SF 504 WORKGROUP DISCUSSION SUMMARY

CICS

Supporting Individuals. Strengthening Communities.

9/29/2017

Central Iowa Community Service Region

SF 504 Workgroup Discussion Summary

CENTRAL IOWA COMMUNITY SERVICE REGION

Table of Contents

EXECUTIVE SUMMARY

Central Iowa Community Services (CICS) Region is tasked by Senate File (SF) 504 to "Convene a stakeholder workgroup to make recommendations relating to the delivery of, access to, and coordination and continuity of mental health, disability, and substance use disorder services and supports for individuals" (page 10) of complexity. The workgroup discussions will be incorporated into the community service plan that is due by each region on October 16, 2017.

CICS is a complex organization with a large geographic area to cover, several locations and multiple layers of staffing and services. This report is a summary of feedback gathered from stakeholders during monthly workgroup meetings beginning in July 2017.

Workgroup Facilitation:

Beginning in July 2017 monthly stakeholder workgroups were convened with the assistance of the CICS leadership team. These meetings included representatives invited from all 10 counties served by CICS. Representatives were from key stakeholder groups, such as, the hospitals, providers, Medicaid Care Organization (MCO), law enforcement, etc. At each of the 3-hour workgroups, information sharing by the Region occurred followed by a facilitated focused conversation around the main topic of the day. The purpose of these sessions was to spark idea-generation and build 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 mental health, disability, and substance use disorder needs" (SF 504, page 10).

First Meeting (July 2017): "Building Our Shared Understanding"

CICS highlighted current developments in the region, local and statewide data, CICS financial update, and relevant/possible services currently provided in CICS Region and in other regions.

VISION OF THE CENTRAL IOWA COMMUNITY SERVICE REGION

"CICS shall work in 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
- Culturally competent
- Multi-occurring capable"

Second Meeting (August 2017): "Assessing Our System"

During this workgroup, the group reviewed the "Stakeholder Feedback Summary" document. This document that gathered feedback on-line from additional stakeholders. This allowed for additional perspectives within the Region to be considered in this planning process. The workgroup participants then 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.

Third Meeting (September 2017): "Identifying Our Solutions"

Identifying new solutions, enhancing current services and expanding successful programs were identified and prioritized by the stakeholder workgroup. Four teams identified their priorities considering the work and discussion in the previous two meetings. Each team was then given $100 pretend budget to divide amongst their priorities to demonstrate the importance of each recommendation.

Appendix A to C list the public agenda and attendees for each workgroup meeting. Appendix D is the handout "CICS Priority MHDS Service Definitions and Funding". The final appendix, Appendix E includes pictures from all three workgroup sessions.

Mission Matters

This strategic planning process is being facilitated by Mission Matters. Mission Matters is a group of professionals who provide consulting services to non-profits, government entities, philanthropists, and socially responsible companies, with a special focus on leadership development, strategic planning, coaching, and capacity building.

Lead facilitator for this project was Beth Morrissette.

This summary was completed by Beth Morrissette and can be reached at bethmorrissette@cox.net

BUILDING OUR SHARED UNDERSTANDING

JULY 24, 2017

APPENDIX A

SUMMARY OF WORKGROUP DAY

CICS highlighted current developments in the region, local and statewide data, CICS financial update, and relevant/possible services currently provided in CICS Region and other regions in Iowa. Senate File (SF) 504 altered the tax authority of the regions, set up interim workgroups, convened "stakeholder workgroups to meet on a regular basis…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, particularly for individuals with complex metal health, disability, and substance use disorder needs" (page 10).

CICS leadership shared the history of the development of the regions from independent county operated Mental Health Disability Services (MHDS), the state expectations for newly formed regions to provide Core services, and the possibility of developing Core Plus services. CICS reviewed the current budget breakdown for FY 2015-16: Core Services 37%; Core Plus 6%; Mandated 7%; 21% Residential Care – congregant; 14% - Other – transportation, etc. The difference between FY2015-16 and FY2016 -17 was minimal. There were some categories that experienced increases while others decreased, but no major shifts. With SF 504, regions must spend down fund balance and are limited to 20% carry over. It is important, that as the CICS spends down their fund balance, they are thoughtful, strategic and intentional. They do not want to create a system that cannot be sustained once the fund balance is exhausted.

The CICS shared with the workgroup, Attachment C from the CICS Operations Manual. This handout listed all the services provided in the Region, a description of the services and the eligible population groups (mental illness, intellectual disability, developmental disability, brain injury, children) and access standards.

WORKGROUP ACTIVITY

After the presentation about SF 504, the work and services currently occurring in the region, the participants were asked:

DEVELOP A LIST OF POSSIBLE AND SPECIFIC WAYS THE IDEAS YOU HEARD COULD BE INTEGRATED INTO THE CICS' DELIVERY OF, ACCESS TO, AND COORDINATION AND CONTINUITY OF MENTAL HEALTH, DISABILITY, AND SUBSTANCE USE DISORDER SERVICES AND SUPPORTS FOR INDIVIDUALS OF COMPLEXITY.

Workgroup participants were asked to individually brainstorm answers to the question. Next, they split into small groups to share their ideas and identify their three best ideas as a group. Each group shared their ideas and as a large group we formed categories based on similarities. The categories and ideas are listed in Table 1.

Table 1. Workgroup Idea Generation to Improve CICS Delivery of, Access to and Coordination and Continuity of Services

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

ASSESSING OUR SYSTEM

AUGUST 28, 2017

APPENDIX B

SUMMARY OF WORKGROUP DAY

During this workgroup, the group reviewed the "Stakeholder Feedback Summary" document that gathered feedback on-line from additional stakeholders between the July and August workgroup meetings. The workgroup participants recommended individuals to complete the survey at the end of the July workgroup meeting. This allowed for additional perspectives within the region to be considered in this planning process. The workgroup participants then reviewed services throughout the region, county-by-county, and access to services. Participants identified barriers to the appropriate services for individuals and possible ways to mitigate barriers.

WORKGROUP ACTIVITY

Two activities took place on during this workgroup meeting. The first activity had the participants work in small groups to discuss the "Stakeholder Survey Feedback" document. Each small group was asked to answer four questions:

1. **What caught your attention?**
2. **What was missing?**
3. **What barriers are outside the scope of the CICS Region?**
4. **Which Need Should be Addressed First in Order to Best Support Our Communities?**

Once the groups had answered the questions, they were told to create a flipchart to share with the entire workgroup. Table 2 captures the four teams' responses to the questions above. Each team was asked to identify their team name by having consensus around one word they heard most often during their discussion.

Table 2. Workgroup Feedback on Stakeholder Survey Summary

Team: **Complex**

What Caught Your Attention?

- Transportation
- Day habilitation
- RCF

What was Missing?

- Complex needs
  - Where are they, how many

What Barriers are Outside the Scope of the CICS Region?

- Providing level of care
  - Money
  - Training
  - Environment

Which Need Should be Addressed First in Order to Best Support Our Communities?

- Who they are, Volume (how many)
- Financing/funding

Team: **Coordination**

What Caught Your Attention?

- Lack of distinct care providers in Marshall Co. and across the state
- Very little (ID, BI) DD services/mention for these members/people
- MH pre-committal screening – use of this service is limited

What was Missing?

- Central Access Center
- ID/BI services
- Consistent coordination/communication
- Licensed MH professionals – SW, therapists, psych RNs

What Barriers are Outside the Scope of the CICS Region?

- Funding
- Ability to hire direct care staff
- State wide direction

Which Need Should be Addressed First in Order to Best Support Our Communities?

- Overlap of some services
- Community based services
- Right service/right time

Team: **PHishing**

What Caught Your Attention?

- "Not everyone can get to them"
- Transportation, psychiatry, affordable housing

What was Missing?

- Substance Abuse (lack of …)
- (SF 504)

What Barriers are Outside the Scope of the CICS Region?

- MCO Changes
- Cost containment

Which Need Should be Addressed First in Order to Best Support Our Communities?

- Substance abuse (Eval)
- Funding

Team: **Challenge**

What Caught Your Attention?

- Lack of knowledge of CICS services

What was Missing?

- Accurate information

What Barriers are Outside the Scope of the CICS Region?

- Human behavior
- Challenges are different in each county

Which Need Should be Addressed First in Order to Best Support Our Communities?

- Challenges are different in each county
- Psychiatrists/MH providers

The next workgroup activity was a "Walkabout". Displayed around the meeting room were flipcharts for each of the 10 counties in the Region. Each flipchart had four questions listed:

1. **What Barriers strike you as easy to address or overcome?**
2. **Which Barriers are most critical for CICS to address or overcome?**
3. **Which gaps of service should the CICs address first?**
4. **List Possible ways to mitigate barriers?**

Participants were asked to spend time discussing and commenting on the counties they knew best from their personal or professional experience. Table 3 includes workgroup participants ideas to overcome barriers in specific counties in the region. An "X" by an item means that more than one person agreed with the statement listed on the flipchart.

Table 3. County Specific Brainstorming to Overcome Barriers

	What barriers strike you as easy to address or overcome?	Which barriers are most critical for CICS to address or overcome?	Which gaps of service should the CICS address first?	List possible ways to mitigate barriers.
Boone County	• Expand transportation • Stabilize transportation with provider change	• Complex needs in the jail, hospital • Increased affordable housing • Way to create residential environments for complex needs people	• Provider access to all counties of services • Post-acute?? Care, sub-acute, 24-hour habilitation	
Story County	• Identify who complex people are and what are the needs • 23-hour walk-in/assess/refer/or hold (can have police drop off and use peer specialists)	• Transportation • Collaboration within region, across regions	• Crisis stabilization facility • Post-acute care, sub-acute, 24-hour habilitation • Transportation • Affordable housing	• Coordination, collaboration • Funding (stable funding)
Marshall County	• Have regions talk to each other to have one statewide crisis line • Funding for pre-placement visits	• After hours transportation (X) • Placements for complex needs individuals – timely	• 23-hour crisis observation and holding (X)	• Have more MFP type funding available • Collaboration with local hospitals for intensive cases
Poweshiek County	• Expand transportation hours availability • Coordination of communication between service providers	• Communication between service providers		• Improved communication between agencies – collaborate better.

Table 3. County Specific Brainstorming to Overcome Barriers (continued)

	What barriers strike you as easy to address or overcome?	Which barriers are most critical for CICS to address or overcome?	Which gaps of service should the CICS address first?	List possible ways to mitigate barriers.
Jasper County	• Coordination and Communication between services (XXX)	• Lack of mobile crisis/pre-court committal intervention (XX) • Coordination of communication between service providers (X)	• Crisis intervention services • Entry points into system	• Strengthen coalition work (X) • Specific oversight of communication between providers by one identified person (X) • Video screening for judicial, law enforcement and identification next steps of service
Warren County	• Peer drop-in center (X) • Identify complex population and service needs • Transportation (X)		• Peer drop in center	• Meeting of providers periodically • RFP for drop in center
Madison County		• Consistent transportation (X) • Peer drop in center	• Establish system to track and assign services available in all counties	• RFP for peer drop in center
Franklin County	• Identify complex population and services needs			
Hamilton County	• Peer specialists	• Building a service that could encompass mobile crisis 23-hour observation, crisis stabilization, transitional living	• Professional providers - psychiatrists (ARNPs/Pas)	• Building a provider service that can do multiple services
Hardin County	• Identify complex needs and what services needed • Transportation	• Psychiatric providers (X) • Transportation	• Psychiatric providers • Peer support	• Collaboration with MHC to provide psych services in local communities (X) • Increase telepsych

At the end of the meeting, several participants wanted to underline the importance to support individuals with complex needs. The group also expressed concern about building new services/programs and diverting money away from current services/programs. Another concern was the importance to help people that are falling through the gaps.

IDENTIFYING OUR SOLUTIONS

SEPTEMBER 28, 2017

APPENDIX C

SUMMARY OF WORKGROUP DAY

Identifying new solutions, enhancing current services and expanding successful programs were identified and prioritized by the stakeholder workgroup. Four teams identified their priority recommendations considering the work and discussion in the previous two meetings. Each team was then given $100 pretend budget to divide amongst their priorities to demonstrate the importance of the recommendations.

CICS staff gave detailed information about the impact SF 504 has on CICS finances. This includes the new per capita max is now $35.50 for each CICS County. Fiscal year (FY) 2018, CICS equalized the levy to $22.29 per capita (prior to SF 504 to address the Fund Balance). Additional financial impact was the requirement to spend down the fund balance by the end of FY 2020. Any levy over 20% of your expenditures less encumbrance will be used to offset MHDS tax levy in FY 2022. CICS yearly revenue is capped around 11.5 million per year. These funds are used to support individuals. The services and supports that are being built will need to be sustained though a combination of Medicare, Medicaid, DHS, IDPH and the regions. CICS has the opportunity to use their Fund Balance to improve the system and strengthen their communities by investing in new or enhanced service, including services that relate to the DHS identified outcomes for individuals with complexity.

WORKGROUP ACTIVITY

This workgroups activity was “Team Priority Recommendation Exercise”. The participants were split into four teams and told to consider the input that was gathered over the past few months. The purpose of the activity is to build consensus in a small group of diverse individuals, with a variety of experience and knowledge about individuals, that would benefit from the work of the CICS Region. This included their input in previous meetings and the input from the on-line stakeholder survey. They were given a handout in advance of the meeting that included Table 1, Table 2, Table 3 and “CICS Priority MHDS Service Definitions and Funding” (see Appendix D). Participants were asked to share their recommendations on prioritizing the work CICS should consider pursuing with in their Community Service Plan that they will submit on October 16th.

As a team, they ranked the priority of possible services/programs to be developed, strengthened or expanded over the next several years. possible programs are listed on the handout titled "CICS Priority MHDS Service Definition and Funding" AND from Table 1, "Workgroup Idea Generation to Improve CICS Delivery of, Access to and Coordination and Continuity of Services". The service/programs that were listed on the handout "CICS Priority MHDS Service Definition and Funding" were determined through the prioritization completed during the on-line survey collection. Teams may have also added their own new ideas and "out-of-the-box" innovative ideas.

Each team was given $100 of pretend budget money to divide amongst their prioritized services/programs. They were asked to identify the IMPORTANCE of each of the prioritized services/programs by dedicating a portion of their $100 budget to each of them. Even though they had indicated the ORDER of importance for the CICS to address each service/program, they gave "WEIGHT" to each service/program by assigning the amount of budget money that reflects how much MORE important one is over the next.

Once their team had decided how they would recommend "spending" their $100 dollars on priorities, they created a flip chart listing recommendation in order and attaching "dollar" amount per recommendation. Table 4 shows the Prioritizing of Recommendations for the for teams.

Table 4. Team Priority Recommendations

Team 1 – Julie, Mary, Tim, Steve, Cynthia	**Team 2** – Deb, Kristi, Doug, Sonja, Lisa	**Team 3** – Michelle, Marty, Fred, Cathy, Staci	**Team 4** – Christy, Paul, Terri, Clarence
TLC - $ 31	Mobile Crisis - $60 a) prescreening b) education	Permanent Supportive Housing - $50	Basic Needs – $40 24/7; no wrong door, no one turned away; access by any community entity – THE HUB
Mobile Crisis - $30	Housing - $28 a) permanent supportive b) Transitional c) ACT d) IPR e) Supportive Employment	ACT - $20	Permanent Supportive Housing - $20 (i.e., tiny houses, abandoned building) – linked to peer support; employment; self-sustaining – THE COMMUNE
Observation Center - $21	Peer & Family Support - $10 a) peer drop-in b) warm line	Mobile Crisis - $15	Training for staff on Behavioral Intervention & management of complex clients - $20
Jail Services - $6	Service Coordination - $2	Crisis Stabilization Residential - $10	Transitional / stabilization Program - $ 20-Longer term with goal of step down to THE HUB, COMMUNE or Community
Psychiatric and LISW providers - $6		Mental Health Pre-screening - $5	
Permanent Housing - $6			

Table 5 is a summation of all team priority recommendations organized from highest weight to lowest weight determined by the distribution of the $100 pretend budget. Three priority recommendations were listed by multiple teams. Items that were listed by more than one team was color coated: blue is for mobile crisis; orange is for housing, and; purple is for transitional living center (program). Housing was listed by all four teams as a priority recommendation.

Table 5. Weighted Priority Recommendations Across All Teams

Mobile Crisis - $60	Housing - $28	Transitional / stabilization Program - $ 20	Psychiatric and LISW providers - $6
Permanent Supportive Housing - $50	Observation Center - $21	Mobile Crisis - $15	Permanent Housing - $6
Basic Needs – $40	ACT - $20	Crisis Stabilization Residential - $10	Mental Health Pre-screening - $5
TLC - $ 31	Permanent Supportive Housing - $20	Peer & Family Support - $10	Service Coordination - $2
Mobile Crisis - $30	Training for staff on Behavioral Intervention & management of complex clients - $20	Jail Services - $6	

Table 6 shows combined liked recommendations dollar amount to demonstrate the higher "value" by the entire workgroup. The three colored cells represent the three recommendations that were identified in more than one team resulting in a higher weighted value.

Table 6. Combined Value Priority Recommendations Across All Teams

*Mobile Crisis - $105	Observation Center - $21	Peer & Family Support - $10	Service Coordination - $2
**Housing (including Permanent Supportive Housing) - $104	**ACT - $20	Jail Services - $6	
**TLC - $ 51	Training for staff on Behavioral Intervention & management of complex clients - $20	Psychiatric and LISW providers - $6	
Basic Needs – $40	Crisis Stabilization Residential - $10	*Mental Health Pre-screening - $5	

*One team listed Mobile Crisis and underneath it included Mental Health Pre-screening. Combining Mobile Crisis with the Mental Health Pre-screening would be one avenue to maximize the expertise and time of the mobile crisis team.

**One team listed several items under "housing" including permanent supportive, transitional, ACT, IPR and supportive employment. ACT and TLC (transitional) are listed individually by other teams. Discussion over the three months from this workgroup often included discussion around

the importance of meeting individuals basic need of housing. Keeping housing stable for an extended period of time may allow for more progress with the individuals complex needs. The thought was if housing was not in crisis, then services can be wrapped around the individual to support stabilization. It is important to note, that conversations also included the importance to have this ready immediately following discharge from the hospital or the jail.

QUESTIONS FOR REFLECTION:

1. What caught your attention?

2. What are opportunities that give you confidence about the future of the communities in CICS Region?

3. What are barriers that give you pause about succeeding into the future?

4. Where would you like more information?

5. What wasn't mentioned or is missing?

6. What opportunities are most impactful for 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 mental health, disability, and substance use disorder needs" (SF 504, page 10)?

APPENDIX A – BUILDING OUR SHARED UNDERSTANDING

JULY 24, 2017

PUBLIC AGENDA

WELCOME

INTRODUCTIONS

HISTORY OF THE REGIONS IN IOWA AND THE SERVICES THEY PROVIDE

CORE AND CORE PLUS SERVICES

LARGE GROUP DISCUSSION

DEVELOP A LIST OF POSSIBLE AND SPECIFIC WAYS THE IDEAS YOU HEARD COULD BE INTEGRATED INTO THE CICS' DELIVERY OF, ACCESS TO, AND COORDINATION AND CONTINUITY OF MENTAL HEALTH, DISABILITY, AND SUBSTANCE USE DISORDER SERVICES AND SUPPORTS FOR INDIVIDUALS OF COMPLEXITY.

SMALL GROUP WORK

REPORT AND CLUSTER

REFLECTIONS BY THE GROUP

NEXT STEPS

PUBLIC COMMENT

ATTENDEES

FRED EASTMAN, MHN
CATHY MILLER, GENESIS
JOHN AMUSSEN, SCSO JAIL
MICHELLE DE LA RIVA, CFR
ANNIE KOCH, CICS
MEGHAN FREIE, CICS
RUSSELL WOOD, CICS
JODY EATON, CICS CEO
DOUG BAILEY, CICS GOVERNING BOARD CHAIR
CYNHIA STEIDL BISHOP, EVERLY BALL CMHC
STEVE HOFFMAN, MARSHALL COUNTY SHERIFF
MARY SWARTZ, MENTAL HEALTH ADVOCATE
WENDIE COOPER, FAMILY MEMBER / NAMI
LINN ADAMS, CICS COORDINATION OFFICER
NATALIE GINTY, IOWA HOSPITAL ASSOCIATION
BETSY STURSMA, CICS COORDINATION OFFICER
MARTY CHITTY, CICS GOVERNING BOARD VICE-CHAIR
SONYA RAUCK, SKIFF HOSPITAL
KATHERINE DINGES, YSS
TIM BEDFORD, CIR
KRISTI YOUNIS, AMERIGROUP
CHRISTY KRAUSE, MGMC
PAUL DANIEL, CENTER ASSOCIATE

APPENDIX B – ASSESSING OUR SYSTEM

AUGUST 28, 2017

PUBLIC AGENDA

WELCOME

INTRODUCTIONS

REPORT PROCESSING

WALKABOUT – OBSERVATIONS

-WHERE COULD WE ENHANCE SERVICES POSSIBLY?

-WHERE DO YOU SEE A GAP?

-WHAT IS THE BARRIER?

REFLECTIONS BY THE GROUP

NEXT STEPS

PUBLIC COMMENT

ATTENDEES

PAUL DANIEL, CENTER ASSOCIATES
CATHY MILLER, GENESIS DEVELOPMENT
LISA HEDDENS, NAMI CENTRAL IOWA
ANNIE KOCH, CICS
WENDIE COOPER, FAMILY MEMBER
SONYA RAUCK, SKIFF HOSPITAL
JENNY BACKER, ASSESS, INC.
MATT FRIDLEY, AMERIHEALTH
JOHN ASMUSSON, SCSO JAIL ADMINISTRATOR
STEVE HOFFMAN, MARSHALL CO. SHERIFF
MARY SWARTZ, JUDICIAL MH ADVOCATE
TIM BEDFORD, CENTRAL IOWA RECOVERY
LINN ADAMS, CICS COORDINATION OFFICER
FRED EASTMAN, MERCY HEALTH NETWORK
CYNTHIA STEIDL BISHOP, EYERLY BALL MHC
CHRISTY KRAUSE, MARY GREELEY MEDICAL CENTER
MICHELLE DELARIVA, CFR
RUSSELL WOOD, CICS
KRISTI YOUNIS, AMERIGROUP
TERRY JOHNSON
BILL PATTEN
MEGHAN FREIE, CICS
TERRI KUNTZ
JODY EATON, CICS CEO
BETSY STURSMA, CICS COORDINATION OFFICER
DOUG BAILEY, CICS GOVERNING BOARD CHAIR
MARTY CHITTY, CICS GOVERNING BOARD VICE-CHAIR

APPENDIX C – IDENTIFYING OUR SOLUTIONS

SEPTEMBER 25, 2017

PUBLIC AGENDA

WELCOME

INTRODUCTIONS

REVIEWING THE FINANCES

-REVIEW GOALS OF SF 504

-REVIEW CURRENT FUNDING CONTEXT – SUSTAINABLE DOLLARS VERSUS ONE-TIE USE

UNDERSTANDING THE PROGRAMS / SERVICES

PRIORITIZING THE RECOMMENDATIONS

NEXT STEPS

PUBLIC COMMENT

ATTENDEES

FRED EASTMAN, MHN
CATHY MILLER, GENESIS
SONJA RANCK, SKIFF MEDICAL CENTER
PAUL DANIEL, CENTER ASSOCIATE
ANNIE KOCH, CICS
MEGHAN FREIE, CICS
RUSSELL WOOD, CICS
MICHELLE DE LA RIVA, CFR
DOUG BAILEY, CICS GOVERNING BOARD CHAIR
CYNHIA STEIDL BISHOP, EVERLY BALL CMHC
STEVE HOFFMAN, MARSHALL COUNTY SHERIFF
BETSY STURSMA, CICS COORDINATION OFFICER
JULIE GIBSON, CHI GRANT – JASPER
LINN ADAMS, CICS COORDINATION OFFICER
STACI SHUGAR, CICS – STORY COUNTY JAIL
MARY SWARTZ, MENTAL HEALTH ADVOCATE
MARTY CHITTY, CICS GOVERNING BOARD VICE-CHAIR
CLARENCE WILLIAMS, MHN
TERRI KUNTZ, DHS/TCM
TOM BEDFORD, CIR
LISA HEDDENS, NAMI
DEB SCHILDROTH, STORY COUNTY
CHRISTY KRAUSE, MGMC
KRISTI YOUNIS, AMERIGROUP
JODY EATON, CICS CEO

APPENDIX D – CICS PRIORITY MHDS SERVICE DEFINITIONS AND FUNDING

Service/Program	Definition	Funding	
Mental Health Pre-Committal Screening	A consultation by a mental health professional in cases for which an Iowa Code 229 mental health commitment is contemplated to offer alternatives to inpatient mental health/substance use hospitalization.	Regional funded.	Estimated cost $300,000 per year.
Peer and Family Support	**Peer Support**. A service in which a Peer Support Specialist provides advocacy, education, support groups, crisis response, and respite to help individuals achieve stability in the community. **Family Support.** A Family Support Peer Specialist provides education and information, advocacy, family support groups, and crisis response to families of individuals to live successfully in the community.	Some MCOs will fund at a low monthly amount. Can also be regional funded.	Budgeted $70,000 for training and expansion.
Mobile Crisis Response	Provides on-site, face-to-face crisis services for individuals experiencing a mental health/substance use crisis. Mobile Crisis team members have capacity to intervene at, but not limited to, an individual's residence, emergency rooms, police stations, outpatient MH or substance use settings, schools, recovery centers, or other locations where the individual lives, works, or socializes.	Braided funding. MCOs may pay for Medicaid eligible individuals. Regional funding for non-Medicaid individuals and access to the service.	Startup + estimated cost of $700,000 per year. (cost could decrease with MCO funding)
ACT (Assertive Community Treatment)	Evidence-based, intensive, highly integrated approach to community MH services delivery. ACT is a multidisciplinary team approach that serves individuals with serious functioning difficulties in areas of life,	Primarily Medicaid covered service. Regional funding for non-Medicaid individuals.	Startup + initial onboarding costs up to $200,000. Costs will decrease after first year.

	work, social relationships, residential independence, money management, and physical health.		
Transitional Living Center (TLC) Expansion	Transitional living means any type of living situation that is temporary with the primary purpose or mission to help the individual (includes individuals with multi-occurring diagnosis) become a productive member of society; length of stay may vary but is not permanent housing.	Regional funded. Could transition to braided funding. Habilitation or ID waiver funding for Supported Community Living. Regional funding for non-Medicaid individuals, rent, and access to the service.	Additional TLC $40,000 Start up and annual cost $325,000. Costs could decrease with the use of Habilitation funding.
Warm Line	A line staffed by peer counselors, who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis.	Regional funded.	Annual cost $20,000.
Subacute	A comprehensive set of wraparound services for persons who have had or are at imminent risk of having mental health or multi-occurring symptoms that do not permit the person to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services.	Medicaid covered service. Regional funding for non-Medicaid individuals and access to the service.	CICS budgeted $500,000 for development. Daily rate $400.00-$500.00.

APPENDIX E – PICTURES OF OUR WORK