CICS

Supporting Individuals. Strengthening Communities.

Central Iowa Community Services
Mental Health and Disability Services

Community Services Plan

October 16, 2017

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Serving the Counties of:
Boone • Franklin • Hamilton • Hardin • Jasper • Madison • Marshall • Poweshiek • Story • Warren

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Central Iowa Community Services

Central Iowa Community Services (CICS) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. Within this region, CICS created a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities and intellectual/developmental disabilities, and brain injury including those with multi-occurring issues and other complex human service needs.

CICS shall work in a quality improvement partnership with stakeholders in the region (providers, families, individuals, and partner health and human service systems) to develop a system of care approach that is characterized by the following principles and values:

- Welcoming and individual-oriented
- Person and family driven
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

CICS shall maintain a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on the principles of interagency collaboration; individualized, strengths-based practices; cultural competence; community-based services; accountability; and full participation of individuals served at all levels of the system. CICS shall work to build the infrastructure needed to result in positive outcomes for individuals served at all levels of the system.

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

CICS enlisted consultant Beth Morrissette of Mission Matters to guide the workgroup process. The following information includes material and notes from the workgroup report and the CICS strategic plan.
Beginning in July 2017 a monthly stakeholder workgroup was convened. CICS covers a fairly large geographic area including urban and rural areas. The meetings included representatives invited from all 10 counties served by CICS. Representatives from key stakeholder groups such as, the hospitals, providers, Managed Care Organization (MCO), law enforcement, judicial, national alliance on mental illness (NAMI), and regional representatives. At each of the of the 3 hour workgroups, information shared by the region was followed by a facilitated conversation around the main topic of the day. The purpose of these meetings was to spark idea- generation and build a collaborative spirit amongst stakeholders to improve "delivery of, access to and continuity of services and supports for individuals with mental health, disability and substance use disorder needs, particularly for individuals with complex needs."

First meeting (July 2017) "Building our Shared Understanding"

CICS leadership shared the history of the development of the regions from independent county operated system and the state expectations of the newly formed regions to provide core services and develop core plus services. Staff provided financial information regarding the costs of services, the ongoing expenditure increase that CICS could sustain and the fund balance information that would allow for investment of additional services in a manner that is thoughtful, strategic, and intentional. CICS highlighted current developments in the region, local and statewide data, and relevant/possible services currently provided in CICS and other regions.

CICS Existing Services

Mental Health Outpatient Services	Mental Health Inpatient Services
Supported Community Living	Supported employment
Crisis Appointment Access	Crisis Line
Mental Health Services in jails	Jail Diversion Coordination
Peer Drop in Centers	Transportation
Prescription medication	Transitional Living Program
Residential Care Facilities	Services Coordination
Psychiatry and Medication Management	Recovery Services
Psychiatric Rehabilitation	Crisis Stabilization
Public Education	Community Support Programs
Rent and Utilities	

Workgroup Activity
We asked participants to share their perspective on possible specific ways that we could integrate or enhance these services into the CICS continuum of care. The group produced the following table:

Maintain Neutral Supports / Family Unit	Social Determinants / Basic Needs	Educating Public and Stakeholders	Use Money Smart. Plan for Sustainability	Collaborative Cohesion Communication
Family Transitional Living	Permanent supported housing	Increase Public awareness education – Regional services	Ensure financial sustainability	One place for assessment and referral
	Easier access to transportation needed 24/7	Website and advertising for the public	Blending and braiding funding across Regions, partner with MCOs	Communication between hospital and law enforcement
		Education: County attorney/magistrates/judicial and increase civil pre-screen	ACT implementation – Start-up funding	Coordination of the care coordination
			Time spending utilizing existing empty building	Warm line implemented - out of drop-in centers
			Loan reimbursement for providers	Crisis stabilization / co-occurring unit. Units at each end of Region
			Additional TLCs in other counties	Bed locator clearing house
			Implement jail diversion to reduce 20-25% recidivism	What do we really need more of?
				Pre-screening for committal
				Mobile crisis, CIT, Integration
				Define/understand subacute, transitional living, RCF, HAB
				Data and information on complex needs, persons

Second Meeting (August 2017) "Assessing Our System"

During this meeting, the group reviewed the "Stakeholder Feedback Summary" document. This document gathered feedback through an on-line survey from additional stakeholders. This allowed for additional perspectives within the Region to be considered in this planning process. The workgroup participants reviewed services throughout the Region, county by county, and access to services. Participants identified barriers to appropriate services for individuals and possible ways to mitigate barriers.

Workgroup Activity

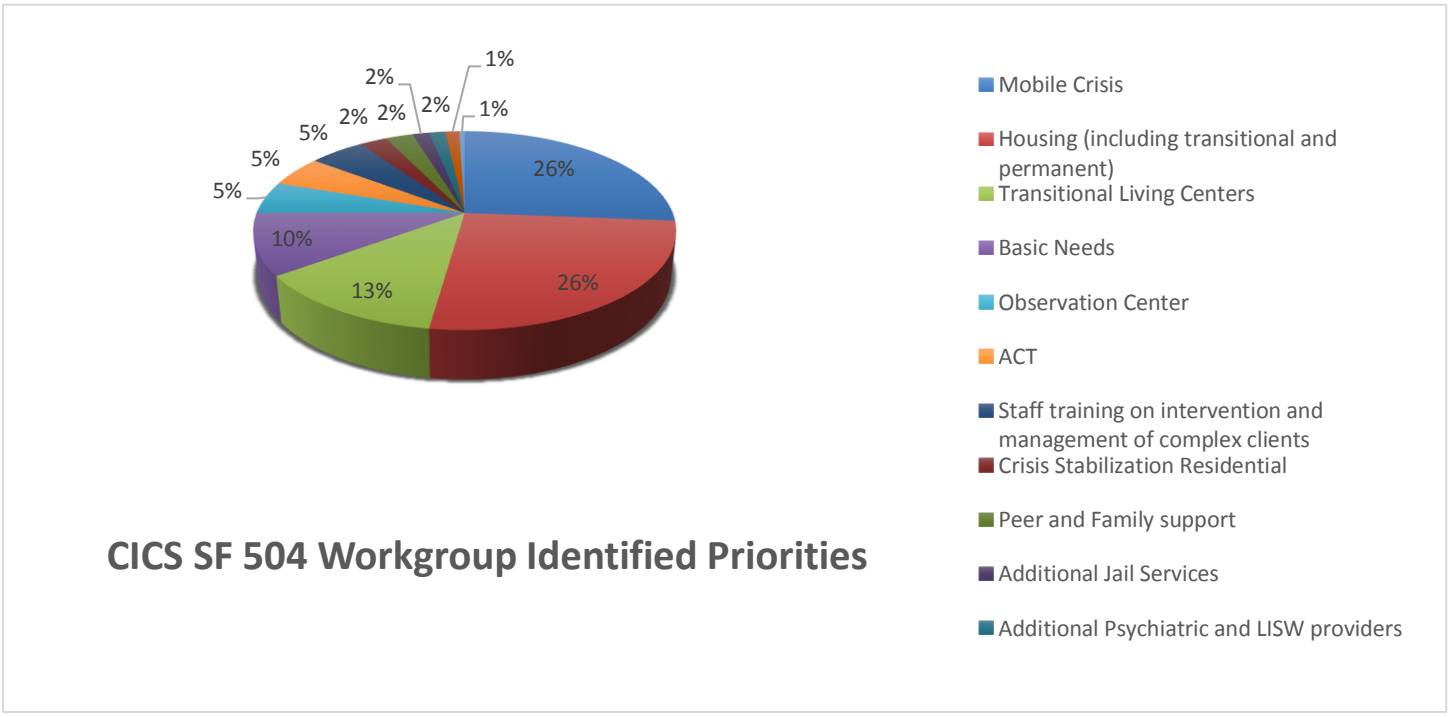
We asked the workgroup to provide feedback on the stakeholder survey by asking specific questions. One question addressed the barriers outside of CICS scope. A second question asked which need should be addressed first by CICS.

Barriers	Needs to address first
Funding	Finance /Funding
MCO Changes	Identify individuals of complexity
Cost containment	overlap of services
Ability to hire direct care staff	Community based services
Lack of statewide direction	Right Service/right time
Human Behavior	Substance Use
Difference between county needs	Lack of Psychiatrists/MH providers

Participants were also asked to provide input onto flipcharts that related to each county regarding barriers, gaps and ways to mitigate the barriers. A majority identified transportation as a major barrier and expressed the need to clearly define individuals of complexity.
The group also identified the need for expansion of current crisis services as the area CICS should address first including Crisis Stabilization, 23 hour observation, subacute along with affordable housing and increasing psychiatric providers.

Third Meeting (September 2017) "Identifying Our Solutions"

CICS leadership again presented financial information to help the group understand the requirement to utilize CICS fund balance to build sustainable services over the next few year. New solutions, enhancing current services and expanding successful programs were identified and prioritized. Four teams within the workgroup identified their priorities considering the work and discussion in the previous two meetings. Each team was given a $100.00 "budget" to divide amongst their priorities to demonstrate the importance of each recommendation. The ranking of the group's value priority is demonstrated in the table below.



Ongoing Quarterly meetings beginning 1/2018

Quarterly SF 504 Workgroup meetings will continue to monitor progress in addressing the needs for individuals of complexity and delve in specific issues where the creation of policies or protocols could enhance our ability to interact and react with consistency.

Strategic Plan session (October 2017) What do We want to see in place by June 30, 2020 as a result of our work over the last few months?

CICS Administration Team and stakeholders met for a day and a half to create and build an innovative strategic plan. Participants of the strategic planning were:

Name	Title
Jody Eaton	CEO
Linn Adams	Coordination Officer
Betsy Stursma	Coordination Officer
Jill Eaton	Finance Officer
Russell Wood	Planning Officer
Patti Treibel-Leeds	Quality Assurance Officer
John Grush	Compliance Officer
Deb Schildroth	Former CEO of CICS
Erin Rewerts	Story County Community Services
Doug Baily	CICS Board Chair
Marty Chitty	CICS Board Vice Chair

The final report of the CICS strategic plan will be available in the near future on our website and will also be used to develop the FY 19 Annual Service and Budget plan due April 1, 2018.
CICS developed three strategic directions including:

- Focusing the System
- Advancing Regional Innovation
- Enhancing Supports and Services.

For the purpose of this document we will focus on the third strategic direction, Enhancing Supports and Services. The team reviewed the priorities of the workgroup along with other ideas generated throughout the day. We looked at rough cost estimates associated with services including initial startup costs and ongoing costs. The group discussed the following services with the desire to create new, expand and provide enhancements. We also identified the need to further investigate services to assure quality and sustainability.

New Services	Expand Current Services	Enhancements
Mobile Crisis	Crisis Stabilization	Access to Psychiatric & LISW
Warmline	Additional TLCs	Provider enrichment training
ACT	Peer drop in (Warren & Madison)	Incentivize provider innovation
Sub-Acute	Co-Occurring Services	Assistance to providers – consultation /I-START
County Specific Projects	SCL Services	MFP type funding
Explore pre-commitment screening (pre emergency room)	Transportation	Provider staffing incentive
Explore Mental Health Court	Peer and Family Support	Crisis Provider training
Explore Community Based Crisis Stabilization	Explore addition housing options	

Specific quarterly goals were designed around each service area which will be incorporated into the strategic plan and outlined below.

B. Statewide Strategic Direction

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. Regional Strategies to show improvements in the Outcomes for Success as identified by the Department of Human Services

The table below shows the services or initiative put in place or planned to address the specific areas of concern. Some services will be listed under more than one category as the outcome of the service will benefit multiple strategies.

Desired Outcome for Success: 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 #1 Reduce the number of individuals that access the Emergency Department by providing access to Crisis Line, Mobile Response. Provide assessment, transportation and diversion options to the Emergency Departments.	**Time Frame for Implementation**	**Projected Cost**	**Other Funders or Collaborations**
CICS provides access to Tele psychiatry to the emergency departments to assist with determination of appropriate admits and diversions.	Complete	Annual estimated costs $750,000	
Diversion Options Crisis Appointments with local providers	Complete	Annual access grant and appointments costs $250,000	Medicaid
Expand Crisis Stabilization/Transitional Living Center	Existing Expansion 7/1/2018	$100,000 startup $426,000 ongoing costs	Medicaid for Crisis Stabilization
Transitional Living Programs (2 additional)	1/1/2018-7/1/18	$70,000 start up $600,000 ongoing	Partially Medicaid (Habilitation or waiver)
Voluntary transportation	Complete	$100,000	
Mobile Response	7/1/2017-1/1/2018	Start Up $100,000 Ongoing $750,000	Medicaid
Subacute Crisis Centers (collaboration with other regions)	9/2017-7/1/2020	$600,000	Medicaid
Encourage local collaborative with hospitals, judicial, law enforcement to develop processes around commitment protocols	Ongoing	Administrative staff time and supplies	

Data: Regions will be gathering data from the local emergency departments regarding the number of individual in the emergency department. Additionally CICS generates reports on the Tele psychiatry, Crisis appointment and Crisis Stabilization/transitional living. These reports help CICS assess the usage and effectiveness of the programs.

Desired Outcome for Success: 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 #2 Provide coordination and alternatives to lengthy hospital stays for individuals of complexity	**Time Frame for Implementation**	**Projected Cost**	**Other Funders or Collaborations**
Increase use of CICS coordination staff to explore and fully utilize step down options regardless of funding stream. (Subacute, crisis, transition programs, RCFs)	Initiated and ongoing	$75,000	
Explore Money Follows the Person (MFP) type program	9/2017-7/1/2018	$300,000	Medicaid
Expand Transition Living Program (2 additional)	1//1/2018-7/1/2018	Startup $40,000 $600,000 ongoing	Partially Medicaid (Habilitation or waiver)
Increase provider proficiencies through education and training opportunities	Ongoing	$100,000	
Utilize Standardized Assessment	1/1/2017-1/1/2018	$135,000	

Data: Regions will be gathering data from the Inpatient units based in their area. Additionally, CICS produces a barriers report annually to identify and address issues relating to difficulties in finding community based care. These report allow us to work toward migrating barriers by enhancing services.

Desired Outcome for Success: The number of individuals with a mental illness, intellectual disability, or substance use disorder who the local or county police department report could have been diverted or released from jail if appropriate community based services were available.			
Regional Strategy #3 Reduce the number of individual entering the justice system by providing alternatives to incarceration	**Time Frame for Implementation**	**Projected Cost**	**Funders or Collaborations**
CICS provides access to Tele psychiatry to the local jails to assist with determination of diagnosis.	Complete	$200,000	
Expand Jail Diversion Intensive Case Management Services throughout the region for discharge planning (available in all but 1 CICS county)	1/1/2018	Total cost $525,000	
Expand outpatient services including co-occurring	4/1/2018	$100,000	
Continue to use and expand current Transitional Living Program	9/2017-4/1/2018	$700,000	Partially Medicaid (Habilitation or waiver)
Expand Transition Living Program (2 additional)	1/1/2018-7/1/2018	Startup $40,000 $600,000 ongoing	Partially Medicaid (Habilitation or waiver)

Data: Regions will be requesting data from the local jails. Additionally CICS generates reports on the Tele psychiatry, jail diversion, and transitional living. These reports help CICS assess the usage and effectiveness of the program and help us ascertain the needs for additional supports.

Desired Outcome for Success: 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 #4 Reduce the number of individual involuntarily discharge by improving the capacity and capability of Community providers to work with individuals of complexity	**Time Frame for implementation**	**Projected Cost**	**Funders or Collaborations**
Provider Trainings (Mental Health First Aid, Trauma Informed Care, Cultural Competency)	Ongoing	Staff time and $50,000	
C3 De-escalation Training	9/1/2017-7/1/2019 (Two year program)	$20,000	Regional Collaborative
Evidence Based Practice Provider Training	Ongoing	$100,000	Regional Collaborative
Provide professional consult on complex cases including ID MI and BI	As needed and requested	$125,000	

Data: Regions will work with providers to gather data to report to DHS

Plan for Regional Fund Balance Spend Down

CICS will use of combination of lower levy amounts and new investments to utilize our fund balance in excess of 20%. We began this process in FY 16 with the intention to build services strategically that would be monitored for effectiveness and stability, but also keep our tax asking at a stable level that would gradually raise to sustain the additional services.

With the passing of SF 504, the spend down process must be accelerated. Unspent fund balance in excess of 20% of the expenditures will be used to offset taxes in FY 22 which could create a greater variation in the tax asking year to year. This means CICS has available 10.5 million in addition to our projected ongoing expenses over the next 3 years. The difficult task will be to utilize the funds in a manner that will continue to build programs that are effective and viable. Once the fund balance is depleted our revenue is capped at around 11.5 million. The key to sustainability will be the availability of braided funding for ongoing services.

The CICS Annual Service and Budget Plans includes detailed information on our proposed expansions for the corresponding fiscal year. The information below is provided as an overview of the FY 18 Annual Service and Budget Plan and the priorities identified in the SF 504 Workgroup meetings and the CICS strategic plan session.

Tax savings	
CICS lowered our tax asking in FY 16 FY 17 and FY 18 in order to address the fund balance that was brought into the region.	FY 17 Reduced tax asking by $4,268052 below the maximum FY 18 Reduced tax asking by $4,306918 below the maximum
Reduction of Levy FY 19	Maintain the FY 18 per capital level estimated $4,310,000 below the maximum
Reduction of Levy FY 20	Maintain the FY 19 per capital level estimated $4,310,000 below the maximum

CICS will invest in initiating new services through the request for proposal process for identified projects, and also consider unsolicited funds requests to add or expand services.

List NEW service investments with time frames for implementation.	**Startup Costs**	**Projected Annual Costs Other payers**
Region wide Mobile Response RFP issued 8/1/2017 for implementation 1/1/2018	$100,000	$750,000 (Medicaid)
Assertive Community Treatment	$50,000	$20,000 (Medicaid) Community Mental Health Center Block Grant
Crisis Stabilization Proposal received 9/17 anticipated implementation 7/1/2018	$100,000	$400,000 (Medicaid)
Additional Transitional Living Centers anticipated expansion 4/1/2018	$100,000	$700,000 (Medicaid-Habilitation)
Warm line Implementation 4/1/2018	$20,000	$15,000
Additional Peer Drop In Anticipated implementation 7/1/2018	$75,000	$ 200,000
Provider training Ongoing service		$100,000
County specific projects based on individual county need 1/1/2018---6/30/2018	$1,000,000	
Access to Mental Health professionals FY 2019	$150,000	
Standardized Assessment training and Startup Costs	$35,000	
Increase Access to Mental Health Outpatient Services as needed	$230,000	
Family support and Peer Support expansion (training and stipend)	$70,000	
Subacute Regional Collaborations 6/2020	$500,000	$300,000
Jail Diversion Expansion (Mental Health Services)		$200,000
Jail Diversion Intensive Case Management Services		$150,000
Transportation expansion		$155,000
Increased Tele-Psychiatry		$225,000

Other programs and services currently being reviewed by CICS for potential investment.

- Increase supported community living capacity

- Housing
- Pre committal Screen options
- Community Based Crisis Stabilization
- Staff development and training

Implementing the above services, along with the maintaining our current per capita levy will result in the reduction of the CICS fund balance. As required any fund balance over 20% will be used to offset the tax asking in FY 2022. In FY 2021 and beyond it will be necessary to increase the per capita levy amount up to the maximum allowed (with offset) and reduce spending.

Explanation of Services included in this report

Crisis Line: Central Iowa Community Services contracts with Foundation 2, Inc. to provide a Crisis Line that serves the residents of the counties within the CICS region. The Crisis Phone Line is available 24 hours a day and 7 days a week, chat and text options are available 9AM-3PM Monday through Friday. The purpose is to achieve immediate relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation of a crisis, arrangements for emergency responses when necessary to protect individuals in a crisis, and referral of callers to appropriate services when other or additional intervention is required. Foundation 2's counselors provide crisis counseling and/or linkage to resources in the CICS region as needed. Community resource information is provided to Foundation 2 for appropriate local referrals. CICS would like to have discussions with regions statewide on the development of a statewide crisis phone line.

Crisis Psychiatric and Crisis Therapy appointments through local providers: CICS provides access to crisis psychiatric appointments. In FY 17 we added access to crisis therapy appointments to Community Mental Health Centers and providers; we will continue to offer this.

Service Coordination: CICS has increased the FTE status for our Service Coordination Unit to meet identified needs in each community. Utilizing Service Coordinators allows us to manage services at a local level through use of a continuum of care. CICS Service Coordinators are trained in options counseling and other specialized training such as SSI/SSDI Outreach, Access and Recovery (SOAR). CICS has two additional Service Coordination Specialists to assist with transitioning individuals in congregate care and transitional care settings into suitable community based services. Service Coordination Specialists have been trained to complete the LOCUS assessment; these assessments assist with determining individual service needs. CICS will be converting to the Inter RAI and SIS assessments when training becomes available for those.

Mobile response: A mental health service which provides on-site, face-to-face mental health crisis services for individuals experiencing a mental health crisis. Mobile crisis staff have the capacity to intervene, wherever the crisis is occurring, including but not limited to the individual's place of residence, emergency rooms, police stations, outpatient mental health settings, schools, recovery centers, or any other location where the individual lives, works, attends school, or socializes. A request for proposal was released August 1, 2017 for region wide Mobile Response that would meet Chapter 24 accreditation with a planned implementation date of 1/1/2018.

Assertive Community Treatment (ACT): An intensive and highly integrated approach for community mental health service delivery. ACT programs serve individuals whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness. A CICS provider was awarded a grant to begin providing ACT in Story and Boone County FY 18. CICS will assess the need for expansion of the services into other areas of the region to implement FY 19.

Crisis Stabilization Residential: Residential Crisis Stabilization: The purpose of Crisis Stabilization is to reduce the number of people who, during a mental health crisis, are involuntarily hospitalized, or inappropriately incarcerated.

Individuals receive professional, short-term intervention and are linked to ongoing support, services and community resources. CICS contracts with Mary Greeley Medical Center's Transitional Living Program (TLP) in Ames for crisis stabilization and hospital diversion. Through a regional collaboration CICS also contracts with Hope Wellness Center to provide Residential Based Crisis Stabilization. CICS is reviewing a proposal for a Crisis Stabilization/ transitional Living

Transition homes: The Transitional Living Center provides services to individuals in the community that struggle with the ongoing management of their mental illness, developmental disability, intellectual disability, or brain injury (e.g., following doctor orders, taking/obtaining medications, attending scheduled therapy/psychiatric appointments, following parole/probation guidelines). Individuals receive services and supports while residing in the transition home. Stable and safe housing aids individuals in achieving identified goals and managing their ongoing health needs while decreasing the likelihood of hospitalization and/or legal involvement. The individuals residing in the transition home develop a 30, 60, 90 day transition plan with the goal of obtaining the necessary resources and supports to live independently in the community and/or are referred to a program that can continue to provide the level of services needed over an extended period of time. In FY 17 CICS implemented three Transitional Living Centers that are strategically located in the region. CICS is considering expansion of additional Transitional Living Centers in the region.

Warm Line---- a line staffed by peer counselors, who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis. In addition to the Crisis Line. CICS will also contract to utilize a warm line or peer run help line.

Peer Self-help Drop-in Center: Social Support services- drop in centers and Clubhouse centers. In FY17 with the expansion of Drop-in Center services to Boone and Franklin County, this service is now available in the following counties: Boone, Hamilton, Hardin, Franklin, Jasper, Marshall, Poweshiek, and Story County. Additional expansion for Drop-in Center services is planned for FY18 for Warren and Madison counties.

Outpatient Services: Includes medication prescribing and management, therapy. Access standards: emergency within 15 minutes of contact, urgent within one hour of contact or 24 hours of phone contact, routine within 4 weeks of request for appointment (within 45 miles. We continue to work on increasing the provider network for outpatient services and collaborating with providers on recruitment and retention of professional staff. To address the statewide shortage of Psychiatric Services, CICS has turned to telemedicine to increase access to underserved areas. The use of tele psychiatry will improve timely access and reduce hospital admissions. As we continue to monitor access standards we consider financial assistance to help provide timely access.

Jail Diversion: Outpatient mental health and coordination services provided to individuals in criminal justice settings. CICS has made tele psych available to inmates located in the jails in the region at the discretion of local law enforcement. ITP provides appointment-based psychiatric services to the inmates of each jail located within the region that contracts for this service. ITP facilitates services for the contracted hours upon a schedule arranged between the jail and available provider. Therapy services are also available through various providers. Intensive Case Management Services are available in the following counties: Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Story, and Warren. Expansion to Poweshiek County is being planned. Jail Diversion services are a collaboration of regionally funded services and local planning efforts to fit the needs of the individual county. CICS has budgeted additional funds for Crisis Intervention Training (CIT) for law enforcement.

Public Education: Activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect a person's functioning in society. Focus on prevention activities, which are designed to convey information about the cause of conditions, situations, or problems that interfere with a person's functioning

or prevent their occurrence or reduce their effect; the abilities and contributions to society of all people; the causes and nature of conditions or situations which interfere with a person's ability to function; and the benefits that providing services and supports have for the community and for the individual. CICS will continue to offer training and educational opportunities provided by Community Mental Health Centers and other informative trainers. CICS staff are also available for Mental Health First Aid, Trauma Informed Care and Cultural Competency in our area.

Transportation: Transportation is for services for consumers to conduct business errands or essential shopping, to receive medical services not reimbursed through Title XIX, to go to and from work, recreation, education or day programs, and to reduce social isolation. Although transportation is not identified as a core service, it has been identified as one of the major barriers to receiving services. We contract with providers throughout the region for transportation services. CICS utilizes Central Iowa Juvenile Detention for transportation to crisis stabilization units and for other voluntary transport needs. CICS plans to develop alternatives to enhance the transportation network in the region.

Collaboration with other Regions

CICS is participating in Regional planning groups for other services including supported employment, subacute and permanent supporting housing.

CICS also participated in a collaborative workgroup Crisis Prevention & Mental Health Summit Roundtable held by the MHDS Regions, Iowa Association of Community Providers (IACP) and Iowa Law Force Academy (ILEA) held on June 28, 2017. 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 Service

Appendix A

The following individuals were invited to participate in the Stakeholder Workgroup Meetings and small group meetings to provide input into the development of the Community Service Plan. Meetings were held at the Story County Administration Building in Nevada, Iowa on July 24, 2017, August 28, 2017 and September 25, 2017.

Name	Representing	Title	Agency/Organization
John Asmussen	Law Enforcement	Jail Administrator	Story County
Jenny Backer	MH/ID Provider	Executive Director	ACCESS Incorporated
Doug Bailey	Regions	Governing Board Chair	CICS- Hamilton
Tim Bedford	MH/ID Provider	Executive Director	Central Iowa Recovery
Marty Chitty	Regions	Vice Chair	CICS- Story
Wendy Cooper	Family Advocate		
Paul Daniel	MH Provider	Executive Director	Center Associates
Michelle De La Riva	SA Provider	Executive Director	CFR
Kathy Dinges	SA Provider	Clinical Director	YSS
Fred Eastman	Hospitals	Telehealth Technology Manager	Mercy Health Network
Julie Gibson	Local Advocate	CHI Grant Coordinator	House of Mercy
Natalie Ginty	Hospital	Director, Government Relations and Staff Legal Counsel	Hospital Association
Lisa Heddens	NAMI	Executive Director	NAMI of Central Iowa
Steve Hoffman	Law Enforcement	Sheriff	Marshall County
Christine Krause	Hospital	Director, Behavioral Health	Mary Greeley Medical
Terry Kuntz	Provider	Supervisor	DHS TCM
Cathy Miller	Crisis Provider	Director of Services	Genesis
Bill Patten	Regions	Governing Board	CICS- Marshall
Sonja Ranck	Hospital	Chief Operating Officer	Skiff Medical Center
Cynthia Steidl Bishop	Crisis Provider	Executive Director	Eyerly Ball
Mary Swartz	Judicial	Mental Health Advocate	Franklin, Hardin, Marshall, Story
Betsy Stursma	Region	Coordination Officer	CICS
Linn Adams	Region	Coordination Officer	CICS
Jody Eaton	Region	CEO	CICS
Beth Morrissette	Facilitator		Mission Matters
Clarence Williams	Hospital	Director	Mercy Health Network
Staci Shugar	Law Enforcement	Service Coordinator	Story County
Deb Schildroth	Advocate	Director of External Operations and County Services	Story County
Christy Younis	MCO		Amerigroup

The meetings were open to the public others attending include:
Russell Wood, CICS Planning Officer, Meghan Freie, CICS Project Manager, Annie Koch, CICS Program Manager, Terry Johnson, Executive Director, Genesis Development

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
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

Additional information regarding CICS and Workgroups can be found at www.cicsmhds.org