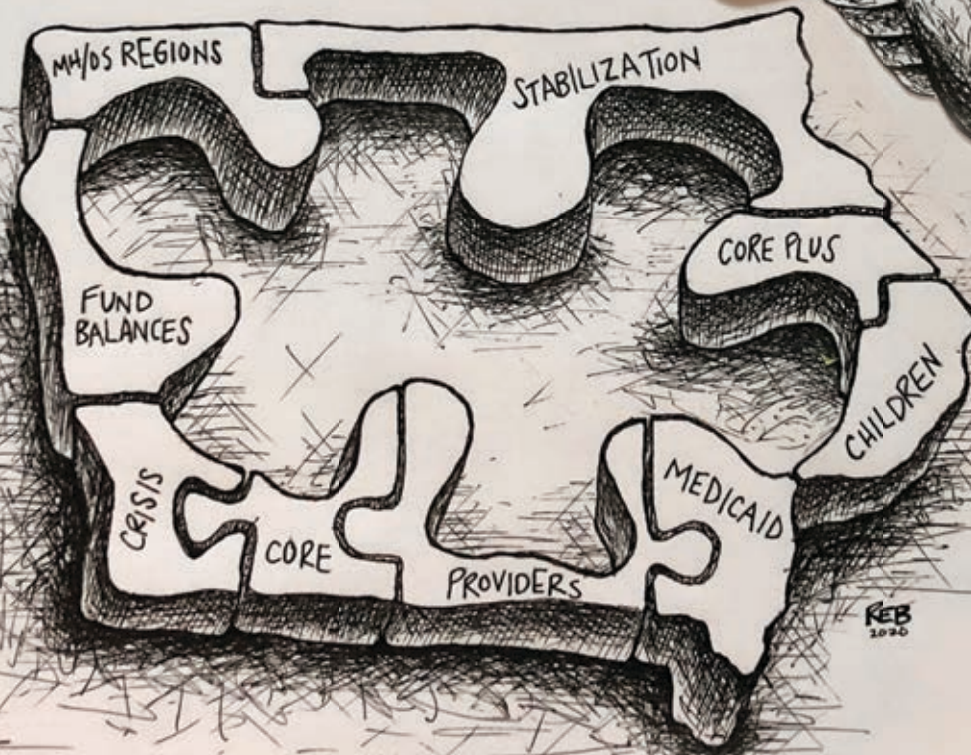


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ISAC's Mission:

To promote effective and responsible county government
for the people of Iowa.

ISAC's Vision:

To be the principal, authoritative source of representation,
information and services for and about county government
in Iowa.

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Feature - MH/DS

The Confusing World of Mental Health and Disability Services Funding

A major portion of this issue of *The Iowa County magazine* has been devoted to articles detailing the challenges faced by counties, regions, and providers who are responsible for providing mental health and disability services to citizens in Iowa. I hope you will take time to read each article. I think what you will find there is a sense of frustration – not with the responsibility of providing services to individuals with needs – but with the ever-changing funding approaches the State of Iowa has mandated over the last 25 years.

If you want the whole story, you can find it in an Iowa Legislative Fiscal Services Division Issue Review called “Adult Mental Health and Disability Services System Funding History” published on February 1, 2019. It is a good way to perambulate through the various changes that have taken place over the past 30 years. I am not going to summarize that report for you, you can read it yourself. I have my own recollections of this history.

I didn’t have much of a role in legislative policy when I first started with ISAC in July 1979. However, I do recall clearly that services and expenditures for adults with mental health, mental retardation, and development disabilities (MH/MR/DD) were at the top of the association’s legislative priority list. A few years ago, as I was reviewing issues of our association magazine from those early years, and there was an article in a 1981 issue about mental health funding being the top legislative policy goal for that year. The article conveyed the concern by county officials over the growing cost of providing services. At that time, as now, county property tax dollars were a primary source of funding. The motivation behind seeking state funding assistance in this area was that the cost of providing MH/DD services was crowding out the ability of counties to fund other essential services. During the 1980s and early 1990s, there was significant effort to transition services away from state institutions to community-based services, and this transition was increasing the financial obligations of counties.

The Legislature and Governor placed cities and counties under a property tax limitation scheme during the 1992 Second Extraordinary Legislative Session. Initially, the limitation applied to both cities and counties. The limitation was extended for counties for FY 1996 and FY 1997 during the 1994 Legislative Session, but the limitation for cities was not extended. The essential elements were:

The maximum amount of taxes that could be levied for a fiscal year for counties and cities could not exceed the amount certified in the prior fiscal year.

- Expenditure exceptions existed for new construction, improvements or remodeling of
- existing structures, annexation, phasing out of tax exemptions, and valuation increases
- resulting from private appraisals.
- Exceptions also existed for the following levies:
 - Debt service
 - Taxes approved by a vote of the people
 - Hospitals
 - Unusual need, with the stipulation that the increase not be more than government cost
 - inflation

This property tax limitation was a part of the impetus for the Iowa legislature to begin discussions about making a state contribution to help counties fund MH/DD services. At the time, a bipartisan group of former county supervisors took a very active role in helping counties get funding. As I recall, the initial state investment made in 1994 was around \$16 million. One of the key players was a very mild-mannered gentleman by the name of Hubert Houser, a former Pottawattamie County supervisor.

I was appointed by the ISAC Board as ISAC’s interim executive director on December 1, 1994, and then officially selected for the position by the Board on February 16, 1995. The Iowa House held a public hearing on a bill that would provide a substantial increase in funding to counties for MH/DD services on the same day the Board was conducting interviews. I recall inviting one of the other applicants to go with me to a hearing where I was presenting the association’s legislative position on the proposal. ISAC’s Government Relations Director John Easter and I spent many days that legislative session in meetings with supporters and opponents of this legislation. The result was the passage of Senate File 69 (Property and Income Tax Reduction Act of 1995).



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Feature - MH/DS

Senate File 69 provided significant state funding to counties to begin reducing the property taxes being levied by counties to pay for mental health services. The legislation provided for a three-year phase in of funding up to \$95 million. The goal was to make the state responsible for 50% of the expenditures for MH/MR/DD services. This legislation also established a system of managed care for adult mental health services and required appointment of Central Point Coordinators (CPCs) in each county to serve as single points of entry into the mental health delivery system. The legislation also created a separate mental health fund that was ultimately limited to either the FY 1994 actual expenditures or FY 1996 budgeted amount. A county could make this choice based on their own circumstances. Since a maximum mental health property tax levy was now put in place, it was envisioned the state would provide funding for all future increases in cost.

Between 1995 and 2012, the state invested significant resources in helping fund the cost of MH/MR/DD services managed by counties. The state funds combined with federal dollars grew from about \$40 million in 1995 to \$190.9 million in FY 2012. These funds came in the form of MH Property Tax Relief Dollars, MH/DD Growth Factor Dollars, MI/MR/DD State Cases funding, Social Services Block Grant Dollars (federal funds), MH/DD Community Services Dollars, and Risk Pool/Transition Dollars. These funds all required an annual state appropriation.

While these funds were an important component of funding services, they also brought many frustrations with them. During the period from 1995 to 2001, the plan for providing property tax relief and dollars for growth in the system seemed to be on track. However, as often happens, Iowa and other parts of the nation experienced an economic slowdown. As state revenues dipped, some parts of the state funding began to dip. Additionally, the state began to annually micro-manage fund balances at the county level and direct growth dollars to counties based on their mental health fund balances.

It was during this period that county officials began getting a mixed message from state policymakers. As title of SF 69 stated, the goal was the reduction of property and income taxes. At the same time, SF 69 created a system for counties to manage services and an expectation that services would be expanded. So, when individual counties and their CPCs began managing care to a stated service plan, they were initially able to expand services and reduce the cost of providing services. Some counties found they could reduce their property tax levies and rely on state dollars to fund their services. It was really at this point that counties began to experience what Jennifer Robbins refers to in her article as the yo-yo funding game. Jennifer and others in this issue describe the challenges that counties and regions face in funding and managing services in a funding environment that limits the ability of counties and regions to plan a service system that is financial stable future.

ISAC members in their 2020 legislative priority statement have defined the problem of addressing long-term, sustainable funding for the regional mental health and disability services (MH/DS) delivery system. That when the current MH/DS property tax levy caps were established, they were based on the core services mandated to MH/DS Regions at the time. Over the last two legislative sessions, new services for addressing complex mental health needs and services for children have now been mandated on the regions without any financial support from the state or giving the counties/regions the necessary ability to fund these services on their own.

ISAC members recommend that the 2020 Legislature:

- Provide the needed funding to counties/regions to ensure stability in the mental health delivery system due to the increased demand for additional services.
- If no essential revenue is provided from the state, counties should be allowed to exceed their current maximum per capita levy up to \$47.28 to fund new services.
- If the above remedies are not advanced, an increase in the sales tax should be considered to fund MH/DS that must be constitutionally protected based on a distribution formula that is equitable for all counties in Iowa.

Counties and regions want to provide quality services to citizens, but they need the freedom to make financial decisions that allow them to sustain those services over time. Each region, each county, and each community member requiring services is unique in its own way, state policy should recognize this fact and allow local and regional decision makers the flexibility to get the job done.

Feature - MH/DS

Eastern Iowa MH/DS – The Perfect Storm

In November 2019, the Muscatine County Board of Supervisors voted to leave the five-county Eastern Iowa Mental Health and Disability Services Region (EIMHDS).

Over six years ago, Cedar, Jackson, Muscatine, Clinton, and Scott Counties formed the EIMHDS Region to provide mental health and disability services. There have been a variety of issues from the beginning. Some might call these growing pains, but most issues are related to the Legislature not allowing local governments to control their own budgets and levy authority.

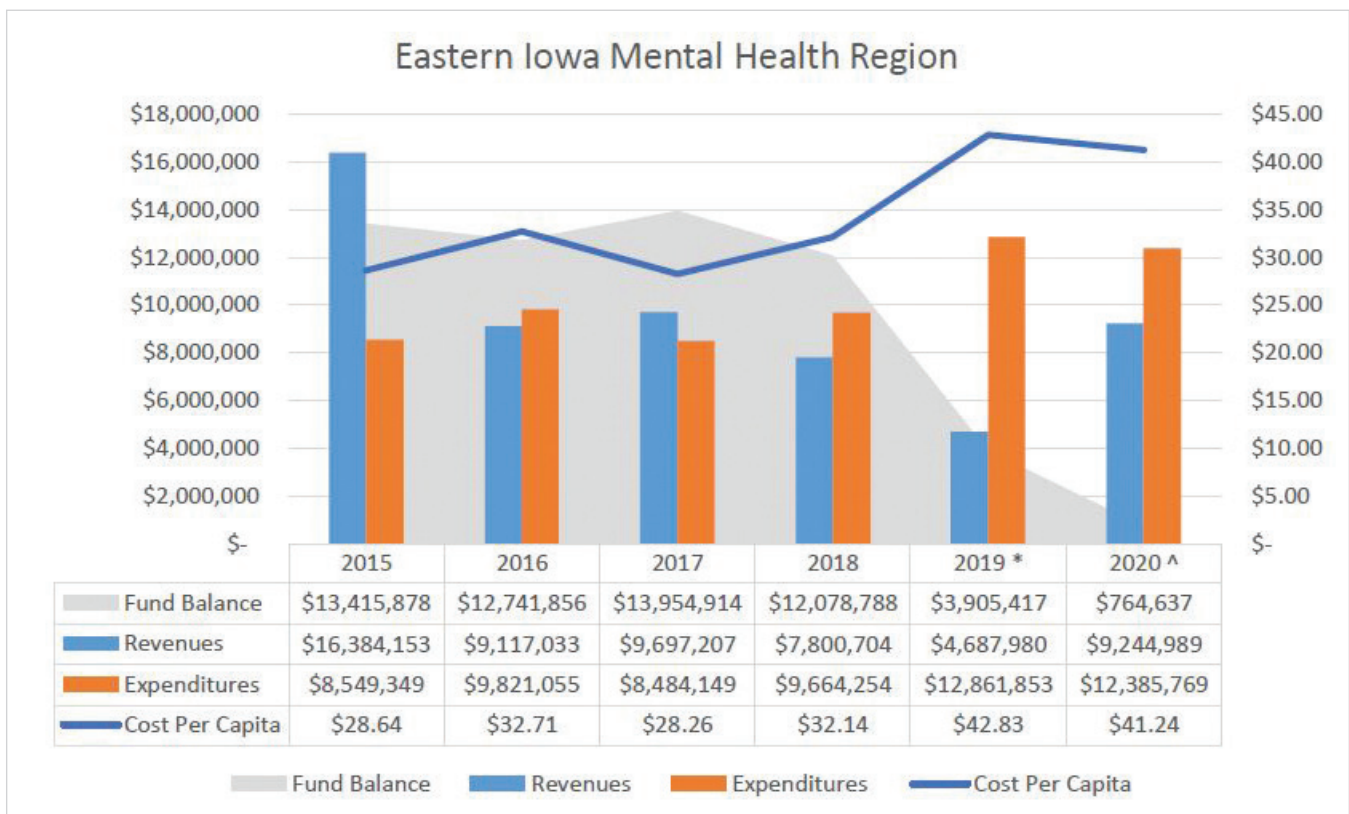
We have state-imposed caps that tell us how much revenue can be levied and how much we can keep in fund balances, but we are mandated to provide an increasing number of costly services.

In the EIMHDS region, this has resulted in an inequity in the amount levied in the fund balances causing stress and distrust among the member counties. Over the last five years, at any given time, each of the counties has taken its turn on the short end of the stick, but we have always managed to work through it until now. We have reached the breaking point!

At this time, we are unsure of what the impact of Muscatine County leaving the region will be. Muscatine County feels they are subsidizing the region, as other member counties have also done. When MH/DS redesign was passed in 2012, it was with the idea that regions would pool funds. This has not happened in our region without causing heartburn and heartache over who is subsidizing who?



Dawn Smith
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Feature - MH/DS

Some of the member counties did not need to levy in order to lower individual fund balances as required by SF 504, while others were at the maximum and were unable to levy enough. While reacting to SF 504, in comes HF 2456 with complex needs, well meaning legislation with good intentions, but totally different out comes.

We are fortunate that in our region, the motto “If you build it they will come,” has come to fruition. This is what we worked so hard to achieve. We have tripled the number of citizens being served in the region since our base was set in 2014 (SF 446) while providing costlier mandated services.

Even with these issues we have worked together as a Region to provide all of the Core services, while providing greater access for those in crisis or in need of assistance.

Our region has achieved the goals we set for ourselves only to see it all slip away, because of inconsistent funding issues. This creates a panic among providers and those in need as well.

Our regions perfect storm was caused specifically because we followed the law of the letter, not by bad stewardship of funds or services.

The Legislature was right to require regions to provide help for our most vulnerable citizens, and county governments want to provide these services, but a consistent funding source must be realized this legislative session.

This can be fixed if we work together, and if we have the will to do it.....

Eastern Iowa MH/DS Region History

1996

SF 69 - Capped MH/DS Levies

- Cedar County - \$968,642 (per capita \$52.64)
- Clinton County - \$2,883,438 (per capita \$58.83)
- Jackson County - \$787,146 (per capita \$39.76)
- Muscatine County - \$2,055,387 (per capita \$48.01)
- Scott County - \$3,308,049 (per capita \$19.80)

2012

SF 2315 - MH/DS Redesign

FY 2013

State assumed financial responsibility for the non-federal share of Medicaid (previously paid by counties)

- The counties were directed to join together to form regions by July 1, 2014.
- Services were designated Core and Core Plus.
- A new funding mechanism was developed - a new per capita levy system to be implemented in FY 2014 with a cap of \$47.28.
- The new funding mechanism converted the cap to a county per capita dollar amount based on general population, with a dollar target of \$47.28.
- Counties that had the ability to levy more than \$47.28 were required to reduce its levy to no more than \$47.28.
 - o Clinton County - reduced levy \$540,885
 - o Muscatine County - reduced levy \$17,938
 - o Cedar County - reduced levy \$86,002

Feature - MH/DS

Eastern Iowa MH/DS Region History

FY 2014 and FY 2015

HF 2463 - Created equalization dollars. Payments of \$29.8 million in FY 2014, \$30.6 million in FY 2015

- Jackson and Scott Counties
 - FY 2014 - \$4,741,030
 - FY 2015 - \$4,817,623

FY 2015 - \$10 million returned to state as Medicaid offset payments. Counties either reduced MH/DS levies in FY 2016 or paid back funds out of equalization dollars in FY 2015.

- FY 2015 - Jackson County - paid \$65,071 from equalization funds
- FY 2015 - Scott County - paid \$1,307,468 from equalization funds
- FY 2016 - Cedar County - reduced levy by \$28,594
- FY 2016 - Clinton County - reduced levy by \$486,006
- FY 2016 - Muscatine County - reduced levy by \$137,649

*RESULT - loss of revenue within the MH/DS region of \$2,024,788 between FY 2015-2016

FY 2014

SF 446 - HHS Appropriations Act - ACA Medicaid Expansion

Equalization dollars and ACA implementation resulted in a significant influx of funds and a significant reduction in expenditures, especially at the community mental health centers, ultimately resulting in large fund balances across the state. Regions were just starting to get services (crisis services) up and running. It was a slow process.

FY 2016

No funding provided to MH/DS regions

Regions still had large fund balances as they worked through the development/implementation of crisis services.

2017

SF 504 - Mental Health Property Tax Act

- Revised the MH/DS property tax levy by equalizing the tax levied in each county on a regional basis and setting a new maximum per capita amount that could be levied across the entire region based on the FY 2015 expenditures of each region.
- Resulted in 14 different max levy rates among 99 counties, ranging from \$25.84 to \$47.28. Started FY 2018.
 - EIMHDS cap - \$30.78.
- As of FY 2018, Regions had three years (by end of FY 2020) to spend down fund balances on services required in their regional management plans.
 - At the end of FY 2016 fund balance totals statewide - \$148.7 million
 - At the end of FY 2017 fund balance totals statewide - \$140.6 million
- Beginning FY 2021, counties/regions were limited to fund balance cash flow reserves of 20% or 25% depending on population. Counties would be required to reduce their levies by any dollar amount in excess of the cash flow amount.

EIMHDS generates \$9,239,192 in property tax funds with a cap of \$30.78.

Eastern Iowa MH/DS Region History

2018

HF 2456 - Complex Services Needs Act

- Mandated new services by July 1, 2021 - Access Centers, Intensive Residential Service Homes (IRS), and Assertive Community Treatment (ACT)
- Mandated a move of several crisis services from Core Plus to Core:
 - o Mobile Crisis Response
 - o Subacute Beds
 - o 24 Hour Crisis Line
 - o Warm Line
 - o 23 Hr Crisis Observation and Holding
 - o Crisis Stabilization Community Based
 - o Crisis Stabilization Residential

2019

HF 691 - Mental Health Funding

- Modified the provisions of a previous bill (SF 504).
- By July 1, 2023 Region's fund balance cash flow reserves shall not exceed 40% of gross expenditures.

2019

HF 690 - Children's Behavioral Health System

- Established a Children's Behavioral Health System State Board
- Directs MHDS Regions to implement this legislation
- Mandated core behavioral health services for SED children regardless of payment source, age and residence in Iowa
- Changes the structure of the Governing Board
- Creates a Children's Advisory Committee
- Requires Regions to hire a Children's Coordinator of Disability Services
- A Transition Plan has to be submitted to DHS by April 1, 2020
- Core behavioral health service domains include:
 - o Treatment designed to address/improve a child's serious emotional disturbance
 - o Prevention, early identification, early intervention, and education
 - o Assessment and evaluation relating to eligibility for services
 - o Medication prescribing and management
 - o Behavioral health outpatient therapy
 - o Comprehensive facility and community-based crisis services:
 - o Mobile response
 - o Crisis stabilization community-based services
 - o Crisis stabilization residential services
 - o Behavioral health inpatient treatment

The Eastern Iowa MHDS Region has +70,000 children (ages 0-17). This includes +48,000 school aged children in over 144 schools in the Region. It is estimated that 1 in 5 school aged children are impacted with a mental health issue; approximately 9,600 children in this Eastern Iowa Region.

Feature - MH/DS

South Central Behavioral Health Region

The trials and tribulations of a turbulent levy yo-yo game have finally caught up with us. South Central Behavioral Health Region (SCBHR) comprised of four counties (Appanoose, Davis, Mahaska, and Wapello) with an estimated total population of 78,597 and a max levy of \$47.28 per capita now faces the same difficulties that many regions have already faced. Reductions in fund balance (spend downs) to meet the legislated allowable cash forward, the development of new mandated Core services, and insufficient revenue and/or reduction in expenditures have placed regions in very precarious circumstances.

SCBHR had a fund balance that would provide the initial funding to support a service system to meet the mandates of HF 2456 (Core and Core Plus Services). The regions ability to levy at the max of \$47.28 (the only region in the state of Iowa that had the max levy that was established in 2015) and the use of regional/county fund balances supported a service system that had a great possibility of being sustained for years to come.

In 2017, SF 504 was signed and SCBHR was forced to spend down the fund balances at both the county and regional level. In FY 2018/2019 - Wapello County levied \$22.00 per capita - less than half of the max levy and used over \$1,319,000 of their fund balance. In FY 2019/2020 - Wapello County levied \$24.00 and used over \$1,195,455 of their fund balance. Because of the drastic reduction in fund balances and tax levy for not only Wapello County but all counties within the region to meet the obligation of SF 504, the region has no fund balance left and will be forced to levy at the max.

In 2019, HF 691 was signed. This language lifted the 25% fund balance restriction and allowed regions to keep a 40% fund balance. The damage had already been done, and the legislation came a little too late for SCBHR as we looked ahead to FY20/21 budgeting. To be included in the FY 2020/2021 budgets are the mandates of HF 690 - Children's Behavioral Health System. Cash forward (previously 20/25% or 40% does not allow sufficient resource for further service startup cost nor ongoing service sustainability for the full array that was already developed. SCBHR will levy the max amount of \$3,718,997 and will need to use a projected \$1,200,000 of the regional fund balance to sustain the current service array with no new services on the horizon unless the financing of regions/region obligated services is addressed by Iowa legislators.



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Feature - MH/DS

Children's Mental Health and Disability Services

On May 1, 2019 HF 690, which established a children's behavioral health system (CBHS), was signed into law by Governor Reynolds.

Under HF 690, services provided to eligible children who are not covered under the medical assistance program or other third party payor are the responsibility of the county-based regional service system.

Regional governing boards currently consist of one supervisor member from each county in the region, a (non-voting) parent member, and a (non-voting) adult service provider member. With the changes made in HF 690, the governing boards will now also include one (non-voting) member representing CBHS providers in the region designated by the regional children's advisory committee formed by the governing board. The membership will also include one member representing the education system in the region and one member who is a parent of a child who utilizes CBHS or actively involved relatives of such children.

The region will have an adult and a children's regional advisory committee including specific membership requirements for the children's committee. This includes parents of children who utilize services or actively involved relatives of such children, a member of the education system, an early childhood advocate, a child welfare advocate, a CBHS provider, a member of the juvenile court, a pediatrician, a child care provider, a local law enforcement representative, and regional governing board members.

HF 690 also includes the addition of staff to the regions by including one or more coordinators of MH/DS and one or more coordinators of CBHS.

HF 690 also established the CBHS State Board. The CBHS State Board is the single point of responsibility in the implementation and management of the CBHS that is committed to improving children's well-being, building healthy and resilient children, providing for educational growth, and coordinating medical and mental health care for children in need.

The CBHS State Board is made up of 17 voting members appointed by the Governor. Each member's background and experience includes areas such as children's mental health, education, juvenile court, child welfare, or other related fields.

The CBHS State Board has met a total of three times since August 2019. During those meetings, discussions, and presentations have been on topics such as outcomes, metrics, programming, and screening.

The CBHS State Board has been focused on funding and legislative priorities. Several Regional CEOs were invited to the November and December meetings to present what is happening in their regions and to address funding issues.

The CBHS State Board is tasked with providing an annual report to the Governor and General Assembly every December. At a minimum, the report will include a summary of all activities undertaken by the State Board, a summary of state board activities, and results from identified behavioral health outcomes and indicators for the CBHS.



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Feature - MH/DS

Mental Health Provider

Seasons Center for Behavioral Health is celebrating 60 years of service this year. What an amazing accomplishment to witness! As some of you may know, we are a community mental health center in the far northwest corner of Iowa with offices in 11 counties: Lyon, Sioux, Osceola, O'Brien, Dickinson, Emmet, Palo Alto, Clay, Buena Vista, Carroll, and Woodbury. The last two offices opened in the last four years with federal grant dollars to help serve children and families involved in the child welfare system due to parental substance abuse and other mental health challenges. Combined, these offices serve 19 counties and serve close to 6,000 people. We employ about 130 people, and at any given time, we have another approximately 30 positions open. Workforce in a rural area is quite challenging, especially in the mental health field. However, from my perspective, workforce in this field is directly tied to what and how we can pay our providers. Which brings me to what I believe is the condition of providers in our state.



Kim Scorza

President/CEO

Seasons Center for Behavioral Health

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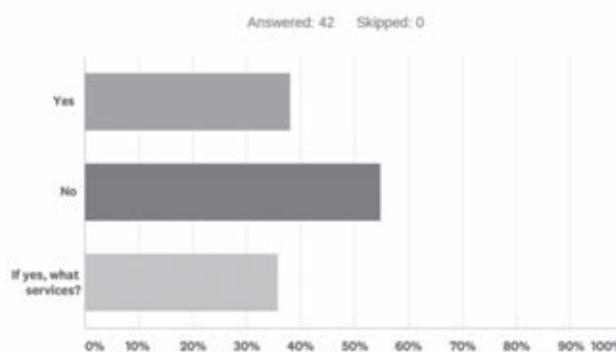
Most recently, the Coalition to Advance Mental Health in Iowa for Kids (CAMHI4KIDS), which I help co-chair, conducted a provider survey asking four simple questions: (1) Over the last two years, given the current mental health/substance abuse Medicaid rates, has your agency/clinic/hospital had to discontinue services? (2) Over the last two years, have you had to close physical locations? (3) Over the last two years, have you had to reduce/scale back on services and/or staffing? and (4) Over the last two years, in order to enable you to have sustainable funding, have you had to access additional/outside sources of funding to maintain programs or cost shift benefits/expenses? These questions were formulated based on commonly held discussions about and among the safety-net providers in our state. As of December 31, 42 entities responded with the following results:

Q1: Over 38% of respondents indicated “yes.” Examples of services discontinued included BHIS, peer support, therapy, home-based habilitation, intensive outpatient services, and children’s mental health waiver services.

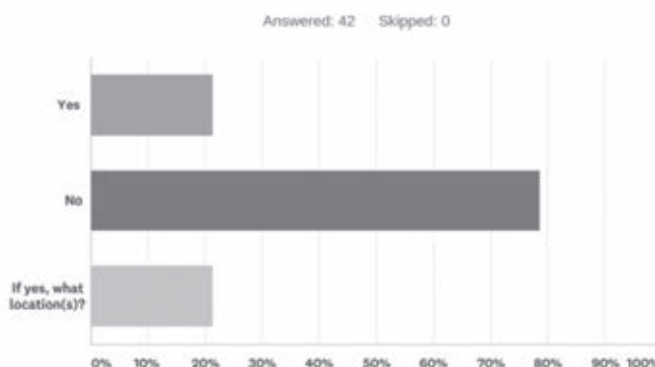
Q2: Over 21% of respondents have had to close physical locations. Offices/locations noted were across the state, including but not limited to, Newton, Muscatine, Council Bluffs, Davenport, Rock Valley, Spencer, Spirit Lake, Emmetsburg, Guttenberg, West Union, and Adel.

Q3: Nearly 60% of respondents indicated that they have had to reduce/scale back on services and/or staffing, with entities indicating they have had to reduce anywhere from 1.0 to 20.0 FTEs at their agency. The FTEs were for positions ranging from therapists for children and adults, direct support staff, administrative positions, and support staff.

Q1 Over the last 2 years, given current mental health/substance abuse Medicaid rates, has your agency/clinic/hospital had to discontinue services?



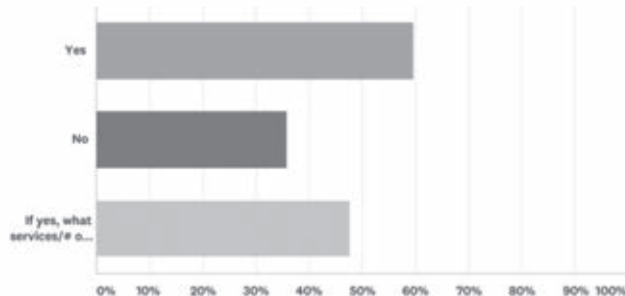
Q2 Over the last 2 years, have you had to close physical locations?



Feature - MH/DS

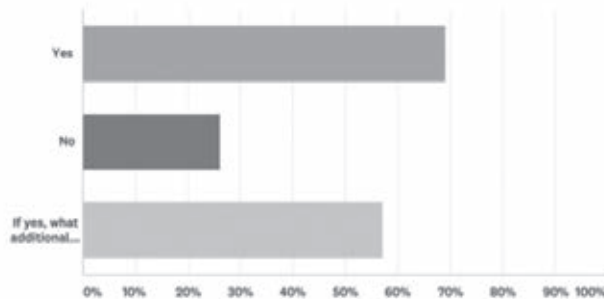
Q3 Over the last 2 years, have you had to reduce/scale back on services and/or staffing?

Answered: 42 Skipped: 0



Q4 Over the last 2 years, in order to enable you to have sustainable funding, have you had to access additional/outside sources of funding to maintain programs or cost shift benefits/expenses?

Answered: 42 Skipped: 0



Q4: Nearly 70% of entities responded that they had to obtain additional funding, including grants, donors, foundations, cash reserves, lines of credit, loans, corporate giving, regional funding, and other cost centers within their agency to remain sustainable.

As one can readily see, providers across the state, including my agency, are struggling. I think most Iowans would readily admit that the state of Iowa was behind the curve with how our mental health system was organized and functioning within the previous 99 county system and that we needed to redesign. However, beginning in 2016 with the rushed entrance of a fully managed Medicaid system and subsequent MCO departures and arrivals, the provider network was shaken. Symptoms of the rushed MCO implementation have been untimely payments, increases in preauthorization, continual audits, and overall limited to no stability. During this time providers were faced with increased expenses to essentially “manage” the “managed care organizations” with no additional funding, unlike what was

afforded to the managed care companies themselves not once, but twice.

Likewise, in 2018 the Complex Needs bill was passed and signed into law. Nearly everyone was pleased to see this progress in our state for adults with complex mental health needs. The following year, yet another policy bill, HF 690 was passed creating a children’s behavioral health system under the newly created, but ever-changing, regional system. As we all know, these policies bills were just that - policy. There has been no new funding given to the regions to care for the adults in our state who struggle with complex mental health and co-occurring disorders. And, there has not been additional funding for regions to support the work of creating the new children’s behavioral health system. This has placed an unfair burden on these newly created regions. And when I say this, it is not to mean that the regions do not want to take on the task and responsibility of caring for all people with mental health struggles from cradle to grave. All four regions my agency contracts with agree that they want to care for the people in their region to the best of their ability. Unfortunately, regions have been forced to pick between paying for adult services and children’s services. I know this first-hand as a provider who serves almost equally adults and children. When the complex needs bill was passed noting Core services one region I contract with did not have the funding available to ensure all the Core services were paid for so my agency was cut in children’s services. The money was then allocated to one of the newly created Core services for adults. This is not acceptable. Borrowing from Peter to pay Paul is not a strategy any business would condone.

Iowans deserve better. Iowans deserve a system that contains adequate, predictable, and sustainable regional funding across the lifespan. Iowans also deserve to have quality tenured social workers, therapists, psychiatrists, and other providers practicing in our state. This will not occur in our workforce unless Medicaid rates are reviewed and increased where appropriate in order to recruit and retain workers in our state. I can attest that locally in my area we have lost five mental health workers (2-LISW, 1-LMSW, 1-LMFT, and 1-Psychologist) to other states in less than three months. Pay and the constant system changes have pushed people out of our state. We need stability. We need a fully funded system both at the state and regional level. We don’t need any more excuses as to a tight-budget. That excuse is used every year by every party. If we want a prosperous and healthy state then we need to invest in our people.

Member Perspective

Help Yourselves by Thinking Outside of the Box

I was asked to write about Clinton County's Student Loan Assistance Program.

A one-of-a-kind, innovative, first-in-the-state, first-in-the-nation, groundbreaking, multi-inter-governmental program.

But, I'm not going to do that (mostly).

What I think is more important about this program, and more helpful to our fellow counties, is the story behind the program.

It's about identifying an issue in your community and finding a creative solution to address it. Your county's issues may not be the same as Clinton County's, but the concept to address that issue may be similar.

In our case, Clinton County wanted to address its declining population issue. We had to figure out how could the county invest its limited time and revenues to address this issue? We teamed with a local economic development organization and our school and municipal partners to develop the Clinton County Student Loan Assistance Program.

The fact is, a small minority of our counties are experiencing enough growth to continue to provide quality services for its residents with little struggle. Most of us are experiencing tax base growths that don't keep up with modest employee wage increases – not to mention constant health benefit cost increases.

And that general levy rate cap of \$3.50 set in the mid 80's? While we are all trying to meet that antiquated cap because it is law, the fact is, 25% of us can't make it work anymore and more are exceeding that cap every year.

Is your traditional apportionment of tax revenues working toward increasing your tax base? If the answer is no, then it's time to stick your head outside of the box.

Here are a few tips that may be helpful for you to get started.

Identify Your Problem

Well, duh. But seriously, drill down into that problem. You will likely find there are several roots to that problem. That will help you define which root, or roots, you want to tackle first.

For instance, in Clinton County, we recognized our tax base is experiencing very little growth each year. We enacted massive expenditure cuts six years ago, but are back to struggling to balance our budget without raising tax levies. Our county had the largest loss in population in the state a couple of years ago. We recognized that population loss can directly affect our tax base. Fewer people equals less investment in homes and businesses.

And, don't tell anyone, but Clinton County has more issues than just a decline in population. I'm sure your county also has more than one issue to tackle. Prioritize what you think is the biggest issue for your county and dedicate yourself to addressing it.

Identify Solutions

Yeah, another...well, duh moment. But seriously, your solution is basically your mission statement for how you want your taxpayer dollars to work. In Clinton County, it was obvious.

Get Creative

You aren't as limited with your taxpayer dollars as you may think. Don't let tradition hold your county back from investing in a program that could ultimately make a positive impact on your tax base growth. "Economic Development" is a very general term.



Eric Van Lancker

Clinton County Auditor

ISACA District 6 President

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Member Perspective

We work closely with the Clinton Regional Development Corporation (CRDC). They have a person who works on industry retention in our area. It was in discussions with him that we found an out-of-the-box solution in which we could invest a reasonable amount of money.

Form Partnerships

If the county is facing tax base growth issues, some of your cities and school districts are as well. Is there a solution that you can all work together to achieve?

We had already partnered with the CRDC. Our idea was “a dollar a day toward your student loan” if you moved into Clinton County. It had a great ring to it, and it was a manageable amount for the county to invest. However, it was still “only” \$30 a month. We knew this program could be more successful if we had more partners who could offer the same incentive. This was our light bulb moment.

Long story short, we were able to ultimately partner with three other cities and three other schools to boost the potential student loan assistance for a person who moves into Clinton County. Instead of \$30 a month, a person now has a chance to receive \$60 or even \$90 a month toward their student loan principle.

Thus begins a one-of-a-kind, innovative, first-in-the-state, first-in-the-nation, groundbreaking, multi-inter-governmental program.

As a by-product of this program, we now have some local companies starting or considering a similar incentive for their employees, which will only make this incentive more powerful.

Hang In There

This program was not constructed overnight – far from it. After all, this was still a “government project.” But seriously, we were also blessed with a great partner in Peanut Butter, the administrator of the program, who stayed on this long journey with us.

Don't Stop

Shortly after we got the Clinton County Student Loan Assistance Program off the ground, I asked my partner at the CRDC, “How can Clinton County support a business incubator?” So it's on to our next one-of-a-kind, innovative, first-in-the-state, first-in-the-nation, groundbreaking, multi-inter-governmental program.

Honestly, it's too early to call the Clinton County Student Loan Assistance Program a success. I can tell you that we currently have almost 70 individuals enrolled, most of them through the school district which did allow current employees/residence take advantage of the program. I can also tell you the program so far has helped those Clinton County residents save a combined \$3,163.25 in principal and interest. Most importantly, though, it has garnered us state and national attention that will help us attract new residents to Clinton County to help us improve our tax base.

Dare yourself to improve your county by trying creative solutions. Have fun and good luck!



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NACo News

"If you're not at the table, you're on the menu."

- Everybody says that.

I usually save my membership pitch for later in these articles. This time I thought I would put it up front. That way you might read it before you get bored with all of my other ramblings. NACo's membership is at an all time high, and the retention rate is higher than it's ever been. Over 98%. Many of Iowa supervisors are farmers or retired farmers. Do you belong to a corn or soybean growers association? Or maybe a beef or pork association? These groups help foster good business practices and advocate for your product. The same goes for your local bank or insurance agency. Or your doctor, pharmacist, and dentist. It's a good thing to stay up-to-date on new medical practices and medications. So, is there any good reason that a small county shouldn't be a NACo member for only \$450? Ninety-nine counties are members of ISAC and all of its affiliates. Our Government Relations team does a great job advocating at the Capitol for counties and our policy objectives. So does NACo's staff. If you think federal policy doesn't affect Iowa's counties, you might want to research transportation, health care, mental health and substance abuse, agriculture and rural America policies, election laws, telecommunications, environmental policy, and the list goes on. I've heard of counties dropping their membership because they didn't agree with NACo's policies. These aren't "NACo's" policies, these are policies brought forward and approved by the membership. If you don't like what they are advocating for then pull yourself up to the table, grab a napkin and fork, and dig in. If you don't care? Well, then...I guess you're on the menu.



Melvyn Houser

ISAC NACo Board Representative

Pottawattamie County Auditor

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I've vented enough. Now I'll give a brief and thorough synopsis of our latest board meeting. It's been six years since I took this job as your ISAC representative to the NACo Board. I've had to go to meetings in places like Fort Worth, Tallahassee, Colorado Springs, San Diego, and Maui. Last December I got to go to Omaha. I was asked how long it took me to get to the downtown Hilton. It took me 15 minutes. I can see it from my office window. This is the point in my article where I talk about the wonderful county I was in and the ambience of the place. It was Omaha. I can see it from my office window. I guess I'm so familiar with it, nothing is too inspiring. Most people think that way about their home stomping grounds, it seems. Maybe Omaha doesn't have mountains and forests or sunny beaches, but it is home to baseball's College World Series, the Joslin Art Museum, the Old Market, and the best zoo on the planet.

If you remember from a previous article, NACo sold its income-producing cash cow, US Communities which was 25% of NACo's operating revenue. It was sold for \$20 million, to be paid over a four year period at \$5 million per year. Staff is proposing to develop an Enterprise Investment Fund with some of those dollars to generate revenue that will supplant the loss of the yearly revenue generated by US Communities. There will be several resolution and bylaws changes that will need to be made first. High dollar investment strategies are not really my specialty, but I'm sure whatever they come up with will be closely monitored and will turn out just fine.

Legislative Director Deborah Cox gave a briefing on Hill happenings, or maybe lack of happenings might be more appropriate. Of the 8,000 bills introduced, only 65 were passed. The National Flood Insurance Program is in jeopardy. It needs refunding and re-authorization. The Cadillac tax repeal passed the House and passage in the Senate is likely. NACo is still pushing SALT, the State and Local Tax deduction, and as always full funding of PILT. Counties that have been distributing NACo's drug card to uninsured and under insured folks in their county have noticed a decline in its usage. Presumably due to ACA. NACo will be going out for a nationwide RFP to find a product that will be more attractive to consumers. Director Chase talked about the federal/state/local/tribal intergovernmental system. This is something that always bothered me. Why do some State Legislators think of ISAC as a lobbying group? We counties are just as an important piece of the system as they are. We're all trying to do the same thing. Making our communities, states, and nation a better place to live.

Summary of Minutes - ISAC Board of Directors - January 17, 2020

ISAC President Burlin Matthews called the meeting to order, held a roll call via conference call, and led the Pledge of Allegiance. The November 20-21 ISAC Board of Directors meeting minutes were approved.

Kelsey Sebern reported that the 2020 ISAC University was a success with nearly 160 attendees, and she reviewed details of the 2020 ISAC Spring Conference. Jacy Ripperger gave an update on conference exhibitors and sponsors.

Brad Holtan gave the history and overview of the RFP process for the ISAC Group Health Program Consultant. He recommended that the Board select Group Benefit Partners (GBP). Ryan Berven and Justin Pieper gave an in-depth overview of their scope of services including a clear vision for efficiency and growth. Following questions and discussion the recommendation was unanimously approved.

Brad gave an overview of all funds including expense and revenue highlights for the financial report dated November 30, 2019. The report was accepted.

Bill Peterson gave an overview of the FY 2021 ISAC Budget Process. The ISAC Executive Committee will meet to review the budget on January 29, the ISAC Board will recommend it to the membership on February 12, and the membership will approve it during the ISAC Spring Conference General Session on March 12.

Brad reported that the ISAC Board Conflict of Interest Statement is in the materials. Each board member needs to sign and return the acknowledgement.

Tammy Norman gave an update on the Iowa Precinct Atlas Consortium.

Jamie Cashman and Lucas Beenken highlighted actions taken during the first week of the legislative session and gave an update on ISAC's top priorities and many legislative objectives.

Rachel Bennett demonstrated features and functions of the new ISAC Legislative Tracking Tool.

President Matthews and Bill gave a detailed report and a high endorsement of the programming during the recently attended NCCAE State Association Presidents and Executive Directors Meeting in Washington, D.C.

Bill reported that ISAC will take a large role in executing Commissioner Cindy Bobbitt's, Grant County, Oklahoma, campaign for NACo 2nd Vice President. Melvyn and Grant expressed support.

President Matthews adjourned the meeting.

NACo News

Douglas County Commissioner and current NACo President Maryann Borgeson's Presidential Initiative is "Age Friendly Communities." By the year 2030 there will be more people over 65 than under 18. Our infrastructure has been developed for younger folks. A Commissioner from Tennessee said that years ago they attracted retirees there by giving various tax breaks. Now these 50 to 60 year old retirees are in their 80's and 90's. How do we plan for this as our population not only ages, but ages longer. It is not only planning for infrastructure and transportation changes, it is also a public health issue. I'm sure rural Iowa counties have been experiencing this demographic change for some time. Maybe they could get involved with this initiative and offer up some ideas and solutions.

It looks like we have some new lowans coming to the NACo Legislative Conference this March. I hope you have a good experience, and I look forward to seeing you there.

ISAC Spring Conference



ISAC Spring Conference | March 12-13, 2020

Registration and hotel rooms are open for the 2020 ISAC Spring Conference. Below are the educational seminars that ISAC will offer on Thursday morning. Don't forget to check out all conference details and register at www.iowacounties.org.

ISAC Educational Seminars | Thursday, March 12 | 9:00 am - 10:15 am

Cybersecurity Best Practices – Meeting Room 302-303

Cybersecurity best practices in the areas of social engineering, disaster and breach recovery, policies, records management, wireless, anti-virus, accounts, asset management, training, websites, payment cards, IT purchasing and surveillance. Speaker: Colette R. Klier, IT Risk Specialist, ICAP

Central Iowa Works Reentry Simulation – Meeting Room 306-307

The re-entry simulation was developed by the U.S. Attorney's Office to better understand the barriers formerly incarcerated individuals face following their release from prison. The simulation gives participants a realistic perspective of what it's like to return to the community after being incarcerated for months, years, and sometimes even decades. Participants will assume the identity of someone who has been released from prison for purposes of the re-entry simulation and given a scenario where they will need to secure housing, employment, transportation, healthcare and more! The purpose of this simulation is to raise public awareness of the barriers formerly incarcerated face when returning to our community where we live, work, and play. Speaker: This event is facilitated by Central Iowa Works at United Way of Central Iowa.

Sesame Street Stands Ready to Help Children Build Resilience – Meeting Room 312-313

When you were a child – or when your children were young – you may have sang along to the well-known Sesame Street theme song, Sunny Days: "Can you tell me how to get to Sesame Street?" Now, as county leaders, you should be asking how you can get Sesame Street to come to you. Fifty years ago, the founders of Sesame Street set out to engage children not only through educational media, but also through direct and personal outreach into communities. Sesame Street in Communities continues this work to provide resources to help our nation's most vulnerable population – our young children. We know that childhood trauma can have long-term effects on a child's brain development and future well-being. But we also know that children are remarkably resilient, and the early years are a critical opportunity to build a strong foundation for a brighter future. Learn why you, as a county leader, should be so invested in early childhood development and how you can utilize Sesame Street's resources to help children – especially the most vulnerable – get off to a strong and healthy start. Speaker: Dr. Jeanette Betancourt, Ed. D., Senior Vice President, U.S. Social Impact, Sesame Workshop

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2020 calendar

February

- 12 ISAC Board of Directors Meeting
(ISAC Office)
- 29-3 NACo Legislative Conference
(Washington Hilton, Washington, D.C.)

March

- 12-13 ISAC Spring Conference
(Veterans Memorial Community Choice
Credit Union Convention Center, Des Moines)

April

- 19-22 ISSDA Civil School
(Airport Holiday Inn, Des Moines)
- 29 ISAC Board of Directors Meeting
(ISAC Office)

May

- 6-8 Treasurers Conference
(Cedar Rapids)

June

- 24 ISAC Scholarship Golf Fundraiser
(Toad Valley Golf Course, Pleasant Hill)

July

- 8 ISAC Board of Directors Meeting
(ISAC Office)
- 17-20 NACo Annual Conference
(Orange County, Florida)

August

- 26-28 ISAC Annual Conference
(Veterans Memorial Community Choice Credit
Union Convention Center, Des Moines)

September

- 13-16 ISSDA Jail School
(Airport Holiday Inn, Des Moines)
- 30-2 ISAC Board of Directors Retreat
(Clay County)

October

- 4-7 ISAA Assessors Fall School
(Airport Holiday Inn, Des Moines)
- 18-19 ISAC Board of Directors Meeting
(ISAC Office)

November

- 18-19 ISAC Board of Directors Meeting
(ISAC Office)

December

- 2-4 Iowa Engineers Conference
(Veterans Memorial Community Choice Credit
Union Convention Center, Des Moines)
- 6-9 ISSDA Winter School
(Holiday Inn Des Moines Airport)

If you have any questions about the meetings listed above or would like to add an affiliate meeting to the ISAC calendar, please contact Kelsey Sebern at ksebern@iowacounties.org.

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