

If You Would Like To Refer An Individual For Review By The Collaborative Support Team:

- Request an authorization form by contacting mroskens@swiamhds.org
- Complete the authorization form with your client and return it to:
 - 515 5th Ave. Room 113
Council Bluffs, IA
51503;
 - or
 - mroskens@swiamhds.org

Rev. 04/18

CST

Collaborative Support Team

Collaborative Support Team
c/o Southwest Iowa MHDS Region
515 5th Ave. Room 113

Phone: 712-328-5812
Email: mroskens@swiamhds.org

Collaborative Support Team (CST)

Collaborating to create a community of support for individuals receiving community support services that have complex mental health and/or developmental disability needs.



Since August 2013, a dedicated group of providers have been meeting to discuss and support individuals in our community that have complex needs. We are known as the Collaborative Support Team (CST).

We are an interconnected, multi-agency continuum of services providing support for individuals experiencing mental health symptoms or who have developmental disability needs with frequent admissions to the community hospitals, emergency rooms, and jail. Individuals provide consent for the collaboration but are not present during the consultation. We are working toward coordination of care providing input for treatment plans on referred individuals.

Our shared vision is that our collaboration will create a community of support for individuals receiving community support services that have complex mental health and/or developmental disability needs to build a network of support and hope for each individual's future.

One of the barriers we seek to address is the need to assist individuals with challenging and difficult behaviors and symptoms to share their voice when they transition from one provider to another or from the provider to a hospital setting.

Through shared information and open collaboration the team is able to brainstorm solutions for individuals with complex needs.

ELIGIBILITY

Referrals can be made if the following eligibility requirements are met:

- Individual resides in a county in the Southwest Iowa MHDS Region.
- Individual has a mental health diagnosis or developmental disability.
- A professional indicates inclusion in CST would divert an individual from multiple uses of high acuity services
- or
- Currently under Committal order for 229 or dual 229/125
- or
- Frequent admissions to hospitals for mental health care
- or
- Frequent visits to the emergency room
- or
- Repeat incarcerations
- or
- Significant risk of continued service engagement.

WHO CAN MAKE A REFERRAL

- Integrated Health Home Providers (IHH)
- Assertive Community Treatment Providers (ACT)
- Case Managers
- Service Coordinators
- Hospitals
- Community Mental Health Centers
- Community-Based Mental Health Providers