

## COUNTY SOCIAL SERVICES 28E GOVERNING BOARD AGENDA

To: County Social Services Board Members  
Cc: County Social Services Stakeholders/Public is encouraged to attend  
From: Bob Lincoln  
Date:  
Re: County Social Services Board Meeting  
Date: Wednesday, September 25, 2019  
Time: 10:00 A.M.

Place: **Please participate by:**

1. Joining us at Fayette County, Hawkeye Community Hall, 102 E. Main Street, Hawkeye
2. Only CSS Directors will have remote access to the meeting by phone.

**Vision Statement:** County Social Services connects persons experiencing complex life-changing challenges with innovative resources and supports to assist them in moving towards hopeful and happy lives.

**Mission Statement:** County Social Services increases community inclusion and capacity through nurturing partnerships.

**Goal 1:** County Social Services will deliver research/evidence-based community health care management throughout the region.

**Goal 2:** Create a budget that provides sufficient funds for risk and cash flow, invest in increased capacity and competency and to expand coverage to relieve other tax funded supports, resulting in affordable health care.

**Goal 3:** Reduce acute and institutional care. Increase community and crisis services for all lives. Community inclusion resulting in customized employment.

9:30 Finance Committee Meeting

1. Claim Information, investigation, and review
2. Occupancy Cost Analysis
3. ETP Cost and Impact Analysis
4. Monthly Summary Report Recommendation to full Board

**Agenda:**

1. Call County Social Services Board Meeting to order
2. Introductions and welcome by host. Chair Tellin
3. Approve today's agenda and the minutes of July 24, 2019 and September 10, 2019
4. Provider feedback-Marcia Oltrogee
5. Consumer feedback-Janel Clarke
6. Kossuth and CSS settlement agreement. Discussion/Action Steve Weidner, CSS Counsel
7. Presentation of fiscal year 2018 Annual Independent Audit. Discussion/Action Michelle Myer, State Auditor's Office

**Human Resources- HR Committee**

8. Contract and implementation of one employer payroll project with ADP at a projected annual cost of \$12,794. Discussion/Action
9. Lynn Phillips has signed the job offer for I-START Clinical Team Lead effective 8-13-19, with an annual salary of \$52,000 plus benefits. Lynn's previous position of I-START Coordinator is now open, they plan to replace this position. Discussion/Action
10. I-START has offered the Howard County (East Quad) I-START Coordinator position to Shanda Peshel, pending Howard County Board of Supervisors approval and passing of the pre-employment drug screening and background check. Her first day is tentatively set for September 23, 2019, and hourly wage will be \$20.00, annual salary \$41,920.00 plus benefits. She will be compensated \$2.00 per hour when on call and if she is to receive a call, her hourly wage would begin. Discussion/Action

**Programs**

11. North Iowa Juvenile Detention Services UH Claims. Presentation of ACSC conversion to Medicaid and proposed launch of Iowa's first Access Center. Discussion
12. Review and consideration of Prairie View's "road to community" initiative. Discussion
13. Review and consideration of Children's Mental Health Implementation Action Plan. Discussion

**Organizations**

14. Monthly Summary Report. Discussion/Action Finance Committee
15. CSS is opening of Hancock County Social Service Office in collaboration with Hancock County Health Systems. CSS would sublease space from Hancock County Health Systems within the Public Health Office in Garner. Discussion/Action

16. CSS is opening another Clayton County Social Service Office in Guttenberg in partnership with MercyOne Guttenberg Hospital at their Community Services Resource Office on Main St. in Guttenberg.  
Discussion/Action
17. General Assistance integration with MHDS following transition to one employer. Discussion
18. CSS is proposing expansion of our Annual Stakeholder meeting to include a keynote speaker. This year it will be Wednesday, November 20<sup>th</sup> from 9 AM to 3:00 PM at the Grundy Center Community Center, 705 F Ave, Grundy Center, IA with keynote speaker from the University of Kansas on Strengths Based Case Management and Application in Delivery of Children's Mental Health Services. Consideration of a budget for speaker, facility, food and refreshments not to exceed \$2,000. Discussion/Action
19. The CSS Board has had several discussions on unfunded mandates and legislation that has not fulfilled the anticipated full partnership with the state. The following are legislative priorities for your consideration and a proposal to set time aside in our October CSS Meeting to invite and have a conversation with our legislators.  
Discussion/Action
  - a. Legislation to have one Mental Health and Disability Services Per Capita Levy Cap across all MHDS Regions.
  - b. Legislation to allocate enough funding as recommended by the Department of Human Services to make the mandated Assertive Community Treatment Teams sustainable and able to maintain fidelity without MHDS Region subsidy.
  - c. Legislation to allocate enough funding for YourLife Iowa (the mandated state-wide 24/7 Crisis Line) with the capacity to dispatch mobile response and be a true central hub for a state-wide mental health system. (The state could leverage Medicaid Administrative dollars to accomplish this with the current state dollars as leverage.)
  - d. Legislation to allow county's that are a current member of a MHDS Region the right to retain their membership if another county's actions make result in them not being contiguous.

**Consent Agenda**

20. Exception to Policy Client #21298 Shirley Christianson, Scenic Acres. Discussion/Action
21. Authorize Chair to sign provider rate requests. Discussion/Action
  - a. Liberty Square, LLC DBA Spring Harbor
  - b. Berryhill Community Mental Health Center
22. Authorize Chair to sign provider agreements. Discussion/Action
  - a. The Spectrum Network
  - b. Lutheran Services in Iowa
  - c. Berryhill Community Mental Health Center
23. Exception to Policy Report. Discussion/Action
24. Administrator's Updates:
25. Adjourn; next meeting and Legislative Forum will be Wednesday, October 23, 2019, 10:00 AM Charles City North Iowa Area Community College, 203 Brantingham St., Charles City, IA in Floyd County

The Human Resource Committee will have their next meeting October 16, 10:00 AM at the Floyd County Social Services Office. The main agenda item will be making a recommendation for Human Resource support to CSS after January 1, 2020.

**JULY 2019 COUNTY SOCIAL SERVICES BOARD MINUTES**

The July County Social Services Board Meeting was held in Emmet County at the Iowa Lakes Electric office on Wednesday, July 24, 2019 10:00 A.M.

Present: Dennis Koenig, Allamakee, Sharon Keehner, Clayton, Chris Watts, Cerro Gordo, Jacob Hackman, Chickasaw, John Pluth, Emmett, Jeanine Tellin, Fayette, Roy Schwickerath, Floyd, Pat Murray, Howard, Sandy Loney, Humboldt, Roger Tjarks, Kossuth, Steve Smolik, Mitchell, Clarence Sieper, Pocahontas, Larry Vest, Tama, Campbell, Webster via phone, Jensvold, Winnebago, Ashbacker, Winneshiek, Abrams, Worth, Helgevold, Wright. Marcia Oltrogge

Absent: White, Black Hawk, Barnett, Butler, Ross, Grundy Rayhons, Hancock.

Guest: Lisa Trainer, Tiffany Lisa, Effie Hill Jeff Hersberg, Laura Van Horn, Sandy Olson Mike Meririck, Karen Dowell, Alison Hauser, Bob Lincoln, Dona Nielsen

Prior to the meeting at 9:30 the Finance Committee met to review:

- Annual Audit Review
- Monthly Summary Report
- Rate Increase Request
- Exceptions to Policy Report

1. Chair Tellin called County Social Services Board Meeting to order.
2. Introductions and welcome was done by host Director Pluth.
3. Winnebago County is current in its Fund 10 allocation to the region as of 7/11/2019. Voting rights were restored.
4. Motion by Hackman, Chickasaw and second by Pluth, Emmet to approve today's agenda moving the presentation of the audit to the September meeting and approval of minutes of June 26, 2019. Motion carried.
5. Marcia Oltrogee discussed value based care, a presentation from staff from Jackson Recovery Center was given and a brochure with the availability of a template to personalize relating to suicide with guns. Contact Marcia.
6. There was no Consumer feedback.
7. Motion by Koenig, Allamakee and second by Schwickerath, Floyd to accept the Human Resources Committee recommendation to move to CSS becoming employer of record effective January 1, 2020. Roll call vote: Motion carried.

Allamakee	yes	Floyd	yes	Tama	yes
Black Hawk	abs	Grundy	abs	Webster	no
Butler	abs	Hancock	abs	Winnebago	no
Clayton	yes	Howard	yes	Winneshiek	yes
Cerro Gordo	yes	Humboldt	yes	Worth	no
Chickasaw	yes	Kossuth	NA	Wright	yes
Emmett	yes	Mitchell	yes		
Fayette	yes	Pocahontas			

8. Motion by Campbell, Webster and second by Pluth, Emmet to have the funds from the Spectrum project returned to CSS. Motion by Campbell, Webster and second by Pluth, Emmet to withdraw the previous motion. Motion carried. Motion by Campbell, Webster and second by Pluth, Emmet to request Spectrum to not come back until they have a business plan and financials. Roll call vote: Motion failed.

Allamakee	no	Floyd	no	Tama	no
Black Hawk	abs	Grundy	abs	Webster	yes
Butler	abs	Hancock	abs	Winnebago	yes
Clayton	yes	Howard	no	Winneshiek	no
Cerro Gordo	yes	Humboldt	no	Worth	yes
Chickasaw	no	Kossuth	NA	Wright	no
Emmett	yes	Mitchell	no		
Fayette	yes	Pocahontas	no		

9. Motion by Murray, Howard, and second by Keehner, Clayton to approve the Mobile Response Request for Proposal. Roll call vote: Motion carried.

Allamakee	yes	Floyd	yes	Tama	no
Black Hawk	abs	Grundy	abs	Webster	abs
Butler	abs	Hancock	abs	Winnebago	no
Clayton	yes	Howard	yes	Winneshiek	yes
Cerro Gordo	no	Humboldt	yes	Worth	no
Chickasaw	no	Kossuth	NA	Wright	yes
Emmett	no	Mitchell	yes		
Fayette	yes	Pocahontas	yes		

10. Postponed until later meeting: Presentation of County Social Services FY2018 Annual Audit, Michelle Meyer-State Auditor's Office
11. HIPAA/IT annual training by Megan Taets, CSS Privacy Officer and Brian Blodgett, CSS Security Officer.
12. Motion by Schwickerath, Floyd and second by Keehner, Clayton to authorize the Chair to sign a letter of support for Exceptional Opportunities' request to serve 5 people in all HCBS homes. Motion carried.
13. Motion by Keehner, Clayton and second by Pluth Emmett to authorize the Chair to sign a letter of support for Imagine the Possibilities' request for approval for a 5-bed waiver home. Motion carried.
14. Motion by Murray, Howard and second by Loney, Humboldt to renew the 28E Agreement with Mason City Police Department. Motion carried.
15. Motion by Murray, Howard and second by Helgevold, Wright to extend contract with James Aberg for consulting services through June 30, 2022 at the continued rate of \$70 per hour, all inclusive. Motion carried.
16. Motion by Ashbacher, Winneshiek and second by Murray, Howard to approve the change of employment for Matthew Steven from NEI3A employment to Winneshiek County CSS Employment effective 8-2-19 and to increase his wage 1.8%. Motion carried.
17. Motion by Loney, Humboldt and second by Hackman, Chickasaw to approve the lease agreement with Tierney Properties for new Cerro Gordo CSS office, located at 525 9<sup>th</sup> St. SE, Ste. C in Mason City for approximately 3,000 square feet at 525 9<sup>th</sup> Street SE Suite C, Mason City, Ia for \$3,350/month (\$13.40 sq. ft). Motion carried.
18. Motion by Schwickerath, Floyd and second by Hackman, Chickasaw to authorize up to \$2,000 to the Waukon School District to provide THRIVE, an evidence-informed training by the National Resiliency Institute as a pilot to align with the children's mental health expansion. Motion carried. Nay, Winnebago, Tama.
19. Motion by Ashbacher, Winneshiek, and second by Koenig, Allamakee to approve the increase to Northeast Iowa Community Action in their transportation rates for FY2020 (from \$1.25 to \$1.50/mile for rural rides and from \$2.25 to \$2.50/mile for in-town rides). Motion carried.
20. Motion by Hackman, Chickasaw and second by Pluth, Emmett to approve the Monthly Summary Report as presented. Motion carried,
21. Motion by Koenig, Allamakee and second by Loney, Humboldt to authorize the Chair to sign provider rate requests. Motion carried.
- Cedar Valley Community Support Services
  - TASC Inc.
  - Goodwill Industries of Northeast Iowa, Inc.
  - Exceptional Persons, Inc.
  - Scenic Acres
  - One Vision-Opportunity Village, Inc.
  - LSI (\$360 per diem for residential crisis stabilization for youth)
  - North Star
  - Integrated Telehealth Partners
22. Motion by Watts, Cerro Gordo and second by Keehner, Clayton to authorize the signing of the provider agreements with the exception of (j) Cerro Gordo County General Relief to sign for one year for budget and planning. Motion carried.
- Rise LTD
  - Winnebago County Public Health
  - Butler County Public Health

- d. Monarch Therapy Services, Inc.
  - e. Comprehensive Systems, Inc.
  - f. Brain Injury Alliance of Iowa
  - g. BAA with OneVision
  - h. BAA with NIVC
  - i. LSI
  - j. Cerro Gordo County General Relief
  - k. North Star
  - l. Integrated Telehealth Partners
  - m. BAA with MercyOne
23. Motion by Hackman, Chickasaw and second by Loney, Humboldt to approve the Exception to Policy Report. Motion carried.
24. Administrator's Updates: Vacation request Aug. 26-Sept. 6, 2019.
25. Motion by Watts, Cerro Gordo and second by Siepker, Pocahontas to adjourn. Next board meeting will be Wednesday, September 25, 2019, in Fayette County. Quadrant Advisory Committee meetings will be held on August 28, 10:00 am.

## **COUNTY SOCIAL SERVICES BOARD MINUTES**

The County Social Services Board of Directors met Tuesday, September 10, 2019 in Black Hawk County, at Pinecrest Building, 1407 Independence Ave., Waterloo, Iowa, Conference Room, primary attendance was via teleconference.

Dennis Koenig, Allamakee, Greg Barnett, Butler, Chris Watts, Cerro Gordo, Jacob Hackman, Chickasaw, John Pluth, Emmet, Jeanine Tellin, Fayette, Roy Schwickerath, Floyd, Jim Ross, Grundy, Gary Rayhons, Hancock, Pat Murray, Howard, Sandy Loney, Humboldt, Clarence Siepker, Pocahontas, Larry Vest, Tama, John Logsdon, Winneshiek, Bill Jensvold, Winnebago, Karl Helgevold, Wright

Absent: Craig White, Black Hawk, Sharon Keehner, Clayton, Barb Francis Mitchell, Ken Abrams, Worth, Donnie Loss, Kossuth, Mark Campbell, Webster, Janel Clarke, Marcia Oltrogee

Guest: Steve Weidner, Bob Lincoln, Karen Dowell.

1. Chair Jeanine Tellin called the County Social Services Board Meeting to order at 8:30 a.m.
2. Role call to determine a quorum. Quorum was present.
3. Steve Weidner, Counsel for CSS, presented the proposed settlement agreement between Kossuth County and CSS.
4. Motion by Logsdon, Winneshiek and second by Schwickerath, Floyd, to defer final action on the settlement agreement until the next full board meeting on September 25, 2019 at Hawkeye, Iowa in Fayette County. Roll call vote: Allamakee-yes; Butler-yes; Cerro Gordo-yes; Chickasaw-yes; Emmet-yes; Fayette-yes; Floyd-yes; Grundy-no; Hancock-yes; Howard-yes; Humboldt-yes; Pocahontas-yes; Tama-yes; Winnebago-yes; Winneshiek-yes; Wright-yes. Motion carried 15 yes, 1 no.
5. Meeting adjourned.

## Provider Update

September 2019

We have been hearing a lot about the dangers of e-cigarettes and vaping. Schools are working on ways to tackle the issue and monitor buildings to limit vaping on site. The health risks are potentially very serious. We sometimes place this topic into the substance abuse category and don't realize the affect it has on our counties. Schools are spending resources to monitor, hospitals are dealing with the health consequences and CSS has youth being served that are probably using. Not every youth who vapes has a mental health diagnosis but when the region is implementing the children's mental health program it may be a frequent concern.

Agencies are continuing to struggle with the newest MCO to open up shop in Iowa. The reports I have been hearing are very discouraging. At some point it may be an issue that CSS will want to weigh in on since business that close due to non payment directly affect residents and services offered.

I am in Des Moines for training on a new IDPH statewide program called Zero Suicide. I will update the Board on the program in the future since all counties will have the same program.

Marcia

### **ACSC Access Center**

Access Center(441-25.1(331)-the coordinated provision of intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment but who do need significant amounts of supports and services not available in other home-and-community-based settings.

1. Access Centers must be located within 120 miles of the individual's residence or be available within 120 minutes from the time of the determination that the individual needs access center services.
2. Access- no eject, no reject; ensuring there is service capacity within the center
3. Funding from MHDS Regions provided that federal matching funds are available under the Iowa Health and Wellness Plan pursuant to Iowa Code Chapter 249N.
4. Mental health assessments and substance use disorder assessments must be completed by licensed or credentialed professionals. Hiring and obtaining employees with specified credentials.
5. Outcomes-reduce civil commitments, Sheriff transports and jail booking filed per year/

**Vision-** to provide timely access to supports and services with the intent of avoiding justice involvement and unnecessary hospitalizations.

**Values-** individuals will be screened, assessed, and the need for services/treatment related to their mental health or substance use crisis will be determined.

**Methods-** provide outreach to our stakeholders to inform them of referral sources, services available within the access center, and about CSS transition services to begin discharge planning from the time of referral.

CSS has formed a task force to put the Adult Crisis Stabilization Center (ACSC) on track to be our first fully functioning Access Center. ACSC was opened February 2, 2012 and shaped the vision for crisis centers state-wide. Beyond these two levels of care the ACSC team have developed specialized skills in supporting individuals with co-occurring developmental disability and mental illness in support of our ISTART clients. This again puts forward as the premiere and broadest option for individuals experiencing complex needs.

### **Finances**

ACSC was launched with little capital investment. CSS allocated approximately \$24,000 in 2012 for furnishings in response to peer input to make the environment more welcoming. The initial 16 room unit was a reuse of one wing of the juvenile detention center. The expansion to include subacute beds was supported by a gift of the attached juvenile youth center owned by Black Hawk County



(approximate value, \$300,000). This also provided a welcoming and safe environment with plenty of room to support individuals with complex needs and meet the DIA physical requirements for subacute level of care.

Region funding was the sole funder of this level of care until ACSC successfully completed credentialing and MCO contracting for residential crisis stabilization and subacute levels of care last fall. At the peak of utilization CSS was purchasing \$100,000 per month of services (\$1.2 million annually). With this service now reimbursed by the MCOs under straight Medicaid and the Iowa Health and Wellness Program our most recent monthly purchase was \$10,000 which moves our annual target for reimbursement closer to \$240,000.

What is making this program sustainable is the implementation of our Transition Program. Our Transition Specialists monitors admissions and discharges to connect individuals with necessary resources that get stuck at this level of care. This program stays on top of our reimbursements while ensuring that there is available capacity for the next individual in crisis. CSS sustains the viability of this service by ensuring that anyone admitted to the unit has reimbursement in place for their stay. CSS pays for Medicaid covered individuals that no longer meet medical necessity by still have psych-social necessity to remain. Psych-social necessity means that they have support needs that can not be met by natural supports or services already in place.

#### **Action Plan for Launch of Access Center February 1, 2020**

1. ACSC will contract with ITP to have the capacity to perform psychiatric assessments upon admission 24/7. (10/1/2019)
2. ACSC will ensure reimbursement by MCOs. ACSC is still attempting to collect approx. \$60,000 from United that has ended their contract with Iowa. Iowa Total Care (the new MCO to Iowa 7/1/2019) has not paid any claims to date but it is hoped they will soon resolve those billing issues. Amerigroup and Iowa Medicaid Enterprise (IME) has become a reliable payer of services.
3. ACSC will develop protocol for the direct admit of individuals to the Access Center by referral, voluntary, court order and law enforcement. (1/1/2020)
4. CSS will work with law enforcement to advance CIT training so law enforcement becomes comfortable with and will use this alternative to incarceration or hospitalization.
5. CSS will facilitate the outreach and public education of this new access point. (2/1/2020)
6. CSS will lead a task force including law enforcement, substance abuse agency and the ACSC to assist with the launch. (10/1/2019)
7. County Social Services is committed to providing Access Center services established in HF2456 that are to be available by July 1, 2021.
8. CSS will guarantee reimburse for anyone admitted to the Access Center who becomes stuck due to psych-social necessity.

**Purpose**

This project is to facilitate the transition of Prairie View's residential care facility into a transitional recovery hub for the east quadrant of County Social Services. The hub will support keeping individuals in the community and assist them to transition back to the community.

**Rationale**

Prairie View has built an expertise in serving individuals with complex needs transitioning from acute psychiatric inpatient care. They have served individuals across the state and have been the primary "go to" for inpatient units struggling to discharge individuals who have gained maximum benefit from inpatient care but have recovery needs that require a medically monitored setting that will support medication management of their complex conditions. Prairie View has struggled with the community perception that their program has become a magnet for challenging individuals who, at times, overwhelm local law enforcement and medical services. In response and in partnership with these stakeholders Prairie View has charted a course to downsize and transition their focus to serving their community (east quad) and away from long-term institutional residential support services.

County Social Services is committed to this vision and will support the transition through value-based contracting that will provide economic incentives. These economic incentives will be client focused with the outcome to transition individuals to supports covered by their medical insurance when possible. This will create a sustainable network of quality care while leveraging CSS dollars to reduce ongoing costs to our property tax payers.

**Plan***Goal One*

Downsize the Fayette residential care facility to a 16-bed unit making it a reimbursable setting for Medicaid. The 16-beds will include a combination of subacute, intensive residential support services and a few long-term residential beds for individuals unable to make the transition to the community. Subacute level of care will replace residential care facility level of care for individuals transitioning from acute psychiatric inpatient.

**Action Steps**

1. Prairie View will complete an assessment of the facility with the Department of Inspection and Appeals to identify upgrades and investments necessary for licensing the subacute beds. (Target date 11/1/2019)
2. Prairie View will add subacute to their array of services with Iowa Medicaid Enterprise and the two Managed Care Organizations. This level of care reimburses at \$400 per day through Medicaid and allows length of stay 10-14 days based on medical necessity. (7/1/2020)
3. Prairie View will set a time table for transition and downsizing that is client focused that supports individual choice of where they live and how they receive support for their recovery. (1/1/2020 to 6/30/2020)
4. CSS will provide incentive (value-based) funding to support Prairie View for effective outcomes. CSS would fund individuals at PV on 1/1/2020 at the current per diem for a negotiated period (i.e. 6 to 12 months). PV would be paid this amount and allowed to retain any savings realized by transitioning them to a Medicaid funded service prior to this defined period and be at risk to serve individuals beyond this period at no cost to CSS. The savings realized by PV would be used

to ensure adequate staffing, invest in any needed physical plant improvements and recruitment of additional professional staff. (12/10/2019)

5. CSS would agree to fund any individuals approved for placement in a subacute bed beyond medical necessity (psych-social necessity) until alternative placement or enough supports are in place to return to the community. (ongoing)
6. CSS will provide a Project Manager to ensure strong communication and accountability for shared outcomes. The Regional Coordinator will also provide care coordinators to assist with the transition. (12/1/2019-7/1/2020)
7. CSS will facilitate collaboration with ACSC that has a subacute facility. (ongoing)

#### *Goal Two*

Prairie View will launch an Assertive Community Treatment Team. CSS is required to have this available by July 1, 2021 and is consistent with the CSS mission to expand community-based service options. This interdisciplinary treatment team approach will provide the continuity of care from facility back to home. This will allow individuals to stay in their homes and limit the need for “placement” services.

#### Action

1. Prairie View will complete a search for a psychiatric provider for the ACT team and to perform rounds in the subacute setting. (7/1/2020)
2. CSS will collaborate with the recruitment of a psychiatric provider to assist with economic barriers. PV will also explore the use of tele psychiatric services. (7/1/2020)
3. PV will secure MCO contracting for ACT services. This will allow PV to immediately bill Medicaid once they begin enrollment of individuals in the third month at the fidelity rate of no more than 6 individuals a month until they are a full program of about 36.
4. CSS will provide a funding commitment for two months of total cost reimbursement. On the third month CSS will cover the cost incurred above the amount they are able to bill Medicaid until the program reaches the agreed upon sustainable population. At the end of the negotiated start up period CSS will reimburse the documented net costs to PV.
5. CSS will provide technical assistance for the start-up and fidelity review.
6. CSS will facilitate collaboration with state resources i.e. RHD, Berryhill, University of Iowa Hospital and Clinics.

**COUNTY SOCIAL SERVICES**

**CHILDREN'S  
BEHAVIORAL HEALTH SERVICES  
IMPLEMENTATION PLAN**

**PREPARED BY:**

***MEGAN TAETS,  
CSS QUALITY IMPROVEMENT COORDINATOR  
AND PROGRAM DEVELOPMENT***

**SUBMITTED**

**--/--/--**

**GEOGRAPHIC AREA:** *Allamakee, Black Hawk, Butler, Cerro Gordo, Chickasaw, Clayton, Emmet, Fayette, Floyd, Grundy, Howard, Humboldt, Kossuth, Mitchell, Pocahontas, Tama, Webster, Winnebago, Worth, Hancock, Winneshiek, Wright*

**APPROVED BY ADVISORY BOARD:** --/--/--

**APPROVED BY GOVERNING BOARD:** --/--/--

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DRAFT

# CHILDREN'S BEHAVIORAL HEALTH SERVICES IMPLEMENTATION PLAN FOR FY20/21

Each mental health and disability services region shall submit to the department of human services an implementation plan to implement the children's behavioral health services described under section 331.397A, as enacted in HF690, no later than April 1, 2020.

## A. Creating A Regional Children's Advisory Committee

The Region values community stakeholder input and is in the planning stages of developing a plan to establish a Regional Children's Behavioral Health Services Advisory Committee.

### 1. Process and Time Frames

<u>Targeted Completion Date</u>	<u>Activity</u>
1/31/2020	The regional children's behavioral health services advisory committee designate Governing Board representation for: (a) a parent/actively involved relative of a child who utilizes children's behavioral health services; (b) the educational system; and (c) a regional children's behavioral health services provider.
	<i>CSS plans to partner with behavioral health service providers and family members of children who receive behavioral health services. CSS plans to reach out to school superintendents and AEA offices to refer education representation for this committee. CSS had facilitated 2 meetings with behavioral health providers, Mercy One ED, DHHS, and Unity Point hospital staff to discuss a process to follow when it is determined that inpatient hospitalization is not needed for juveniles that have other acute mental health issues. We plan to reach out to these stakeholders to see if there is any interest in serving on this committee and assisting us with developing a children's behavioral services plan for our Region. CSS is in the Request for Proposal (RFP) process to select a provider(s) to provide Mobile Crisis Response services throughout our Region. We plan to encourage the MCR provider(s) to serve on this committee. We plan to recruit local law enforcement, juvenile court system professionals, a Pediatrician, and early childhood advocates and care providers to partner with us to serve on this committee as well.</i>
	<i>CSS will plan to send out a letter/email of interest to those indicated above to serve on the regional children's behavioral health services advisory board.</i>
	<i>CSS will host the regional children's behavioral health advisory meeting at one location within the Region.</i>

### 2. Regional Children's Advisory Committee

<u>Member</u>	<u>Representing</u>
TBD	Parents/Actively Involved Relatives of a Child who Utilizes Children's Behavioral Health Services
TBD	The Education System
TBD	Early Childhood Advocates
TBD	Child Welfare Advocates

TBD	Children's Behavioral Health Service Providers
TBD	The Juvenile Court System
TBD	Pediatricians
TBD	Child Care Providers
TBD	Local Law Enforcement
TBD	Regional Governing Board

## B. Regional Governance Board Changes

The Regional Governing Board is ultimately responsible for: (a) the advancement of a regional management plan; (b) the development of access to a regional service system for adults with mental illness, intellectual disabilities, brain injuries and developmental disabilities to children with serious emotional disturbances; and (c) the administration of the non-Medicaid funded Mental Health Disability Services (MHDS) and children's behavioral health services as outlined in Iowa Code. The Region is in the planning stages of identifying the timeframes to change the Regional Governance Board composition.

### 1. Process and Time Frames

<u>Targeted Completion Date</u>	<u>Activity</u>
6/30/2020	The Regional Governing Board must include new voting and ex-officio members. Describe the process(s) the Region is taking to make that change.
	<p><i>The CSS Governing Board will include additional specific members as outlined in IAC 441-25.12(331) to include member's designated by the regional's children behavioral health services advisory committee as follows: 1. One member representing the education system in the region. 2. One member who is a parent of a child who utilizes children's behavioral health services or is an actively involved relative of a child who utilizes such services.</i></p> <p><i>The governing board shall include the following non-voting members in an ex officio capacity: One member representing a children's behavioral health service provider in the region, designated by the regional children's behavioral health services advisory committee.</i></p> <p><i>The governing board shall create a regional children's behavioral health services advisory committee which shall designate members to the governing board as defined in Iowa Code section 331.390(2).</i></p>
	<i>At our initial children's behavioral health advisory committee we will nominate such members indicated to the CSS governing board and the CSS governing board will approve this at their Feb 2020 CSS Board meeting.</i>

## 2. Regional Governing Board

<u>Member</u>	<u>Representing</u>	<u>Voting Member</u>
TBD	County A Board of Supervisors	Yes
TBD	County B Board of Supervisors	Yes
TBD	County C Board of Supervisors	Yes
TBD	Adults/Actively Involved Relatives of an Adult who Utilizes Mental Health and Disability Services <i>(designated by the regional adult mental health and disability services advisory committee)</i>	Yes
TBD	Parents/Actively Involved Relatives of a Child who Utilizes Children's Behavioral Health Services <i>(designated by the regional children's behavioral health services advisory committee)</i>	Yes
TBD	The Regional Education System <i>(designated by the regional children's behavioral health services advisory committee)</i>	Yes
TBD	Regional MHDS Adult Service Providers <i>(designated by the regional adult mental health and disability services advisory committee)</i>	No
TBD	Regional Children's Behavioral Health Service Providers <i>(designated by the regional children's behavioral health services advisory committee)</i>	No



## C. Regional 28E Agreement Amendment

There is an existing regional 28E agreement between the counties in The Region. The Region is in the planning stages of identifying the timeframes to amend and file the regional 28E agreement.

### 1. Process and Time Frames

<u>Targeted Completion Date</u>	<u>Activity</u>
6/30/2020	Amend the Regional 28E agreement. Include a summary of all changes to be made.  <i>Some areas to consider include:</i> <ul style="list-style-type: none"> <li>• <i>Updating purpose, goals and objectives of entering into the agreement.</i></li> <li>• <i>Regional governing board membership.</i></li> <li>• <i>Formation of children's behavioral health services advisory committee.</i></li> <li>• <i>Functions and responsibilities of CEO and regional children's behavioral health services staff.</i></li> </ul>
6/30/2020	Obtain all required approvals/signatures
6/30/2020	File the Regional 28E agreement with Secretary of State

## D. Regional Staff Changes

The Region is in the planning stages of identifying staffing needs by the Region to implement the new children's behavioral health services coordinator requirements and other anticipated staffing needs, including timeframes.

### 1. Process and Time Frames

<u>Targeted Completion Date</u>	<u>Activity</u>
2/29/2020	Identify how the Region is planning to incorporate the required children's behavioral health services disability coordinator.
	<i>441-25.12 (2) The regional administrative entity staff shall include one or more coordinator's of children's behavioral health services.</i>
	<i>CSS plans to designate a children's behavioral health coordinator for the Region who meets the requirements described in Iowa Code section 331.390(3) and will be responsible for coordinating behavioral health services for children. This staff will demonstrate experience with the children's system.</i>

## E. Regional Management Plan Changes

The Region is in the planning stages of identifying the timelines and integration of the new children's behavioral health services requirements into the Regional Policies and Procedures Manual and the Regional Annual Service and Budget Plan.

### 1. Process and Time Frames – Regional Policies and Procedures Manual

<u>Targeted Completion Date</u>	<u>Activity</u>
2/29/2020	Amend the Regional Policies and Procedures Manual. Include or attach a summary of the changes required for the DHS approval process.  <i>Some areas to consider include:</i> <ul style="list-style-type: none"> <li>• <i>Application and enrollment procedures including diagnostic and financial eligibility (including copayments) for children requesting behavioral health services.</i></li> <li>• <i>Changes in the information technology and data management system to incorporate children.</i></li> <li>• <i>Addition of "education" to performance and outcome measures for targeted case management and service coordination services.</i></li> <li>• <i>Review and update regional waiting list policy.</i></li> </ul>
2/29/2020	Submit Amended Regional Policies and Procedures to Advisory Boards for approval.
3/31/2020	Submit Amended Regional Policies and Procedures to Governing Board for approval.
4/30/2020	Submit Amended Regional Policies and Procedures to DHS for approval. (Rules require Regions to submit the amendments to DHS 45 days prior to implementation.)

### 2. Process and Time Frames – Annual Service and Budget Plan

<u>Targeted Completion Date</u>	<u>Activity</u>	<u>Resources (Low-Medium-High Staff Time, Funding, Etc.)</u>
4/1/2020	Update the Annual Service and Budget Plan framework.  <i>The following information should be added to the Region's FY21 Annual Service and Budget Plan:</i> <ul style="list-style-type: none"> <li>• <i>Identify the local access points for the children's behavioral health services.</i></li> <li>• <i>Identify service coordination entities for the children seeking services regardless of funding source.</i></li> <li>• <i>Identify Regional children's behavioral health core services and planned implementation timeframes.</i></li> <li>• <i>Identify and budget for required core children's behavioral health services</i></li> <li>• <i>Identify the children's behavioral health services provider network.</i></li> </ul>	

Revenue	Re-Estimated Budget	Prior Month	Current Month	YTD	% YTD
Property Tax/Fund Bal Transfer	\$ 16,435,220	\$ 45,000	\$ -	\$ 45,000	0%
Medicaid Reimbursement (TCM)	\$ 212,600	\$ 25,932	\$ 21,899	\$ 47,831	22%
I-START	\$ 100,000	\$ 20,661	\$ -	\$ 20,661	21%
Misc.	\$ 497,000	\$ 129,738	\$ 159,544	\$ 289,282	58%
<b>Total Revenue</b>	<b>\$ 17,244,820</b>	<b>\$ 221,331</b>	<b>\$ 181,444</b>	<b>\$ 402,774</b>	<b>2%</b>

Domain					
<b>Core</b>					
Treatment	\$ 1,170,000	\$ 60,402	\$ 39,638	\$ 100,040	9%
Crisis Services	\$ 2,661,000	\$ 5,634	\$ 40,619	\$ 46,252	2%
Support for Community Living	\$ 2,624,800	\$ 158,721	\$ 120,906	\$ 279,627	11%
Support for Employment	\$ 650,000	\$ 41,221	\$ 32,635	\$ 73,856	11%
Recovery Services	\$ 180,000	\$ 5,221	\$ 5,831	\$ 11,052	6%
Service Coordination	\$ 60,000	\$ -	\$ -	\$ -	0%
Sub-acute Services	\$ 50,000	\$ -	\$ 17,600	\$ 17,600	35% <sup>1</sup>
Evidence Based Treatment	\$ 1,355,000	\$ 22,575	\$ 28,979	\$ 51,554	4%
Mandated	\$ 1,000,000	\$ 63,168	\$ 75,997	\$ 139,165	14%
<b>Additional Core</b>					
Justice System Involved Services	\$ 447,000	\$ 7,846	\$ 48,617	\$ 56,463	13%
Evidence Based Treatment	\$ 105,000	\$ 11,456	\$ 12,300	\$ 23,756	23% <sup>2</sup>
Other Informational Services	\$ 96,722	\$ 1,745	\$ 8,687	\$ 10,432	11%
Essential Community Living Support Services	\$ 4,013,200	\$ 322,094	\$ 302,307	\$ 624,401	16%
Other Congregate Services	\$ 2,500,000	\$ 209,534	\$ 191,917	\$ 401,451	16%
Administration	\$ 1,500,000	\$ 228,869	\$ 96,442	\$ 325,311	22% <sup>3</sup>
County Provided Case Management	\$ 212,600	\$ 18,652	\$ 15,502	\$ 34,154	16%
<b>Total Expenditures</b>	<b>\$ 18,625,322</b>	<b>\$ 1,157,138</b>	<b>\$ 1,037,975</b>	<b>\$ 2,195,114</b>	<b>12%</b>

September 2019 Claims	
9/3/2019	\$38,225.01
9/10/2019	\$455,675.71
9/17/2019	\$289,578.08
9/24/2019	\$171,046.22
<b>TOTAL</b>	<b>\$954,525.02</b>

Ending Cash Balance 9/30/2019	<b>\$6,675,529.17</b>
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1 Non-Medicaid funded individuals needing sub-acute  
 2 More social support access than we had anticipated  
 3 CSN dues for the year paid in July. This is over half of the monthly expenditure.

Last 3 Months' Per Capita Annualized Expenditure Rate:	\$ 29.23
Year-to-Date Per Capita Annualized Expenditure Rate:	\$ 28.77