

Central Iowa Community Services Mental Health and Disability Services FY 2019 Annual Budget and Service Plan

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



CICS

Supporting Individuals. Strengthening Communities.

Approved by CICS Governing Board: March 22, 2018

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Introduction

Central Iowa Community Services (CICS) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.

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

CICS Management Plan is available on the CICS website www.cicsmhds.org and the DHS website <http://dhs.iowa.gov>.

The Annual Service and Budget Plan has been approved by the CICS Governing Board and is subject to approval by the Director of the Department of Human Services.

CICS is looking forward to FY19 in anticipation of launching additional services and supports. 2017's SF 504 brought opportunities to engage local stakeholders in the process of analyzing the current mental health and disabilities (MHDS) service system with all the complexities. Decreases in State Revenue and cost cutting measures have shown to have adverse effects for providers which is resulting in delayed development of additional services.

The region-wide SF 504 workgroup identified needs, gaps, and service priorities during a series of meetings. That information moved forward to the CICS Strategic Plan (Attachment A).

In FY18 CICS was successful in launching a Mobile Crisis Response Team (MCRT), expanding jail diversion service into each of the 10 counties, support for Crisis Intervention Training (CIT) for Law Enforcement, and other accomplishments including the expansion of peer support. These services will continue to be enhanced in FY19. CICS is currently in the development phase of a Crisis Stabilization Residential project, additional Transition Living Centers (TLCs), and expansion of peer services that will begin early in FY19. Also planned for FY19 is the development of peer drop-in centers in Madison and Warren counties, initiating a plan to increase qualified provider staff, exploring innovative solutions to the lack of transportation and affordable housing, and implementing additional ACT (Assertive Community Treatment) services within the region.

Effective July 1, 2018 Greene County will be joining CICS, bringing the MHDS region to 11 counties for a total population of 336,197. CICS will begin to expand current services into the communities of Greene County at the start of FY19.

Boone County

900 W. 3rd St.
Boone, Iowa 50036
Phone: (515) 433-0593
Fax: (515) 432-2480
Office Hours: Monday – Friday, 8:00am - 4:30pm

Franklin County

123 1st Ave. SW
Hampton, Iowa 50441
Phone: (641) 456-2128
Fax: (641) 456-2852
Office Hours: Monday – Friday, 8:00am - 4:30pm

Greene County

114 N. Chestnut Street
Jefferson, IA 50129
Phone: 515-386-5686
Fax: 515-386-2216
Office Hours: Monday – Friday, 8:00am-4:30pm

Hamilton County

500 Fairmeadow Dr.
Webster City, Iowa 50595
Phone: (515) 832-9550
Fax: (515) 832-9554
Office Hours: Monday – Friday, 8:00am - 4:30pm

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Hardin County

1201 14th Ave.
Eldora, Iowa 50627
Phone: (641) 939-8167
Fax: (641) 939-8247
Office Hours: Monday – Friday, 8:00am - 4:30pm

Jasper County

115 N. 2nd Ave. East
Newton, Iowa 50208
Phone: (641) 791-2304
Fax: (641) 787-1302
Office Hours: Monday – Friday, 8:00am - 4:30pm

Madison County

209 E. Madison St.
Winterset, Iowa 50273
Phone: (515) 462-2931
Fax: (515) 462-3076
Office Hours: Monday – Friday, 8:00am - 4:30pm

Marshall County

101 E. Main St.
Marshalltown, Iowa 50158
Phone: (641) 754-6390
Fax: (641) 754-6391
Office Hours: Monday – Friday, 8:00am - 4:30pm

Poweshiek County

200 4th Ave W.
Grinnell, Iowa 50112
Phone: (641) 236-9199
Fax: (641) 236-1349
Office Hours: Monday – Friday, 8:00am - 4:30pm

Story County

126 S. Kellogg Ave. Suite 001
Ames, Iowa 50010
Phone: (515) 663-2930
Fax: (515) 663-2940
Office Hours: Monday – Friday, 8:00am - 4:30pm

Warren County

1007 S. Jefferson Way
Indianola, Iowa 50125
Phone: (515) 961-1068
Fax: (515) 961-1142
Office Hours: Monday – Friday, 8:00am - 4:30pm

Access Points

An access point is a part of the CICS service system that is trained to complete the MHDS regional applications and refer individuals for service eligibility. Access points are educated to respond to the individual's stated and assessed needs by providing linkage to appropriate programs. CICS will provide ongoing training on the referral and application process for all funding streams and systems of care.

Primary Access Points	Address	Phone Number
Boone County Community Services	900 W 3rd St, Boone IA 50036	515-433-0593
Franklin County Community Services	123 1st Ave SW, Hampton IA 50441	641-456-2128
Hamilton County Community Services	500 Fairmeadow Dr., Webster City IA 50595	515-832-9550
Greene County Community Services	114 N. Chestnut St, Jefferson, IA 50129	515-386-5686
Hardin County Community Services	1201 14th Ave, Eldora IA 50627	641-939-8167
Jasper County Community Services	115 N 2nd Ave E, Newton IA 50208	641-791-2304
Madison County Community Services	209 E Madison St, Winterset IA 50273	515-462-2931
Marshall County Community Services	101 East Main, Marshalltown IA 50158	641-754-6390
Poweshiek County Community Services	200 4th Ave W, Grinnell IA 50112	641-236-9199
Story County Community Services	126 S Kellogg Ave Suite 001, Ames IA 50010	515-663-2930
Warren County Community Services	1007 S Jefferson Way, Indianola IA 50125	515-961-1068
Access Points	Address	Phone Number
Berryhill Center for Mental Health	1610 Collins Street, Webster City IA 50595	515-832-6626
Capstone Behavioral Healthcare, Inc	306 N 3rd Ave E, Newton IA 50208	641-792-4012
Center Associates	9 N 4th Ave, Marshalltown IA 50158	641-752-1585
Central Iowa Residential Services Inc.	111 E Linn St, Marshalltown IA 50158	641-752-5762
Christian Opportunity Center	1602 N 14th St, Indianola IA 50125	515-961-3653
Crossroads Mental Health	1223 E Buchanan Street, Winterset IA 50273	515-462-3105
Eyerly Ball Community Mental Health Services	105 S Marshall, Boone IA 50036	515-298-0181
Eyerly Ball Community Mental Health Services	2521 University Blvd, Suite 121, Ames IA 50010	515-598-3300
Eyerly-Ball Mental Health	1301 Center St, Des Moines IA 50139	515-243-5181
Genesis Development	927 8th Street, Boone IA 50036	515-432-7288
Genesis Development	115 E Washington, Winterset IA 50273	515-462-9083
Genesis Development	1809 W 2nd Ave, Indianola IA 50125	515-961-6918
Genesis Development	401 McKinley Street, Jefferson, IA 50129	515-386-3017
Hardin County FIA Friendship Club	602 South Oak St, PO Box 622, Iowa Falls IA 50156	641-648-7500
House of Mercy	200 N 8th Ave E, Newton IA 50208	641-792-0717
House of Mercy	310 North Buxton St, Indianola IA 50125	515-358-7610
Integrated Treatment Services	303 S 2nd Ave W, Newton IA 50208	641-792-0045
Madison County Memorial Hospital	300 W Hutchings St, Winterset IA 50273	515-462-2373
Mary Greeley Medical Center	1111 Duff Ave, Ames IA 50010	Adult Behavioral Unit - 515-239-2683 Emergency Room - 515-239-2155 TLP - 515-239-6747
MIW, Inc.	909 S 14th Ave, Marshalltown IA 50158	641-752-3697
Midwest Counseling	821 5th Ave, Grinnell IA 50112	319-668-1217
Optimae LifeServices	1730 1st Ave E, Newton IA 50208	641-787-9133
Optimae LifeServices	104 S. Hazel, Ames, IA 50010	515-956-2600
Orchard Place Guidance	808 5th Ave, Des Moines IA 50309	515-244-2267
Story County Medical Center	640 S 19th St, Nevada IA 50201	515-382-2111
Plains Area Mental Health	106 W. Washington Street, Suite 2, Jefferson, IA 50129	712-792-2991
Van Diest Medical Center	2350 Hospital Dr., Webster City IA 50595	515-832-9400

Targeted Case Management

The ability to designate conflict-free Targeted Case Management as described in IAC 441-25.21 (1)g is no longer possible by MHDS regions as the Managed Care Organizations (MCOs) have taken this role. Individuals enrolled in the Medicaid program that are not served by an MCO may be eligible for Targeted Case Management with the Department of Human Services (DHS).

CICS has identified the following providers for case management to offer services to individuals enrolled in Medicaid.

Case Management Entity	Address	Phone number
DHS Case Management	400 SW 8 th St, Des Moines, IA 50319	515-242-6877
DHS Marshall County Office		641-844-1510
UnitedHealthcare Plan of the River Valley, Inc.	1089 Jordan Creek Parkway, West Des Moines, IA 50266 Website: http://www.uhccommunityplan.com/	1-800-464-9484 TTY: 711
Amerigroup Iowa, Inc.	PO Box 71099, Clive, IA 50325 Website: http://www.myamerigroup.com/IA	1-800-600-4441 TTY: 711

The local offices of CICS also provide Service Coordination for individuals who do not qualify for case management.

Crisis Services

Crisis Services include crisis prevention, response, and resolution strategies.

Basic Crisis Services

Emergency services and basic crisis response are provided through the Community Mental Health Centers and providers listed below.

Emergency Service Providers:

Area	Provider	Location	Phone
Boone	Eyerly Ball Community Mental Health Services	105 S Marshall, Boone, IA 50036	515-298-0181
Franklin	Behavioral Health Options	123 1st Ave SW, Hampton IA 50441	641-512-5565
Franklin	Mason City Clinic	123 1st Ave SW, Hampton IA 50441	641-494-5200
Franklin	Berryhill Center for Mental Health	123 1st Ave SW, Hampton IA 50441	515-832-6626
Greene	Genesis Mental Health	610 10 th St., Perry, IA 50220	515-465-7541
Greene	Plains Area Mental Health	106 W. Washington Street, Suite 2, Jefferson, IA 50129	712-792-2991
Hamilton	Berryhill Center for Mental Health	500 Fairmeadow Dr., Webster City, IA 50595	515-832-9550
Hardin	Center Associates	9 N 4th Ave, Marshalltown IA 50158	641-752-1585
Jasper	Capstone Behavioral Healthcare, Inc	306 N 3 rd Ave E, Newton IA 50208	641-792-4012
Madison	Crossroads Mental Health	1223 E Buchanan Street, Winterset IA 50273	515-462-3105
Marshall	Center Associates	9 N. 4th Ave, Marshalltown IA 50158	641-752-1585
Poweshiek	Capstone Behavioral Healthcare, Inc	200 4 th Ave W, Grinnell IA 50112	641-260-8270
Story	Eyerly Ball Community Mental Health Services	2521 University Blvd, Suite 121, Ames IA 50010	515-598-3300
Warren	Eyerly Ball Community Mental Health Services	1007 S. Jefferson Way, Indianola IA 50125	515-243-5181
Regional Crisis Phone Line	Foundation 2, Inc.	1714 Johnson Ave. NW, Cedar Rapids, IA 52405	Phone: 844-258-8858 Text: 800-332-4224 Chat: www.Foundation2CrisisChat.org
Mobile Crisis Response Team	Eyerly Ball Community Mental Health Services	945 19 th St., Des Moines, IA 50314	844-258-8858

24 hour access to crisis response and evaluation: The Community Mental Health Centers (CMHCs) have trained mental health professionals available by phone 24 hours per day, as well as walk-ins during business hours. The primary goals of these agencies are crisis assessment, resolution, and screening for inpatient hospitalization. CICS provides an on-call stipend to providers to ensure service is available in each county. CICS contracts with Foundation 2 for 24 hour crisis phone line service for the CICS region.

Crisis Evaluation: CICS provides funding to the Mental Health Centers and identified providers to assist with quicker access to crisis psychiatric and therapy appointments. These services are available to all residents of CICS. CICS funds an administrative fee and guarantees payments for crisis appointments that are not filled and/or not billable through third party payers.

Walk-in Services: During normal business hours of operation, walk-in services provide face-to-face screening and intervention on an unscheduled basis. Walk-in services are directed at achieving one or more of the following outcomes: immediate relief of distress in crisis situations, referral to or arrangement for additional mental health services or substance abuse services which may be needed, self-directed access to mental health services.

Planning for FY 19

The focus of crisis planning in FY 19 will be to continue to develop service and supports to assist individuals at an earlier stage of crisis to avoid the need for more intensive services. Focus will also be on continuum of care services to support individuals residing in the community and training providers in evidence based practices. Pending legislative action planning efforts will be reevaluated to address any changes needed.

Prevention, Education, and Public Awareness

Prevention begins with community education. CICS regional staff certified in Mental Health First Aid (MHFA) for Adults and Youth will provide these trainings throughout the CICS region. CICS plans to continue to support MHFA training for Law Enforcement as well as continue to support Crisis Intervention Training (CIT) for Law Enforcement with trainings held within the CICS region and support for officers attending instate trainings. CICS is planning for continued work with NAMI Central Iowa in the expansion of public education and awareness and family and consumer support to all areas of the region. CICS staff along with provider staff have completed the training to facilitate C3 De-escalation training and plan to make this training available to providers, staff, and other interested individuals in FY19. CICS will continue to allocate funding to Mental Health Centers for community crisis response and public education.

Response

Consultation Services: Consultation services to local hospitals, emergency personnel, and law enforcement are available. CICS financially supports access to tele-psychiatry at participating local hospital emergency rooms and county jails for this purpose through eVizzit- Integrated Telehealth Partners (ITP). ITP contracts directly with health care providers specializing in the provision of telehealth psychiatric services who are qualified to provide the clinical services required. The service is available on a 24-hour basis to each hospital. ITP works to have a psychiatric provider available to patients with a wait of no longer than two hours. ITP also provides access to appointment-based psychiatric services to the inmates of each jail located within the region that contracts for this service. Currently eight jails and nine hospital emergency departments (EDs) are utilizing ITP services. Center Associates is providing telehealth services to the Marshall County Jail, and with this all jails in CICS region have telehealth services available. CICS endeavors to continue to support access to telehealth services in jails and hospital EDs.

Resolution

Service Coordination: Providers of crisis services make referrals for coordination of services and needed follow-up with the region as appropriate. CICS has Service Coordination staff in each local office to assist with follow-up.

Individual Support Plans: Resolution of crises are handled through the normal services and supports people receive and are required elements in the treatment and support plans that are prepared by Network Providers, Integrated Health Homes, Targeted Case Management, and Service Coordination. Customized plans are developed to help individuals identify the triggers that lead to crisis and coping mechanisms or natural supports to help them relieve symptoms to avoid crisis situations. Some agencies also develop a Wellness Recovery Action Plan (WRAP) that complements the coordination plan. When these plans are developed, the goal is to figure out an environment and support structure that works for a person to mitigate the triggers that lead to crisis. The CICS Service Coordination unit provides intake, referral, and eligibility functions and acts as the case worker for ongoing regionally funded cases.

Additional Planning

CICS planning includes a continuum of services and supports in order to meet the diverse needs of individuals. It is the intention of CICS that planning efforts will be dynamic to meet the needs of the region. While other services are being offered, the following information addresses FY19 planning in the various service domains.

Core Services

Treatment

Assessment & Evaluation: CICS plans to explore contracting for assessment and evaluation services.

Mental Health Outpatient Therapy: CICS continues to work at 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. CICS is working to collaborate with others to initiate a plan to increase qualified provider staff.

Mental Health Inpatient Therapy: The local emergency rooms located throughout CICS have identified access to inpatient units as a problem area in regards to individuals with complex needs. CICS provides access to Integrated Telehealth Partners (ITP) to provide assessments to determine appropriate level of care for individuals who present or are taken to the local emergency rooms. ITP provides a Psychiatrist or Psychiatric ARNP to provide a full mental health assessment via tele psychiatry. ITP also coordinates the appropriate level of care and provides follow-up for individuals during the length of their stay at the ED.

Basic Crisis Response

Please see page 7 for basic crisis response information.

Support for Community Living

Supported Community Living: CICS plans to explore a regional funding stream similar to Money Follows the Person (MFP) to assist in increasing provider capacity in serving individuals with complex needs.

Support for Employment

Job Development, Supported Employment: FY 19 will mark the fifth year for the vocational services expansion RFP. CICS has expanded outcome measures and methodology to encourage providers to focus on community-based employment. In FY 19 CICS will continue to work with providers on sustainability of supported employment services through fee for service reimbursement structure. In addition, CICS is working on plans to implement Individual Placement and Supports (IPS) at the beginning of FY 19.

Recovery Services

Family and Peer Support: Recovery services through peer and family support is an identified need. CICS continues to be assisted by NAMI Central Iowa for Peer to Peer and Family to Family trainings and with developing local support groups. CICS is exploring additional options to enhance peer support services in the region.

Core Evidence Based Treatment

Education and Training Services – Provider Competencies: CICS has staff trained in C3 De-escalation and will be offering this training to providers and other entities. CICS staff will continue to provide training in Evidence Based Practices with continuing to provide training in Trauma Informed Care and Cultural Competency, Linguistic Competency,

and Mental Health First Aid for Adults and Youth. CICS will also continue to support other trainings for provider staff as determined beneficial.

Assertive Community Treatment (ACT): Eyerly Ball Community Mental Health Services is implementing ACT services in Story and Boone counties in FY 18. CICS is researching rural ACT services and will be exploring further implementation of ACT services in FY 19.

Family Psychoeducation: CICS has funds budgeted to explore development in this area.

Additional Core Services

Comprehensive Facility & Community Based Crisis Services

24 Hour Crisis Line: In addition to supporting the CICS crisis line, this line will be used as the dispatch service for the Mobile Crisis Response Team.

Warm Line: CICS is collaborating with a provider for the access of warm line services in the CICS region.

Mobile Response: Eyerly Ball Community Mental Health Services began providing Mobile Crisis Response Team (MCRT) services in FY 18 in the CICS service area.

Crisis Stabilization Community-Based Services: CICS has earmarked funds to develop community-based stabilization with local county providers.

Crisis Stabilization Residential Services: CICS is partnering with Mary Greeley Medical Center to provide Crisis Stabilization Residential Services (CSRS) services in a new location in Story County to open in early FY 19.

Subacute Services

CICS has earmarked funds to develop subacute services.

Justice Involved Services

Mental Health Services in the Jails: CICS has providers available to provide mental health services in each county jail.

Coordination Services: Jail Diversion/Intensive Case Management Services are available in all CICS counties. Jail Diversion services are a collaboration of regionally funded services and local planning efforts to fit the needs of the individual county. Through FY 19 CICS plans to continue to support Jail Diversion/Intensive Case Management services.

Crisis Prevention Training: In FY 18 CICS provided funding for a Crisis Intervention Training (CIT) for law enforcement held in the CICS region coordinated by NAMI CI. CICS also provides reimbursement for law enforcement officers attending other instate CIT opportunities. CICS plans to continue to support CIT for law enforcement in FY 19.

Mental Health Court Related Costs: CICS is open to collaborating with justice systems for the development of Mental Health Court Related services.

Additional Core Evidence Based Treatment

Peer Self-help Drop-in Center: Drop-in Center services are available in the following counties: Boone, Hamilton, Hardin, Franklin, Jasper, Marshall, Poweshiek, and Story. Planning for development of drop-in centers in Warren

and Madison counties is currently underway with targeted service implementation in early FY 19. CICS plans to continue to provide financial support for drop-in centers in FY 19.

Other Informational Services

Provider Incentive Payment: CICS is looking at the feasibility of provider incentive payments.

Planning and Management Consultants (non-client): CICS is partnering with Progress Industries to partially fund consultative services to assist in managing the transition to the Medicaid tiered rate reimbursement structure. CICS is committed to continuing this partnership and others in FY 19.

Public Education: CICS is committed to public education training opportunities and intends to provide access to trainings throughout FY 19.

Other Community Living Support Services

Transportation: Transportation has been identified as one of the major barriers to receiving services. CICS contracts with providers throughout the region for transportation services. CICS plans to explore non-traditional transportation options to enhance transportation availability in the region.

Rent Payments (Time Limited): CICS is exploring housing options that may include rent and supported housing services.

Transitional Living Program: CICS is planning for the development of three additional Transitional Living Centers to open in early FY 19. 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. CICS will continue to assess the need for any additional expansion.

Scope of Services and Projection of Need

The FY 19 budget was developed by the finance team, based on utilization for the current year. The budget was reviewed and approved by the CICS Administrative Team and the CICS Finance Committee made up of appointed auditors and treasurers. The final step of the budget process is approval by the CICS Governing Board.

As stated in Iowa Code 331.397 (2) *Within funds available the region shall pay for such services for eligible persons when payment through the medical assistance program or another third party payment is not available unless the person is on a waiting list for such payment or it has been determined that the person does not meet the eligibility criteria for any such service.* As the funder of non-Medicaid services, CICS is filling the gap for funding for services and support for individuals who are ineligible for Medicaid, prior to eligibility determination for Medicaid, and for services not covered by Medicaid. CICS assists individuals in applying for all funding available to them and will collaborate on individualized planning for services and supports, incorporating all funding streams available through regional Service Coordinators.

Pooled funds pay for all services claims. Administrative claims are paid through locally held funds retained in the counties.

The chart below identifies and defines specific services and projects funds needed, based on current utilization and available services. Additional funds are budgeted to improve service access and the development of additional services, including crisis and evidence based treatment.

Scope of Services/Projection of Funds Needed

Other Funding Sources	Domains and Services		Projection of Need	Development & Expansion Cost
Core Domains				
	Treatment			
Medicaid and private insurance	Assessment & evaluation	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires, and goals to determine the appropriate level of care.	\$10,000	\$10,000 Expansion
Medicaid and private insurance	Mental health outpatient therapy	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).	\$150,000	\$230,000 Expansion
Medicaid and private insurance	Medication prescribing & management	Medication prescribing services with the individual present including but not limited to determining how the medication is affecting the individual, determining any drug interactions or adverse drug effects, proper dosage level. Medication management services provided with the individual present or on behalf of the individual including but not limited to monitoring effectiveness, compliance of medication regime, coordination with care providers, investigating medical interactions, reviewing lab reports and activities pursuant to licensed prescriber orders.	\$10,000	
Medicaid and private insurance	Mental health inpatient therapy (private) MHI	24 hour settings that provide services to treat acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize symptoms, address health and safety needs, and develop a comprehensive and appropriate discharge plan. Access within 24 hours and close proximity.	\$25,000 \$300,000	
	Basic Crisis Response			
Medicaid	Personal emergency response system	An electronic device connected to a 24 hour staffed system which allows the individual to access assistance in the event of an emergency.	\$4,000	
Medicaid and private insurance	Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute episode. Access within 24 hours.	\$750,000	
Medicaid	24 hour access to crisis response	Outpatient (24 Hour Crisis Response Services)- short term individualized mental health services following a crisis screening or assessment, which are designed to restore the individual to prior functional level.	\$100,000	
	Support for Community Living			
Medicaid and private insurance	Home health aide	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	\$8,000	
Medicaid	Respite	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	\$5,000	
Medicaid	Home & vehicle modifications	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	-	
Medicaid	Supported community living	Services provided in a non-institutional setting to adult persons with mental illness, intellectual, or developmental disabilities to meet the persons' daily living needs. Access standards within 4 weeks of request.	\$850,000	\$100,000 Expansion
	Support for Employment			
Medicaid Voc Rehab	Prevocational services	Prevocational services- services that focus on developing generalized skills that prepare an individual for paid or unpaid employment. Skill development includes but is not limited to following directions, attending	\$120,000	

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		to tasks, task completion, problem solving, and safety and mobility training. Prevocational services can be provided in a variety of settings.		
Medicaid	Day habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	\$225,000	
Medicaid Voc Rehab	Job development	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence based practice standards published by the Substance Abuse and Mental Health Services Administration. Access standards within 60 days of request.	\$250,000	\$150,000
Medicaid Voc Rehab	Supported employment			Supported Employment
Medicaid	Group Supported employment-enclave	Group Supported Employment- the job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	\$10,000	
	Recovery Services			
Medicaid	Family support	Family support peer specialist and peer support specialist that assist the family of an individual to live successfully including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	\$30,000	\$30,000
Medicaid	Peer support		\$15,000	\$20,000
	Expansion			
	Service Coordination			
Medicaid	Case management	Service provided by a case manager, service coordinator, or Health Home through an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports. Assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring, and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community. Access within 10 days of request.		
Medicaid	Health homes			
	Core Evidence Based Treatment			
Social Services Block Grant	Education & Training Services - provider competency	Educational and Training Services means training related to provider competency in delivering co-occurring integrated services, trauma-informed services, and evidence based practices.	\$100,000	
	Supported housing	Supportive housing means a combination of housing and services intended as a cost-effective way to help people live more stable, productive lives; tenancy not predicted on services.		\$250,000
Medicaid	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.		\$125,000
	Family psychoeducation	Family psychoeducation- services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence based practice standards published by the Substance Abuse and Mental Health Services Administration.		\$10,000
Development				
Mandated Services				
State	Oakdale	Hospital Services provided at Iowa Medical & Classification Center Code of Iowa Chapter 812.	\$100,000	
	Commitment related (except 301)	Diagnostic Evaluations/Sheriff transportation/Legal representation	\$400,000	

	Mental health advocate		\$250,000	
Additional Core Domains				
	Comprehensive Facility & Community Based Crisis Services			
	24 hour crisis line	Crisis Hotline (fee paid to vendor) (24 Hour Crisis Line) Telephone crisis service- program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week including, but not limited to, relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary, and referral of callers to appropriate services.	\$120,000	
	Warm line	Social Support (Warm Line) - a line staffed by peer counselors, who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis.		\$50,000 Development
Medicaid	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.	\$831,000	
Medicaid and private insurance	23 hour crisis observation & holding	A level of care provided up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.	\$100,000	
Medicaid	Crisis Stabilization community-based services	Services provided in community-based settings to de-escalate and stabilize an individual following a mental health crisis.		\$100,000 Development
Medicaid	Crisis Stabilization residential services	Services provided in short-term, non -community-based residential settings to de-escalate and stabilize a mental health crisis.	\$400,000	\$125,000 Expansion
	Sub-Acute Services			
Medicaid	Subacute services-1-5 beds	Partial Hospitalization (Sub Acute Services)- a comprehensive set of wraparound services for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons 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 and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services.		
Medicaid	Subacute services-6 and over beds			\$500,000 Development
	Justice System-Involved Services			
	Mental health services in jails	Outpatient mental health services provided to individuals in criminal justice settings.	\$500,000	
	Coordination services	Justice System Involved Coordination- service coordination provided to individuals in the justice system.	\$455,000	
	Crisis prevention training	Educational and Training Services Safety training for law enforcement, first responders, etc., regarding mental health awareness such as Crisis Intervention Training (CIT).	\$75,000	
	Mental health court related costs	Legal & Court-Related Services (Mental Health Court related expenses).	-	
	Civil commitment prescreening evaluation	Evaluations completed prior to commitment with goal to divert individuals from commitment process.	\$5,000	
	Justice system-involved services-other	Other support services within the justice system.	\$72,000	
	Additional Core Evidence Based Treatment			
Medicaid	Psychiatric rehabilitation (IPR)	Psychiatric Rehabilitation- is for individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or	\$60,000	

		residential setting and to promote the consumer's recovery of the ability to perform a valued role in society.		
	Peer self-help drop-in centers	Social Support services- drop in centers and Clubhouse centers.	\$400,000	\$200,000 Expansion

Other Informational Services

	Information & referral	Information & Referral are activities designed to provide facts about resources available/help to access those resources.	\$20,000	
	Planning and/or Consultation (client related)	Consultation means advisory activities directed to a service provider to assist the provider in delivering services to a specific person.	\$150,000	
	Public education	Public Education Services- 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.	\$120,000	

Other Community Living Support Services

	Services management	Services Management - is designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management.	\$1,400,000	
	Crisis Care Coordination	Crisis Care Coordination service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programming, including working agreements with inpatient behavioral health units and other community programs.	\$60,500	
Medicaid	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.	\$200,000	\$130,000 Expansion
	Guardian/conservator	Guardian/Conservator - is for activities provided as required by the court system to handle the personal business of the individual.	\$10,000	
	Representative payee	Activities provided to manage an individual's finances.	\$22,500	
Community Resources	Rent payments (time limited)	Rent payment to avoid homelessness.	\$175,000	\$75,000 Expansion
Community Resources	Other basic needs	Other costs associated with basic necessities.	\$80,000	
Medicaid and private insurance	Physiological outpatient treatment	Activities designed to prevent, halt, control, relieve, or reverse symptoms or conditions which interfere with the normal physiological functioning of the human body.	\$10,000	
Medicaid and private insurance	Prescription meds	Prescription medication, including medication prescribed for psychiatric conditions.	\$15,000	
	Transitional living program	Transitional living means any type of living situation that is transition with the primary purpose or mission to help the individual become a productive member of society; length of stay may vary but is not permanent housing.	\$1,200,000	\$800,000 Expansion
Medicaid	Community support programs	Community Support Programs- is for comprehensive programs to meet individual treatment and support needs of consumers which enable consumers with a mental illness, intellectual disability, or a developmental disability to live and work in a community setting.	\$42,000	

	Vocational skills training	Training for specific skills related to a specific job or position and/or customized employment.	-	
Other Congregate Services				
	Work services (work activity/sheltered work)	Sheltered Workshop Services- is for services provided by a facility carrying out a recognized program of rehabilitation, habilitation, or education for persons with disabilities, designed to lead to competitive employment, or provision of long-term, remunerative employment.	-	
	RCF 6 and over beds	Residential care refers to long-term care given to adults or children who stay in a residential setting rather than in their own home or family home.	\$1,005,000	
Projection of need based on current services and funding			\$11,240,000	
Funds allocated for expansion of services				\$2,905,000

Expenditure Budget

Below is the complete CICS Fiscal Year 2019 budget by Chart of Account code and separated by diagnostic code.

Budget by Service Definition and Population Groups

FY 2019 Budget	CENTRAL IOWA COMMUNITY SERVICES	Mental Illness (40)	Intellectual Disability (42)	Develop- mental Disability (43)	Brain Injury (47)	Admin (44)	Total
	Core Domains						
		Treatment					
43301	Assessment & evaluation	\$5,000	\$5,000	\$5,000	\$5,000		\$20,000
42305	Mental health outpatient therapy	\$350,000	\$10,000	\$10,000	\$10,000		\$380,000
42306	Medication prescribing & management	\$10,000					\$10,000
71319	Mental health inpatient therapy-MHI	\$300,000					\$300,000
73319	Mental health inpatient therapy	\$25,000					\$25,000
		Basic Crisis Response					
32322	Personal emergency response system	\$1,000	\$1,000	\$1,000	\$1,000		\$4,000
44301	Crisis evaluation	\$750,000					\$750,000
44305	24 hour access to crisis response	\$85,000	\$5,000	\$5,000	\$5,000		\$100,000
		Support for Community Living					
32320	Home health aide	\$2,000	\$2,000	\$2,000	\$2,000		\$8,000
32325	Respite		\$5,000				\$5,000
32328	Home & vehicle modifications						\$ -
32329	Supported community living	\$600,000	\$200,000	\$100,000	\$50,000		\$950,000
		Support for Employment					
50362	Prevocational services	\$40,000	\$20,000	\$40,000	\$20,000		\$120,000
50367	Day habilitation	\$100,000	\$50,000	\$50,000	\$25,000		\$225,000
50364	Job development						\$ -
50368	Supported employment	\$250,000	\$50,000	\$50,000	\$50,000		\$400,000
50369	Group Supported employment-enclave	\$5,000	\$3,000	\$2,000			\$10,000
		Recovery Services					
45323	Family support	\$50,000	\$5,000	\$5,000			\$60,000
45366	Peer support	\$25,000	\$5,000	\$5,000			\$35,000
		Service Coordination					
21375	Case management						\$ -

24376	Health homes						\$ -
		Core Evidence Based Treatment					
04422	Education & Training Services- provider competency	\$55,000	\$15,000	\$15,000	\$15,000		\$100,000
32396	Supported housing	\$250,000					\$250,000
42398	Assertive Community Treatment (ACT)	\$100,000			\$25,000		\$125,000
45373	Family psychoeducation	\$10,000					\$10,000
Core Domains Total		\$3,013,000	\$376,000	\$290,000	\$208,000		\$3,887,000
	Mandated Services						
46319	Oakdale	\$100,000					\$100,000
74XXX	Commitment related (except 301)	\$350,000	\$25,000	\$25,000			\$400,000
75XXX	Mental health advocate	\$250,000					\$250,000
Mandated Services Total		\$700,000	\$25,000	\$25,000			\$750,000
	Additional Core Domains						
		Comprehensive Facility & Community Based Crisis Services					
44346	24 hour crisis line	\$120,000					\$120,000
44366	Warm line	\$30,000	\$5,000	\$5,000	\$10,000		\$50,000
44307	Mobile response	\$831,000					\$831,000
44302	23 hour crisis observation & holding	\$100,000					\$100,000
44312	Crisis Stabilization community-based services	\$100,000					\$100,000
44313	Crisis Stabilization residential services	\$450,000	\$25,000	\$25,000	\$25,000		\$525,000
		Sub-Acute Services					
63309	Subacute services- 1-5 beds						\$ -
64309	Subacute services- 6 and over beds	\$500,000					\$500,000
		Justice System-Involved Services					
46305	Mental health services in jails	\$500,000					\$500,000
25xxx	Coordination services	\$455,000					\$455,000
46422	Crisis prevention training	\$75,000					\$75,000
46425	Mental health court related costs						\$ -

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74301	Civil commitment prescreening evaluation	\$5,000					\$5,000
46399	Justice-system involved services-other	\$45,000	\$10,000	\$9,000	\$8,000		\$72,000
		Additional Core Evidence Based Treatment					
42397	Psychiatric rehabilitation (IPR)	\$45,000	\$5,000	\$5,000	\$5,000		\$60,000
42366	Peer self-help drop-in centers	\$500,000	\$50,000	\$25,000	\$25,000		\$600,000
Additional Core Domains Total		\$3,756,000	\$95,000	\$69,000	\$73,000		\$3,993,000
	Other Informational Services						
03XXX	Information & referral	\$20,000					\$20,000
04XXX	Consultation (except 422)	\$150,000					\$150,000
05XXX	Public education	\$120,000					\$120,000
Other Informational Services Total		\$290,000	\$ -		\$ -		\$290,000
	Other Community Living Support Services						
22XXX	Services management	\$500,000	\$500,000	\$400,000			\$1,400,000
23376	Crisis care coordination	\$60,500					\$60,500
31XXX	Transportation	\$225,000	\$50,000	\$50,000	\$5,000		\$330,000
32326	Guardian/conservator	\$2,500	\$2,500	\$2,500	\$2,500		\$10,000
32327	Representative payee	\$15,000	\$2,500	\$2,500	\$2,500		\$22,500
33340	Rent payments (time limited)	\$100,000	\$50,000	\$50,000	\$50,000		\$250,000
33399	Other basic needs	\$45,000	\$15,000	\$15,000	\$5,000		\$80,000
41305	Physiological outpatient treatment	\$5,000	\$2,500	\$2,500			\$10,000
41306	Prescription meds	\$7,500	\$2,500	\$5,000			\$15,000
42310	Transitional living program	\$1,850,000	\$50,000	\$50,000	\$50,000		\$2,000,000
42396	Community support programs	\$30,000	\$4,000	\$4,000	\$4,000		\$42,000
45399	Other family & peer support						\$ -
50361	Vocational skills training						\$ -
Other Community Living Support Services Total		\$2,840,500	\$679,000	\$581,500	\$119,000		\$4,220,000
	Other Congregate Services						
50360	Work services (work activity/sheltered work)						\$ -
64XXX	RCF- 6 and over beds	\$755,000	\$100,000	\$150,000			\$1,005,000

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64XXX	RCF PMI- 6 and over beds						\$ -
Other Congregate Care Services Total		\$755,000	\$100,000	\$150,000			\$1,005,000
Administration							
11XXX	Direct Administration					\$1,300,000	\$1,300,000
12XXX	Purchased Administration					\$130,000	\$130,000
Administration Total						\$1,430,000	\$1,430,000
Regional Totals		\$11,354,500	\$1,275,000	\$1,115,500	\$400,000	\$1,430,000	\$15,575,000

Revenues

CICS does not anticipate receiving funds from the state. CICS will rely on fund balance and local levies to meet the service needs for non-Medicaid services for FY 19. The per capita is equal in all 11 counties.

FY 18 ESTIMATED FUND BALANCE	\$16,805,673
FY 19 LEVY RECOMMENDATION	\$7,463,573
TOTAL FUNDS FOR FY 19*	\$24,704,246
FY 19 EXPENDITURE BUDGET	\$15,575,000
FY 19 ESTIMATED FUND BALANCE	\$9,129,246

*Included in the total available funds are: \$350,000 Greene County fund balance transfer and \$85,000 interest

Financial Forecasting

Historical service utilization is the starting point for all financial projections. Fiscal Year 2016 was the first year CICS used a combined regional budget, and that continues to provide a base for further analysis of expenditure trends. The pooling of services funds provides for standardization of the Chart of Account codes and more consistent reporting. Costs of additional services added throughout the year are analyzed prior to budgeting. In FY 18, CICS added individuals with Brain Injury to populations served. The FY 19 budget was developed to allow for current funding levels and development of additional crisis and other services.

The CICS 28E Agreement allows the CICS Governing Board to adjust the Mental Health levy to meet the budget needs. The CICS maximum levy cap is \$11.85 million. CICS will use the regional fund balance to continue to develop services and supports, including those that are identified through legislative action.

Provider Reimbursement Provisions

CICS will contract with MHDS providers and non-traditional providers whose base of operation is in the region or a provider who is not contracted with their host region and is providing services funded by CICS. CICS will also honor contracts that other regions have negotiated with their local providers.

Requests for Proposals and Contracts:

In order to support service expansion efforts, CICS may offer requests for proposals (RFPs) in combination with other strategies, including traditional fee for service, startup costs, and grant funds for specified services. CICS provides funding by incorporating all available funding, including insurance resources.

CICS may issue a competitive request for proposal to expand services as needs are identified; CICS also accepts proposals for special projects.

Fee for service:

Service providers shall provide monthly billing invoices within 60 days of service provision, and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Dates of service.
- Invoice Number.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual. Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the region for each individual for the period.

All eligible bills shall be paid within 60 days of receipt of required documentation unless unforeseen circumstances exist.

Grant funds:

CICS may utilize block grant payments when a service does not fit the traditional fee for service method of payment and may be considered to cover costs of new services until a fee for service rate can be established. Other uses may be to provide access to crisis services.

CICS is incorporating outcomes into provider contracts. CICS has approved participation incentives and is working on performance incentives. CICS is committed to the statewide Quality Services Development Delivery and Assessment (QSDA) effort.

Provider Network

CICS requires providers to meet all applicable licensure, accreditation, and certification standards. CICS has contracted with the following providers. Additional providers, including non-traditional providers, may be added throughout the year as services are developed to meet the service needs of individuals.

Achieve Mental Health Inc.	814 Railroad St.		Iowa Falls	50126
Access, Inc.	PO Box 268		Hampton	50441
Arc of Story County	130 S. Sheldon Ave., Ste 302		Ames	50010
Behavioral Health Options	PO Box 379		Mason City	50402
Berryhill Center	720 Kenyon Road		Ft. Dodge	50501
Brain Injury Association of Iowa	1556 S. First Ave., Ste. A		Iowa City	52240
Brian Vold, ARNP	814 Railroad St.		Iowa Falls	50126
Capstone Behavioral Healthcare	306 N. 3rd Ave. E.		Newton	50208
Center Associates	9 North 4th Ave.		Marshalltown	50158

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Central Iowa Juvenile Detention Center	2317 Rick Collins Way		Eldora	50627
Central Iowa Psychological Services	223 S. Walnut Ave.		Ames	50010
Central Iowa Recovery	500 Fairmeadow Dr.		Webster City	50595
ChildServe Community Options	1915 Philadelphia St.		Ames	50010
Christian Opportunity Center	1602 North 14th St.		Indianola	50125
CIRSI, Inc.	111 E. Linn St.		Marshalltown	50158
Community & Family Resources	726 South 17 th St.		Fort Dodge	50501
Crossroads Mental Health Center	1003 Cottonwood Rd.		Creston	50801
Diamond Life	4912 Barnes City Rd.	PO Box 820	Montezuma	50171
Eyerly Ball Community Mental Health Center	945 19th St.		Des Moines	50314
Foundation 2, Inc.	1714 Johnson Ave. NW		Cedar Rapids	52405
Franklin County Service Center	502 2nd Ave. SE		Hampton	50441
Friends Forever	500 Fairmeadow Dr.		Webster City	50595
Friendship Ark, Inc.	130 S. Sheldon Ave., Ste. 302		Ames	50014
Friendship Club	1201 14th Ave.		Eldora	50627
Genesis Development	401 W. McKinley	PO Box 438	Jefferson	50129
Goshorn Psych-Services, PLLC	410 E. Robinson St., Ste A-2		Knoxville	50138
Grace C Mae Advocate Center, Inc.	2501 S. Center, Ste. M		Marshalltown	50158
Hansen Family Hospital	920 South Oak St.		Iowa Falls	50126
HIRTA Transit	2824 104th St.		Urbandale	50322
House of Mercy	1409 Clark St		Des Moines	50314
Integrated Telehealth Partners	318 5th St.		West Des Moines	50265
Integrated Treatment Services, LLC	303 S 2nd Ave. W		Newton	50208
Journey Counseling and Consultation	113 Colorado Ave., Ste. 111		Ames	50014
Legal Aid Society of Story County	937 6th St.		Nevada	50201
Lutheran Services in Iowa (LSI)	3125 Cottage Grove Ave.		Des Moines	50311
Madison County Public Transportation	1006 N. John Wayne Dr.		Winterset	50273
Mainstream Living	2012 E. 13th St.		Ames	50010
Mary Greeley Medical Center	1111 Duff Ave.	PO Box 863	Ames	50010
Mason City Clinic	250 S. Crescent Dr.		Mason City	50401
Mid-Iowa Triumph Recovery Center, Inc.	101 W. Main St.	PO Box 1774	Marshalltown	50158
MIW, Inc.	909 S. 14th Ave.	PO Box 966	Marshalltown	50158
Midwest Counseling	PO Box 313		Williamsburg	52361
Monarch Therapy Services, Inc.	505 Coates St.	PO Box 582	Parkersburg	50665
NAMI Central Iowa	416 Douglas Ave., Ste 203		Ames	50010
NIVC Services	1225 S. Harrison Ave.		Mason City	50401
Optimae Life Services	602 E Grand Ave.		Des Moines	50301

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Orchard Place	2116 Grand Ave.		Des Moines	50312
Pam Caviness, LISW, ASW, Inc.	517 Grand Ave., Ste. 102		Ames	50010
Premier Payee, Inc.	100 E Euclid Ave., Ste. 163		Des Moines	50313
Progress Industries	1017 E. 7th St. N.		Newton	50208
Region Six/Peoplerides	903 E. Main St.		Marshalltown	50158
Respite Connection, Inc.	2469 106 th St.		Urbandale	50322
The Salvation Army	PO Box 1681		Ames	50010
Trilix Marketing Group	615 Third St., Ste. 300		Des Moines	50309
Van Diest Medical Center	2350 Hospital Dr.		Webster City	50595
Youth & Shelter Services, Inc.	420 Kellogg Ave.		Ames	50010

2017 – 2020 STRATEGIC PLAN



CICS

Supporting Individuals. Strengthening Communities.

10/9/2017

Central Iowa Community Service Region

2017 – 2020 Strategic Plan

CENTRAL IOWA COMMUNITY SERVICE REGION

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Creativity is thinking up new things. Innovation is doing new things. A powerful new idea can kick around unused for years, not because its merits are not recognized, but because nobody has assumed responsibility for converting it from words to actions. Ideas are useless unless used. The proof of their value is only in their implementation.

Theodore Levitt



STRATEGIC PLANNING DAY

The Central Iowa Community Services' 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: Jody Eaton, Betsy Stursma, Linn Adams, Jill Eaton, Patti Treibel-Leeds, Russell Wood, Doug Bailey, Marty Chitty, Deb Schildroth, Erin Rewerts, and John Grush.

Strategic planning began in July with the first Senate File 504 Stakeholder meeting. Materials that were prepared and distributed in advance of this strategic planning day included: SF504 Workgroup Discussion Summary (9/29/2017) and Stakeholder Survey Feedback (2017). These documents were referred to throughout the planning process.

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 Morrisette.

CICS VISION

“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”

CICS Management Plan, page 3



OUR FOCUS QUESTION

Throughout the strategic planning process, we had one focus question that served as our guidepost for discussions and ideas.



WHAT DO WE WANT TO SEE IN PLACE
FOR CICS BY JUNE 30, 2020 AS A
RESULT OF OUR WORK TODAY?

CURRENT REALITY

After spending time reviewing the *SF504 Workgroup Discussion Summary* and the *Stakeholder Survey Feedback Summary*, the team discussed the current financial impact of SF504. This provided a greater understanding of the resources currently available and the potential impact the spend down of the mental health fund will have on the future of programs and services as well as the tax levy.

The team turned their attention to the current strengths, weaknesses, opportunities and challenges of the environment. This may include internal and external factors. As a team, we listed the benefits of developing and implementing a successful strategic plan.



Internal	<p style="text-align: center;"><u>Strengths</u></p> <ul style="list-style-type: none"> • Money to spend • Good service network • Years of knowledge • Outside the box thinkers • Being playful • Lucky to have a cohesive Board <ul style="list-style-type: none"> • Governance Board made of people that care • Working knowledge of 9 other counties – working together • Service Coordination • Staffing level at important functions • Commitment of EVERY member county having services • Operate as a Region 	<p style="text-align: center;"><u>Opportunities</u></p> <ul style="list-style-type: none"> • Region staff working at state level; workgroups, other efforts • Geography – divide & conquer • Training opportunities (internal and external) • Training to other Regions (we are centrally located) • Build collaborative efforts <ul style="list-style-type: none"> ◦ IACP, C3Descalation training, Heart of Iowa, Rolling Hills, CSS, CROSS • All Regions same boat – so we can collaborate 	External
	<p style="text-align: center;"><u>Weakness</u></p> <ul style="list-style-type: none"> • Very strong willed – strong convictions can conflict with each other • System directed – focus on legislation, should we effect the system more? • Distracted easily • Move slowly & sometimes too hastily • Work to do with trauma informed (including Admin team) • Geography – drive time • Be more supportive of individualization • Conflicting roles – County roles vs Region roles • Succession planning 	<p style="text-align: center;"><u>Challenges</u></p> <ul style="list-style-type: none"> • Legislation <ul style="list-style-type: none"> ◦ Make us have new partners? • Legislature – makes rules around outliers • Tax levy – volatile due to SF 504 • Medicaid instability <ul style="list-style-type: none"> ◦ Caution when doing braiding funding • Fund Balance – difficult to get realistic budget • Varying county size & needs <ul style="list-style-type: none"> ◦ How standardize services • Level of expectation of services • Utilization management of data – fragmented data • MCO & changing rules 	

PRACTICAL VISION

Creating a practical vision is a time for participants to share their realistic hopes and aspirations for the future of Central Iowa Community Services. Participants were instructed to “Imagine that it is three or five years from now, and CICS has been selected as the premier Region of the year. CICS is going to be highlighted by a major news magazine as the ‘Region of the Year’. You have been selected to conduct the tour for the reporters through the Region.”

Participants were then asked a series of thought-provoking questions to ponder as they envision the future for CICS. After small group discussion and large group consensus work, a set of practical vision statements were agreed upon. These practical vision statements set the stage for agreement amongst participants for a shared vision of CICS’s future.



TRANSFORMATIONAL LEADERSHIP

MUTUALLY BENEFICIAL PARTNERSHIPS

RESPONSIVE SERVICE DELIVERY

RESPONSIBLE FISCAL MANAGEMENT

DATA-INFORMED DECISIONS

MEANINGFUL AND DYNAMIC TRAINING



The chart below represents the group work and consensus to discover the practical vision statements. The items listed below each agreed upon vision statement, provide insight into some of the intent and conversations that led the group to the practical vision.

Transformational Leadership	Mutually Beneficial Partnerships	Responsible Service Delivery		Responsible Fiscal Management	Data-Informed Decisions	Meaningful and Dynamic Training
Lead by example Trauma Informed	Regional collaboration starting with CEO	Utilize peer support with jail diversion, hospitalizations, TLCs, other "transitions"	System that provides incentives for quality services	Business plan for future admin structure	Data System that transcends service silos	Training – Admin, Office staff, Counties, Providers
Embraced non-traditional management techniques	Open communications internal, to the Board, and to other public to keep them informed that is respectful & with decorum	Invest in programming that is shown by research to have the desired outcomes	Peer – drop-in peer supports	Budget expenditures & revenues so it is acceptable to the public while meeting the needs of the clients	Data on potential & current clients that will allow for development of services as needed	Local Groups Learning community (input) cohesive community
Admin Teams well planned process	Public awareness plan	Mobile crisis to support community & individuals	Buy-in of <u>community</u> service approach (not institutional)	Fierce conversations about succession planning		Education / Training providers / staff education is key
Clear succession Plan – Admin team Roles & local director positions	Clear expectations to providers	Focus on Core services 1 st	Filling gaps of services – increase TLCs or other services	Reliability of payment to provider		Trauma Informed – training (staff and providers)
Being Thorough yet expedient with decisions	Educate hospital staff on what steps to take	Fully integrated communities	Local Access – No wrong door			Educate hospital staff on what steps to take
Proactive vs. Reactive	DHS & Regions true partners, strong leadership, good planning	Providers – well paid & trained direct care	Continued Recovery Mindset			Stigma free
Cohesive Administration	Communication MCO/Region/ Providers	Permanent, stable housing that works				

UNDERLYING BLOCKS OR BARRIERS

Next, the team turned their attention to the true meaning of Central Iowa Community Services' practical vision and the underlying barriers within the practical vision. Addressing the underlying blocks or barriers would allow CICS's Admin team and leadership to create strong strategic directions by addressing barriers that would prevent CICS from realizing their vision and fulfilling a successful strategic plan.

We began this discussion by answering the question, "What are the underlying barriers to the achievement of our vision?"

Potential barriers that could impede success:

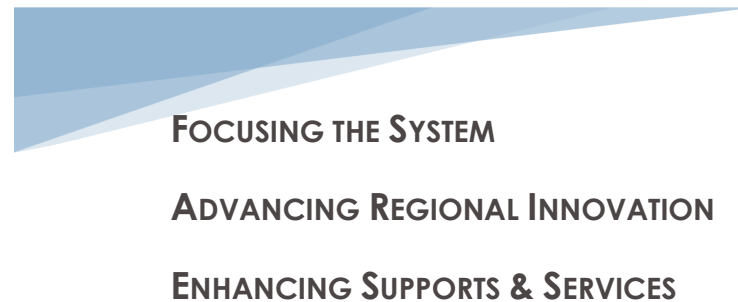
<ul style="list-style-type: none"> SF504 – fiscal impact – Irresponsible management 	<ul style="list-style-type: none"> Time & investment needed for training – distance
<ul style="list-style-type: none"> Fragmented service delivery – MCO payment 	<ul style="list-style-type: none"> Proactive – core competency
<ul style="list-style-type: none"> Provider ability and capacity affects ability in service delivery 	<ul style="list-style-type: none"> Incentive training
<ul style="list-style-type: none"> Disjointed, obsolete & dated data decrease data informed decisions 	<ul style="list-style-type: none"> We all remain county employees so we follow county policies
<ul style="list-style-type: none"> Unbalance & obsolete mutually beneficially partnerships 	<ul style="list-style-type: none"> Where County ends and Region begins
<ul style="list-style-type: none"> Uncoordinated, unmotivated leadership (around us) 	<ul style="list-style-type: none"> We don't have the influence we once had
<ul style="list-style-type: none"> Narrow perspective, conflicting ways to get them 	<ul style="list-style-type: none"> Inflexible- institutional perspectives by stakeholders
<ul style="list-style-type: none"> Moving target 	<ul style="list-style-type: none"> Uncertainty of future with other systems <ul style="list-style-type: none"> Where do we fit?
<ul style="list-style-type: none"> Sometimes not prescriptive enough 	<ul style="list-style-type: none"> Narrow mindset – moving out of facilities, uneducated on options
<ul style="list-style-type: none"> "We've always done it like this" perspective 	<ul style="list-style-type: none"> Change is hard
<ul style="list-style-type: none"> Absent leadership at state level 	<ul style="list-style-type: none"> Inflexible state
<ul style="list-style-type: none"> Lack of clarity at state level 	<ul style="list-style-type: none"> How to use CSN more effectively



STRATEGIC DIRECTIONS

The team was asked to consider what actions they could take to best address the identified underlying barriers. These actions will lead to the strategic directions that the CICS will address over the next three years. We began this discussion by answering the question, “What innovative, substantial actions can deal with these obstacles and move us toward our vision?”

This part of the workshop included participants working by themselves in silence, sharing in small groups and using the work of the small groups to develop consensus around the question with the whole group. Once the actions were identified by the group, the participants grouped the actions and identified the common directions the actions will drive. Each group was given a name. The three strategic directions are:



Below is the table of possible key actions listed for each strategic direction:

Focusing the System	Advancing Regional Innovation	Enhancing Supports & Services
<p>Full Service Scope</p> <ul style="list-style-type: none"> • Create Regions that are competent to handle all funding including Medicaid • Transition to Value Based system <ul style="list-style-type: none"> ◦ Define outcomes ◦ Financial incentives (i.e., training) • Market Region as Service developers & safety net • Address System Fragmentation <ul style="list-style-type: none"> ◦ Medicaid ◦ Child welfare ◦ Concept to change 	<p>Technology</p> <ul style="list-style-type: none"> • Become tech savvy <ul style="list-style-type: none"> ◦ CSN Training (report) ◦ Create dynamic access • Partner with ISAC for Accessing CSN Data • Internal CSN training • Establish info we want from CSN • Utilizing technology more with training 	<p>Providers</p> <ul style="list-style-type: none"> • Create Incentives for providers who provide services that are responsive to client needs • Incentive training & quality services to providers to support them • Collaborate with IACP on follow through regarding trainings & implementation
<p>Legislative</p> <ul style="list-style-type: none"> • Create a policy-making committee @ the state level including funder & provider representation • Outreach to other Regions to seek partnerships to influence legislative outcomes • Hire our own Lobbyist • Make legislators aware of need for clear vision from the state 	<p>Regional Scope</p> <ul style="list-style-type: none"> • Enhanced communication (MCO, Providers, CICS) • Focus & prioritize <ul style="list-style-type: none"> ◦ stand firm on our purpose <p>Internal</p> <ul style="list-style-type: none"> • Clear rules to reduce duplication • Have a curriculum for Admin team to develop competencies • Develop system and individual based plans for transition from congregate to community based services (comply with Fed. Regs) • Budget for training outside of state • Establish core competency with staff Expectations • Core competency (set & provide training) • Enhance Share Point – current technology 	<p>Programs & Services</p> <ul style="list-style-type: none"> • Review SF504 Workgroup Recommendations and prioritization



PROGRAM & SERVICE POSSIBILITIES: 3 YEARS, 2 YEARS, 1 YEAR

Team discussion about current and future programs and services were discussed as a group. Review of priority recommendations by the SF504 workgroup and stakeholder survey were first. Followed by additional ideas that had been discussed throughout the day. These are the team's initial thoughts and rough estimation of costs. Additional discussion and work is necessary to build consensus by the Admin team and a better understanding of the impact the program and service could have for the Region. It will be critical to look at one-time expenditures (i.e., start-up costs, research, capacity building, etc.) versus on-going sustainability needs.

4

First-Year Goals	Two-Year Goals	Th4ree-Year Goals
Mobile Crisis – \$450k	Mobile Crisis – \$900k	Mobile Crisis – 900k
TLC / Crisis Stabilization (Story) – \$97k (startup costs)	TLC / Crisis Stabilization (Story) – \$442k	TLC / Crisis Stabilization (Story) – \$442k
TLC - \$40k – start-up costs	TLC - \$350k	TLC - \$350k
TLC – \$40k – start-up costs	TLC – \$350k	TLC – \$350k
Partner with warmline – \$10k	Partner with warm line – \$20k	Partner with warm line – \$20k
Training for provider staff –\$25k	Training for provider staff – \$20k	Training for provider staff – \$20k
ACT (Story / Boone) – \$50k	ACT – \$50k	ACT – \$50k
Peer drop in (Warren & Madison) \$75k	Peer drop in (Warren & Madison) \$120k	Peer drop in (Warren & Madison) \$120k
Access to Psychiatric & LISW – \$150k	Access to Psychiatric & LISW – \$150k	Access to Psychiatric & LISW – \$150k
Sub-Acute	Sub-Acute	Sub-Acute
Assistance to providers – consultation /I-START	Assistance to providers – consultation /I-START	Assistance to providers – consultation /I-START
MFP type funding – Planning, strategizing phase- What does this look like or mean, include measurement from beginning	MFP type funding	MFP type funding



Program and Service Possibilities (continued)

First-Year Goals	Two-Year Goals	Three-Year Goals
Provider staffing incentive – Planning, strategizing phase- What does this look like or mean, include measurement from beginning	Provider staffing incentive	Provider staffing incentive
Co-occurring substance abuse services – Planning, strategizing phase- What does this look like or mean, include measurement from beginning	Co-occurring substance abuse services	Co-occurring substance abuse services
Uber(ish) transportation Planning, strategizing phase- What does this look like or mean, include measurement from beginning	Uber(ish) transportation	Uber(ish) transportation
Expand SCL Services - Planning, strategizing phase- What does this look like or mean, include measurement from beginning	Expand SCL Services	Expand SCL Services
CICS / Provider enrichment training	CICS / Provider enrichment training	CICS / Provider enrichment training
Peer Support - \$5k (Building knowledge, plan for increasing peer support by providers)		
Exploration- Pre-committal screening		
Exploration – Mental Health Court		
Exploration - Housing		
Exploration – Crisis Stabilization Community based		
Incentivize community Provider innovation – What other programs work in other states? Create a community of providers topic specific with Region staff (i.e., supportive employment)		
Crisis/Provider Enrichment training		
County Specific Projects - \$1million		



DEVELOPING GOALS: 3 YEARS, 2 YEARS, 1 YEAR

Strategic Direction: Focusing System

Team Members: Russell, Marty, & Deb

First-Year Goals	Two-Year Goals	Three-Year Goals
1. Goal Year ONE: Unify effective lobbying	1. Goal Year TWO: Statewide Policy making committee is developing priorities	1. Goal Year THREE: Full implementation of statewide policy making committee and operational
2. Goal Year ONE: CEOs, Governing Board Chairs & LRC meet to determine role(s) of the Regions (service development & safety net)	2. Goal Year TWO: Address system fragmentation & transition to value based system (this will take \$)	2. Goal Year THREE: Develop curriculum for Regions to develop competencies to manage <u>all</u> funding (including Medicaid)



Strategic Direction: Advancing Regional Innovation

Team Members: Jody, Linn, Jill

First-Year Goals	Two-Year Goals	Three-Year Goals
1. Goal Year ONE: CICS staff become competent using CSN by providing ongoing training	1. Goal Year TWO: CICS staff are able to fully utilize CSN comfortably with fewer tickets & errors	1. Goal Year THREE: CICS staff are competent & data is uniform
2. Goal Year ONE: Determine the type of CSN data needed & the method to extract data for decision making	2. Goal Year TWO: Develop reports that are readily available for data driven decision making	2. Goal Year THREE: Continue - Develop reports that are readily available for data driven decision making
3. Goal Year ONE: Establish core competency (all staff) & expectations	3. Goal Year TWO: Training is readily available & documented	3. Goal Year THREE: Annual training completed as required
4. Goal Year ONE: Develop business plan that addresses future admin structure including succession	4. Goal Year TWO: Implement & monitor business plan	4. Goal Year THREE: Update & reflect on implementation



Strategic Direction: Enhancing Support & Services

Team Members: Betsy, Doug, & Patti

First-Year Goals	Two-Year Goals	Three-Year Goals
1. Goal Year ONE: Providing Mobile Crisis	1. Goal Year TWO: Increase usage of Mobile Crisis & crisis line	1. Goal Year THREE: Increase Regionwide usage of Mobile Crisis
2. Goal Year ONE: Release an RFP for 3 new TLCs	2. Goal Year TWO: Open 3 new TLCs	2. Goal Year THREE: Have at least three new operating TLCs (4-bed minimum)
3. Goal Year ONE: Explore MFP type funding & consultation to provide and able / willing to take hard to place individuals with complex needs.	3. Goal Year TWO: Begin providing assistance to providers	3. Goal Year THREE: Decrease the # of hard to place / complex individuals who are unserved or underserved
4. Goal Year ONE: Engage providers to discuss innovative ideas with use of peers	4. Goal Year TWO: Begin implementing increase utilization of peer supports	4. Goal Year THREE: Increase use of peer supports in services throughout the Region
5. Goal Year ONE: Develop Drop-in Centers in Warren & Madison counties	5. Goal Year TWO: Begin peer Drop-in centers in Warren & Madison counties	5. Goal Year THREE: Have Peer Drop-in centers in every county
6. Goal Year ONE: Have an established plan to meet transportation needs	6. Goal Year TWO: Have on-call transportation available throughout the Region	6. Goal Year THREE: Increase available on-call transportation available in all CICS counties
7. Goal Year ONE: Determine ACT service options available and assess need	7. Goal Year TWO: Implement ACT Programs into CICS	7. Goal Year THREE: Evaluate ACT Programs in CICS

First-Year Goals	Two-Year Goals	Three-Year Goals
8. Goal Year ONE: Determine housing program options and assess need	8. Goal Year TWO: Implement Housing Program(s) into CICS	8. Goal Year THREE: Increase stable housing options available to individuals in CICS
9. Goal Year ONE: Provide funding to county-specific programs	9. Goal Year TWO: Provide additional funding to county-specific programs	9. Goal Year THREE: Evaluate county-specific program expenditures
10. Goal Year ONE: Complete a plan to increase the number of qualified staff hired by community and outpatient providers	10. Goal Year TWO: Increase number of qualified staff hired and retained by community and outpatient providers	10. Goal Year THREE: Have sufficient qualified staff for community and outpatient services
11. Goal Year ONE: Determine what, if any, co-occurring substance abuse services CICS could or should be funding differently	11. Goal Year TWO: Fund determined co-occurring substance abuse services for CICS residents	11. Goal Year THREE: Increase access to co-occurring substance abuse services for residents of CICS



IMPLEMENTATION

Quarter by Quarter – Year ONE

Strategic Direction: Focusing the System				
Goals for YEAR ONE	QTR 1	QTR 2	QTR 3	QTR 4
1. Goal Year ONE: Unify effective lobbying regionally	Email out to Regions the intent & when would meet by whom: Jody & Russell	Meet to discuss proposal & begin conversations about roles by whom: Jody & Russell	Develop priorities & objectives to submit to LRC by whom: Jody & Russell	Submit priorities & objectives to ISAC & begin outreach to legislatures by whom: Russell
2. Goal Year ONE: CEOs, Governing Board Chairs & LRC meet to determine role(s) of the Regions (service development & safety net)	Write up proposed role paper by whom: Jody & Russell	Meet to discuss proposal & begin conversations about roles by whom: Jody & Russell	Regional outreach doing awareness & marketing plan by whom: Jody & Russell	Continue with legislators by whom: CEO, Legislation staff

Strategic Direction: Advancing Regional Innovation

Goals for YEAR ONE	QTR 1	QTR 2	QTR 3	QTR 4
1. Goal Year ONE: CICS staff become competent using CSN by providing ongoing training	X staff attend Oct 17 CSN training by whom: Jill	1. Provide internal CICS training for claims SC 2. Do survey for needs by whom: Jill & Brandi	Provide CICS training based on Survey by whom: Jill & Brandi	Provide individualized training as required for those identified by whom: Jill & Brandi
2. Goal Year ONE: Determine the type of CSN data needed & the method to extract data for decision making	Survey admin team for report needs by whom: Jill & Brandi	Record reports requested & document if accepted done or being developed by whom: Jill & Brandi	Re-survey with results & new requests to Admin by whom: Jill & Brandi	Same as quarter 3 by whom: Jill & Brandi
3. Goal Year ONE: Establish core competency (all staff) & expectations	CEO assign supervising staff to develop each staff / team expectations & competencies by whom: Jody	1. Assign supervising staff to develop staff competencies 2. List for assigned positions and give to Jody by whom: Assign Directors & Jody	Jody submit lists to Admin team and Governing Board for approval by whom: Jody	Implement for each staff to complete all unmet competencies by whom: Supervising Director & Jody
4. Goal Year ONE: Develop business plan that addresses future admin structure including succession	Governing Board chair, vice chair, & Jody meet to discuss key elements of business plan & examples by whom: Jody	Design plan that works for CICS by whom: Jody	Provide information to all for feedback on the plan by whom: Jody	Implementation of the plan incrementally by whom: Jody & Governing Board



Strategic Direction: Enhancing Support & Services				
Goals for YEAR ONE	QTR 1	QTR 2	QTR 3	QTR 4
1. Goal Year ONE: Providing Mobile Crisis	1. Identify provider to award RFP 2. Negotiate contract 3. Fund start-up costs 4. Market / services by whom: Russell & Admin team	1. Begin providing services 2. Continue to market services 3. Educate community by whom: Admin team / CICS staff	1. Reviewing usage / program 2. Identify change by whom: Quality Assurance Staff	1. Implement any needed changes by whom: Admin team
2. Goal Year ONE: Release an RFP for 3 new TLCs	1. Determine location for new TLCs 2. Release RFP for 3 new TLCs 3. Review MGMC proposal by whom: Russell & Admin team	1. Identify / award provider (s) 2. Negotiate contract(s) by whom: Admin team	1. Begin providing service 2. Review usage / referrals by whom: QA staff / providers	1. Implement needed changes by whom: Admin team
3. Goal Year ONE: Explore MFP type funding & consultation to providers so they are able/willing to take hard to place individuals with complex needs.	1. Learn about what others are doing in this area 2. Identify existing services / programs that exist to speak to providers 3. Host a provider forum to discuss MFP-type funding by whom: SC / Planning / QA	1. Develop a program to assist providers 2. Bring providers back together to discuss program design by whom: SC / Planning / QA	1. Put system in place for implementation by whom: Planning	1. Begin providing incentives / programs 2. Begin tracking individuals who are difficult to place or have complex needs by whom: SC / Planning / QA

Strategic Direction: Enhancing Support & Services (continued)

Goals for YEAR ONE	QTR 1	QTR 2	QTR 3	QTR 4
4. Goal Year ONE: Engage providers to discuss innovative ideas with use of peers	1. Learn about what others are doing in this area 2. Identify existing services/programs that exist to speak to providers 3. Host a provider forum to discuss Peer Support services 4. Exploring partnering with another Region on a Warm Line by whom: SC/Planning/QA	1. Develop a program to encourage use of peer supports in services 2. Bring providers back together to discuss program design 3. Determine if a warm line is needed by whom: SC/Planning/QA	1. Assist with Training Peers 2. Create expectations of use of peer in services 3. Put new program in place for implementation 4. Establish contract for warm line, if needed by whom: SC/Planning/QA	1. Begin funding new peer-supported program(s) 2. Monitor expectations of program(s) 3. Track utilization of warm line by whom: SC/Planning/QA
5. Goal Year ONE: Develop Drop-in Centers in Warren & Madison counties	1. Host community meetings to establish need 2. Collaborate with NAMI CI to create program description 3. Approach providers to gauge willingness to provide service by whom: Planning/SC/NAMI CI	1. Finalize Program Description 2. Establish Budget by whom: Planning/SC/NAMI CI	1. Identify/award provider(s) 2. Negotiate Contract(s) by whom: Planning/Operations/SC	1. Open Drop-in Center in Warren County 2. Open Drop-In Center in Madison County by whom: Provider(s)/SC



Strategic Direction: Enhancing Support & Services (continued)

Goals for YEAR ONE	QTR 1	QTR 2	QTR 3	QTR 4
6. Goal Year ONE: Have an established plan to meet transportation needs	1. Learn what others are doing in this area 2. Identify existing services/programs to speak to providers 3. Host a provider forum to discuss transportation needs and opportunities by whom: SC/Planning/QA	1. Develop a program to provide on-call transportation to individuals 2. Identify potential providers for the service/program by whom: SC/Planning/QA	1. Negotiate contracts, if needed 2. Put new program in place for implementation by whom: Planning/SC	1. Begin providing transportation service 2. Track the utilization of services and cost effectiveness by whom: Planning/SC
7. Goal Year ONE: Determine ACT service options available & assess need	1. Learn what others are doing in this area – RHD, Rural ACT (CROSS Region), EB, Berryhill, etc. 2. Fund startup costs for Eyerly Ball 3. Identify need by whom: Admin Team	1. Develop a plan to increase access to ACT in CICS 2. Identify financial sustainability of plan by whom: Planning	1. Evaluate EB ACT team in Story/Boone 2. Identify Providers for Implementation of plan 3. Negotiate contract(s) by whom: Planning/QA/Operations	1. Provide start-up funds for new ACT services 2. Evaluate need for sustainability of current ACT programs by whom: Planning/QA/Operations

Strategic Direction: Enhancing Support & Services (continued)

Goals for YEAR ONE	QTR 1	QTR 2	QTR 3	QTR 4
8. Goal Year ONE: Determine housing program options & assess need	1. Learn what others are doing in this area 2. Identify existing services/programs that exist 3. Talk with local coordinators regarding need 4. Host a stakeholder forum to discuss housing needs by whom: SC/Planning/QA	1. Develop a program to address affordable housing 2. Develop a program to address lack of housing options, if needed 3. Bring stakeholders back together to discuss program design by whom: SC/Planning/QA	1. Put new program in place for implementation by whom: Planning	1. Begin providing housing program 2. Begin tracking individuals who lack safe, affordable housing by whom: SC/Planning/QA
9. Goal Year ONE: Provide funding to county-specific programs	1. Establish Budget for County-Specific Projects 2. Identify process to request county-specific funds by whom: Admin Team/Governing Board	1. Each County identify possible programs to utilize funds by whom: Admin Team/Local Advisory Boards	1. Counties begin to expend for programs by whom: Admin Team	1. Evaluate usage/return of investments 2. Identify if additional county-specific funds are needed in FY19 by whom: Admin Team



Strategic Direction: Enhancing Support & Services (continued)				
Goals for YEAR ONE	QTR 1	QTR 2	QTR 3	QTR 4
10. Goal Year ONE: Complete a plan to increase the number of qualified staff hired by community and outpatient providers.	1. Learn what others are doing in this area (loan forgiveness, hiring bonuses, recruitment fees, etc.). 2. Identify beneficial trainings for provider staff 3. Host a provider forum to discuss staff recruitment and retention by whom: Planning/QA/Operations	1. Develop a program/plan to assist providers in staff recruitment and retention 2. Determine what trainings are needed 3. Bring providers together to discuss program design by whom: Planning/QA/Operations	1. Put new programs in place for implementation 2. Attend train-the-trainer trainings by whom: Planning/QA/Operations	1. Provide staff incentives 2. Provide trainings to providers 3. Track staff recruitment and retention 4. Track trainings and use by provider agencies 5. Identify any continued gaps in providers by whom: Planning/QA/Operations
11. Goal Year ONE: Determine what, if any, co-occurring substance abuse services CICS could or should be funding differently.	1. Host a SA provider forum to discuss what services are being provided or funding for individuals with co-occurring substance abuse and mental health. by whom: Planning/QA/SC	1. Identify provider capacity for co-occurring MH/SA services 2. Identify service gaps for individuals with co-occurring MH/SA by whom: Planning/QA/SC	1. Develop a program/funding mechanism to meet those needs 2. Request feedback from SA and MH providers by whom: Planning/QA	1. Implement new program/funding mechanism 2. Evaluate new program/funding mechanism by whom: Admin Team

	2. Discuss SA services with other stakeholders. by whom: Planning/QA/SC			
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RECOMMENDATIONS

- Engage Governing Board members by reviewing SF504 financial implication and the new strategic plan. Ask for their commitment to supporting the implementation.
- Hold a Governing Board vote to accept the strategic plan.
- Add progress on the strategic directions to regular updates at the Admin team meetings and Governing Board meetings.
- During the July 2018 Governing Board meeting celebrate the accomplishments for each strategic direction.
- Update Year Two Goals and create quarterly action steps for FY18/19 in June/July 2018.
- Establish committee structure to support the successful implementation of the strategic plan. Key committees to consider are: Transportation, Housing, Peer Support Services, Core/Core Plus Services, Capacity Building (including program evaluation and county grants) and Outcome/Data. Leverage current provider groups such as the SF504 and County Provider groups to support and participate in the committees.
 - For example, Capacity Building Committee could look at one-time dollars that may help support provider training (i.e., staff training, program development, program evaluation, etc.), start-up dollars (i.e., process to determine amount and what is or is not included in accessing these dollars, etc.), provider incentives, and provider accountability expectations.
 - Outcome/Data Committee could be responsible to determine the program outcomes services are expected to measure and review data regularly. This committee work would be critical as hard funding decisions will need to be made in FY2019/2020.
- All committees should have a chair, clear expectation of time commitment and a set monthly or quarterly meeting time (depending on the work needed by the committee). It will be important to leverage technology to support the success of committee work. Assign one Admin team member to be the point person for each committee for the Admin team.
- CICS Admin team may benefit from implementing project management technology to assist in monitoring the progress of implementation of this strategic plan.

- Communication is CRITICAL to providers, community, and legislators about the funding implications of SF504. With SF504 expectation to reduce the fund balance to 20%, thoughtful blending of one-time dollars to legislative mandated Core and Core Plus services can be complimentary executed. Strategically improving community outcomes by leveraging one-time dollars to enhance, create, and build sustainable Core and Core Plus services is a win-win for the communities, families, consumers, and providers in the Region. But, the key to success is monitoring and adjusting the distribution of the fund balance and revenue through fiscal year 2020. If not carefully monitored, the Region will experience a revenue cliff during FY2022. This cliff would occur if the fund balance is above 20% at end of FY20. Creating stable revenue, resulting in a stable tax levy will bring confidence to the taxpayer, providers and consumers.

