SOUTHEAST IOWA LINK (SEIL)

FY22 ANNUAL REPORT

Southeast Iowa Link | Southeast Iowa Link (seiowalink.org)

SUBMITTED
11/14/2022
RE-SUBMITTED 12/14/2022

GEOGRAPHIC AREA: Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren, and Washington

APPROVED BY ADVISORY BOARD: 11/9/2022 AND 12/14/2022

APPROVED BY GOVERNING BOARD: 11/9/2022 AND 12/14/2022

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Introduction

Southeast Iowa Link (SEIL) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390. The annual report is a component of the Management Plan which includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual in compliance with Iowa Administrative Code 441.25.

The FY2022 Annual Report covers the period of July 1, 2021 to June 30, 2022. The annual report includes documentation of the status of service development, services actually provided, individuals served, designated intensive mental health services, a financial statement including revenues, expenditures and levies and specific regional outcomes for the year.

Voting- elected official	Voting- elected official
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Henry County **Marc Lindeen, Secretary/Treasurer** 100 East Washington, Mt Pleasant, IA 52641 319-931-0760 supervisors@henrycountyiowa.us	**Louisa County** **Chris Ball** 117 South Main Street, Wapello, IA 52653 319-523-3372 CBall@louisaco-ia.org
Des Moines County **Tom Broeker** 513 N. Main, Burlington, IA 52601 319-759-1166 broekert@dmcounty.com	**Van Buren County** **Mark Meek** 303 First Street, Bonaparte, IA 52620 319-931-4322 tugboat@netins.net
Voting- non elected official	**Voting-non elected official**
Adult Individual or Family Representative of person with lived experience- Open	**Parent/Family Representative of child accessing behavioral health services** **Tricia Lipski** **319-931-0036 tricialipski@gmail.com**
	Education Representative of children with SED **Mark Schneider** PO Box 150, Wellman, IA 52356 319-936-8601 mschneider@mphawks.org
Ex-officio- non voting	**Ex-officio- non voting**
Adult Service Provider **Tracy Liptak** **301 West Burlington Ave. Fairfield, IA 52556** **641-472-5771** **tliptak@optimaelifeservices.com**	**Children's Service Provider** **Ezra Allen** **302 West Church St. Marshalltown, IA 50158** **515-400-7578** **ezra.allen@lsiowa.org**

A. Services Provided and Individuals Served

This section includes:

- The number of individuals in each diagnostic category funded for each service
- Unduplicated count of individuals funded by age and diagnostic category
- Regionally designated Intensive Mental Health Services

Table A. Number of Individuals Served for Each Service by Diagnostic Category

FY 2022 Actual GAAP	Southeast Iowa Link (SEIL) MHDS Region	MI (40)		ID(42)		DD(43)		BI (47)		Other		Total
		A	C	A	C	A	C	A	C	A	C	
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient		3									**3**
43301	Evaluation (Non-Crisis) - Assessment and Evaluation	1										**1**
71319	State MHI Inpatient - Per diem charges	10										**10**
73319	Other Priv./Public Hospitals - Inpatient per diem charges	1										**1**
	Basic Crisis Response											
44301	Crisis Evaluation	201	75									**276**
44302	23 Hour Observation and Holding	1										**1**
44312	Crisis Stabilization Community Based Services (CSCBS)		1									**1**
44313	Crisis Stabilization Residential Service (CSRS)	71										**71**
44396	Access Center start-up/sustainability/coordination	3										**3**
	Support for Community Living											
32329	Support Services - Supported Community Living	4										**4**
	Support For Employment											
50367	Day Habilitation	1				1						**2**
50368	Voc/Day - Individual Supported Employment	17				1						**18**
50369	Voc/Day - Group Supported Employment					1						**1**
	Recovery Services											
	Service Coordination											
24376	Health Homes Coordination - Coordination Services	261	2									**263**
	Sub-Acute Services											
	Core Evidence Based Treatment											
32396	Supported Housing	1										**1**
	Core Subtotals:	**572**	**81**			**3**						**656**
Mandated												
74XXX	Commitment Related (except 301)	370	6									**376**
75XXX	Mental health advocate	429	23									**452**
	Mandated Subtotals:	**799**	**29**									**828**
Core Plus												
	Justice System Involved Services											

25XXX	Coordination services	259	2									**261**
	Additional Core Evidence Based Treatment											
42366	Psychotherapeutic Treatment - Social Support Services	424	2	1								**427**
	Core Plus Subtotals:	**683**	**4**	**1**								**688**
Other Informational Services												
Community Living Support Services												
33340	Basic Needs - Rent Payments	5										**5**
	Community Living Support Services Subtotals:	**5**										**5**
Congregate Services												
64XXX	RCF-6 and over beds	8										**8**
	Congregate Services Subtotals:	**8**										**8**
Administration												
Uncategorized												
Regional Totals:		**2067**	**114**	**1**		**3**						**2185**

Table B. Unduplicated Count of Individuals by Age and Diagnostic Category

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	104	1405	1509	40
Mental Illness, Intellectual Disabilities	0	1	1	40, 42
Mental Illness, Other Developmental Disabilities	0	1	1	40, 43
Other Developmental Disabilities	0	1	1	43
Total	104	1408	1512	99

B. Regionally Designated Intensive Mental Health Services

The region has designated the following provider(s) as an **Access Center** which has met the following requirements:

- Immediate intake assessment and screening that includes but is not limited to mental and physical conditions, suicide risk, brain injury, and substance use.
- Comprehensive person-centered mental health assessments by appropriately licensed or credentialed professionals.
- Comprehensive person-centered substance use disorder assessments by appropriately licensed or credentialed professional.
- Peer support services.
- Mental health treatment.
- Substance abuse treatment.
- Physical health services.
- Care coordination.
- Service navigation and linkage to needed services.

Date Designated	Access Center
5/19/2021	Southern Iowa Mental Health, Ottumwa

The region has designated the following **Assertive Community Treatment (ACT)** teams which have been evaluated for program fidelity, including a peer review as required by subrule 25.6(2), and documentation of each team's most recent fidelity score.

Though SEIL identifies two ACT Teams as designated, only two counties of the SEIL's eight counties are able to access these ACT services and only at the discretion of the service providers having the capacity to serve additional individuals in those locations. SEIL has pursued expansion of service conversations for increased access to service and intent to designate with both providers but to no avail. Just as in FY21, FY22 appears to remain in the same quandary in that there does not appear to be sufficient workforce or inclination to pursue the development of this service which ultimately is the deficit for SEIL's designation of service to cover the full population. Continued efforts will be made to develop ACT service availability throughout the SEIL Region in all counties.

Date Designated	ACT Teams	Fidelity Score
11/3/2018	UIHC, Iowa City	112
7/1/2020	Southern Iowa Mental Health, Ottumwa	116

The region has designated the following **Subacute** service providers which meet the criteria and are licensed by the Department of Inspections and Appeals.

Date Designated	Subacute
4/27/2020	Southern Iowa Mental Health, Ottumwa

The region has designated the following **Intensive Residential Service** providers which meet the following requirements:

- Enrolled as an HCBS 1915(i) habilitation or an HCBS 1915(c) intellectual disability waiver supported community living provider.
- Provide staffing 24 hours a day, 7 days a week, 365 days a year.
- Maintain staffing ratio of one staff to every two and on-half residents.
- Ensure that all staff have the minimum qualifications required.
- Provider coordination with the individual's clinical mental health and physical health treatment, and other services and support.
- Provide clinical oversight by a mental health professional
- Have a written cooperative agreement with an outpatient provider.
- Be licensed as a substance abuse treatment program or have a written cooperative agreement.
- Accept and service eligible individuals who are court-ordered.
- Provide services to eligible individuals on a no reject, no eject basis.
- Serve no more than five individuals at a site.
- Be located in a neighborhood setting to maximize community integration and natural supports.
- Demonstrate specialization in serving individuals with an SPMI or multi-occurring conditions and serve individuals with similar conditions in the same site.

The SEIL Region solicited conversation with two providers in FY22 that had previously expressed some interest in providing IRSH services. Designation of such services did not occur in FY22 however there was extensive discussion about the process of becoming an IRSH, the implications of No Eject/No Reject, and an analysis for the population needs

of Southeast Iowa (including CROSS, SCBHR, and SEIL) along with the resources and population bases that would contribute to the sustainability of the service.

Date Designated	Intensive Residential Services
NA	Hope Haven- Burlington
NA	First Resources- Burlington

C. Financials

Table C. Expenditures

FY 2022 Accrual	SEIL MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	**Treatment**						
42305	Mental health outpatient therapy **	$ 813					$ 813
42306	Medication prescribing & management **						$ -
43301	Assessment, evaluation, and early identification **	$ 1,500					$ 1,500
71319	Mental health inpatient therapy-MHI	$ 349,886					$ 349,886
73319	Mental health inpatient therapy **	$ 135					$ 135
	Crisis Services						
32322	Personal emergency response system						$ -
44301	Crisis evaluation	$ 188,239					$ 188,239
44302	23 hour crisis observation & holding	$ 413					$ 413
44305	24 hour access to crisis response						$ -
44307	Mobile response **						$ -
44312	Crisis Stabilization community-based services **	$ 100					$ 100
44313	Crisis Stabilization residential services **	$ 1,344,741					$ 1,344,741
44396	Access Centers: start-up / sustainability	$ 95,312					$ 95,312
	Support for Community Living						
32320	Home health aide						$ -
32325	Respite						$ -
32328	Home & vehicle modifications						$ -
32329	Supported community living	$ 42,137					$ 42,137
42329	Intensive residential services						$ -
	Support for Employment						
50362	Prevocational services						$ -
50364	Job development						$ -
50367	Day habilitation	$ 1,124		$ 5,842			$ 6,966
50368	Supported employment	$ 29,512		$ 7,919			$ 37,431

50369	Group Supported employment-enclave			$ 3,707			$ 3,707
	Recovery Services						
45323	Family support						$ -
45366	Peer support						$ -
	Service Coordination						
21375	Case management						$ -
24376	Health homes	$ 43,398					$ 43,398
	Sub-Acute Services						
63309	Subacute services-1-5 beds						$ -
64309	Subacute services-6 and over beds						$ -
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	$ 5,573					$ 5,573
32396	Supported housing	$ 3,696					$ 3,696
42398	Assertive community treatment (ACT)						$ -
45373	Family psychoeducation						$ -
	Core Domains Total	**$ 2,106,579**	**$ -**	**$ 17,468**	**$ -**		**$ 2,124,047**
Mandated Services							
46319	Oakdale						$ -
72319	State resource centers						$ -
74XXX	Commitment related (except 301)	$ 141,662					$ 141,662
75XXX	Mental health advocate	$ 149,193					$ 149,193
	Mandated Services Total	**$ 290,855**	**$ -**	**$ -**	**$ -**		**$ 290,855**
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services	$ 150,224					$ 150,224
44346	24 hour crisis line*						$ -
44366	Warm line*						$ -
46305	Mental health services in jails						$ -
46399	Justice system-involved services-other						$ -
46422	Crisis prevention training	$ 9,345					$ 9,345
46425	Mental health court related costs						$ -
74301	Civil commitment prescreening evaluation						$ -
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	$ 871,045	$ 235				$ 871,280
42397	Psychiatric rehabilitation (IPR)						$ -
	Additional Core Domains Total	**$ 1,030,614**	**$ 235**	**$ -**	**$ -**		**$ 1,030,849**
Other Informational Services							
03371	Information & referral	$ 3,089					$ 3,089
04372	Planning, consultation &/or early intervention (client related) **						$ -
04377	Provider Incentive Payment						$ -
04399	Consultation Other						$ -

04429	Planning and Management Consultants (non-client related)						$ -
05373	Public education, prevention and education **	$ 45,388					$ 45,388
	Other Informational Services Total	**$ 48,477**	**$ -**	**$ -**	**$ -**		**$ 48,477**
Community Living Supports							
06399	Academic services						$ -
22XXX	Services management	$ 215,098					$ 215,098
23376	Crisis care coordination						$ -
23399	Crisis care coordination other						$ -
24399	Health home other						$ -
31XXX	Transportation						$ -
32321	Chore services						$ -
32326	Guardian/conservator						$ -
32327	Representative payee						$ -
32335	CDAC						$ -
32399	Other support						$ -
33330	Mobile meals						$ -
33340	Rent payments (time limited)	$ 4,318					$ 4,318
33345	Ongoing rent subsidy						$ -
33399	Other basic needs						$ -
41305	Physiological outpatient treatment						$ -
41306	Prescription meds						$ -
41307	In-home nursing						$ -
41308	Health supplies						$ -
41399	Other physiological treatment						$ -
42309	Partial hospitalization						$ -
42310	Transitional living program						$ -
42363	Day treatment						$ -
42396	Community support programs						$ -
42399	Other psychotherapeutic treatment						$ -
43399	Other non-crisis evaluation						$ -
44304	Emergency care						$ -
44399	Other crisis services						$ -
45399	Other family & peer support						$ -
46306	Psychiatric medications in jail						$ -
50361	Vocational skills training						$ -
50365	Supported education						$ -
50399	Other vocational & day services						$ -
63XXX	RCF 1-5 beds *(63314, 63315 & 63316)*						$ -
63XXX	ICF 1-5 beds *(63317 & 63318)*						$ -
63329	SCL 1-5 beds						$ -
63399	Other 1-5 beds						$ -
	Community Living Supports	**$ 219,415**	**$ -**	**$ -**	**$ -**		**$ 219,415**

Other Congregate Services							
50360	Work services (work activity/sheltered work)						$ -
64XXX	RCF 6 and over beds *(64314, 64315 & 64316)*	$ 219,153					$ 219,153
64XXX	ICF 6 and over beds *(64317 & 64318)*						$ -
64329	SCL 6 and over beds						$ -
64399	Other 6 and over beds						$ -
	Other Congregate Services Total	**$ 219,153**	**$ -**	**$ -**	**$ -**		**$ 219,153**
Administration							
11XXX	Direct Administration					643,948	$ 643,948
12XXX	Purchased Administration					114,391	$ 114,391
	Administration Total					$ 758,339	$ 758,339
	Regional Totals	**$ 3,915,092**	**$ 235**	**$ 17,468**	**$ -**	**$ 758,339**	**$ 4,691,134**
(45XX-XXX)County Provided Case Management							$ -
(46XX-XXX)County Provided Services							$ 266,047
	Regional Grand Total						$ 4,957,181
Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)							
13951	**Distribution to MHDS regional fiscal agent from member county**						$ 3,820,190
14951	**MHDS fiscal agent reimbursement to MHDS regional member county**						$ 43,752
*24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.							
**Core services for children with a serious emotional disturbance (SED)							

Table D. Revenues

FY 2022 Accrual	SEIL MHDS Region		
Revenues			
	FY21 Annual Report Ending Fund Balance		**$ 4,815,064**
	Adjustment to 6/30/21 Fund Balance		
	Audited Ending Fund Balance as of 6/30/21 (Beginning FY22)		**$ 4,011,570**
	Local/Regional Funds		$ 5,756,849

10XX	Property Tax Levied	3,073,488	
12XX	Other County Taxes	4,429	
16XX	Utility Tax Replacement Excise Taxes	141,285	
25XX	Other Governmental Revenues	2,406,310	
4XXX-5XXX	Charges for Services		
5310	Client Fees	16,042	
60XX	Interest		
6XXX	Use of Money & Property	3,896	
8XXX	Miscellaneous	5,505	
9040	Other Budgetary Funds (Polk Transfer Only)	105,894	
	State Funds		**$2,809,929**
21XX	State Tax Credits	194,829	
22XX	Other State Replacement Credits	56,806	
24XX	State/Federal pass thru Revenue		
2644	State Regional Service Payments	2,556,045	
29XX	Payment in Lieu of taxes		
2645	Other	2,249	
	Other		
	Federal Funds		**$ -**
2345	Medicaid		
	Other		
	Total Revenues		$ 8,566,778

Total Funds Available for FY22	$ 12,578,348
FY22 Actual Regional Expenditures	$ 4,957,181
Accrual Fund Balance as of 6/30/22	$ 7,621,167

D. Status of Service Development in FY2022

Just as reported in previous years, the MHDS Region system experienced legislative changes that relate to financing and subsequently organizational structure changes for Regions that designate county employees to do Region work. Though this is not related to service development, it directly relates to the functioning of the Region which must be maintained

within the perimeters of the law in order to sufficiently accomplish the directives of the law pertaining to core services and the development of services.

The elimination of Fund 10 at the member county level, as a residual effect of the elimination of the MHDS tax levy, had to pivot our work to determine next steps for employment organization of our region and to sort out how to procedurally manage the elimination of Fund 10. Subsequently, the Region also had to work with local government partners in the creation of the designated General Fund sub-fund for each county member that employs a region designated staff. The Department of Management, County Finance Committee, Department of Human Services, ISAC Board of Supervisor/Auditor/Treasurer affiliates, and MHDS Regions had several meetings and communications regarding this transition. SEIL internally also met with the county Auditors, county Treasurers, region Finance Committee members, County Board of Supervisors, and SEIL Governing Board members to ensure appropriate development of financial structures, coding, and documents (MOUs as addendums to the Region 28E). Such guidance and meetings continued throughout the year with an official Region Operational Guidance being issued October 25, 2021 and Revised December 3, 2021 both retroactive to July 1. The time and effort to once again re-evaluate, re-structure, re-organize our region to stay in compliance of the law and directed operational guidance from the Department of Health and Human Services is worthy of mention as related to service development. The region is the local public facing access point for the MHDS service system and the county designated employees of the region have experienced shifts in roles and responsibilities to the public, to local government (their employers), to the Governing Board, to our provider network, and to our collaborative efforts with other public service systems due to legislative changes. Such restructuring resulted in implications to the time and ability of our region to devote to active service development.

Despite the reduction in time experienced by restructuring as well as realignment of roles and responsibilities within the new structures of SEIL, effort also continued to be placed on service development. SEIL has an open RFP for the following crisis services- 23 Hour Crisis Observation and Holding (Adults), Crisis Stabilization Community Based Services (Adults and Youth), Crisis Stabilization Residential Services (Youth), and Mobile Crisis Response (Adults and Youth). This issue is addressed often at SEIL Stakeholder meetings which occurs on a monthly basis. Within these meetings we discuss the barriers to rolling out these services and what are potential solutions for those barriers. Numerous other communications and meetings have transpired as well in relation to these services. Much effort has been invested in evaluating possibilities for service expansions on other crisis services currently available within the SEIL Region and with outside providers that have expertise in crisis service delivery. SEIL has also had conversation with broader focused entities that collect resource information and discuss the deficit of core crisis services in SEIL. The impetus for these conversations is to identify some of the identified barriers to service development, but also problem solve ways to mitigate those barriers. A direct influential factor in not having these services available or need for more depth of availability is workforce shortages. SEIL has engaged in efforts with partner regions in a marketing/social media campaign with Trilix to encourage interest and pursuit of careers in human services. Partnerships with other groups in problem solving around workforce as related to legislative priority has also been engaged. This is a long-range strategy, but some short-term benefit can be gained with individuals wanting “helping field” experience while pursuing post-secondary education and/or certification/training.

Another venue for SEIL in gaining buy in and momentum in support of Mobile Crisis Response development is with our colleagues in law enforcement and public safety. The framework of Crisis Intervention Training (CIT) has allowed the region conversations with individuals and systems that have mutual concerns and are impacted by their involvements with those that suffer brain health conditions. Offering insight to the importance that mobile services can have on the public safety net systems at large as well as introducing various examples of models that could be beneficial and sustainable in a mixed rural and micropolitan geographic space has been very beneficial. Just as the region must become familiarized with process and impact in those collaborative disciplines, public safety entities must also come to know the challenges of the region in creating structures to assist in helping others with brain health impacted individuals.

Beyond the scope of crisis service, SEIL recognizes the importance of having the full spectrum of service availability across the continuum of care. Assertive Community Treatment (ACT) is one core service that may meet the needs of a certain segment of the population that requires intensive community-based service with a team of professionals to ensure treatment needs are met and the whole person is attended to in order to acquire optimum functioning of the person in the community of their choice and living out their life aspirations. SEIL realizes the grandiosity of this ask for a provider because of the depth of the requirements for professional and highly skilled team members. There is some certainty that the establishment of ACT by a provider may mean the service loss of another service given the profound shortages of such employees. That being said, SEIL continues to initiate conversation and attempt to find resolutions with prospective providers in overcoming obstacles to ACT service delivery. It is anticipated that in FY23 an RFP will be let that is specific to ACT as yet another demonstration of effort on the part of SEIL in meeting the expectation of the code and the regions expectations with the Iowa Department of Health and Human Services in the performance-based contract.

Intensive Residential Services is another component of the service continuum to address treatment for the complex needs population that frequently are denied service entry and/or linger unnecessarily in inappropriate environments/levels of care. SEIL engaged in discussions with 2 providers relevant to the development of IRSH in our Region. It was extremely helpful to have the standardized RFP for IRSH that DHS provided. This leveling of the playing field in prospective IRSH programs for regions on a statewide basis through the application process made the process much more expeditious. Ultimately the SEIL Region only received one application. Steps for creating Startup budgets, identification of site location, necessary documents/collaborative agreements, policy and procedure, and provisional designation will commence immediately. SEIL, Amerigroup, and First Resources continued to have monthly meetings to ensure forward progression in the development of this service. It is anticipated that IRSH will be open in the first half of FY23 and will incrementally accept new client referrals until full capacity is reached. Timeframes for acceptance will be measured and all effort will be given to stay within compliance standards for these timeframes, however it is also important to acknowledge that the service delivery should be transitioned into full execution of the service in a way that ensures the health and safety of individuals served and the staff that provide the service. The cohesiveness of the IRSH team and creation of the therapeutic milieu for those served is incredibly important to the success and sustainability of the program.

E. Outcomes/Regional Accomplishments in FY2022

In FY22 SEIL continued to navigate the ongoing complexities of service delivery in the “new normal” Covid impacted healthcare environment. The “great resignation” seemed to have extensive implications to the workforce of Southeast Iowa and in general those geographic locations that the average age of the population is increasing, and the population growth is decreasing. Doing more on less and with fewer employee/workforce assets is the new trend. SEIL has circumnavigated many of these challenges with our provider network by creating collaborative business relationships to develop services that had historically been covered by one provider agency in house but now requires collective effort across provider agencies and efficient utilization of skilled personnel to fill service gaps just in order to maintain the service. In brief, a major accomplishment for FY22 was retaining all of our existing contracted services.

Peer Ran Drop In/Recovery Centers

SEIL continues to greatly value peer ran Drop In/Recovery Centers as an equal opportunity and open means to assistance, service access, resource to encourage community connectedness, as well as a way to reduce isolation, offer opportunity to other more traditional services if desired/needed, reciprocate support and information, learn strategies to effectively manage brain health challenges, and forge healthy relationships in the community. Another major challenge that these programs take to task head on is the reduction of stigma. Everyone experiences Brain Health across

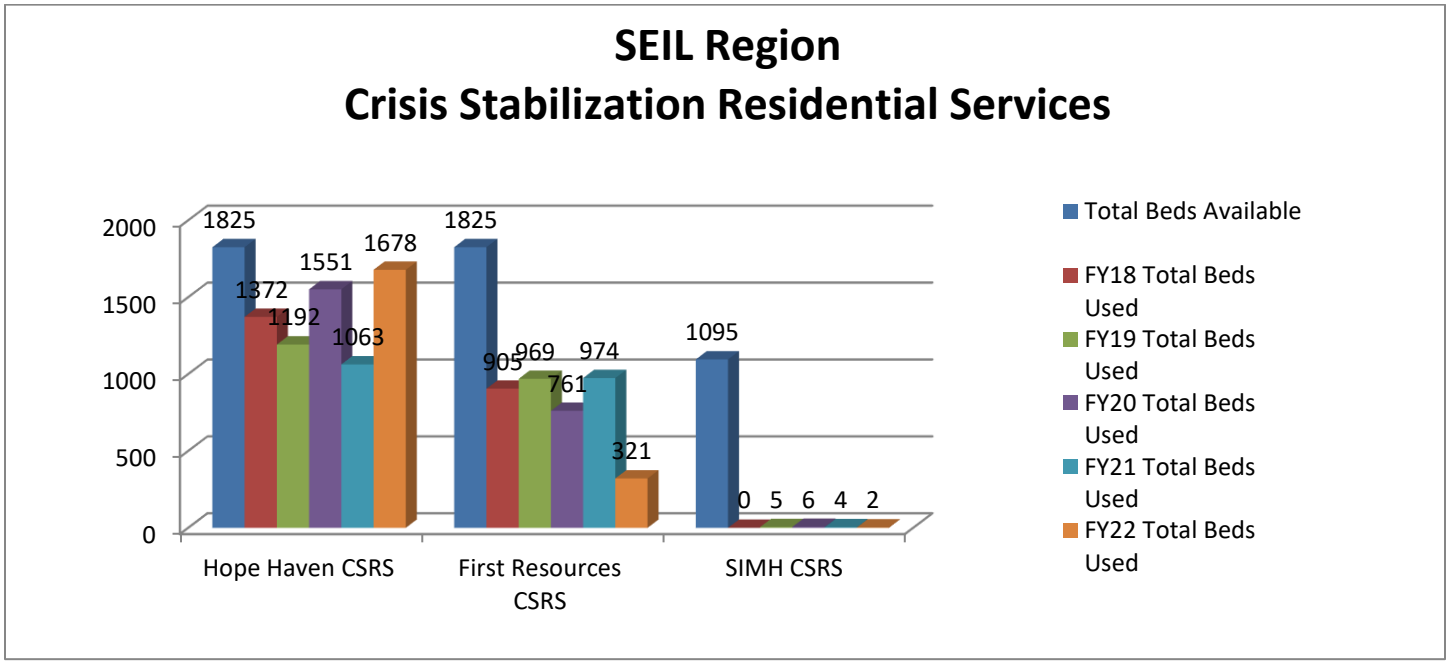
the lifespan, no different than any other medical condition. These Centers allow for preventative, restorative, and stabilizing involvement on each own person's terms.

SEIL Peer Support Centers have been open and available in each of their designated communities in FY22 with modifications when required due to staffing shortages and/or imminent risk of health due to Covid positivity. A grand push to increase the number of Peer Support Specialists in these Centers was undertaken in FY22 and notable strides in increasing the number of trained peer specialists from the SEIL Region was noted in the Peer Support Evidence Based Practice workgroup statewide, which a SEIL Coordinator facilitated in a leadership role. Other research based and evidence-based practices have been implemented in our centers including Wellness Recovery Action Plans, Family Support, elements of psychoeducation, trauma informed care, and crisis de-escalation. Access to the trainings of Mindspring has also elevated the depth of information available to Center attendees in understanding mental health conditions and effective strategies to mitigate symptoms and find healthy interventions.

Crisis Stabilization Residential Services (CSRS)

The SEIL region CSRS programs remained available for service to adult individuals throughout FY22 with minimal disruption in service delivery. This service continued to be a beneficial asset to accomplishing diversion from Emergency Departments and in some situations criminal charges that could have resulted in jail time. Once again it is to be noted that utilization of this service was comparable to last year's reporting, however diminished from pre-Covid utilization. Though, at this time SEIL is not able to identify the direct causal effects for the utilization of the CSRS services in Southeast Iowa, but notably there was considerable effort to market the Your Life Iowa number as well as expand the Crisis Evaluation service capability of Optimae clinicians and urgent care appointments with designated outpatient providers in the SEIL Region. Early intervention and de-escalation strategies could be contributing factors to lessening the need for CSRS locally.

The chart below indicates the three SEIL contracted programs for adults and the utilization of each over the past five fiscal years as related to region funding. Medicaid and other pay sources are not included in these figures. SEIL does however track gap cost associated with vacant bed availability for the First Resources and Hope Haven programs. The total for those empty beds/percentage unused for FY22 was: First Resources 321/17.59% and Hope Haven 785/45.66%. SEIL continues to monitor the utilization and trends within and across these services to best identify population need in relation to resource/service availability. It is to be understood that CSRS, like many of the crisis services, are mandated to be available for access within the prescribed access standards regardless of actual utilization rates.



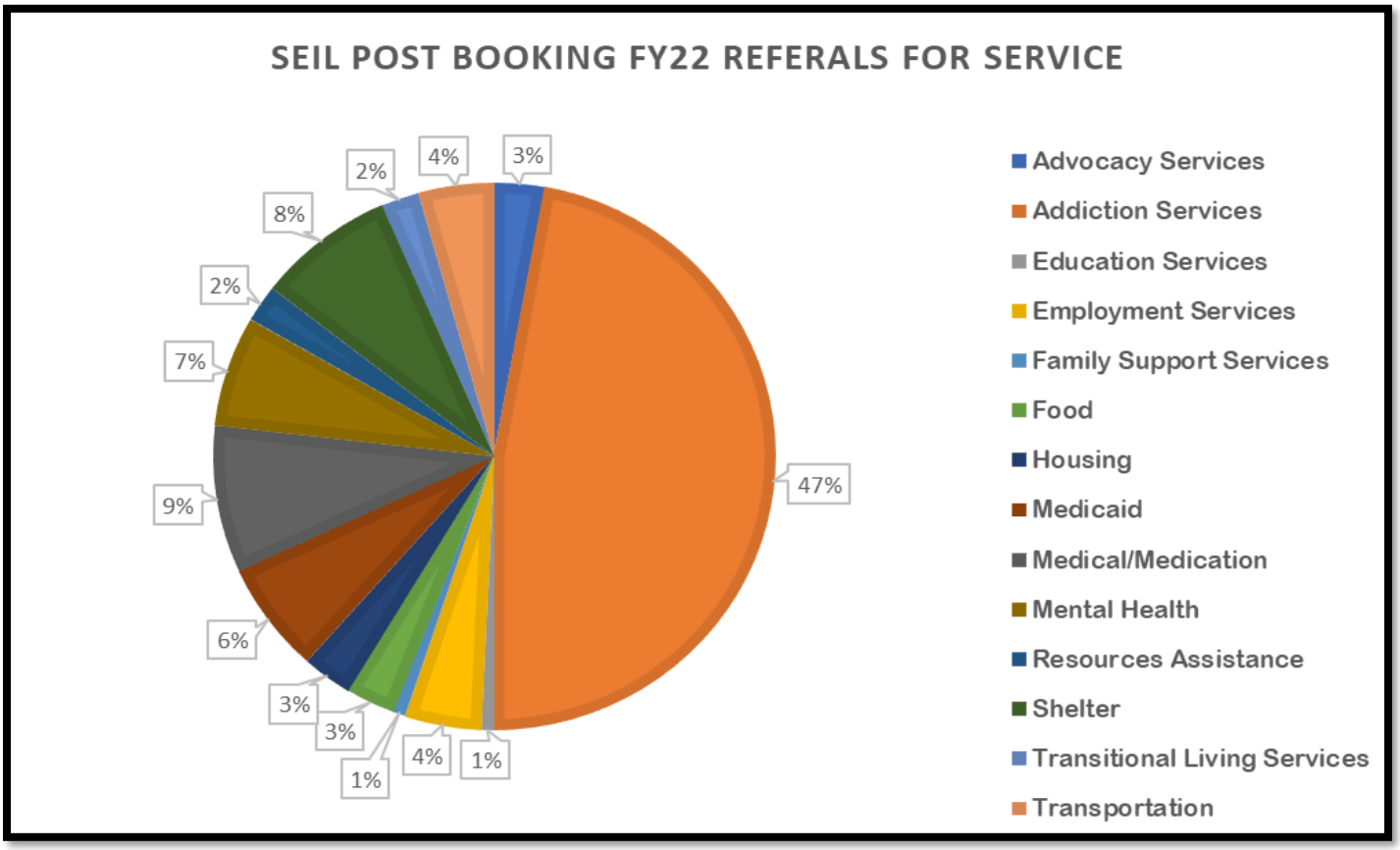
An additional note to be added related to CSRS for SEIL is that in FY22 SEIL, along with our partner regions of South Central Behavioral Health and County Rural Offices of Social Services, contract for Children's CSRS. The physical plant of this service encountered significant delays due to building regulations and the necessities of building codes regulating such service provision. Because this service is co-located within shelter services, there has been limited opportunity for SEIL children to be served toward the latter half of the fiscal year. In FY22, SEIL had one adolescent receive CSRS services. We anticipate this service to fully open in FY23 and we intend to demonstrate the outcomes of the Children's CSRS program in future annual reports similar to the longitudinal representation we provide on adult CSRS.

Justice Involved Services

The partnership between MHDS regions and law enforcement (LE) continues to be critical to ensuring that individuals are served and treated in the most appropriate manner possible given their dispositional status. Providing resources to law enforcement that offer alternatives to criminal charges and attend to the mental health condition of a citizen is instrumental to addressing disproportionate criminalization of individuals with brain health conditions. Not unlike the experiences SEIL has had with deficits in workforce capacity for service provision, law enforcement has had the same challenges. Policies for LE agencies have been modified in some instances to allow for a greater pool of applicants to draw from for employment, marketing strategies in broader venues has been engaged, and recruitment and retention has gained new focus. As anticipated, the workforce shortages creates scenarios in which LE are not able to attend meetings, trainings become low priority in order to retain coverage in their communities, budgets have become pressed because hourly/salary compensation must be competitive with other agencies as well as other field disciplines that justice workers are needed and the overall health and wellness of our LE partners have become compromised due to the overwhelming needs in our communities that those working get little to no respite/break to regroup and refresh.

Likewise, Transition Link experienced a complete rollover of transition coordinators in FY22 due to primarily the fear of elimination by legislative actions. A residual influencing factor is that the job market has been relatively full of open posted positions allowing for a significant amount of employee shuffling as professionals attempt to find work that meets their personal and professional goals. Fortunately, Transition Link was able to secure three new transition coordinators and begin the process of training, meeting jail staff, learning their designated jail systems protocols for service, and familiarizing themselves with the JIS coordination framework in the CSN system to track client level information, contact with detainees, availability of resources and documentation of interventions to measure outcomes. Starting anew is time and labor intensive, but SEIL is ecstatic to be back up to speed with quality staff that are dedicated and enthusiastic about the work and mission of Transition Link JIS.

JIS access to jail systems progressively became available as Transition Link staff were hired and were processed by jail staff for entrance. The service inside the jails continues to be a voluntary service and access to detainees are subject to the approval of jail administration staff based on a multitude of factors including health/safety, staffing escort availability, detainee status at time of request, and availability of Transition Link staff in relation to detainee booking/discharge. Interfacing with other systems such as the judiciary, county attorneys, public defenders/legal counsel, and community-based service providers also impact referrals/voluntary participation/allowable interactions and service. Baselines for the provision of in jail services given the gradual roll out of new Transition Link staff was initiated in FY22 and is hopeful to be fully analyzed in FY23. Comparable utilization of the program across fiscal years was not attainable in any conclusive way for FY22 because of employee turnover. However, SEIL has included the below referrals for service by the transition coordinators which is telling of the needs of detainees as either they request assistance and/or the perspective of the court system in finding ways to mitigate perceived contributing factors to the detainee's criminal charges.

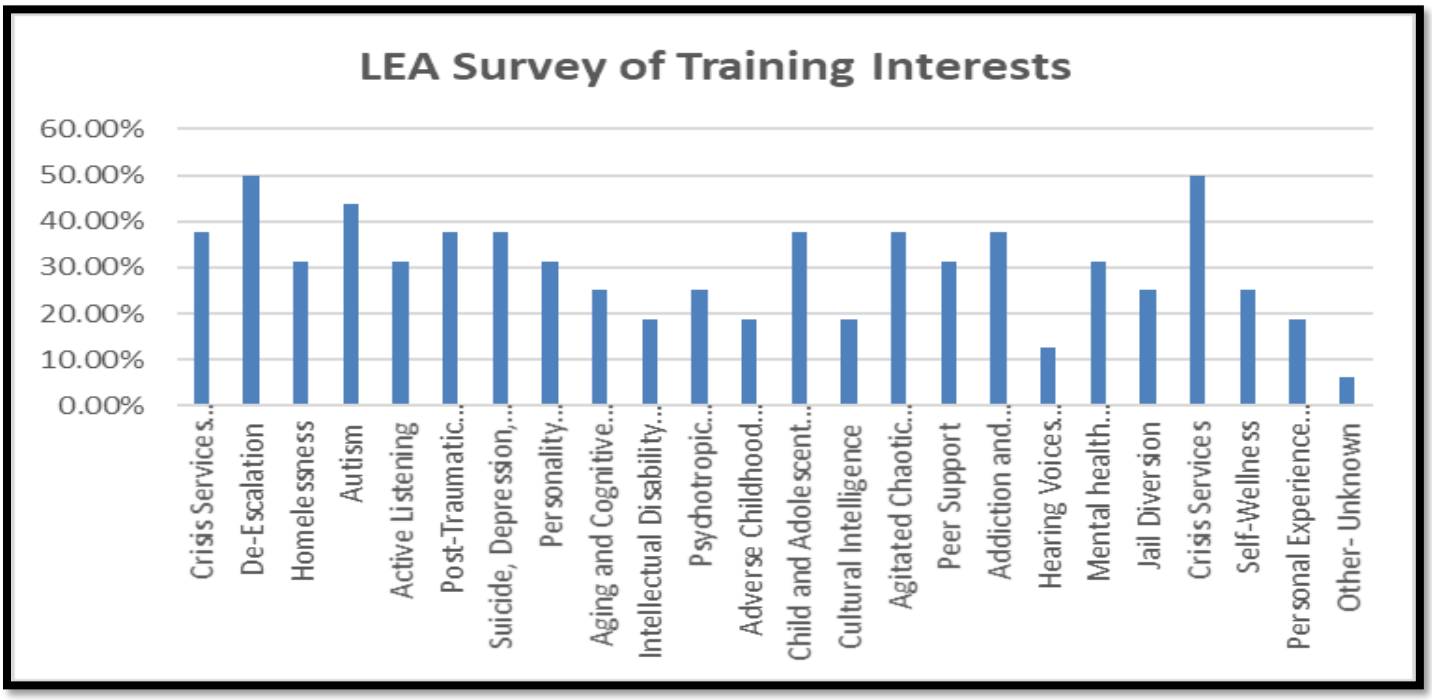


*Total persons served unduplicated count for SEIL Post Booking- 261

As you can see, the highest percentage of referrals was to addiction services (47%) across the eight county jail systems of the SEIL Region. In comparison mental health service referrals accounted for 7% of referrals. Many detainees experience multi-complex factors but in a very high-level analysis of this information, nearly half of all referrals at a minimum had complications of substance use. This analysis concurs with the findings of a meta-analysis published by Lancet Public Health in June 2022 in which a systemic review was completed on the prevalence of comorbid serious mental illnesses and substance use disorders in prison populations. The final interpretation of that review indicated that around half of the prison population with non-affective psychosis or major depression have a comorbid substance use disorder. Consideration should be given to screening for dual disorders and implementing integrated and scalable treatments. (Wainwright V, Dawson A. Lancet Public Health. 2022 Jun;7(6):e492-e493. doi: 10.1016/S2468-2667(22)00115-3.) Likewise, SAMHSA identified in a 2017 analysis of 2007-2009 prison and jail population data that 58% of prisoners and 63% of jail inmates have a DSM-IV diagnosis of substance dependence or abuse in comparison to the general population. (https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5966)

A SEIL Region survey of law enforcement agencies was conducted in October 2021. Of the 27 law enforcement agencies sent the survey, 17 responded. The overarching findings of the survey indicated that about 50% of our LEA have open positions. Because most are not fully staffed 58% of the LEA reported this affects their ability to engage in public relations and collaborative networking activities in the communities they serve. With 58% of the LEA reduced staff has affected their ability to allow employees to attend trainings other than mandated in-services trainings. Many of the LEA responding identified they want to have fifty to one hundred percent of their staff to become CIT trained and just under fifty percent of the agencies could commit to sending officers to a CIT training in the next six to twelve months. Seventy three percent (73%) of the LEA said they could commit to sending officers to an eight-hour Mental Health First Aid for Public Safety training in the next six to twelve months. When asked about the CIT training location 70% of the LEA indicated they would like to have the CIT training offered at different locations within the SEIL Region verses holding it at

a central location. The 40-hour CIT format that had a 43% response rate was to offer the training three days one week and two days the following week verses five days in a row. January, February and March are the months that would work best for LEA to send officers to a 40-hour CIT training. Lastly, the survey offered a wide variety of mental health training topics (24) for LEA to indicate their areas of interest. All 24 topic areas were chosen with percentage of interest indicated below.



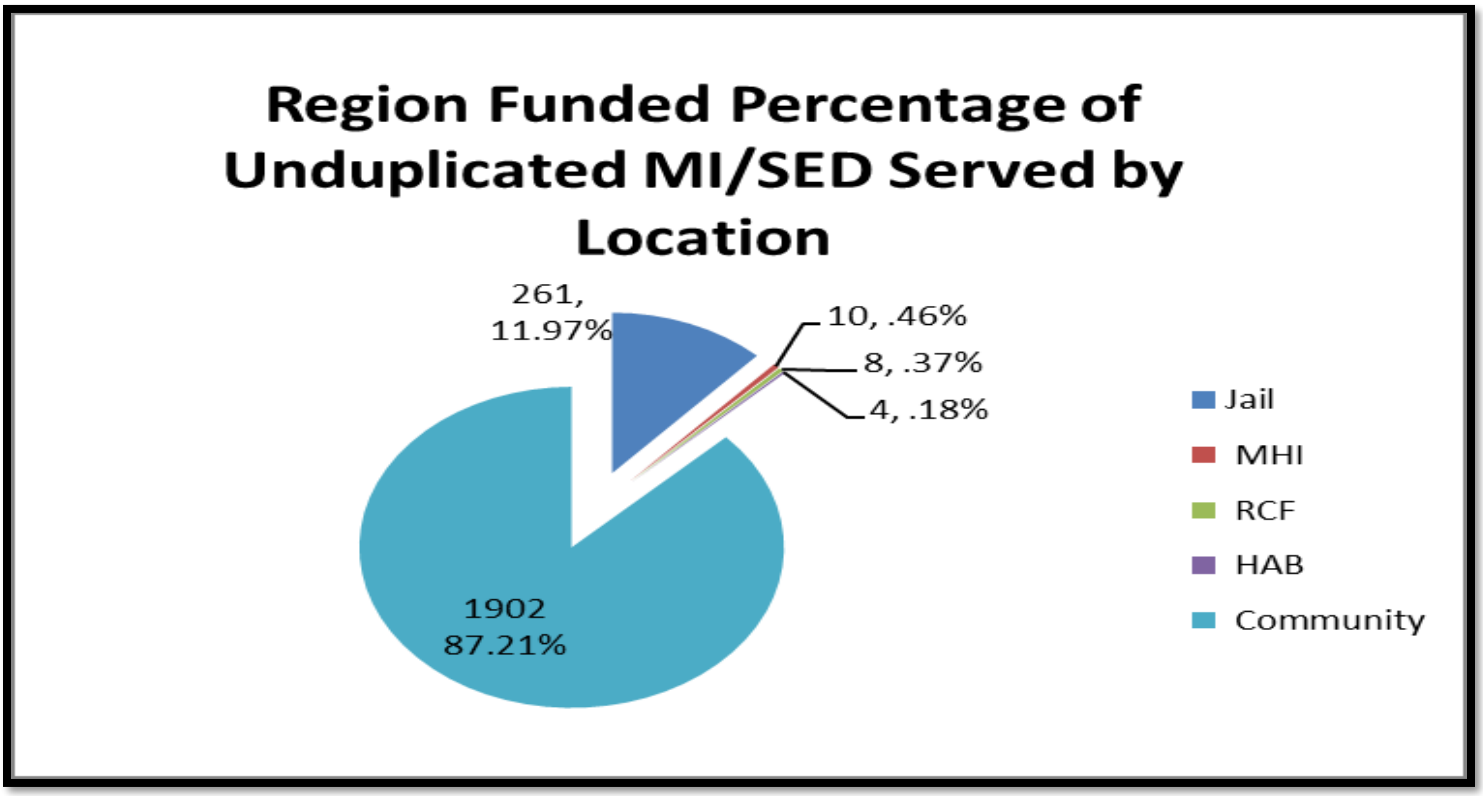
Post Survey, a significant amount of effort has been invested in diverting individuals with brain health conditions from entering the criminal justice system. Transition Link staff facilitated Region wide Crisis Intervention Trainings as well as other evidence based/researched based trainings aimed at this goal. During FY22 the following training work was done: Dr. Steven Loyd presented on Mental Health and Addiction Recovery, Youth Mental Health First Aid training was held March 25th, Adult Mental Health First Aid was held June 30th at the Burlington Police Department with twenty-one registrants, other curriculum trainings offered by SEIL contracted providers and other available resources, and a youth and public safety Mental Health First Aid (MHFA) Training as well as a Solution Point+ CIT has been organized for FY23.

Additionally, work has been done to have monthly county level meeting related to CIT/JIS efforts to ensure systems are communicating effectively and trainings are made available to the county populations that are identified as needs. Identified topics for county level meetings include homelessness, frequent users of emergency services, what services are available in the region, and how can local elected officials help. Discussions have also included identifying individuals who could benefit from Assertive Community Treatment (ACT) services (currently not available) and other forms of community-based support to prevent further legal entanglements.

Locations of service

SEIL prides itself in attention to the location of services so that it is least restrictive to meet needs and stay in compliance with the principals of Olmstead. SEIL works in collaboration with other regions and alternate funding sources and allows for transitions in care with as much continuity of care in that transition as possible so that the whole person and their multi-complex needs are attended to so the person can be as healthy, safe and successful as possible.

Each year the SEIL region reports where individuals are served that directly relate to the data warehouse collected and approved by the Department of Human Services. SEIL, in partnership with our provider network, makes every effort to collect person served data by service in the CSN system so that robust analysis on an individualized case level can be examined and provides historical service information that takes into account prior challenges and successes related to treatment. Understandably, the total number of individuals served by the SEIL region has decreased in FY20, FY21, and FY22 (just as our overall Region population decreases) however the percentages of those served remain proportionally equivalent to past years indicating that our service population is heavily focused on community-based services. SEIL places great effort to ensure that individuals that require institutional levels of care are monitored in their treatment service needs so that transitions to lower levels of care can be initiated when an individual is interested and capable of moving to the community of their choice in a service that can meet their needs.



The opportunity to highlight the efforts, outcomes, and Region accomplishments is very much appreciated. The Regions in general offer a unique vantage point to the larger MHDS system of the state but also allows for the in-depth obstacles and successes of the local service network. Our work is not stagnant, nor should our system reflect stagnancy in service delivery or approaches. The human condition is in perpetual change and population health efforts must be diligently cognizant of population needs. The demographics of Iowa's geography is changing, and the needs of our citizens also change over time. Interventions should be stage matched to needs and services should be evaluated for quality and benefit to ensure the system is on the mark in addressing population needs and desired outcomes. This work is public facing and local yet requires the acknowledgement and support of broader systems and decision-makers in authority to facilitate. SEIL values the partnerships with these broader systems and the current efforts of the Iowa Department of Health and Human Services in identifying mechanisms to improve service delivery and support efforts to improve performance of the system for the benefit of the public.