programs.

MH/DS Appeals and Exceptions to Policy

There were five appeals filed during FY 15. The following is a summary of those appeals:

September 2014 – Consumer was married and the additional household income placed the consumer on sliding fee scale. The copay was waived for a 60-day period to allow time for consumer to make adjustments. The appeal was resolved at the reconsideration step of the appeal process.

September 2014 – Consumer was denied Regional funding for inpatient services due to having Medicaid insurance. Medicaid denied payment for the inpatient services and the inpatient provider appealed the Medicaid decision. The consumer was asked to contact our office regarding the decision of the Medicaid appeal. No further information was provided to our office.

December 2014 – Consumer's income placed consumer on sliding fee scale with copay. Copay was waived to allow time for consumer to apply for other insurance programs. The appeal was resolved at the reconsideration step of the appeal.

April 2015 – Consumer completed two appeals for different reasons. Consumer does not have Medicaid insurance and appealed to have a Case Manager. Consumer has Service Coordination services, and a referral for this service to be provided near the consumer's location was completed. RCF funding was denied as consumer was over resources. The consumer did not provide requested additional financial information. Original decision to deny funding was upheld. The appeals were resolved at the reconsideration step of the appeal process.

May 2015 – Consumer was denied inpatient services funding due to not returning requested information to determine eligibility. The inpatient services provider appealed the decision, and the original decision to deny funding was upheld as the appeal was not filed within the appeal timeframe allotted.

Two Exceptions to Policy (ETP) were received during FY15. The following is a summary of those ETPs:

February 2015 - Consumer was over income. An Exception to Policy was granted to fund services for three-month period to allow for transition to other funding stream, budget management, and avoid disruption of services.

April 2015 - Consumer was over resources. An Exception to Policy was granted to fund services for three-month period to allow for transition to other funding stream and connection to community resources.

Appeals and exceptions to policy decisions are reviewed to determine if policies are a barrier to services.

Under the guidance of the CICS Governing Board the region has merged 10 county processes into a single process while building and maintaining community based services. Our focus was to build local access to community based services. The FY 15 service expansion focused on building core services and meeting access standards. We plan to continue that focus and have begun planning and implementing additional core services in the areas of crisis services and justice involved services. Please visit our website www.cicsmhds.org for updates on service expansion.