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: February 24, 2020

Re: County Social Services Board Meeting
Date: Wednesday, February 26, 2020
Time: 10:00 AM

Place: **Please participate by:**

1. Joining us in Mason City at the Iowa State Patrol Office, 4425 S. Washington Ave., Mason City, IA 50401
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.

No Finance Committee

10:00 AM County Social Services Board Meeting Agenda

1. Call County Social Services Board Meeting to order
2. Welcome and introductions.
3. Provider feedback-Marcia Oltrogee
4. Consumer feedback-Eric Donat

Human Resources- HR Committee

5. The HR and Executive Committee are recommending a 3% across the board increase for CSS team members effective July 1, 2020. Discussion/Action
6. The I-START Program continues to expand services into the East Central Region and is requesting approval of following staff hiring and promotion.
    a. Emma Hall, Coordinator, starting wage $20/hour effective 2/10/2020 in our Cerro Gordo Office.
    b. Jodi Lehman, Coordinator, starting wage $20/hour effective 2/10/20202 in Humboldt Office.
    c. Morgan Dettbarn is promoted to West Clinical Team Lead at annual salary of $52,000 effective 2/23/2020.
7. The HR Committee is presenting the employee handbook for approval to be effective January 1, 2020. Discussion/Action
8. The HR Committee is presenting Megan Taets for promotion to Training and Development Specialist. This would expand her duties to include human resources management for CSS at a salary of $75,000 effective February 27, 2020. Discussion/Action

Programs

9. Presentation of Access Center Program. Discussion/Action
10. Presentation of proposal to develop an Emergency Crisis Response Program for the South Quad. Discussion/Action
11. Restructure of Substitute Decision Making Program. Discussion/Action

Organizations

12. Presentation of transition plan for Worth, Winnebago and Kossuth. Discussion/Action
13. County Social Services is moving off local county IT networks and support and moving onto our own County Social Services network and IT platform. This requires investment in equipment and labor. At the same time, we are upgrading all computers that are running on Windows 7 Operating System, as Microsoft ceased support of Windows 7 in January. This makes our computers vulnerable. Next Generation Technologies has estimated this project to cost approximately $138,000. Discussion/Action.
14. As County Social Services assumes full responsibility for our own IT and network, NGT will need to manage all CSS devices and accounts on this network. This includes user devices such as phones, laptops, desktops, tablets, printers and any related user accounts. CSS would like to offer this service to all Mental Health Advocates in our region. If they do not move to the CSS network, they will lose CSS e-mail, cell phones, computer support and networking/printing capabilities in our offices. This would require that the advocate position fall under the supervision of CSS. Discussion/Action.
15. The ISAC Board of Directors have changed from Kingston to Group Benefits Partners with new rates for FY21. Discussion/Action

16. The Training Committee is recommending approval for conference and travel of expenses for:
    a. I-START Annual Conference in Austin Texas, May 3-6 for Emily Smith; Tiffany Liska; Lynn Phillips; Olivia Ayers and Bob Lincoln at a cost of $7,000
    b. MHFA Instructors Summit in Austin Texas, April 3-5 for Bob Lincoln at a cost of $500.
17. IMWCA Resolution Discussion/Action
18. Presentation of conference furniture quote for the Cerro Gordo CSS Office. Discussion/Action
19. Webster County Attorney's Freedom of Information Request for Webster specific data. Discussion/Action
20. Monthly Summary Report and claims approval. Discussion/Action

Consent Agenda

21. Authorize Chair to sign provider agreements and rate requests. Discussion/Action
    a. Floyd County Public Health
    b. Exceptional Opportunities
22. Exception to Policy Report. Discussion/Action
23. CEO's Updates: Invest in Iowans
24. Adjourn **Next CSS Board Meeting:** Wednesday, March 25, 10:00 AM, CSS Office, 525 9th Street, Suite 3, Mason City, Iowa

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Provider Update

The legislature is in session. The initial steps to secure sustainable funding for the behavioral health services is being discussed via the Invest in Iowa Act that Governor Reynolds has proposed. Stable reimbursement affects services, individuals, providers, funders and tax payers. We need a system that covers all stages of a person's life and promotes wellness and recovery. Regions want to maintain or expand services and lack of funding and short falls threaten continuation of services

I am handing out a flyer of the current safety net behavioral health providers.

There has been discussion at the federal level about initiatives and flexibility with Medicaid dollars. Though we haven't heard that Iowa is looking t changing the current program there is no guarantee. If individuals in Iowa are dis-enrolled they may end up being CSS clients for services in the future. Please consider this as the region looks at expanding non core services.

Agencies continue to struggle with the Medicaid program. The toll is not only financial but also emotional as providers have to resubmit, advocate and deal with uncertainty around revenue and sustainability.

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County Social Services
Human Resources Manager/Quality Improvement &Program Development Coordinator
Job Description

Position Title:	HumanResourceManager/QualityImprovement&ProgramDevelopment Coordinator
Reports to:	Chief Operating Officer
Location:	CSS MHDS Region
FLSA:	Exempt
Shift:	As needed to meet the obligations of the position.
Salary Range:	$60,000-$75,000
Legal Reference:	Iowa Code Chapter 331 Section 390 (3) (b)
Date:	March 2020

Position Summary:
The Human Resource Manager will oversee the organization's daily administrative functions. These include planning, coordinating, and directing activities such as staffing, strategic planning, and dealing with employee questions and concerns. The HR Manager/Director is the liason between upper management and all other employees, playing an important role in building and maintaining company culture through the hiring process and employee relations.
The Quality Improvement and Program Development Coordinator is responsible for developing, implementing, and maintaining strategies for continuous quality improvement, program development strategies, utilization review, and outcomes achievement within the Region.

Principles of Human Resources:
1. Strategic Management
2. Workforce Planning and Employment (recruitment and selection)
3. Human Resource Development (training and development)
4. Total Rewards (compensation and benefits)
5. Employee and Labor Relations
6. Risk Managment

Essential Duties and Responsibilities:
- *Managing the staffing process including: recuiting, interviewing, hiring, and onboarding*
- *Ensuring job descriptions are up to date and compliant with all local, state, and federal regulations*
- *Develop training materials and performance management programs to help ensure employees understand their job responsibilities*
- *Create a compensation strategy for all employees based on market research and pay surveys; keeps the strategy up to date*
- *Investigate employee issues and conflicts and bring them to resolution*
- *Ensure the organization's compliance with local, state, and federal employment regulations*
- *Continuing Education: Human Resources Training*
- *Leads the development of new program planning to meet community needs and access standards including evaluation and reporting procedures*
- *Monitors and evaluates current programs, both region provided and region funded to determine their effectiveness and initiates continuous quality improvement when necessary.*
- *Leads the Utilization Review team to ensure individuals are receiving medically necessary services.*
- *Assures the region's compliance with state and federal laws and regulations (HIPAA,confidentiality, etc)*
- *Assists the Chief Operating Officer in maintaining CSS Policies and Procedures Manual, revising and updating policies as needed.*
- *Other duties as assigned*

Supervisory Responsibilities:

- Administrative and functional supervision is exercised over the Utilization Review team and any assigned Administrative support staff.

Supervision Received:

Supervision is received from the Chief Operating Officer (COO) who will at a minimum assess performance annually and report to the Chief Executive Officer (CEO).

Qualifications:

- Bachelor's degree or higher in a human services-related or administrative-related field, including but not limited to social work, psychology, nursing, or public or business administration from an accreditied college or university. Two (2) years of experience working with individuals with mental illness/chronic mental illness, intellectual disabilities/developmental disabilities, and/or brain injuries.
    - Bachelor's degree in human resources, labor relations, organizational development, business or related area; relevant work experience may be a substitute
- Effective verbal and written communication skills
- Demonstrated proficiency in Microsoft Office
- Experience with human resources information system used by this agency
- Knowledge of a broad range of human resource strategies and practices, including compensation, performance management, safety, hiring and employee relations; able to apply these strategies and practices in compliance with employment regulations
- Ability to create a culture of diversity, inclusivity, collaboration and teamwork
- Experience with analyzing data to guide strategic employment planning
- Thorough knowledge of local, state and federal laws/regulations pertaining to employment
- Ability to render independent and appropriate judgment and decisions.
- Ability to represent County Social Services in a professional manner.
- Ability to interact and deal effectively with staff, service managers, associates, professionals, and the general public.
- Must possess a valid Iowa driver's license and be insurable under County guidelines.

(Note: The requirements and duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related to, or a logical assignment of the position.)

Language Skills:

Must be welcoming and positive in contacts with others. Must have strong writing skills and the ability to communicate complex assessments and diagnose social service needs both verbally and in writing.

Reasoning Ability:

Must be able to assess multiple complex disability needs and determine effective supports and interventions to aleviate or manage those needs. Must have the ability to apply common sense to solve problems and achieve work objections, and have the ability to recognize work situations that require special attention.

Certificates, Licenses, Registrations:

Original proof of credentials by diploma, license, and transcripts is required. Must clear criminal background, abuse registry, and Medicaid fraud checks for consideration of this position.

WORK ENVIRONMENT AND PHYSICAL DEMANDS:

The work environment and physical demand characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Position requires frequent interaction with clients, potential clients, outside agencies, and other region employees
- Position requires frequent exposure to stressful situations
- Work is performed primarily indoors
- Position requires frequent use of hands/fingers

County Social Services is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, CSS will provide reasonable accommodations to qualified individuals with disabilities and encourages prospective employees and incumbents to discuss potential accommodations with the employer. CSS has adopted a policy in compliance with the 2008 Smokefree Air Act.

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6 ACCESS CENTER

Access Centers are a concept developed by the Complex Service Needs Workgroup that submitted their work to the Governor and General Assembly on December 15, 2017 and became law with the bipartisan passage of House File 2456 on March 29, 2018.

Access Centers are a place or **point of entry into brain health services that are able to coordinate** the 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.

The concept of Access Centers grew out of the frustration of law enforcement, rural hospitals, community providers and individuals who got stuck in emergency rooms for hours sometimes days. Individuals would often be transported across the state to the first available psychiatric inpatient bed or would experience symptom escalation that put them at risk for arrest and incarceration.

CSS launched the concept of an access center in February 2012 with the opening of the Adult Crisis Stabilization Center (ACSC) in Waterloo. The ACSC was the product of community leaders coming together to identify and address the need for a more welcoming access point for brain health interventions that did not involve emergency rooms or jail.

CSS extended the access center initiative to Fort Dodge on June 2013 by using the existing ambulatory detox unit of Community and Family Resources (CFR). This unit was able to provide crisis stabilization residential services for individuals in a mental health crisis with reimbursement from CSS. This unit is especially effective at serving the common co-occurrence of substance use disorder and mental illness.

CFR brought a long history of best practice interventions for individuals living with substance use disorders by providing medically monitored detox services integrated with a full array of recovery supports reducing the use of the court system.

CSS modeled Access Centers after the Mental Health Crisis Center of Lancaster County located in Lincoln, Nebraska that was established in 1988 to serve a region of similar in size to CSS. CSS also learned from the Restoration Center in San Antonio, Texas which opened in 2008.

The San Antonio community was faced with overflow of their jail. The choice of the community was to build another jail or do something different to meet the needs of individuals in crisis and

return them to their community. Today they are managing and serving their community without another jail.

Access Centers are central to the CSS mission of expanding community capacity to meet the needs of individuals closer to home.

6.1 Designated Access Centers

IAC 441-25.3(2) Regions shall implement the following intensive mental health core services on or before July 1, 2021, provided that federal matching funds are available under the Iowa health and wellness plan pursuant to Iowa Code chapter 249N:Access centers.

IAC 441-25.4(2) Crisis services shall be available 24 hours per day, 7 days per week, 365 days per year for mental health and disability-related emergencies. A region may make arrangements with one or more other regions to meet the required access standards.

IAC 441-25.4(9) b. *Access centers.*

(1) A minimum of six access centers shall be operational statewide.

(2) An access center shall be located within 120 miles of the residence of the individual or be available within 120 minutes from the time of the determination that the individual needs access center services.

IAR 441-25.6(1) a. *Regional coordination.* Each region shall designate at least one access center provider and ensure that access center services are available to the residents of the region consistent with subrule 25.4(9).

CSS hereby designates Adult Crisis Stabilization Center (ACSC) the CSS East Access Center for the following counties:

Adult Crisis Stabilization Center (ACSC)
1440 W. Dunkerton Rd., Waterloo, Iowa
319-291-2464

Serving: Allamakee; Black Hawk; Butler; Cerro Gordo; Chickasaw; Clayton; Fayette; Floyd; Grundy; Howard; Mitchell; Tama; Winneshiek Counties

The ACSC will launch full Access Center function on March 1, 2020 for Black Hawk County and the remainder of the catchment area by June 1, 2020.

County Social Services hereby designates Community and Family Resources (CFR) the CSS West Access Center for the following counties:

Community and Family Resources (CFR)
211 Ave. M West, Fort Dodge, Iowa 50501
866-801-0085

Serving: Emmet; Hancock; Humboldt; Pocahontas; Webster; Wright Counties

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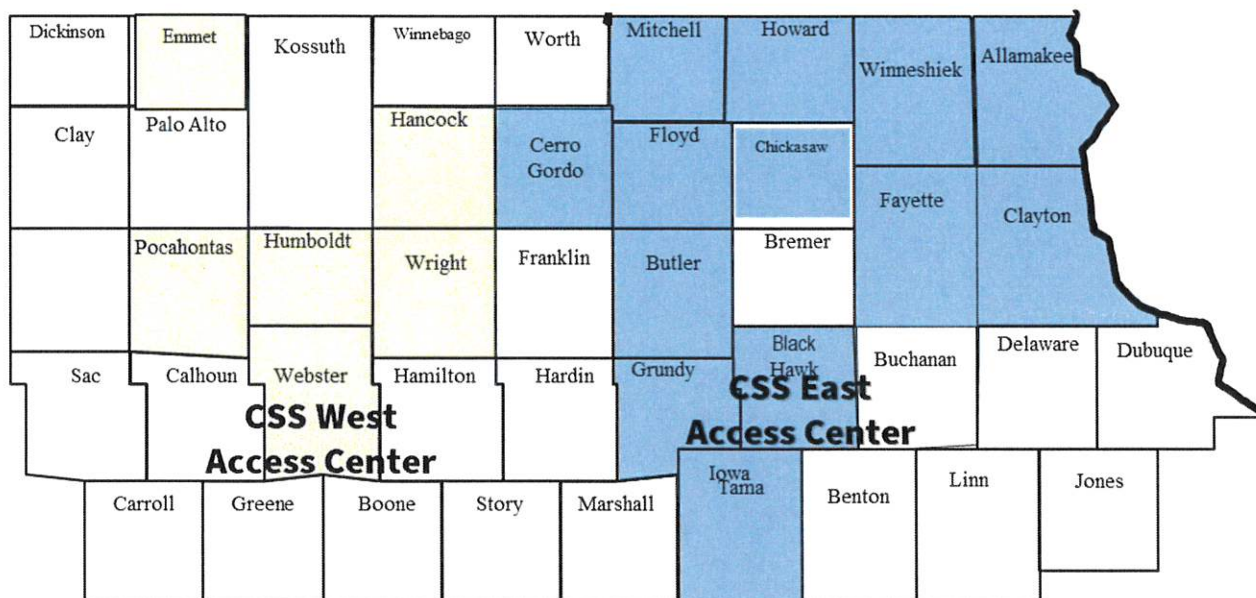
Community and Family Resources (CFR) will launch full Access Center function by July 1, 2020 in collaboration with the launch of Mobile Crisis. CFR, Youth Shelter Care and Berryhill will conduct outreach and education to schools, law enforcement and health care providers.



CSS residents of their catchment area will have no reject, no eject priority over individuals residing outside the region. CSS Board of Directors will negotiate the terms for designation of additional non-CSS member counties with neighboring Mental Health and Disability Services Regions.

6.2 Outcomes

Access Centers are the connector to multiple paths of recovery. Access Centers are the no wrong door to individuals in distress. A place where they will be welcomed. A place where they will be safe. A place where they may get what they need, when they need it, where they need it and how they need it to the greatest extent possible.

The guiding assumption of a successful Access Center is that the better we can meet the brain health needs of an individual in crisis, will reduce the negative impact to the individual and reduce the cost of unnecessary justice involvement and inpatient psychiatric care.

6.2.1 Measures

CSS will measure our success by collecting the following data quarterly (due 30 days after each quarter):

1. Access Centers will use a standard feedback offered to every client using a five star rating: Did you feel welcome?; Did you feel safe?; Did you feel your needs were met?; Do you know who can help you when you leave?; Would you return if you need help in the future? Comments.
2. Access Centers will collect the following data on all admissions:
    a. Unique client ID number.
    b. Admission count i.e. 1-first admit; 2-second admit; 3- third admit
    c. Admission date
    d. Admission time (time when first on-site)
    e. Law enforcement exit time (time when law enforcement is released)
    f. County of residence. (county number)
    g. MHDS Region
    h. Referring entity (see coding key)
    i. Referred from (see coding key)
    j. Last name
    k. First name
    l. Date of birth
    m. Age
    n. Race
    o. Discharged to (see coding key)
    p. Sex
    q. Discharge date
    r. Length of stay in days
    s. Year and Quarter
    t. Psychiatric medication yes or no
    u. Follow up contact date
    v. Assigned care coordinator upon discharge
3. Incident reports involving medical attention, law enforcement or use of restraints.
4. Any DIA, DHS or accreditation reporting, findings or certifications.
5. Third party accounts payable beyond 60 days.
6. Unmet needs identified and unavailable to individuals.

6.2.1.1 *CODING KEY*

Reason for Referral RFR

1. Alcohol Abuse
2. Alcohol Dependence
3. Alcohol Withdrawal Syndrome
4. Alcohol Hallucinosis
5. Anorexia Nervosa
6. Anxiety Disorder
7. Attention Deficit
8. Attention Deficit Hyperactivity Disorder
9. Autism
10. Benzodiazepine Dependence
11. Benzodiazepine Misuse
12. Benzodiazepine Withdrawal
13. Bereavement
14. Bipolar Disorder
15. Bipolar I Disorder
16. Bipolar II Disorder
17. Borderline Intellectual Functioning
18. Borderline Personality Disorder
19. Brief Psychotic Disorder
20. Cannabis Disorder
21. Catatonic Schizophrenia
22. Cocaine Dependence
23. Cocaine Intoxication
24. Depressive Disorder
25. Dissociative Identity Disorder (multi. Personalities)
26. Dysthymia
27. Generalized Anxiety Disorder
28. Loss of Placement
29. Insomnia due to general medical condition
30. Major Depressive Disorder
31. Major Depressive Episode
32. Mental Stress
33. Minor Depressive Disorder
34. Mood Disorder
35. Obsessive Compulsive Disorder
36. Obsessive Compulsive Personality Disorder
38. Panic Disorder
40. Posttraumatic Stress Disorder (PTSD)
41. Schizoaffective Disorder
42. Schizoid Personality Disorder
43. Schizophrenia
44. Seasonal Affective Disorder
45. Sleep Disorder
46. Social Anxiety Disorder
47. Social Phobia
48. Substance Related Disorder
49. Medication Management/Stabilization
50. Suicide Ideations
51. Surgery Recovery
52. Psychotic Disorder
53. Respite Care
54. Deportation
55. Drug Overdose
56. Major Medical Recovery/Condition
57. Intellectual Disability
8. Sexual Abuse Victim
9. Dementia
0. Traumatic Brain Injury
1. Assault Victim
2. Court Committal
3. Obsessive Thoughts (seeing things)

Referred By

1. ER
2. Psych
3. Medical Unit
4. Mental Health Clinic
5. County Social Services
6. Dept. of Corrections
7. Medical Clinic
8. Behavioral Clinic
9. Pathways
10. Private Practice
11. Walk-Ins
12. Cedar Valley Friends of the Family
13. RHD
14. Mental Health Provider
15. Court Committal
16. Well Source
17. Amber Lacina
18. Residential/Care Facility
19. Treatment Facility
20. Other Region
21. ISTART
22. EPI
23. Cedar Valley Community Support Services
24. MCO/Insurance Provider
25. Other

Race

1. Caucasian
2. African American
3. Native American
4. Asian/Hawaiian
5. Other
6. Hispanic/Latina

Discharge Placement (Disc Place)

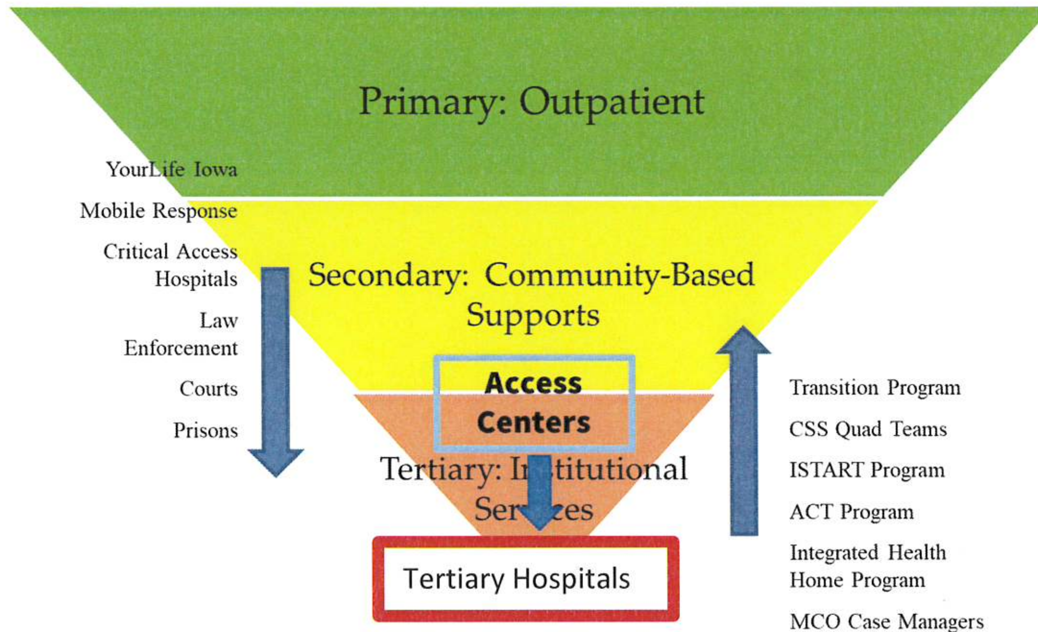
1. ACSC/Rule Violations/Etc.
2. Self- Discharge
3. Home
4. Law Enforcement Involvement
5. Shelter
6. Back to ER
7. Inpatient Psych Eval.
8. Drug/Alcohol Treatment Facility
9. Residential Treatment Facility
10. V.A. Hospital
11. Assisted Living Program
12. Crisis Center (other)
13. Residential Care Facility
14. Family Members Home
15. Friends Home
16. Carry Overs (new Fiscal Year)
17. Nursing Home
18. U. of Iowa Hospital (medical)
19. U. of Iowa Hospital (psych)
20. CVCSS
21. Cedar Valley Friends of the Family
22. NIEMHS

Approved MHDS Regions

1. County Social Services
2. East Central Region
3. Eastern Iowa
4. Southeast Iowa Link
5. South Central Behavioral Health
6. County Rural Office of Soc. Ser.
7. Mid Iowa
8. Polk
9. Southern Hills Regional Men. Health
10. Southwest Iowa
11. Central Iowa Community Ser.
12. Heart of Iowa
13. Sioux Rivers
14. North West Iowa Care Connection
15. Rolling Hills Community Ser.

Systemic Approach

CSS is building a brain health system of care using the paradigm of primary, secondary and tertiary interventions.:



The paradigm demonstrates how the Access Center manages the border into and out of tertiary care. Not just avoiding tertiary care but having access to the resources to return to the community with supports and/or access to outpatient services.

The public health model then takes us a step further by collecting and analyzing data to determine what is lacking in the primary and secondary interventions that may avoid the crisis all together. To paraphrase the parable, "Saving the Babies," we must look upstream to figure out why we must rescue so many babies from the stream.

6.3 Referral

IAC 441-25.6(1)b

(5) An access center shall provide services on a no reject, no eject basis to individuals who meet service eligibility criteria.

(6) An access center shall accept and serve eligible individuals who are court-ordered to participate in mental health or substance use disorder treatment.

(7) An access center shall provide all required services listed in 25.6(1)"d" in a coordinated manner. An access center may provide coordinated services in one or more locations.

c. Eligibility for access center services. To be eligible to receive access center services, an individual shall meet all of the following criteria:

(1) The individual is in need of screening, assessment, services or treatment related to a mental health or substance use crisis.

(2) The individual shows no obvious signs of illness or injury indicating a need for immediate medical attention.

(3) The individual has been determined not to need an inpatient psychiatric hospital level of care.

(4) The individual does not have immediate access to alternative, safe, and effective services.

d. Access center services. An access center shall provide or arrange for the provision of all of the following:

(1) Immediate intake assessment and screening that includes but is not limited to mental and physical health conditions, suicide risk, brain injury, and substance use. A crisis evaluation that includes all required screenings may serve as an intake assessment.

(2) Comprehensive person-centered mental health assessments by appropriately licensed or credentialed professionals, as indicated by the intake assessment.

(3) Comprehensive person-centered substance use disorder assessments by appropriately licensed or credentialed professionals, as indicated by the intake assessment.

(4) Peer support services, as indicated by a comprehensive assessment.

(5) Mental health treatment, as indicated by a comprehensive assessment.

(6) Substance use treatment, as indicated by a comprehensive assessment.

(7) Physical health care services as indicated by a health screening.

(8) Care coordination.

(9) Service navigation and linkage to needed services including housing, employment, shelter services, intellectual and developmental disability services, and brain injury services, with warm handoffs to other service providers.

6.3.1 SCREENING TOOL

Mobile Crisis Initial Screening Tool (MCIST-10)

Name of Individual/ Client: ______________________________ Date of Birth: ____ /____ /______

Person Completing/ Staff: ______________________________Date Completed: ____/____ /____

Screening Item	YES	NO
1. Do you feel suicidal?		
(If YES) Do you have a plan? *Plan:*		
2. Do you feel like hurting yourself or someone else?		
(If YES) Do you have a plan? *Plan:*		
3. Do you have any medical concerns?		
(If YES) Details:		
4. Have you been diagnosed with mental illness?		
(If YES) Details:		
5. Do you use drugs and/ or alcohol?		
(If YES) *What do you use?* *How much?* *When did you last use it?*		
6. Do you need detox care for drug or alcohol use?		
7. Do you have a place to live?		
8. Do you have people nearby who support you?		
9. Do you have medical insurance (private, Medicaid, Medicare)		
10. Do you have any current police or court involvement?		
(If YES) Details:		

6.3.2 Walk-in referrals

Walk-ins to the Access Center are not encouraged. Access Center services must be cost effective and cannot afford dedicated staff for onsite access. They must have as much lead time as possible from referring agencies to organize an effective and timely intake process. If walk-ins present unannounced they will make their best effort to welcome and make the individual comfortable until an intake assessment is possible. Access Centers are not urgent care clinics.

6.3.3 YourLife Iowa Referral (24/7 Crisis LINE) Phone 855-581-8111 Text 855-895-8398

YourLife Iowa crisis line may refer individuals from the identified catchment areas to the respective Access Center based on their screening of the caller. If they refer an individual, they will immediately contact the Access Center or provide a warm handoff by placing them into the call once they believe it does not require an emergency response by 911.

YourLife Iowa will at a minimum provide the Access Center with the information from their screening tools as allowed by HIPPA between covered entities. YourLife Iowa may also dispatch mobile response for further evaluation. YourLife Iowa may also use family members or other resources for possible transportation to the Access Center.

6.3.4 Mobile Crisis Response Referral

A mobile response team responding to a resident of a designated Access Center catchment will call the Access Center as soon as it has been determined the individual may benefit from admission to the Access Center. The mobile response team, at a minimum, will provide the Access Center with the information from the screening tool as allowed by HIPPA between covered entities. The mobile response team will transport individuals to the Access Center and remain at the Access Center to facilitate the intake assessment and collaborate on initial discharge from the Access Center or until there is a successful warm handoff to the individuals designate care coordinator. The mobile response team will be given notice when the individual plans to return home.

A mobile response team may be diverted by the designated Access Center if they are at capacity and another Access Center is better able to serve the individual. If diversion cannot be arranged the designated Access Center must intake the individual.

6.3.5 Critical Access Hospital

The following is a list of CSS Critical Access Hospitals and their availability of 24/7 psychiatric evaluation and assessment supported by CSS:

County	Hospital	Updates
Clayton	Central Community	**LIVE**
Floyd	Floyd County Medical	**LIVE**
Allamakee	Veterans Memorial	**LIVE**
Emmet	Avera Holy Family	Not Interested at this time
Fayette	Palmer Lutheran	**LIVE**
Hancock	Hancock County Health	LIVE
Winneshiek	Winneshiek Medical Center	**LIVE**
Wright	Iowa Specialty- Clarion	**LIVE**
Wright	Iowa Specialty- Belmond	**LIVE**
Chickasaw	Mercy Medical Center- New Hampton	**LIVE**
Clayton	Guttenberg Municipal Hospital	**LIVE**
Fayette	Mercy Hospital- Franciscan Sisters	In Discussion
Grundy	Grundy County Memorial	**LIVE**
Howard	Regional Health Services Howard CO.	Not Interested at this time
Humboldt	Humboldt County Memorial	Credentialing
Mitchell	Mitchell County Regional	**LIVE**
Pocahontas	Pocahontas Community	Credentialing
Webster	Trinity Fort Dodge	Credentialing

CSS is very proud of our support and collaboration with Integrated Telehealth Partners (ITP) that now delivers 24/7 access to psychiatric assessment and treatment within our rural hospitals. This service not only provides psychiatric assessment and treatment but, most importantly to our hospital partners, it provides care coordination for individuals to get them to the most appropriate level of care including Access Centers.

ITP can refer individuals to the designated Access Center by forwarding their psychiatric assessment to the Access Center and coordinating transportation. ITP will work with the Access Center to make sure the ITP psychiatric assessment is sufficiently comprehensive to avoid duplication of services for admission to crisis stabilization residential or sub-acute services.

6.3.6 Law Enforcement Referral

The most critical partnership for Access Centers is law enforcement in their catchment area. The Access Centers will conduct outreach and enrollment with interested agencies prior to receiving direct referrals:

1. Chief or Sheriff will sign a collaborative agreement.
2. Designate and train officers to refer and transport individuals to the Access Center.
3. Designated officers (CIT preferred) will receive an on-site review of the referral process.
4. Designated officers will be given and oriented to the decision flow chart.

Once approved by the Access Center, a designated officer may screen individuals who may benefit from the resources of an Access Center and then follow the established protocol of their agency to notify and arrange transportation to the Access Center.

To ensure that officers will not be frustrated and the referral is appropriate for an Access Center, CSS will encourage that only officers certified in Critical Incident Training (CIT) (40-hour curriculum to identify the signs and symptoms of brain health issues so they know who does not need inpatient psychiatric care) be allowed to directly refer to an Access Center. Law Enforcement agencies may identify CIT Officers within their agency to facilitate. The officer could also access available mobile response teams, Critical Access Hospitals with 24/7 Psychiatric Assessment or call YourLife Iowa for assistance with screening and referral.

CSS will support agencies getting all officers CIT certified to produce the best possible integration between law enforcement and brain health interventions.

6.3.7 Court Referrals

Officers of the court may order individuals believed to be impaired as set forth in Iowa Code Chapter 125 and 229 to an Access Center for a civil commitment prescreening. The court officer must give the designated Access Center enough notice to provide the psychiatric assessment.

The court officer may also order a person to an Access Center for transition from inpatient psychiatric care to outpatient placement or supports based on available capacity and a clinical consult from the referring psychiatric hospital through the CSS Transition Specialist.

6.3.8 ISTART Referrals

Individuals supported by ISTART with complex needs of developmental disability and brain illness will be referred primarily to the East Access Center in coordination with the ISTART and East Access Center Medical Director. Specialized supports and the cross-systems crisis plans will need to be shared with the Access Center to ensure the most appropriate and co-occurring interventions.

6.4 Intake Assessment

The Access Center, Mobile Crisis, CIT Officers and other referring agencies will screen individuals eligible for Access Center services that meet all the following criteria:

1. The individual is in need of screening, assessment, services or treatment related to a mental health or substance use crisis.
2. That the individual shows no obvious signs of illness or injury indicating a need for immediate medical attention.
3. That the individual does not show extreme symptoms of a brain illness that need an inpatient psychiatric hospital level of care.
4. That the individual does not have immediate access to alternative, safe and effective services.

Once screened the individual will be admitted on a no eject, no reject basis to the unit. They will be provided a welcoming and safe environment until a comprehensive assessment can be completed by a mental health professional within 24 hours of admission.

Access Centers shall notify the Transition Specialist within 24 hours of admission and provide a CSS application and release of information if CSS funding may be provided.

Access Centers will identify and refer any individuals with a developmental disability and brain illness that may benefit from the specialized brain health supports of ISTART to the ISTART intake process.

6.4.1 Comprehensive Assessment

The Access Center will provide a comprehensive assessment to individuals admitted unless preformed and provided to the Access Center by the referring mental health professional.

6.4.1.1 Substance Abuse Treatment

Individuals will receive an ASAM assessment for level of care treatment for substance use disorder if identified in the comprehensive plan. For the East Access Center, they will coordinate assessment and treatment with Pathways Behavioral Services that have a full continuum of substance use disorder treatment including ambulatory detox. Pathways Behavioral Services Detoxification Unit at 3362 University Avenue, Waterloo, Iowa, 319-235-4498 is also a 24/7 access point for individuals in crisis. CSS will support the intake and assessment for individuals needing referral to the East Access Center. ACSC and Pathways have a formal agreement to meet the IAR requirement.

The West Access Center (CFR) is a dual diagnosis center with a full continuum of substance use disorder treatment. They will be able to refer internally or coordinate dual diagnosis treatment for individuals.

6.4.1.2 Mental Health Treatment

Individuals who have an identified brain illness will be connect with their prescriber or be able to choose a prescriber available through the Access Center based on availability and logistics. CSS will subsidize ITP telehealth for individuals if Access Center prescribers are not available.

6.4.1.3 Physical Health Care

Individuals will have access to nursing care to address most minor health care needs. Access Centers will also arrange physical health care by established primary care providers or collaboration with People's Clinic in Waterloo and Community Health in Fort Dodge.

6.4.1.4 Peer Support Services

Individuals will have access to peer support services if they choose. Peer services will be available through Plugged-In Iowa and the Recovery Center for the East Access Center (ACSC). Freedom Pointe and Lotus in Fort Dodge. CSS will authorize the reimbursement for this service.

6.4.1.5 Care Coordination

Access Center will identify and reconnect individuals with their established care coordinator and engage them in the recovery and discharge plan. Individuals admitted without a care coordinator will be referred to the Transition Specialist to determine the best resource for care coordination, Integrated Health Home, ACT, ISTART, Strength Based Case Management, MCO Care Coordination, Transition Specialist, Youth Specialist, Quad Coordinators, Peer Specialist, Family, Parole and Probation Officers, School Coordinators, DHS Service Workers, Primary Care Providers.)

Discharge planning will be initiated at the time of admission to allow as much time as possible to initiate the resources necessary to provide a warm handoff back to the community.

6.5 Admission

IAC 441-25.6(1)

b. Access center standards. A designated access center shall meet all of the following criteria:

(1) An access center shall have no residential facility-based setting with more than 16 beds.

(2) An access center provider shall be accredited to provide crisis stabilization residential services pursuant to 441—Chapter 24.

(3) An access center provider shall be licensed to provide subacute mental health services as described in rule 441—77.56(249A).

(4) An access center provider shall be licensed as a substance abuse treatment program pursuant to Iowa Code chapter 125 or have a cooperative agreement with and immediate access to licensed substance abuse treatment services or medical care that incorporates withdrawal management.

(5) An access center shall provide services on a no reject, no eject basis to individuals who meet service eligibility criteria.

(6) An access center shall accept and serve eligible individuals who are court-ordered to participate in mental health or substance use disorder treatment.

(7) An access center shall provide all required services listed in 25.6(1)"d" in a coordinated manner. An access center may provide coordinated services in one or more locations.

Based on the screening and assessment individuals will be admitted to the unit under twenty-three-hour crisis observation and holding, crisis stabilization residential services, or subacute level of care based on capacity and available third-party reimbursement.

Access Centers will provide third-party reimbursement with all information necessary for reimbursement. Regardless of insurance coverage, all individuals admitted to an Access Center through this process are guaranteed reimbursement for services delivered by CSS. CSS Transition Specialist must receive notice within 24 hours of admission. The Access Center is required to get funding approvals for reimbursement beyond 3 days of admission or upon decertification by third-party payers.

Upon admission to a level of care the individual must receive the services mandated in IAR for that level of care regardless of the setting or payer.

6.5.1 West Access Center Exception to Setting rules

The West Access Center (CFR) is housed in a building that exceeds the 16-bed cap (settings rules for determination as a community-based service) therefore CSS will approve reimbursement for crisis stabilization residential services and subacute level of care not eligible for reimbursement by state's medical assistance program (Medicaid). The West Access Center will coordinate through the Transition Specialist access to the medical assistance reimbursed services available at the East Access Center.

The West Access Center will get accreditation for twenty-three-hour crisis observation and holding when appropriate to leverage the medical assistance program while the individual completes their comprehensive assessment for the best next level of care and treatment plan.

6.6 Discharge

Discharge planning will begin upon admission. The Access Center will support the designated care coordinators support plan to transition individuals back to the community with the resources and supports needed to be successful. All discharges will receive a follow-up call within 7 days.

CSS will reimburse each day of service based on psychosocial necessity. CSS will determine if an individual is the financial obligation of another MHDS Region. If the identified MHDS Region denies payment, CSS will pay and chase.

Individuals who are deemed dangerous due to their mental illness will be referred to DHS designated Tertiary Hospitals are an inpatient psychiatric unit.

Evidence Based Practice

441—25.5(331)
Practices. A region shall ensure that access is available to providers of core services that demonstrate the following competencies:
25.5(1) Regions shall have service providers that are trained to provide effective services to individuals with multi-occurring conditions. Training for serving individuals with multi-occurring conditions provided by the region shall be training identified by the Substance Abuse and Mental Health Services Administration, the Dartmouth Psychiatric Research Center or other generally recognized professional organization specified in the regional service system management plan.
25.5(2) Regions shall have service providers that are trained to provide effective trauma-informed care. Trauma-informed care training provided by the region shall be recognized by the National Center for Trauma-Informed Care or other generally recognized professional organization specified in the regional service system management plan.
25.5(3) Regions must have evidence-based practices that the region has independently verified as meeting established fidelity to evidence-based service models including, but not limited to, assertive community treatment or strengths-based case management; integrated treatment of co-occurring substance use and mental health disorders; supported employment; family psychoeducation; illness management and recovery; and permanent supportive housing

Access Centers will train staff in Mental Health First Aid, Crisis Prevention Institute, trauma-informed care and deliver supports and services using the Illness Management and Recovery (IMR) model. It is an evidence-based practice, gives consumers information about mental illnesses and coping skills to help them manage their illnesses; develop goals; and make informed decisions about their treatment.

6.7 Reporting

Each designated Access Center must submit quarterly reports within 30 days following the quarter with the identified measures.

Annually the Access Center will submit an annual report for the previous fiscal year by October 1st. The annual report will include:

1. Summary and analysis of measures.
2. Law Enforcement and stakeholder surveys conducted at least annually.
3. Annual financial audit.
4. Quality improvement opportunities and action plan.

6.8 DEFINITIONS

"Access center" means 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.

"Adult" means the same as defined in 441—subrule 78.27(1).

"Assessment and evaluation" means 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.

"Brain injury" means the same as defined in rule 441—83.81(249A).

"Care coordination" means facilitating communication and ensuring provision of services among multiple professionals and service providers, the individual, and family members or other natural supports when designated by the individual, and ensuring the individual has the information necessary to actively participate in service and discharge or transition planning.

"Community-based crisis intervention service" means a program designed to stabilize an acute crisis episode and to restore an individual and family to their pre-crisis level of functioning. Crisis services are available 24 hours a day, 365 days a year, including telephone and walk-in crisis service and crisis care coordination.

"Comprehensive assessment" means the same as "crisis assessment" defined in rule 441—24.20(225C) for individuals being referred to crisis stabilization residential services and means the same as "assessment" defined in rule 481—71.2(135G) for individuals being referred to subacute mental health services.

"Crisis assessment" means the same as defined in rule 441—24.20(225C).

"Crisis care coordination" means a service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programing, including working agreements with inpatient behavioral health units and other community programs. The service shall include referrals to mental health services and other supports necessary to maintain community-based living capacity, including case management as defined herein.

"Crisis evaluation" means 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 crisis episode.

"Crisis intervention plan" means the same as defined in rule 441—24.1(225C).

"Crisis screening" means a brief assessment to make a determination of the presenting problem and referral to the appropriate level of care.

"Crisis stabilization community-based services" or "CSCBS" means the same as defined in rule 441—24.20(225C).

"Crisis stabilization residential services" or "CSRS" means the same as defined in rule 441—24.20(225C).

"Emergency care" means the same as defined in rule 441—88.21(249A).

"Emergency detention" means the same as "immediately detained" as described in Iowa Code section 229.22(1).

"Evidence-based services" means using interventions that have been rigorously tested, have yielded consistent, replicable results, and have proven safe, beneficial and effective and have established standards for fidelity of the practice.

"Face-to-face" means the same as defined in rule 441—24.20(225C).

"Family psychoeducation" means 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.

"Homeless" means the same as "homeless person" defined in rule 441—25.11(331).

"Illness management and recovery" means a broad set of strategies designed to help individuals with serious mental illness collaborate with professionals, reduce the individuals' susceptibility to the illness, and cope effectively with the individuals' symptoms consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

"Individual" means any person seeking or receiving services in a regional service system.

"Intake assessment" means the process used with an individual to collect information related to the individual's history, needs, strengths, and abilities for the purpose of determining the individual's need for comprehensive assessment, appropriate services or referral.

"Integrated treatment for co-occurring substance abuse and mental health disorders" means effective dual diagnosis programs that combine mental health and substance abuse interventions tailored for the complex needs of individuals with co-morbid disorders. Critical components of effective programs include a comprehensive, long-term, staged approach to recovery; assertive outreach; motivational interviews; provision of help to individuals in acquiring skills and supports to manage both illnesses and pursue functional goals with cultural sensitivity and competence consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

"Intensive residential service homes" or "intensive residential services" means intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions. Providers of intensive residential service homes are enrolled with Medicaid as providers of HCBS habilitation or HCBS intellectual disability waiver supported community living and meet additional criteria specified in subrule 25.6(8).

"Medical assistance program" means the same as defined in Iowa Code section 249A.2.

"Medication management" means services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.

"Medication prescribing" means services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.

"Mental health professional" means the same as defined in Iowa Code section 228.1(6).

"Mobile response" means the same as defined in rule 441—24.20(225C).

"Multi-occurring conditions" means a diagnosis of a severe and persistent mental illness occurring along with one or more of the following: a physical health condition, a substance use disorder, an intellectual or developmental disability, or a brain injury.

"No reject, no eject" means that an individual who otherwise meets the eligibility criteria for a service shall not be denied access to that service or discharged from that service based on the severity or complexity of that individual's mental health and multi-occurring needs.

"Peer support services" means a program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.

"Prescreening assessment" means a face-to-face clinical interview to ascertain an individual's current and previous level of functioning, potential for dangerousness, physical health, and psychiatric and medical condition.

"Region" means a mental health and disability service region that operates as the "'regional administrator' or 'regional administrative entity'" as defined in rule 441—25.11(331).

"Rural" means any area that is not defined as urban.

"Strengths-based case management" means a service that focuses on possibilities rather than problems and strives to identify and develop strengths to assist individuals reach their goals leading to a healthy self-reliance and interdependence with their community. Identifiable strengths and resources include family, cultural, spiritual, and other types of social and community-based assets and networks.

"Subacute mental health services" means the same as defined in Iowa Code section 225C.6(4)"c" and includes both subacute facility-based services and subacute community-based services.

"Substance use disorder" means the same as defined in rule 641—155.1(125,135).

"Trauma-focused services" means services provided by caregivers and professionals that recognize when an individual who has been exposed to violence is in need of help to recover from adverse impacts; recognize and understand the impact that exposure to violence has on victims' physical, psychological, and psychosocial development and well-being; and respond by helping in ways that reflect awareness of adverse impacts and consistently support the individual's recovery.

"Trauma-informed care" means services that are based on an understanding of the vulnerabilities or triggers of those who have experienced violence, that recognize the role violence has played in the lives of those individuals, that are supportive of recovery, and that avoid re-traumatization including trauma-focused services and trauma-specific treatment.

"Trauma-specific treatment" means services provided by a mental health professional using therapies that are free from the use of coercion, restraints, seclusion and isolation; and designed specifically to promote recovery from the adverse impacts of violence exposure on physical, psychological, psychosocial development, health and well-being.
"Twenty-four-hour crisis response" means the same as defined in rule 441—24.20(225C).
"Twenty-three-hour observation and holding" means the same as defined in rule 441—24.20(225C).
"Urban" means a county that has a total population of 50,000 or more residents or includes a city with a population of 20,000 or more.
"Urgent nonemergency need" means the same as defined in rule 441—88.21(249A).
"Walk-in crisis service" means a program that provides unscheduled face-to-face support and intervention at an identified location or locations. The service may be provided directly by the program or through a contract with another mental health provider.
"Warm handoff" means an approach to care transitions in which a health care provider uses face-to-face or telephone contact to directly link individuals being treated to other providers or specialists.
[**ARC 1096C**, IAB 10/16/13, effective 11/20/13; **ARC 4207C**, IAB 1/2/19, effective 3/1/19]

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MEMO

To: CSS Directors
From: Bob Lincoln
Date: February 26, 2020
Re: Transition for Kossuth, Winnebago and Worth County to NW Care Connections

The following is the action plan recommended by the CSS team to effectively transition individuals and providers of Kossuth, Winnebago and Worth County to NW Care Connections effective June 30, 2020:

1. Karen Dowell, COO will send a letter to all contracted providers whose home office is in one of these three counties of the intent of the counties to leave the region as of 7/1/2020. Letters will be mailed no later than 3/16/2020 as we must give a 90-day notice to terminate our contract with these providers. Notice to Cerro Gordo County GA and Duncan Heights individuals who's funding for payee services may end June 30th. COO run a report to identify and notify individuals CSS providers who will be affected.

2. For all staffings as of March 1, 2020 with individuals residing in these three counties, the service coordinator should reach out to the individual or guardian to inquire if they would like CSS to invite a NWICC representative to the staffing, explaining that these counties are transitioning to a new region as of 7/1/2020. Contact information for NW Care Connections is Beth Will – 712-336-0775 or bwill@co.dickinson.ia.us.

3. For all funding requests entered for the 4th quarter of FY2020, a note will be entered into the "Funding Request Details" box at the bottom of the FR screen that states, "_________ County is transferring to the Northwest Iowa Care Connections (NWICC) MHDS Region as of 7/1/2020. Funding for services 7/1/2020 and after will need to be authorized by the new region." Contact information, as well. Beth Will – 712-336-0775 or bwill@co.dickinson.ia.us.

4. SBCM cases with no contracted provider – COO will draft a letter and give it to Quad Supervisors. SBCM will personally give the letter to the individual. Send #s to COO so we have quantifiable data.

5. Once the 28E has been signed by all parties of the new region, COO will generate a spreadsheet from CSN listing the Client IDs and FR details for all individuals whose residency is within these three counties and have active funding with CSS.

Preparer Information: Jeff Hovey | 500 SW 7th Street, Suite 101 | DSM, IA 50309-4506 | (515)244-2708

Name | **Street Address** | **City/State/Zip** | **Phone**

Iowa Municipalities Workers' Compensation Association
500 SW 7th Street, Suite 101
Des Moines, IA 50309-4506

Return to Preparer

RESOLUTION NO. _______

A RESOLUTION AUTHORIZING THE ENTITY TO APPLY FOR

MEMBERSHIP IN THE IOWA MUNICIPALITIES
WORKERS' COMPENSATION ASSOCIATION (IMWCA)

WHEREAS, the Iowa Municipalities Workers' Compensation Association, a Chapter 28E association, has been established as a group self-insurance program, for the purpose of providing coverage for workers' compensation and related employer liability to Iowa cities, counties, 28E entities and a political subdivision and,

WHEREAS, County Social Services desires to become a member of the Association, a self-insured group, in order to obtain coverage for workers' compensation and related employer liability.

NOW THEREFORE BE IT RESOLVED, that County Social Services hereby adopts the Agreement of the Iowa Municipalities Workers' Compensation Association, and authorizes and directs ______________ and ______________ to execute the documents necessary for County Social Services to become a member of the Association.

Passed this __ day of ______________,20___.

I hereby certify that this Resolution was properly adopted on the above date.

______________________________ ______________________________
Signature/Title Signature/Title

Seal

APPLICATION FOR MEMBERSHIP IN
IOWA MUNICIPALITIES WORKERS' COMPENSATION ASSOCIATION

Pursuant to Resolution duly adopted, certified copy of which is set out above, the undersigned entity hereby applies for membership in the Iowa Municipalities Workers' Compensation Association effective 12:01 a.m January 1, 2020.

The entity agrees that the Association shall be the entity's agent in fact in all matters relating to workers' compensation and related employer liability, and the entity will abide by the rules and regulations of the Association.

Date:____________________

County of: ~~Black Hawk~~ County Social Services

Address: 1407 Independence Ave, ~~2nd~~ 4th Floor
Waterloo, IA 50703

Signature/Title:__________________

Signature/Title:__________________

APPROVAL OF
IOWA MUNICIPALITIES WORKERS' COMPENSATION ASSOCIATION

Approved for membership and coverage effective 12:01 a.m., January 1, 2020.

Jeff Hovey	Director of Risk Services Title	Date

State of Iowa
County of Polk County

Signed and sworn to before me on ___________, 20___.

Notary Seal

____
Notary Public

19

Webster County Attorney

RYAN D. BALDRIDGE *FIRST ASSISTANT*
BRAD M. MCINTYRE *ASSISTANT*
HANS L. BECKER *ASSISTANT*
BAILEY K. TAYLOR *ASSISTANT*
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723 1st Avenue South
Suite 150
Fort Dodge, Iowa 50501
Phone: (515) 573-1452
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Fines & Driver's License Reinstatement Program:
(515) 573-1406

February 4, 2020

County Social Services
Attn: Bob Lincoln
Administrator
Pinecrest Office Building
1407 Independence Avenue
Waterloo, IA 50703

RE: Freedom of Information Documentation Request

Dear Mr. Lincoln:

On behalf of Webster County, Iowa, I am requesting a copy of the following information pursuant to Iowa Code Chapter 22, the Iowa Open Records law:

1. Un-duplicated monthly data documenting the number of services provided by C.S.S. to Webster County residents, and a general description of each service received, from January 1, 2019 to December 31, 2019 (for example: In January 2019, 25 clients received service a., 30 clients received service b., and 35 clients received service c.); and

2. Duplicated monthly data documenting the number of Webster County residents served by C.S.S., and a general description of the services received, from January 1, 2019 to December 31, 2019 (for example: In January, 2019, Client 001 received services a., b., and c.)

The Iowa Attorney General's Office advises that most requests for records are routine and should be handled immediately. Chapter 22.8 (4) allows for a "good-faith, reasonable delay" under certain circumstances, including to determine whether the records are confidential and not available to the public. The official having custody of the records being sought is allowed up to 20 calendar days to determine whether the documents should be released, but such delays should not ordinarily exceed 10 business days.

The Iowa Supreme Court ruled in a 2013 case (*Horsfield Materials Inc. v. City of Dyersville*) that a government agency can have additional time to comply with a public records request when "the size or nature of the request makes prompt access infeasible." If there is a copying fee, please inform me in advance if the fee is more than $100. Chapter 22.3 says that the fee shall not exceed the actual cost of providing the service.

Thank you for your attention to this matter.

Sincerely,

Darren D. Driscoll
Webster County Attorney

Cc:
Mark Campbell,
Chairperson, Webster County Board of Supervisors

Doreen Pliner,
Webster County Auditor

SWISHER & COHRT, PLC

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BENJAMIN F. SWISHER (1878-1959)
LEO J. COHRT (1896-1974)
CHARLES F. SWISHER (1919-1986)

TELEPHONE 319-232-6555
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TELEPHONE 319-334-4488
FACSIMILE 319-334-4307

EMAIL: WEIDNER@S-C-LAW.COM

February 25, 2020

Darren D. Driscoll
Webster County Attorney
723 1st Avenue South, Suite 150
Fort Dodge, IA 50501

Re: Freedom of Information Documentation Request / County Social Services

Dear Mr. Driscoll:

Your letter of February 4, 2020, has been referred to me for advice. I have advised Bob Lincoln, CEO of County Social Services, of the requirements of Chapter 22, Code of Iowa, the Iowa Open Records law. I have also inquired of Mr. Lincoln and Karen Dowell, Chief Operating Officer for County Social Services, as to the nature of accessible electronic records to determine if an appropriate response is available to the two information descriptions in your request of February 4.

While there is raw data in the electronic records of County Social Services that may refer to the information requested, County Social Services cannot provide the specific information requested without significant cross-tabulation and selective analysis of that raw data. Chapter 22 does not require public agencies to create data for you through such cross-tabulations or selective analysis of raw data. County Social Services chooses not to create this information to respond to your inquiry and is supported in that decision by interpretations of Chapter 22.

I would be totally available to speak with you further about this matter. County Social Services does intend to follow the law with regard to your requests. Thank you.

Very truly yours,

SWISHER & COHRT, P.L.C.

By:
Steven A. Weidner

SAW/tad
cc: Bob Lincoln
Karen Dowell

County Social Services Exception to Policy and Reconsiderations - January 2020

Clients	Service	Decision		Impact
1	Guardian/Conservator	Member refuses to see a doctor or psychiatrist on a regular basis but the service is needed.	$	150.00
2	Community Based Settings-Other	ETP awaiting waiver funding, member was private pay and exhausted personal funds.	$	4,324.40
3	Homemaker/Home Health Aid	Gap funding until waiver starts funding, applied 6-2018, no slot yet.	$	200.00
4	Basic Needs - Rent Payments	Member needs assistance to prevent eviction.	$	550.00
5	Basic Needs - Rent Payments	Member needs assistance to prevent eviction.	$	50.00
6	Supported Community Living	Gap funding until waiver starts funding.	$	1,330.80
7	Day Habilitation	The plan is to build physical stamina & reliability for pre-voc services then decrease or replace day hab funding (current waiver does not fund day hab).	$	1,100.00
8	Day Hab & Transportation	Member's waiver doesn't fund for these services, just respite, member needs day hab, otherwise isolates.	$	827.31
9	Residential Care Facility	Current EW does not fully fund, is on the ID waiver waiting list, case manager was asked to pursue HAB funding as an option.	$	3,884.30
10	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	$	649.14
11	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	$	649.14
12	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	$	649.14
13	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	$	376.92
14	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	$	1,298.28
15	Basic Needs - Rent Payments	The member was living in a camper, warm and safe housing was needed.	$	500.00
16	Supported Community Living	Member is now living in a nursing home, CSS policy does not allow SCL for nursing home residents. Funding was denied, family is appealing, funding for January approved to allow time to meet and discuss future funding.	$	222.72
17	Voc/Day - Supported Employment Services	Funding to allow time for case worker to secure documents needed for eligibility.	$	361.58
18	Basic Needs - Rent Payments	Member receives services from RHD ACT which requires secure housing. Member broke the lease with first landlord, required another deposit and duplicate rent for current landlord.	$	850.00
19	Voc/Day - Supported Employment Services	Member needs job coaching support to maintain employment.	$	67.67
20	Basic Needs - Maintenance Rate	Member needs assistance to transition from incarceration to community, once SSI benefit is reinstated CSS funding will end.	$	360.50
21	Day Hab & Supported Community Living	Current EW does not fully fund, is on the ID waiver waiting list, CSS funds remainder after EW pays.	$	8,188.41
22	RCF Maintenance Fees	Member loaned money to a relative who did not reimburse. Member does not have the money to pay fees, this is causing stress and anxiety.	$	1,626.04

Approximate monthly impact: $ 28,216.35