

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: October 17, 2019
Re: County Social Services Board Meeting
Date: Wednesday, October 23, 2019
Time: 10:00 A.M.

Place: **Please participate by:**

1. Joining us at Floyd County, Charles City Public Library, 106 Milwaukee St., Charles City, Iowa.
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.

9:00 AM Finance Committee

1. Review monthly summary report
2. Review ETP report
3. Review MHDS per capita expenditures for FY19/discuss FY21 levy
4. Occupancy reimbursement options.

10:00 AM County Social Services Board Meeting and Legislative Forum Agenda

1. Call County Social Services Board Meeting to order
2. Introductions and welcome by host. Director Schwickerath
3. Approve today's agenda and the minutes of September 25, 2019
4. Legislative Forum
 - a. Presentation of CSS legislative priorities
 - i. Legislation to have one Mental Health and Disability Services Per Capita Levy Cap across all MHDS Regions (\$37.00 is the current average cap).
 - ii. Legislation to allocate enough funding as recommended by the Department of Human Services to make the mandated 22 Assertive Community Treatment Teams sustainable and able to maintain fidelity without MHDS Region subsidy. (fiscal impact, approx. \$1 M)
 - iii. Legislation to allocate enough funding for YourLife Iowa (the mandated state-wide 24/7 Crisis Line) to dispatch mobile crisis response and be a 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. Fiscal impact approx. \$1 M))
 - iv. 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 may result in them not being contiguous.
 - b. Other questions/ comments from CSS Board
 - c. Other questions/comments from legislators.
 - d. Public comment/questions (limit to 2 minutes)
5. Review and consideration of Children's Mental Health Implementation Action Plan. Discussion/Action
6. Provider feedback-Marcia Oltrogee
7. Consumer feedback-Janel Clarke

Human Resources- HR Committee

8. HR Committee is recommending Ahlers & Cooney PC, Attorneys at Law, 100 Court Avenue, Suite 600, Des Moines, Iowa 50309-2231 for labor and employment services on a fee for service basis of \$225 per hour in increments of 1/10 an hour. Discussion/Action
9. Proposed resolution for member counties transitioning to one employer. Discussion/Action

10. The HR Committee is recommending the following for CSS as employer of record: PTO accrues on the first day of employment but cannot be used during the first 90 days. Employees are allowed up to \$2,700 in their annual cafeteria flex plan and a \$500 carry over between plan years. Health insurance eligibility for new hires will begin the first of the month following 30 days of employment. Discussion/Action

Programs

11. The Mobile Response Selection Committee has reviewed the RFPs and is recommending that the Board move forward to contract with Season's Center for services in Emmet County and Berryhill Community Mental Health Center for services in Kossuth, Humboldt, Pocahontas, Wright and Webster Counties. Discussion/Action
12. ISTART is having their kick-off program for the East Central Region MHDS next month. They are requesting an allocation not to exceed \$2,000 which will be covered by the program fees billed to ECR. Discussion/Action
13. Scenic Acres is requesting support for a 5-bedroom home in Garnavillo. Discussion/Action

Organizations

14. Allocation request. Discussion/Action
15. Worth County has resubmitted their intent to leave CSS. They are under the DHS Director's orders to remain in CSS until accepted by another contiguous MHDS region. Discussion/Action
16. Monthly Summary Report. Discussion/Action Finance Committee
17. 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
18. 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
19. General Assistance integration with MHDS following transition to one employer. Executive Committee is recommending that general assistance, currently provided by CSS staff, continue following the transition January 1, 2020. Discussion/Action

Consent Agenda

20. Authorize Chair to sign provider agreements and rate requests. Discussion/Action
 - a. Berryhill Community Mental Health Center
 - b. Champion State of Mind
 - c. Lifeworks Community Services
 - d. Neuro RehabCare
 - e. Youth & Shelter Services
 - f. Scenic Acres
 21. Exception to Policy Report. Discussion/Action
 22. Administrator's Updates: Annual Stakeholder Meeting, SBCM Kick-Off January 22, 2020
 23. Adjourn
- Annual Stakeholder Conference:** Wednesday, November 20, 2019, 10:00 AM Community Center, Grundy Center, Grundy County
- Next CSS Board Meeting (Levy):** Wednesday, December 4, 10:00 AM Hancock County

September 2019 County Social Services Board Minutes

The September County Social Services Board Meeting was held in Fayette County at the Hawkeye Community Hall on Wednesday, September 25, 2019 at 10:00 A.M.

Present: Dennis Koenig, Allamakee; Craig White, Black Hawk; Greg Barnett, Butler; Chris Watts, Cerro Gordo; Jacob Hackman, Chickasaw; John Pluth, Emmett; Jeanine Tellin, Fayette; Roy Schwickerath, Floyd; Jim Ross, Grundy; Gary Rayhons, Hancock; Pat Murray, Howard; Sandy Loney, Humboldt via phone; Donnie Loss, Kossuth via phone; Barb Francis, Mitchell; Clarence Siepker, Pocahontas; Larry Vest, Tama; Mark Campbell, Webster; Bill Jensvold, Winnebago; John Logston (alternate), Winneshiek; Ken Abrams, Worth; Karl Helgevoid, Wright via phone.

Absent: Sharon Keehner, Clayton;

Guest: Sheri Vierkant, Kayleen Dunt, Charity Anfinson, Karen Dowell, Shirley Christenson, Michelle Meyer, Jackie Bailey, Sandy Mireles, Steve Weidner, Alison Hauser, Heather Curtis, Bob Lincoln, Lisa Trainer

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

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

1. Chair Tellin called County Social Services Board Meeting to order.
2. Introductions and welcome was done by host Chair Tellin.
3. Motion by Siepker, Pocahontas and second by Francis, Mitchell to approve today's agend and approval of minutes from July 24, 2019 and September 10, 2019 with change from July 24, 2019 minutes for Item #7 Pocahontas was present and Voted Yes.
4. There was no Provider Feedback.
5. There was no Consumer Feedback.
6. Motion by Hackman, Chickasaw and second by Campbell, Webster to accept Settlement Agreement with Kossuth County contingent to Kossuth County agreeing and Kossuth County has full amount paid in four years. Roll call vote: Motion Carried.

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

7. Motion by Barnett, Butler and second by Abrams, Worth to accept 2018 Annual Independent Audit. Motion carried.
8. Motion by Watts, Cerro Gordo and second by Campbell, Webster to accept ADP payroll project. Motion carried.
9. Motion by Murray, Howard and second by Francis, Mitchell to approve Lynn Phillips as new I-START Clinical Team Lead and opening for new I-START Coordinator position. Motion carried.
10. Motion by Barnett, Butler and second by White, Black Hawk to approve hiring Shanda Peshel for I-START Coordinator Position at the rate of \$20.00 an hour effective September 23, 2019. Howard County will be her Employer of Record. Motion carried.
11. Discussion on North Iowa Juvenile Detention Services UH Claims.
12. Discussion on Prairie View's "road to community" initiative.
13. Discussion on Children's Mental Health Implementation Action Plan.
14. Motion by Hackman, Chickasaw and second by Siepker, Pocahontas to approve Monthly Summary Report as presented. Motion carried.
15. Motion by Barnett, Butler and second by Abrams, Worth to table until more information is available on CSS opening office in Hancock County. Motion carried.

16. Motion by Vest, Tama and second by Francis, Mitchell tot table until more information is available on CSS opening office in Clayton County. Motion carried.
17. Discussion on General Assistance integration with MHDS following transition to one employer.
18. Motion by White, Black Hawk and second by Schwickerath, Floyd to approve Annual Stakeholder meeting with keynote speaker not to exceed \$2,000. Motion carried.
19. Motion by Ashbacher, Winneshiek and second by Murray, Howard to approve inviting legislators to October CSS Meeting for discussions on unfunded mandates. Motion carried.
20. Motion by Schwickerath, Floyd and second by Murray, Howard to approve Exception to Policy for Client #21298 (Scenic Acres). Motion carried.
21. Motion by Hackman, Chickasaw and second by Koenig, Allamakee to authorize Chair to sign Provider Rate Sheet. Motion carried.
 - a. Liberty Square, LLC DBA Spring Harbor
22. Motion by Francis, Mitchell and second by Pluth, Emmet to authorize Chair to sign Provider Agreements. Motion carried.
 - a. The Spectrum Network
 - b. Lutheran Services in Iowa
23. Motion by Hackman, Chickasaw and second by White, Black Hawk to approve Exception to Policy Report. Motion carried.
24. Administrator's Updates:
25. Motion by Watts, Cerro Gordo and second by Koenig, Allamakee to adjourn. Next CSS Board Meeting will be Wednesday, October 23, 2019, 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.

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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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, DHS, 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>
	<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></p>

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"> • <i>Updating purpose, goals and objectives of entering into the agreement.</i> • <i>Regional governing board membership.</i> • <i>Formation of children's behavioral health services advisory committee.</i> • <i>Functions and responsibilities of CEO and regional children's behavioral health services staff.</i>
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"> • <i>Application and enrollment procedures including diagnostic and financial eligibility (including copayments) for children requesting behavioral health services.</i> • <i>Changes in the information technology and data management system to incorporate children.</i> • <i>Addition of "education" to performance and outcome measures for targeted case management and service coordination services.</i> • <i>Review and update regional waiting list policy.</i>
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"> • <i>Identify the local access points for the children's behavioral health services.</i> • <i>Identify service coordination entities for the children seeking services regardless of funding source.</i> • <i>Identify Regional children's behavioral health core services and planned implementation timeframes.</i> • <i>Identify and budget for required core children's behavioral health services</i> • <i>Identify the children's behavioral health services provider network.</i> 	

Provider Update
October 2019

I have heard from several providers concerning the on going issues with the Medicaid providers chosen by Iowa to manage services. I wanted to update the Board since this directly impacts the residents of the region.

1. Not authorizing community support services though a psychiatrist has recommended they continue. Community Support Services are one on one support to SMI who are living in the community to maintain the lowest level of care. This is a medical driven service and is overseen by the psychiatric provider. MCOs are overriding the prescribers orders and not authorizing. Without support individuals may end up hospitalized or in a long term care facility. CSS recognizes and pays for this level of support for individuals who do not qualify for Medicaid.
2. Denying medications on the IOWA PDL medication list as preferred. This results in peer to peer reviews on denials or appeals resulting in clients not getting medications timely or having to be switched to medications they have failed on before. It is also taking unpaid agency time to appeal these decisions.
3. MCOs are taking more time and effort to submit prior authorizations, appeal, and other paperwork. This directly impacts time spend on services and the ability to be paid for the time. Billing time has increased significantly as payments are inaccurate and have to be resubmitted.
4. Providers are not being paid or paid inaccurately. This has created cash flow problems. One of the MCOs is offering hardship loans to cover agency expenses until they are able to get their system paying correctly. That alone speaks volumes about the current chaos. It is similar to what small providers experienced in the past and may used up any cash reserves to get through the first rollout of managed care.

We have been hearing lots about the dangers of vaping and its impact on Iowans. I have included a link to some basic information about vaping with links for additional information within the site. I believe this is going to be a major concern in the next year and wanted to make sure you had some resources and education about the issues. This link is to Des Moines University site.

<https://www.dmu.edu/dose/2019/10/a-public-health-perspective-on-vaping-e-cigarettes-and-the-acute-lung-injury-outbreak/?fbclid=IwAR2IC2p2Ycbb6zlfwIUovQARUFtGOHSZoigdn0F3VDSNlcwYtBZoL LN8Q0>

I am unable to attend today's meeting. I am at a meeting in Des Moines to discuss payment and rates for the safety net providers in Iowa. CMHC rates were last increased 7/1/2014 and SUD providers have not had a rate for an even longer period of time. Safety net providers spend lots of unreimbursed time ensuring the residents of our region have their behavioral health needs met.

Marcia Oltrogge

Provider Representative Report

The last year has been one of frustration for many providers as they adjust to changes and challenges within the managed care system. As the provider representative I have tried to keep the CSS Board up to date on the issues. Losing providers directly impacts each county and their residents.

We have seen a huge push for increased integrated services. IDPH launched a new Integrated Provider Network (IPN) to not only provide substance use disorder treatment but also integrated prevention, gambling, and increased co-occurring treatment for each contracted agency. Though CSS is not mandated to provide SUD, Prevention or Gambling, I have tried to keep the Board abreast of these changes. When we look at the whole health of a person we need to make sure all needs are being addressed or quality of life continues to be impacted. Increased collaboration makes sense for the individual receiving services and the region.

I have been able to bring agency specific issues to CSS administration to help facilitate communication and resolution. I email all CSS contracted providers prior to monthly meetings for feedback, issues, concerns, program changes or positives they have had happen in the last month.

Providers have had the opportunity to showcase their programs through short presentations to keep the Board up to date about services in the region.

MEMO

To: CSS Member Counties
From: Bob Lincoln, CEO
Date: October 23, 2019

Re: Resolution to Transition CSS to One Employer

WHEREAS, the County Social Services Mental Health and Disability Services (CSS) Region Board of Directors decide to consolidate into one employer of record January 1, 2020,

WHEREAS, _____ County is a member of the County Social Services Intergovernmental Agreement (28E) Section II Purposes, ... joint venture between counties established for the following reasons:

- (a) To efficiently and effectively provide the Mental Health & Disability Services mandated under sections 331.388 through 331.398 of the 2013 Code of Iowa for member counties. CSS may also provide other social services including but not limited to Medicaid Targeted Case Management, general assistance, children services, substance abuse services and any county funded social service program or county function as contracted from member counties.
- (b) To cooperate with local, state and federal human services agencies in providing an equitable social service safety net for individuals adversely impacted by disabilities across the region.
- (c) To engage such employees and to provide offices, equipment, machinery, buildings and grounds as are necessary to adequately perform the functions of CSS.
- (d) To contract with member cities, towns, counties, public or private persons, state agencies, firms and/or corporations for the provision of social services.
- (e) To collect payment for such services.
- (f) To receive and expend State, Federal, local and private grants and other monies which may be made available to the extent permissible under applicable State and Federal laws and under the rules hereinafter set forth, and as provided by bylaws pursuant hereto.
- (g) To engage in any other related activity in which an Iowa 28E organization may lawfully engage.

WHEREAS, the County Social Services Intergovernmental Agreement (28E) Section III Organization (j), d, viii. Employ or contract with persons or entities (including contracting with member counties for member county employees to provide services to County Social Services) to staff the needs of County Social Services; however, the terms of all employment or contracts for staff shall be approved by the County Social Services Board.

WHEREAS, _____ County has purchased assets from fund 10 for CSS use,

THEREFORE, _____ County will transfer employment of _____ to the County Social Services 28E organization of which _____ County is a member on January 1, 2020.

_____ County will transfer all furniture, equipment, and office supplies currently in designated CSS offices.

_____ County will transfer vehicle VIN _____ to County Social Services January 1, 2020.



To: County Social Services Board

Re: Mobile Crisis Response Recommendation Letter

Date: 10/18/2019

The Mobile Crisis Response selection committee members reached a consensus and recommends that the CSS Board move forward with the contracting process for both Season's Center and Unity Point Health- Berryhill to provide Mobile Crisis Response Services within the designated areas specified in each of their Request for Proposals. Season's Center has indicated they would like to provide Mobile Crisis Response services within Emmet County and Unity Point Health-Berryhill has indicated they would like to provide Mobile Crisis Response services within Webster, Humboldt, Pocahontas, Kossuth, and Wright counties.

Mobile Crisis Response is identified as an intensive mental health core service identified in HF2456 and is outlined in the Iowa Administrative Rule Chapter 441-25.3(2). Intensive mental health core services are to be available by July 1, 2021.

The selection committee agreed both Season's Center and Unity Point Health- Berryhill met the requirements and have the ability and competencies to provide Mobile Crisis Response services.

Sincerely,

Mobile Crisis Response Selection Committee Members

Mobile Response Selection Committee Report

10/18/2019

Selection Committee Members: Megan Taets, CSS & Chairperson of committee; Jamie Schriever, CSS; Brittany Baker, CSS; Roy Schwickerath, Floyd County BOS/CSS Board member; Donna Kitrick, Waterloo Schools; Janel Clarke, consumer representative- did not participate

Mobile Crisis Response Services provide on-site, in person interventions for individuals experiencing a mental health crisis. The purpose of 24-hour crisis response is to provide access to crisis screening and assessment to de-escalate and stabilize the crisis. Crisis Response staff link individuals of all ages to appropriate mental health services through all available resources to increase community capacity by allowing individuals to continue living in their own home with the least amount of displacement possible. Mobile Crisis Response services can provide individuals with a person-centered crisis plan that identifies supports and resources they can access to assist with managing their mental health.

County Social Service plans to facilitate the implementation of Mobile Crisis Response services throughout the entire CSS Region. CSS will entertain and coordinate implementation by multiple providers within the designated catchment area that accomplishes regional coverage. There must be an expert agency responsible for coordination, implementation, and outcome measures of fidelity.

Two Request for Proposals were submitted. The Selection Committee met on Tuesday October 8th, 2019 at 1:00pm at the CSS Black Hawk County office and reviewed the 2 RFP's that were submitted. Clarifications from the committee were asked by both provider agencies via email. After receiving clarifications from both providers, a second selection committee meeting was held on October 15, 2019 at 11:15am via conference call. The Selection Committee reviewed the clarifications submitted and completed their RFP Evaluation Forms and submitted them to the Chairperson.

It is the recommendation of the Mobile Crisis Response selection committee to request the CSS Board approve the RFP submissions and move forward to contract with both Season's Center and Unity Point Health- Berryhill to provide Mobile Crisis Response services within the designated areas stated in their proposals within the CSS MHDS Region. The selection committee reached consensus that both provider agencies appear to have the ability and background to provide this crisis service and have made commitments to work collaboratively to provide Mobile Crisis Response services throughout the CSS West Quadrant.

We are aware of the low Medicaid reimbursement rate for this service and because of this recognize the financial impact this will have on CSS. The committee is hopeful that the Medicaid reimbursement rate will be reviewed based on population, need for the service, and cost associated with providing the service in the future. The committee feels this is a much-needed service to have available to reduce the number of inpatient hospitalizations and to bring crisis services and resources to individuals within their community.

Cash Summary Report
 For Period Ending 9/30/2019
 YTD 25%

Revenue	Budget	Prior Month	Current Month	YTD	% YTD
Property Tax/Fund Bal Transfer	\$ 16,435,220	\$ -	\$ -	\$ 45,000	0%
Medicaid Reimbursement (TCM)	\$ 212,600	\$ 21,899	\$ 18,992	\$ 66,824	31%
I-START	\$ 100,000	\$ -	\$ -	\$ 20,661	21%
Misc.	\$ 497,000	\$ 159,544	\$ 8,264	\$ 297,546	60%
Total Revenue	\$ 17,244,820	\$ 181,444	\$ 27,256	\$ 430,031	2%

Domain					
Core					
Treatment	\$ 1,170,000	\$ 39,638	\$ 24,620	\$ 124,660	11%
Crisis Services	\$ 2,661,000	\$ 40,619	\$ 40,997	\$ 87,249	3%
Support for Community Living	\$ 2,624,800	\$ 120,906	\$ 120,236	\$ 399,863	15%
Support for Employment	\$ 650,000	\$ 32,635	\$ 33,012	\$ 106,867	16%
Recovery Services	\$ 180,000	\$ 5,831	\$ 2,622	\$ 13,674	8%
Service Coordination	\$ 60,000	\$ -	\$ -	\$ -	0%
Sub-acute Services	\$ 50,000	\$ 17,600	\$ 15,600	\$ 33,200	66% ¹
Evidence Based Treatment	\$ 1,355,000	\$ 28,979	\$ 26,966	\$ 78,520	6%
Mandated	\$ 1,000,000	\$ 75,997	\$ 64,934	\$ 204,099	20%
Additional Core					
Justice System Involved Services	\$ 447,000	\$ 48,617	\$ 28,589	\$ 85,052	19%
Evidence Based Treatment	\$ 105,000	\$ 12,300	\$ 11,820	\$ 35,576	34% ²
Other Informational Services	\$ 96,722	\$ 8,687	\$ 1,862	\$ 12,294	13%
Essential Community Living Support Services	\$ 4,013,200	\$ 302,307	\$ 289,112	\$ 913,513	23%
Other Congregate Services	\$ 2,500,000	\$ 191,917	\$ 195,791	\$ 597,241	24%
Administration	\$ 1,500,000	\$ 96,442	\$ 81,356	\$ 406,667	27% ³
County Provided Case Mangement	\$ 212,600	\$ 15,502	\$ 17,008	\$ 51,162	24%
Total Expenditures	\$ 18,625,322	\$ 1,037,975	\$ 954,525	\$ 3,149,639	17%

October 2019 Claims	
10/1/2019	\$481,873.90
10/8/2019	\$128,869.55
10/15/2019	\$305,046.69
10/22/2019	\$235,453.80
TOTAL	\$1,151,243.94

Ending Cash Balance 10/31/19	\$5,550,181.41
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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.

Year-to-Date Per Capita Annualized Expenditure Rate: \$ 27.52

**Mental Health Disability Service Regions
Annual Expenditures by Per Capita**

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Regions	FY15	FY18	FY19	Population
Northwest Iowa Care Connections	30.30	29.05	25.97	74,461
County Social Services	43.65	45.16	29.00	460,208
Heart of Iowa	25.84	32.33	31.94	100,819
Southeast Iowa Link	42.60	34.65	32.45	163,030
East Central Iowa	36.51	28.01	33.97	590,533
Southwest Iowa	45.51	32.05	34.62	189,124
Rolling Hills	42.79	35.48	35.59	95,924
Central Iowa Community Services	35.50	30.74	35.94	336,197
Southern Hills	41.03	36.63	36.76	29,764
Eastern Iowa	30.78	32.23	42.83	300,308
Polk	30.87	46.99	44.25	474,045
South Central Behavioral Health	47.28	41.03	53.65	78,485
County Rural Offices of Social Services	39.13	38.36	55.13	78,676
Sioux Rivers	30.49			