Iowa County

magazine



March 2022
ISAC Top Legislative Priorities

Mental Health and Disability Services

Competency and Treatment for Persons in the Justice System



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Addressing Iowa's Mental Health Disability Services Needs Jamie Cashman	and	4
Tertiary Care Ryanne Wood		5
Law Enforcement Sgt. Shawn Ireland		6
Making the Transition to State Fun of MHDS Regions Liz Cox	ding	7
Children's Behavioral Health Servi Meeting the Needs of Children ar Liz Cox		8-9
lowa Flood Center Resources for Breanna Shea	All lowans	10-11
Risk Rating 2.0 Jason Conn		12
The 10 Habits of Highly Effective C Patrick Callahan	Counties	13
5 Things to Know About ACES Lisa Cushatt		14-15
ISAC Board Meeting		15
Mental Health and the Workplace Matt Visser	Э	16-17
Now Accepting ISAC Golden Eac Nominations	gle	18



19

Rachel Bennett

Calendar of Events

ISAC's Mission

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

ISAC's Vision:

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

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Addressing Iowa's Mental Health and Disability Services Needs

With the historic change in how mental health and disability services (MH/DS) are funded in SF 619, we have seen a need to address a number of issues for counties/regions to ease this transition and to make sure there is a continuity of these essential services for all lowans. As we move through the transition to funding MH/DS services to the State of Iowa, ISAC supports, as one of our legislative priorities, that the following issues be addressed either through legislation or administrative rule:

- ISAC supports that all remaining carry-forward balances at the end of this fiscal year, remain in the region of origin to be used either directly for services in those counties or returned to the taxpayers in those counties.
- With the carry-forward balance restrictions being reduced to 5% after FY 2023 in SF 619, ISAC supports that it be increased to 25% to maintain timely payment to providers should the State of Iowa fall behind on its quarterly payments to the MH/DS regions.



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Legislation might be required to clarify and ease the payroll payment process between county and regional employees in this transition process.

Another ISAC legislative priority is addressing "Competency and Treatment for Persons in the Justice System". To provide some background, inmates are confined in county jails when their criminal cases are suspended pending a competency evaluation and treatment (if deemed appropriate) per lowa Code Chapter 812. Those individuals are frequently mentally ill with exacerbation of severe symptomology. Wait times for inmates in county jails to the Iowa Medical and Classification Center (IMCC) can be three to nine months and at Cherokee Mental Health Institution (MHI) two to four months. The inmate frequently remains untreated and symptomatic behaviors include suicidal and homicidal ideation, assaultive behaviors, delusional thinking, etc.

Those inmates who are found 'not competent and not restorable' have their criminal proceedings dismissed per law. They are typically returned to the community due to limited beds in the two remaining MHIs. It is rare that MHIs or private community providers have security staff for those individuals who, due to their incompetence, continue to have assaultive or dangerous behaviors. There have been four Occupational Safety and Health Administration (OSHA) complaints filed since 2013 resulting in tens of thousands of dollars in fines against the Iowa Department of Human Services (DHS). It is unknown if or how many civil lawsuits have been filed by staff who have been permanently disabled or the total cost to the State of Iowa. Iowa Code Chapter 812 established competency evaluations to be done for certain individuals who have mental health/brain health issues who have been arrested. As a result, the four main problems currently exist:

- It can take three to nine months to get a person into state programs that provide the evaluations.
- lowa law is unclear on who is responsible for payment of the competency stay under lowa Code §812.3.
- When persons are determined incompetent to stand trial, they are not always able to access services while incarcerated and instead, their illnesses may continue to exacerbate.
- Frequently, hospitals are not able to accept placements of individuals with high acuity into their inpatient psychiatric units due to the level of care that they require and the level of care that can be provided in the unit.

To remedy this, ISAC is advocating:

- lowa Code §812.3 should be changed to clarify which state agency is responsible for competency evaluations and holds for persons with mental health/brain health issues.
- The state should appropriate dollars necessary to expand the number of beds available for competency evaluations so persons do not need to wait, possibly without services or medication, for extended periods of time to get the evaluations done.
- The development of a civil forensic unit should be explored at the state's current MHIs for non-violent offenders and at IMCC for offenders who may be considered dangerous. Once an individual is deemed not restorable but still a danger to the community, that person should be placed in the appropriate unit. If at a certain point, that individual is no longer in the custody of the Department of Corrections (DOC), they should be funded by DHS.

...continued on page 13.

Tertiary Care

Psychiatric Intensive Care and Forensic Care Administrative Overview

Ryanne Wood

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Iowa Mental Health and Disability Service (MHDS) Regions have been at the forefront of legislation to create a full continuum of care

for individuals with Brain Health conditions associated with Serious Mental Illness (SMI) and co-occurring complexities. The Complex Needs Legislation (HF2456) that was passed in 2018 and signed by Governor Kim Reynolds legislated numerous services to address the continuum of need in lowa that was identified by several stakeholders across the state. In addition to the increase in core services for which regions are responsible, the legislation required a report to the legislature from DHS and DIA with a convened stakeholder work group to provide recommendation on the role of tertiary care psychiatric hospitals on the array of mental health services.

This report was issued in November of 2018 but with no subsequent legislation to address the issue. Much like the identified problem of the report, MHDS Regions recognize that there are cases in which inpatient units within the state are not equipped and/or are insufficiently organized and structured to manage very complex cases that are of high intensity and present as a danger to self or others - despite bed availability. These cases are frequently boarded in Emergency Departments, are booked into jails on criminal charges, or linger in service or correctional environments that are inappropriate in effectively addressing the identifiable needs of the whole person and address issues of public safety. It is for these reasons that the MHDS Regions convened a workgroup to get organized around the issue of tertiary care or more specifically Psychiatric Intensive Care (PIC) and Forensic Care - also identified separately in the 2018 Report.

After some deeper dives into available information related to PIC and Forensic Care services across the United States and a search for solid lowa data related to the numbers and demographic information related to prospective utilizers of service, it was identified that additional individuals really needed to be brought to the table. Descriptive data is not readily available related to the needs of lowa and it became apparent that necessary data points are hosted in a variety of systems and locations. Several key multi-disciplined partners are presently working to offer perspective and suggestion on the issue to develop the necessary PIC and Forensic Care opportunities for individuals with complex needs. Next steps will include the development of legislative language to set the path forward for strategic and sustainable service development to meet the population demands of lowa.



Law Enforcement

Mental Health: Placement for Iowans in Long-Term Crisis. The Patients No One Wants to Take.

Law enforcement is on the front lines of public safety. We see the good, the bad, and the ugly. We have chosen this profession to help people and serve our communities. When lowans are in crisis, they look to our law enforcement officers for help. We are often called to respond to individuals in crisis and asked to help de-escalate the situation. We have seen an increase in lowans suffering from addiction and untreated mental health issues. lowans understand that jail is not always the best option for these people who may be committing minor criminal offenses. However, sometimes our hands are tied by the limited resources available to us, and jail can be a safe option to get someone off the street for the night. Of course, this is only an option if a crime has been committed. If a crime has not been committed, and the person is a danger to themselves or others, we may be able to use lowa Code 229.22 to take custody of the person and transport them to a hospital for an emergency evaluation. However, hospitals may not accept them if they have aggressive behavior or are resistant to treatment.

lowa Sheriffs & Deputies have the added duties of providing services to the judicial system, which often includes transporting patients with mental health court orders to various facilities throughout lowa, which can take them miles away from their county and hours away from other duties. Sheriffs maintain and operate lowa's jails which notoriously house offenders with severe addiction and mental health



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issues. Deputies who encounter these individuals may spend their whole shift waiting in an emergency room or transporting them across the state to another facility that will accept them. Ask any Sheriff or Deputy in Iowa about this subject and they will give you a story to support my calling attention to this problem.

It is not uncommon for a deputy to get called to help a person in crisis, whether from a drug overdose, psychosis from illegal drug use, or other abnormal behavior. Our job is to make sure they are safe and, if necessary, checked out by medical staff. In these situations, medical staff may have difficulty treating an uncooperative person, and the person may assault the deputy or medical staff in the process. Medical staff may refuse the assaultive person at the facility, and the person in crisis may end up in jail. From there, the person in crisis is kept as safe as possible by jail staff and monitored by jail medical staff which does not have the authority to force an inmate to take medication like a health care facility would. If the court determines that person should remain in custody pre-trial, it may also order an evaluation for competency under lowa Code 812. Due to a backlog of lowans in this situation, it may take months for this evaluation to happen. In the meantime, jail staff is burdened with caring for this person in crisis without the resources a dedicated mental health medical facility would have.

During the months of June, July, and August, Linn County had 186 different emergency committal orders which involves an officer taking a person to the hospital for evaluation. It is very difficult to find placement for complex or aggressive individuals who need further inpatient treatment and may take 4-6 months to find a bed. There are many patients, who are not quite as complex or aggressive, that need residential treatment, but are released to outpatient treatment instead because placement can't be found. About 50% of the complex patients get released from their residential placement within 1 - 2 weeks due to ongoing aggressive behaviors. It is not uncommon for a facility to discharge an individual because they "can't handle them appropriately" or "the patient is resistant to treatment". These patients are released back into the community to repeat the cycle that often leads back to law enforcement intervention.

The only truly appropriate placement for many of these individuals is in one of the two Mental Health Institutes (Independence or Cherokee), which both have limited beds available because they have many long-term patients, including people who are civilly committed as being sexually violent predators.

lowa Law Enforcement has changed its training and procedures to address our response to these individuals in crisis. We recognize and empathize with those in crisis and strive to find the best resources for them. Iowa has improved mental health services for those willing to cooperate with treatment options. But we are still failing those Iowans in long-term crisis with very difficult and aggressive behavior that need a higher level of services. Iowa is not providing these people with proper tertiary care, and is instead relying on law enforcement, jails, and hospital emergency rooms to temporarily house them until a bed can be found. Iowa needs better placement for these difficult to place complex and aggressive patients than is currently available.

Making the Transition to State Funding of MHDS Regions

Effective July 1, 2021, the state Mental Health and Disability Services Region (MHDS Region) system began the transition from local property tax levy funding to state funding as administered through the Department of Human Services (DHS). The changes were part of a much publicized bill which passed in the 2021 legislative session.

Along with the change in funding streams, other modifications to the MHDS Region system were enacted, including the creation of a universal per-capita funding formula, the development of an incentive fund, and capping MHDS Region operational reserves to 5% over the course of three fiscal years.

The new law also requires DHS to enter into incentive-based contracts with MHDS Regions. The first, an 18-month contract developed in collaboration with the MDHS Regions and DHS, became effective January 1, 2022.

The purpose of the performance-based contract is "To administer the regional mental health and disability services delivery system, and to measure performance of the MHDS Region. Recent legislative changes to the funding of these services are intended to achieve a more equitable mental health system and allow MHDS Regions to develop and maintain supports and services as well as to provide additional new and potentially innovative services." (MHDS22-012 Intergovernmental Contract).



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The terms of the contract require MHDS Regions to meet access standards to MHDS services as outlined in lowa Code, work in partnership with DHS to develop data reporting standards representative of the function and outcomes of the MHDS system, promote the use of Evidence Based Practices (EBP), and report administrative costs annually.

MHDS Regions have worked within their counties to modify 28E agreements to reflect these new requirements, are conducting staff time-studies, and have modified their MHDS accounts in accordance with recommendations published by the Iowa Department of Management.

MHDS Region EBP and Data Analytics work groups, now inclusive of DHS staff, continue their work together. The Data Analytics group will identify system-wide outcome goals to include reduced emergency department use, improved use of mobile crisis response, improved use of jail diversion services, employment outcomes, and other outcomes as determined by the workgroup. The EBP workgroup will identify and develop resources, training, and expertise to achieve fidelity to the applicable evidence based service model and will make recommendations for amendment of related administrative rules when necessary.

MHDS Region CEOs look forward to continued collaboration with DHS and Regional Governing Boards for the continued effective administration of community based services across the state.



Website Development for Iowa Counties

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Children's Behavioral Health Services Meeting the Needs of Children and Families

On July 1, 2021, Iowa reached a milestone in the Mental Health and Disability Services (MHDS) system when MHDS Regions met their legislatively mandated deadline to develop a comprehensive children's behavioral health system. Guided by their Children's Advisory Committees, MHDS Regions have worked in collaboration with local community providers to expand mobile crisis response teams to support children, develop residential and

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community-based crisis services for children, launch evidence-based prevention programs and initiatives aimed at educating our community about brain health, and provide access to a 24-hour hotline.

The expansion of all eleven programs over a two-year time period is a testament to the strong partnerships between MHDS Regions and providers, and the ability of the local community to support the needs of families. These services have provided families with needed access to therapy, skill building services, and a safe place when needed for families to regain a sense of hope for healing. Mae Hingtgen of East Central Regions says, "The East Central Region's Governing Board has prioritized children's brain health prevention, and our staff are working diligently to develop services, as well as awareness of and access to those services. We know that the investment in our youth is the most important work we can do for the long-term wellbeing of our citizens."

Families across the state have reported satisfaction with the services provided and are found to engage at a higher level in ongoing supports following the successful completion of these crisis interventions.

"I can't say enough good things about this program. They were just what we needed. Wonderful homey set up, fantastic staff, family oriented. We all learned strategies and skills to help us in the future. Also grateful we were able to use the community services to help us transition back into home. Appreciate the resources they helped set up or gave us information for. Appreciate the help they provided setting up and attending school meeting. Most of all they gave us hope," reports a Residential and Community Based Crisis Stabilization Parent Participant.

Region staff have worked across sectors to ensure families are aware of the access that they now have to crisis services and support. These connections ensure that families receive support from schools, emergency rooms, emergency services such as police and EMS, advocacy organizations, as well as community and provider organizations. Sherri Nielsen, Director of Easterseals lowa, says, "Easterseals lowa was honored to collaborate with our region and community partners to meet the needs of children and families in our community. The success that we have seen firsthand for children and families is a result of years of relationship building that fosters trust and collaboration."

The outreach has led to high levels of service utilization. Between July 1 and December 31, 2021, 25% of the interventions provided by the Southwest Iowa MHDS Region region were for individuals under 18 years old. Jenny Stewart, Director of Crisis Response Services at Heartland Family Service, says, "The Crisis Response Team in the Southwest Iowa MHDS Region is working across sectors including schools, hospital ERs, and law enforcement to connect kids and their families to services."

Working across a spectrum, these services begin with a foundation of education and prevention, equipping us all with the skills to notice changes in behavior among children for earlier identification of brain health conditions. MHDS Regions have sponsored Youth Mental Health First Aid courses and other community-based education programs across the state to build broader understanding of children's behavioral health conditions, and awareness of the new services available to children and families.

MHDS Regions have also provided Crisis Intervention Team (CIT) training for mobile crisis teams to become well versed in the skills needed to support children and families in a way that addresses the trauma and individual experience of each family. The increased access to outpatient therapy, inpatient therapy, and critical crisis services allow children and their families to access the appropriate level of support when behavioral health concerns arise. One parent participant says, "I still can not believe how quick this program was to respond. I was waiting weeks for other solutions."

MHDS Regions will continue the development of services for children, investing in the future of lowa through locally accessible prevention, education, early identification, and treatment of brain health conditions. For more information about the MHDS Regions and the new services for children, please visit <u>iowamhdsregions.org</u>.



A Comprehensive Children's Crisis Services Mental Health System

MOBILE CRISIS



- · Face-to-face in 60 minutes
- Complete a Crisis Assessment

Self-harm or suicide attempt within the last 24

- Safety is a concern for self, others or property
- Highly intoxicated, in withdrawal or needing detay.

INPATIENT HOSPITALIZATION

- · Safe inpatient setting
- Meets a child's psychological and emotional needs
- Treatment plans around individual's needs
- Linkage to community services

COMMUNITY BASED CRISIS

Family is able to provide safety to the child in the home

- · Face-to-face in 120 minutes
- · Welcoming and recovery focused staffing
- Completion of individual and family assessments to be utilized in case management
- Have an active treatment component including individual and family intensive outpatient services
- Age and family appropriate skill building, long term referrals
- Up to 5 days

RESIDENTIAL CRISIS STABILIZATION

Unable to provide safety to child / family in home

- · Face-to-face in 120 minutes
- · Services provided in a facility-based setting
- · A welcoming and recovery-focused environment
- Completion of individual and family assessments to be utilized in case management
- Have an active treatment component including individual and family intensive outpatient services
- · Age and family appropriate skill building
- · Access to educational services, long term referrals
- · Up to 5 days

OUTPATIENT MEDICIATION MANAGEMENT

- · Conducted by a licensed professional
- Monitor effectiveness and compliance of medication regimen

OUTPATIENT THERAPY

- Provide elements of diagnosis, treatment, and appropriate follow-up
- Includes individual, family, and group therapy

ASSESSMENT & EVALUATION

- Clinical review by a mental health professional
- Determine appropriate level of care based on the individuals situation, needs, strengths, abilities and desires

EARLY IDENTIFICATION

 Detection of developmental delays or untreated conditions that indicate the need for further evaluation

EARLY INTERVENTION

- Services to address early social, emotional, and developmental needs of an individual
- · Meant to decrease long-term effects of needs
- Provide support in meeting developmental milestones

Children's Mental Health and Well-Being

NEEDS

HEALTH PROMOTION, PREVENTION & WELL-BEING

EDUCATION

 Increase awareness and understanding of the causes and nature of conditions or factors affecting an individual's development and functioning

PREVENTION

- Increase awareness and understanding of the cause and conditions that affect an individual functioning in society
- Knowledge that can be used to prevent the occurrence of or reduce the effects of these problems

Iowa Flood Center Resources for All Iowans

According to the First Street Foundation National Flood Risk Assessment released in 2020, nearly 300,000 lowa properties in Iowa have a substantial risk of flooding in the next 30 years. The Iowa Flood Center (IFC) is helping communities and decision-makers proactively respond to flooding.

During the 2008 floods, Iowans had very little information to help them anticipate and adequately prepare for the severity of the flooding. Individuals and communities were caught off guard and unprepared for the widespread devastation.

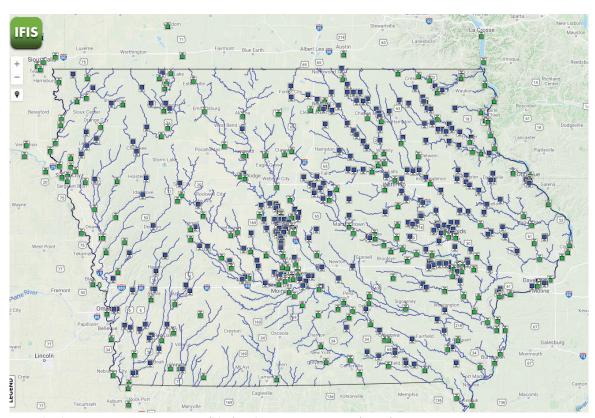
In 2009, Iowa legislators established IFC at the University of Iowa to improve flood monitoring and prediction capabilities across the state, while developing strategies to mitigate future flooding. The IFC has made unparalleled advances in developing scientific-based information, tools, and resources to help Iowans become more flood resilient.

Reliable Flood Information for Iowans

The IFC's Iowa Flood Information System (IFIS) online tool empowers private citizens, community leaders, and decision-makers with critical knowledge to interpret and reduce flood risks. IFIS is a Google Maps-based web platform that communicates hydrologic conditions for the entire state, including real-time information on stream levels, flood alerts, and forecasts for more than 1,000 lowa communities.



Breanna Shea
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Iowa Flood Center stream-stage sensors (blue) and USGS stream gages (green).

More than 250 IFC-designed, -built, and -deployed stream-stage sensors collect river levels every 15 minutes. The data is visualized on IFIS' easy-to-use interactive map interface. This network complements the U.S. Geological Survey streamgages by filling in data gaps to improve flood monitoring and forecasting. Expansion and maintenance of IFC's sensor network has been supported by several agency and community partners.

Iowa Flood Center Resources for All Iowans

New Missouri River Flood Information System

After devastating flooding in 2011 and 2019 in Southwest Iowa, the IFC developed the interactive Missouri River Flood Information System (MRFIS) to help the people of this region prepare for and reduce future flood risks.

The dynamic and comprehensive MRFIS can estimate flood impacts based on historical and forecasted flow scenarios, including levee breaches. The system provides state agencies, communities, and individuals with enhanced, reliable, and timely information to help them improve decision-making and floodplain management. MRFIS is part of a larger collaborative project administered by the Iowa Economic Development Authority (IEDA).

Flood Maps for Every County

The IFC, Iowa DNR, and the U.S. Army Corps of Engineers developed flood maps for every county in Iowa to visualize the probability, extent, and depth of flooding for all Iowa streams draining more than one square mile. Maps showing the 2-, 5-, 10-, 25-, 50-, 100-, 200-, and 500-year floodplains are available through IFIS.

The IFC also developed scenario-based flood inundation maps for dozens of communities across Iowa. These maps provide information on the extent and depth of predicted floodwaters, helping communities respond quickly and appropriately when flooding is imminent.

Building a Flood Resilient Landscape

In 2016, the Iowa Flood Center helped bring \$97 million to Iowa for the Iowa Watershed Approach (IWA) program funded by the U.S. Department of Housing and Urban Development. The IWA aims to reduce flooding, improve water quality, and increase community flood resilience.

The IWA represents a new paradigm that is transforming how we address flooding and water quality challenges across our diverse landscape. IFC engineers and watershed communities, including community leaders, agencies, and landowners, work together to restore the landscape's natural resilience to heavy rainfall. By December 2022, more than 800 flood mitigation practices, including ponds, terraces, and wetlands, will have been installed, leaving a legacy for years and generations to come.

The IWA's impressive list of statewide collaborators, led by IEDA, includes agencies, non-governmental groups, watershed management authorities, and stakeholders who have supported and contributed to the success of the program.

Contact Us

The Iowa Flood Center (IFC) is part of the University of Iowa's College of Engineering and is the nation's only academic research center devoted solely to flooding. For more information, visit www.iowafloodcenter.org.



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Risk Rating 2.0

NATIONAL FLOOD INSURANCE PROGRAM RISK RATING 2.0 FEMA Changes Rating Methodology for Flood Insurance Policies

In 1968, Congress created the National Flood Insurance Program (NFIP) by enacting the National Flood Insurance Act. Up until that

Jason Conn

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point, the Nation's response to flood-related disasters was to construct large flood control systems and provide disaster relief to affected property owners. To avoid the increasing costs of structural flood protection systems and disaster relief payments, the NFIP created federally-backed flood insurance to transfer the cost of private property flood losses from taxpayers to property owners residing in floodplains.

Part of the Act also directed FEMA to produce Flood Insurance Rate Maps (FIRMs) that identify flood hazards for communities across the country. Insurance agents would use the FIRMs to rate flood insurance policies by determining the flood zone in which a structure is located. The flood zone and Base Flood Elevation as depicted on FIRM, as well as the structure's foundation type were the primary variables that determined a policyholder's insurance rate. To purchase flood insurance through the NFIP, property owners must reside in a community that participates in the NFIP.

However, after rating flood insurance policies the same way for the last 50 years, FEMA has implemented a new rating methodology known as Risk Rating 2.0. Under the new rating methodology, agents will no longer use the FIRMs to determine rates. Instead, FEMA has updated its rating methodology to incorporate commercial catastrophe models and the insurance industry's modern actuarial practices to calculate a more individualized rate for each structure.

Risk Rating 2.0 will account for a suite of variables to determine customized rates. Some of those new variables include a structure's distance to a flooding source, a structure's elevation relative to the flooding source, first-floor height, stream order, multiple flood types, claims data, and replacement cost value, among others. The goal of Risk Rating 2.0 is to calculate rates that better reflect a property's unique flood risk.

With replacement cost value as one of the several variables used to calculate rates, FEMA is addressing the disparity created by the old rating methodology. Replacement cost value allows for greater accuracy in rate calculations. Higher valued structures present vastly different claim amounts after flood events than lower-valued structures. By using replacement cost value, policyholders will no longer pay more than their fair share based on the value of their structure.

FEMA rolled out the new risk rating methodology for new flood insurance policies sold on or after October 1st, 2021. Existing policyholders whose policies will renew on or after April 1st will have their policies rated using the new rating methodology.

So, what does this mean for policyholders in Iowa? FEMA has released <u>State Profiles</u> that illustrate how Risk Rating 2.0 will affect premiums for policyholders. At the time Iowa's State Profile was generated, there were 12,600 flood insurance policies in force across the state. Of the 12,600 policies, FEMA determined that 37% of policies would see a reduction in annual premiums under Risk Rating 2.0. Alternatively, 63% of policies would see an increase in premiums.

It's important to note that the premium increases are not uniform across these policies. Approximately, 52% of policyholders in lowa will see, on average, a \$0-10 per month increase. Another 5% will experience a \$10-20 per month increase. And 6% will see a \$20 or more per month increase. This data is also available at the county and zip code levels, and I encourage readers to review it to get an idea of the effects Risk Rating 2.0 is having on policyholders in your community.

Even though FEMA is changing how flood insurance policies are rated, there are many aspects of the NFIP that are remaining in place. Primarily, communities participating in the NFIP are still required to use the FIRMs to regulate new development in their Special Flood Hazard Areas (SFHA). Also, federally regulated lending institutions are still required to enforce the mandatory purchase requirement to ensure structures located in the SFHA, and that are used as collateral for a mortgage, maintain flood insurance coverage for the life of their loan.

With Risk Rating 2.0, FEMA intends to provide rates that are easier for policyholders and agents to understand. More importantly is that Risk Rating 2.0 will result in more equitable flood insurance across all policyholders based on the value of their structure and individual property's flood risk.

FEMA Rating Risking 2.0 State Profiles, March 30, 2021, https://www.fema.gov/flood-insurance/risk-rating/profiles

The 10 Habits of Highly Effective Counties

There are counties that really "have their act together" and accomplish some amazing projects. There are other counties that struggle to get things done, other than constantly "putting out fires". While it may seem that this first group of counties is just plain lucky, the reasons for their success are most likely due to careful planning, good leadership skills, and hard work.

Patrick Callahan

Callahan Municipal Consultants, LLC <u>callahan.cmc@gmail.com</u>

Those counties that have been successful in improving the quality of life in their communities often have outstanding leaders on their boards and commissions. These board members set a positive "tone" for the community and lay the "foundation" for great things to happen through the cooperation and assistance of many citizens.

This success is demonstrated through conducting professional board meetings that allow for civil debate and transparent decision-making, while typically free of name-calling and counterproductive behavior. It can also be seen through a shared understanding of each other's roles, gained by educating new board members and county staff in their early days and ensuring all county officials have ample opportunity to receive training throughout their tenure. Ultimately, it results in an efficient county government that is responsive to citizen needs.

"Government junkies", who have observed numerous counties in Iowa over a span of many years, will often point to some of the ten habits of highly effective boards as the reasons for the success of the more dynamic counties. While this article will not go into detail on all ten "habits", here are just a few ideas and suggestions:

- Development of a mission statement or vision statement that sets an overall tone.
- Understanding that the elements of teamwork have to include a common purpose, trust, openness, and mutual respect.
- Ability to make rational decisions in small group settings.
- Clear understanding and acceptance of the roles of all parties and participants in the process.
- Development of good board and county staff working relationships that are built on trust, respect, and communication.
- Systematic evaluation and review of policies and the results with a willingness to make changes, as needed.
- Allocation of board time for goal setting, work sessions, and community relations.
- Effective and productive board meetings conducted in a professional, disciplined, and orderly manner.
- Seeking the feedback and response from local citizens and the willingness to include this information in future planning sessions.
- Proactive and continual learning by board members through the reading of Iowa State Association of Counties (ISAC) publications and attending workshops and conferences.

While each of these topics could be an article or workshop by itself, we will have a discussion on all of these ideas at the upcoming ISAC Annual Spring Conference on March 10th. It will be a great opportunity to share what has worked in your county and to learn how your county can accomplish great things and do more than "just put out fires".

Mental Health and Disability Services Needs - Continued

There also needs to be a change in the lowa Code process in 812 that changes their custody from DOC to DHS at that point. This is not a 229 issue. Because this originated out of a criminal proceeding, it should not be turned over to 229.

- DHS and DOC need to jointly develop a civil forensic unit with input from law enforcement, MH/DS Regions,
 Judicial Mental Health Advocate, etc. There needs to be a facility where individuals with mental illness can
 obtain treatment in a secure environment. This will also allow those who have been found 'not competent and
 not restorable' a multi-tiered program based upon the individual's acuity for a safe reentry to the community.
- Finally, the Iowa Department of Human Services and other state agencies should work with the Iowa Community
 Services Association and the Iowa State Sheriffs' and Deputies' Association to implement Tertiary Care Hospitals
 in the state that are geographically dispersed to meet the needs of individuals who need a higher level of care
 than is currently available in an inpatient unit in Iowa.

5 Things to Know About ACES and How to Respond

When families are healthy and well, children can learn and grow, caregivers can fully contribute, and lowa's economy and communities can prosper.

The conditions in which families live shape their ability to thrive. Families especially need access to supportive connections and essential needs, including quality housing options, health and mental health care, robust public schools, and family-friendly workplaces. These positive social and economic conditions enable caregivers to make choices that strengthen their family and foster children's healthy development.

Supporting caregivers has become even more critical as we understand research about Adverse Childhood Experiences, or ACEs. Iowa data on ACEs reveals that childhood trauma, such as physical abuse or witnessing violence, is common across our general population and that it can affect us throughout our lives. The ACE Study especially shows trauma's ripple effect—the more trauma someone experiences as a child, the more likely they are to suffer from depression, smoke, have heart disease, miss days at work due to poor health, or face other challenges throughout a lifetime.

For more than a decade, Iowa ACEs 360 has raised awareness of the ACE Study and empowered individuals, organizations, and communities to take informed actions to support Iowans in healing and preventing ACEs. Understanding ACEs and related science helps us identify how to foster thriving communities for everyone.



Lisa Cushatt
Executive Director,
Iowa ACEs 360
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Here are five things you should know about ACEs and how to respond:

1. Early experiences shape a child's developing brain.

The first years of a child's life are when the brain has the most potential to form a sturdy foundation for future development. Genes provide the basic blueprint for the brain's architecture, but experiences influence which connections in the brain are made. Nurturing adult relationships help children form brain connections that, over time, enable them to regulate emotions, problem solve, focus on learning, and form positive relationships.

When a child experiences significant and persistent stress within their environment without adult support, their development can become disrupted, leading to poor outcomes. While the brain can adapt and build new connections throughout a lifetime, it is easier and more cost-effective to support healthy development from the start.

2. Families need support to foster children's healthy development.

lowa families want to create the best opportunities for their children, but many face increasing stress. Wages have not kept pace with the cost of living and essential needs, like housing and mental health services, aren't available or accessible in many parts of the state.

When families cannot access what they need to be healthy and well, caregivers can become anxious, depressed, overwhelmed, and lose hope—which can lead some to use substances to cope. The stress caregivers experience may impact their ability to create safe, nurturing environments for their kids, in addition to the conditions surrounding children causing harm to their well-being.

3. ACEs occur from policies that shape our communities.

Today, the ZIP code in which one lives determines their health outcomes more than any other factor. Policies stemming from the New Deal in the 1930s, for example, have kept families of color from building wealth by denying home loans at higher rates and forcing families to live in neighborhoods that lack investment. Living in underinvested neighborhoods without the ability to move out of poverty harms families' well-being and can keep them from accessing good-paying jobs, quality schools, grocery stores to purchase nutritious foods, parks and sidewalks for physical exercise, and supportive connections within a neighborhood.

4. Strengthening family well-being strengthens our communities.

Ensuring families have fair access to what they need to thrive enables families to make choices that provide the best

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5 Things to Know About ACES - Continued

opportunities for children to develop into healthy adults. When families have pathways too own a home, for example, caregivers can provide needed stability for their children, build wealth for the future, and focus on higher aspirations for themselves and their children. When families can access health and mental health care, they can get and stay healthy, reducing time away from work and school.

5. Knowing about ACEs can inspire action

The ACE Study is an opportunity to recognize what may drive certain behaviors and health outcomes among community members and where we need to focus our attention to address these challenges. Intentionally setting policies and creating systems that promote family well-being can lessen the long-term impact of the pandemic on our state and lead to healthy lowans, a robust workforce, growing communities, and a better future for our kids.

Learn more about ACEs and response strategies at www.iowaaces360.org.

ISAC Board Meeting, January 2022

Summary of ISAC Board of Directors Minutes - Friday, January 21, 2022 (via Zoom conference call)

ISAC President Richard Crouch called the meeting to order and led the Board in the Pledge of Allegiance.

Bill explained that Kris Colby's resignation created a vacancy on the Executive Committee and the nomination committee met to recommend John Werden as third vice president. The nomination of John Werden as third vice president passed unanimously.

Tammy Norman was asked by Richard Crouch to swear in the ISAC President, Executive Committee and Board Members. Tammy conducted the swearing in the officers and board.

The meeting minutes of the November 10, 2021 ISAC Board of Directors meeting were unanimously approved as written, and the ISAC Executive Committee meeting minutes from December 23, 2021 were unanimously approved.

The Board reviewed the ICTS Advisory Committee minutes from November 10, 2021.

Katie Cook went over the financials and the minutes of the ISAC Scholarship Committee meeting on December 20. Recommendation from the committee was for six district winners at \$2,000 each and one past president winner for \$2,500 (if applicable). The recommendation from the ISAC Scholarship Committee for the scholarship amounts in 2022 were unanimously approved.

Kelsey Sebern reviewed the first quarter calendar of ISAC events and went over the 2022 ISAC board meeting schedule.

Bill gave updates on the status of the NACo Legislative Conference and that virtual and in-person options are available. Bill reviewed ISAC's reimbursement policy for ISAC Board members that may wish to attend NACo conferences.

Brad Holtan gave highlights and reviewed financial statements and the quarterly investment report dated December 31, 2021. The ISAC financial and quarterly investment reports were unanimously approved.

Kristi Harshbarger and Dwayne Vande Krol, outside counsel on the issue from the Nyemaster law firm, gave an update regarding the recent opinion from the Administrative Law Judge that held ISAC did not qualify as an instrumentality of the government. The Board had a discussion on the options to proceed or drop the claims. The decision to appeal to the district court passed unanimously.

Brad summarized ISAC's 990 federal tax return. The 990 form was accepted as completed and unanimously approved.

Brad reviewed the ISAC Board Conflict of Interest Policy and asked Board members to sign and submit it to him.

Kristi gave an update on legal matters.

Beth gave an update on a breach notification that went out recently.

Jamie and Lucas gave an update on the beginning of the legislative session and the numerous bills that have been proposed that may impact counties. Board members asked questions about various issues.

President Richard Crouch gave closing comments and adjourned the meeting.

Mental Health and the Workplace - EAP

It is no secret that employees' mental health has a huge impact on the workplace. So why is that mental health takes a back seat to things like wellness programs, medical and disability insurance, etc.? Often, these programs claim to offer mental health benefits and leaders are quick to take them at their word – offering one less thing to worry about. Sometimes, employers do not know how to address mental health in the workplace effectively. And finally, leaders may simply be uncomfortable addressing such a personal topic or fear they may say something wrong.

Workplaces can no longer afford to put off addressing mental health directly. The pandemic has blown the doors open on mental health needs and employees are seeking assistance more than ever before. Prior to the pandemic, it was estimated that 1 in 5 people experienced a diagnosable mental illness over the course of a year. Since the pandemic, experts estimate that number to be closer to 1 in 3 people. Putting that into perspective, that's anywhere from 20-33% of your employee population facing difficult mental health issues each year. The workplace must make it a priority to care for the mental health of its employees.



Matt Visser
CEO, Connections, Inc.
matt@connectionseap.com

Employers who address mental health directly with their teams, not only convey care and concern for their employees, but they can also reduce health care costs for their businesses and employees. According to new research from the National Safety Council and NORC at the University of Chicago, employers that support mental health see a return of \$4 for every dollar invested in mental health treatment. The Center for Disease Control and Prevention (CDC) estimates:

- Even after taking other health risks—like smoking and obesity—into account, employees at high risk of depression had the highest health care costs during the three years after an initial health risk assessment
- Depression interferes with a person's ability to complete physical job tasks about 20% of the time and reduces cognitive performance about 35% of the time
- Mental illnesses such as depression are associated with higher rates of disability and unemployment

To put it simply, those experiencing poor mental health in the workplace exhibit:

- Higher absenteeism
- Higher presenteeism (lost productivity)
- Pose greater risks to safety and quality
- Lower engagement
- Higher turnover

According to the American Psychiatric Association, "the costs associated with untreated mental illness in the workplace—numbering in the billions of dollars—far outweigh the costs of providing treatment. When employees do receive effective treatment for mental illnesses, the results are seen in lower total medical costs, increased productivity, lower absenteeism and presenteeism, and decreased disability costs."

Most employers provide mental health benefits through an employee assistance program (EAP). According to a 2019 SHRM Employee Benefits Survey, 79% of employers offered an EAP to their employees. In today's environment, the need for quality EAPs has never been greater.

Employers have a personal stake in employees working at, or close, to their full potential. Marital and family problems, conflicts among co-workers, depression, stress, substance misuse, legal and financial issues, and child and elder care needs are just some of the things that can prevent people from working up to their full potential. EAPs offer assistance that can help employees cope with these issues and help them reach their potential.

It is important to note that the healthcare system is not set up to help with many of these types of issues. For example, a person needing assistance for budgeting assistance, elder care help, or legal consultation will not be served by other benefits. EAPs help bridge that gap and are extremely cost-effective.

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Mental Health and the Workplace - Continued

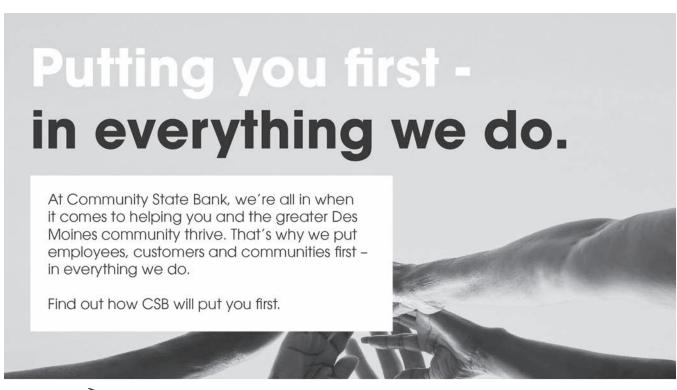
EAPs range in price based on location, the services they provide, and the level of support offered. However, employers can expect to pay anywhere from \$10-\$100 per employee per year. These costs are only a small fraction of what employers pay for medical insurance. As previously stated, employers that support mental health can expect to see a return of \$4 for every dollar invested in mental health treatment.

However, EAPs are not created equally. When choosing an EAP service provider, consider the following:

- Can they serve employees in all your locations?
- How easy is it to access local, in-person counseling services?
- Is it clear to supervisory staff that an EAP assessment may lead to different problem-solving services, not just mental health care?
- Do they offer Critical Incident Stress Debriefings for workplace trauma? Is there an additional cost?
- Do they offer supervisory support for difficult employee relations issues?
- Do they offer both self-referrals and formal (condition of employment) referrals?
- Do they actively promote the utilization of their services?
- Do they provide regular utilization reporting?
- Are services available 24/7?
- Do they offer a full range of mental health and work/life services?

This article was written by Matt Visser, CEO at Connections, Inc., the EAP provider for IMWCA members. The lowa Municipalities Workers' Compensation Association (IMWCA) may be reached at (515) 244-7282 or imwcainfo@iowaleague.org.

Created in 1981 in response to the increasing cost and unavailability of workers' compensation coverage for municipal employees, this self-funded risk pooling program is administered by the League and owned and controlled by and for the benefit of Iowa's cities, counties and their respective 28E entities. IMWCA is a program endorsed by ISAC.



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Now Accepting ISAC Golden Eagle Nominations

Since 2010, ISAC has honored individuals as ISAC Golden Eagles during the Annual Conference General Session. The ISAC Golden Eagle was created to recognize and honor individuals who have provided extraordinary public service to county government through ISAC and/or NACo.

Golden Eagle Honorees are selected from nominations submitted to the ISAC Golden Eagle Committee, which consists of board and staff members. The committee will then submit its recommendation to the ISAC Board for approval. The ISAC Golden Eagle honoree(s) will be recognized during the 2022 ISAC Annual Conference General Session.

Those eligible for induction include: current or former elected and appointed county officials; business or civic leaders; ISAC preferred vendors; persons providing assistance to counties as trainers, consultants or advisors; and/or former members of ISAC staff. *Current ISAC board members and staff are not eligible.



Rachel Bennett
ISAC Member Relations Manager
rbennett@iowacounties.org

Honorees will be selected on the basis of their service rendered to county government through ISAC and/or NACo. Such service may include: leadership in ISAC and ISAC-affiliated boards; service to NACo; service on state or national boards or commissions; service to counties in training, education and development of local leadership; advocacy for counties and good local government; and assistance and support to counties.

Past honorees include:

2010 – Jane Halliburton, former Story County Supervisor and ISAC board member

2011 – Kim Reynolds, Governor and former Clarke County Treasurer

2012 – J. Patrick White, ret. Johnson County Attorney and ISAC Past President

2013 – Mike Wentzien, former Supervisors Lobbyist

2014 – Richard Heidloff, former Lyon County Treasurer and ISAC Past President

2015 - Sue Vande Kamp, former Story County Recorder

2016 – Linda Langston, former Linn County Supervisor and NACo Past President

2017 – Wayne Clinton, former Story County Supervisor and ISAC board member

2018 – Harlan Hansen, former Humboldt County Supervisor and ISAC Past President

2019 – Marge Pitts, former Clay County Auditor and ISAC Past President

2020 - No Golden Eagle

2021 - Lonny Pulkrabek, former Johnson County Sheriff and ISAC Past President

To nominate qualified individuals to be honored as an ISAC Golden Eagle, please complete the form that's available on our website, www.iowacounties.org, under the About tab, and return it to: Iowa State Association of Counties, Attn: ISAC Golden Eagle, 5500 Westown Parkway, Suite 190, West Des Moines, IA 50266 or rbennett@iowacounties.org. Please return submissions before May 27, 2022. A golden eagle is not guaranteed to be honored annually. If you have any questions regarding the ISAC Golden Eagle, please send to support@iowacounties.org or 515.244.7181.



Lonny Pulkrabek, 2021 ISAC Golden Eagle, receives his award at the 2021 ISAC Annual Conference General Session from Carla Becker (left), Brian Gardner (middle right), and Bill Peterson (right).



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2022 Calendar

March 2022

9 ISAC County Day at the Capitol (Iowa State Capitol Building)

10-11 ISAC Spring Conference

(Veterans Memorial Community Choice Credit Union Convention Center, Des Moines)

April 2022

10-13 ISSDA Civil School

(Holiday Inn Airport, Des Moines)
18AC Board of Directors Meeting
(ISAC Office)

May 2022

3-5 Public Health Conference of Iowa

(Hybrid - Scheman Conference Center, Ames)

10-13 Treasurers May School

(Honey Creek Resort, Moravia, Iowa)

19-20 Western Interstate Region (WIR) Conference Anchorage, Alaska

June 2022

15-17 Recorder's Summer School

(Decorah, Iowa)

21-24 ISACA Summer Conference

(Hotel Julien, Dubuque)

29 ISAC Board of Directors Meeting

(ISAC Office)

July 2022

13 ISAC Scholarship Golf Fundraiser

(Otter Creek Golf Course, Ankeny)

21-24 NACo Annual Conference

(Adams County/Aurora, Colorado)

August 2022

2-4 ISAC Board of Directors Retreat

(Mills County)

24-26 ISAC Annual Conference

(Veterans Memorial Community Choice Credit

Union Convention Center, Des Moines)

September 2022

20-23 ISSDA Fall Jail School

(Airport Holiday Inn, Des Moines)

October 2022

9-12 Assessors Fall School

(Airport Holiday Inn, Des Moines)

November 2022

17 ISAC Board of Directos Meeting

(ISAC Office)

Decmeber 2022

13-16 ISSDA Winter School

(Holiday Inn Des Moines Airport)

14-16 ICEA Conference

(Veterans Memorial Community Choice Credit

Union Convention Center, Des Moines)

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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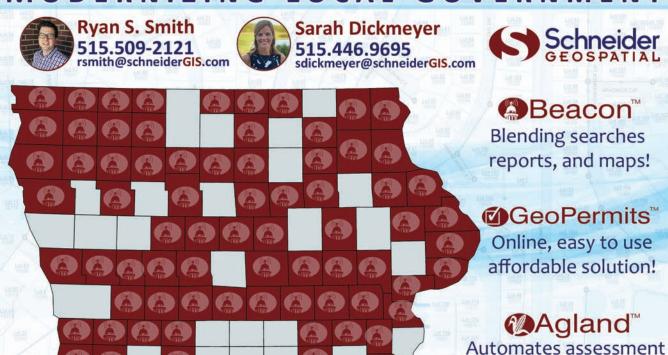
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Greene County Career Academy
Photo Courtesy of Alex Michl, OPN Architects



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over 100 years of experience in conducting elections and providing quality products
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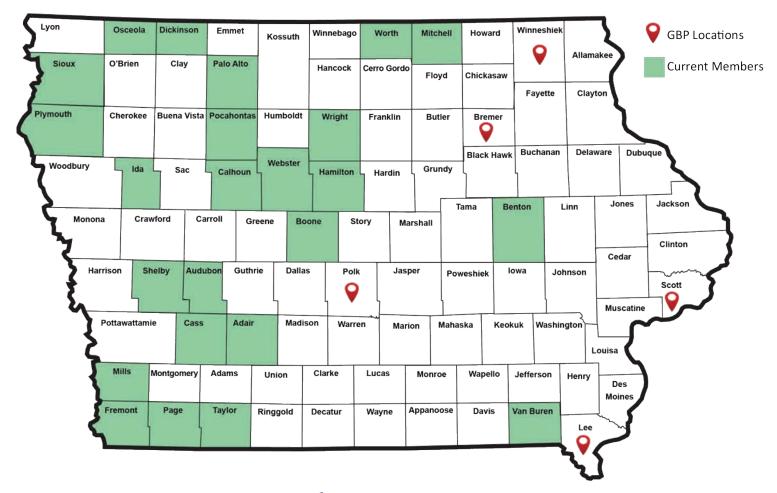
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