

South Central Behavioral Health Region

FY 2023 Annual Report



**SUBMITTED
11/21/2023
AMENDED
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GEOGRAPHIC AREA: Appanoose, Davis, Mahaska, and Wapello

APPROVED BY ADULT ADVISORY: 11/8/2023

APPROVED BY CHILDREN'S ADVISORY: 11/9/2023

APPROVED BY GOVERNING BOARD: 11/8/2023

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Introduction

South Central Behavioral Health Region (SCBHR) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 225C.57. 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.

No changes in counties occurred in region during fiscal year, however Jennifer Robbins the SCBHR CEO left Region employment in December 2022 and Ryanne Wood the SEIL CEO was designated as Interim CEO for SCBHR effective January 1, 2023 and served for the remainder of FY23.

The FY2023 Annual Report covers the period of July 1, 2022 to June 30, 2023. 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.

Please find the listing of governing board and advisory board members in Appendix A.

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

SCBHR

FY 2023 Actual GAAP	SouthCentralBehavioralHealthRegion 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		2									2
42306	Psychotherapeutic Treatment - Medication Prescribing	1										1
43301	Evaluation (Non Crisis) - Assessment and Evaluation	31	6									37
71319	State MHI Inpatient - Per diem charges	4										4
73319	Other Priv./Public Hospitals - Inpatient per diem charges	9										9
	Basic Crisis Response											
44301	Crisis Evaluation	117	58									175
44302	23 Hour Observation and Holding	7										7
44307	Mobile Response	101	39									140
44312	Crisis Stabilization Community Based Services (CSCBS)	8	19									27

***MHASEI**

FY 2023 Actual GAAP	MentalHealthAgencyofSoutheastIowa 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		7									7
71319	State MHI Inpatient - Per diem charges	6										6
73319	Other Priv./Public Hospitals - Inpatient per diem charges	1										1
	Basic Crisis Response											
44301	Crisis Evaluation	42	21									63
44302	23 Hour Observation and Holding	2										2
44312	Crisis Stabilization Community Based Services (CSCBS)		1									1
44313	Crisis Stabilization Residential Service (CSRS)	8										8
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					1						1
50369	Voc/Day - Group Supported Employment	1										1
	Recovery Services											
	Service Coordination											
24376	Health Homes Coordination - Coordination Services	1										1
	Sub-Acute Services											
63309	Sub Acute Services (1-5 Beds)	1										1
	Core Evidence Based Treatment											
32396	Supported Housing	5										5
	Core Subtotals:	75	29			2						106
Mandated												
74XXX	CommitmentRelated (except 301)	99	3									102
75XXX	Mental health advocate	384	8									392
	Mandated Subtotals:	483	11									494
Core Plus												
	Justice System Involved Services											
25XXX	Coordination services	118	1									119
46305	Mental Health Services in Jails	10	1									11
	Additional Core Evidence Based Treatment											
42366	Psychotherapeutic Treatment - Social Support Services	281	1									282
	Core Plus Subtotals:	409	3									412

Other Informational Services																			
Community Living Support Services																			
22XXX	Services management	216	30																246
31XXX	Transportation	1																	1
46306	Prescription Medication (Psychiatric Medications in Jail)	76	1																77
	Community Living Support Services Subtotals:	293	31																324
Congregate Services																			
64329	Comm Based Settings (6+ Beds) - Supported Community Living	1																	1
64XXX	RCF-6 and over beds	7																	7
	Congregate Services Subtotals:	8																	8
Administration																			
Uncategorized																			
Regional Totals:		1268	74																1344

*FY23 Unduplicated service by diagnostic category for SCBHR and SEIL paid from the MHASEI Region entity in CSN.

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

SCBHR

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	190	1148	1338	40
Total	190	1148	1338	99

***MHASEI**

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	65	1016	1081	40
Mental Illness, Other Developmental Disabilities	0	2	2	40, 43
Total	65	1018	1083	99

*FY23 Unduplicated count of individuals by age and diagnostic category for SCBHR and SEIL paid from the MHASEI Region entity in CSN.

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.

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

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.

<u>Date Designated</u>	<u>ACT Teams</u>	<u>Fidelity Score</u>
<u>3/31/2020</u>	<u>RHD</u>	<u>96</u>
<u>4/27/2020</u>	<u>Southern Iowa Mental Health, Ottumwa</u>	<u>116</u>

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

<u>Date Designated</u>	<u>Subacute</u>
<u>5/19/2021</u>	<u>Southern Iowa Mental Health, Ottumwa</u>

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.

A designated IRSH provider shall meet these criteria at initial application and annually thereafter.

<u>Date Designated</u>	<u>Intensive Residential Services</u>
<u>9/14/2022</u>	<u>First Resources, Burlington</u>

C. Financials

Table C. Expenditures

FY 2023 Accrual	SCBHR MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy **	\$ 3,254					\$ 3,254
42306	Medication prescribing & management **	\$ 6					\$ 6
43301	Assessment, evaluation, and early identification **	\$ 5,904					\$ 5,904
71319	Mental health inpatient therapy-MHI	\$ 164,715					\$ 164,715
73319	Mental health inpatient therapy **	\$ 66,096					\$ 66,096
Crisis Services							
32322	Personal emergency response system						\$ -
44301	Crisis evaluation	\$ 72,930					\$ 72,930
44302	23 hour crisis observation & holding	\$ 5,826					\$ 5,826
44305	24 hour access to crisis response						\$ -
44307	Mobile response **	\$ 102,240					\$ 102,240
44312	Crisis Stabilization community-based services **	\$ 85,475					\$ 85,475
44313	Crisis Stabilization residential services **	\$ 54,859					\$ 54,859
44396	Access Centers: start-up / sustainability	\$ 691,247					\$ 691,247
Support for Community Living							
32320	Home health aide						\$ -
32325	Respite						\$ -
32328	Home & vehicle modifications						\$ -
32329	Supported community living	\$ 34,654					\$ 34,654
42329	Intensive residential services	\$ 18,813					\$ 18,813
Support for Employment							
50362	Prevocational services						\$ -

50364	Job development						\$ -
50367	Day habilitation						\$ -
50368	Supported employment	\$ 43,785					\$ 43,785
50369	Group Supported employment-enclave						\$ -
	Recovery Services						
45323	Family support						\$ -
45366	Peer support						\$ -
	Service Coordination						
21375	Case management						\$ -
24376	Health homes						\$ -
	Sub-Acute Services						
63309	Subacute services-1-5 beds	\$ 3,200					\$ 3,200
64309	Subacute services-6 and over beds	\$ 5,200					\$ 5,200
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency						\$ -
32396	Supported housing	\$ 65,809					\$ 65,809
42398	Assertive community treatment (ACT)						\$ -
45373	Family psychoeducation						\$ -
	Core Domains Total	\$ 1,424,013	\$ -	\$ -	\$ -		\$ 1,424,013
	Mandated Services						
46319	Oakdale	\$ 9,000					\$ 9,000
72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	\$ 65,999					\$ 65,999
75XXX	Mental health advocate	\$ 65,100					\$ 65,100
	Mandated Services Total	\$ 140,098	\$ -	\$ -	\$ -		\$ 140,098
	Additional Core Domains						
	Justice system-involved services						
25xxx	Coordination services						\$ -
44346	24 hour crisis line*						\$ -
44366	Warm line*						\$ -
46305	Mental health services in jails	\$ 203,736					\$ 203,736
46399	Justice system-involved services-other						\$ -
46422	Crisis prevention training						\$ -
46425	Mental health court related costs						\$ -
74301	Civil commitment prescreening evaluation						\$ -

	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	\$ 599,895					\$ 599,895
42397	Psychiatric rehabilitation (IPR)						\$ -
	Additional Core Domains Total	\$ 803,631	\$ -	\$ -	\$ -		\$ 803,631
	Other Informational Services						
03371	Information & referral						\$ -
04372	Planning, consultation &/or early intervention (client related) **	\$ 154,110					\$ 154,110
04377	Provider Incentive Payment						\$ -
04399	Consultation Other						\$ -
04429	Planning and Management Consultants (non-client related)	\$ 51,000					\$ 51,000
05373	Public education, prevention and education **	\$ 101,540					\$ 101,540
	Other Informational Services Total	\$ 306,650	\$ -	\$ -	\$ -		\$ 306,650
	Community Living Supports						
06399	Academic services						\$ -
22XXX	Services management	\$ 977,915					\$ 977,915
23376	Crisis care coordination						\$ -
23399	Crisis care coordination other						\$ -
24399	Health home other						\$ -
31XXX	Transportation	\$ 10,565					\$ 10,565
32321	Chore services						\$ -
32326	Guardian/conservator						\$ -
32327	Representative payee						\$ -
32335	CDAC						\$ -
32399	Other support						\$ -
33330	Mobile meals						\$ -
33340	Rent payments (time limited)						\$ -
33345	Ongoing rent subsidy	\$ 26,530					\$ 26,530
33399	Other basic needs	\$ 980					\$ 980
41305	Physiological outpatient treatment	\$ 1,097					\$ 1,097
41306	Prescription meds	\$ 1,039					\$ 1,039
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	\$ 49,654					\$ 49,654
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	\$ 1,067,780	\$ -	\$ -	\$ -		\$ 1,067,780
	Other Congregate Services						
50360	Work services (work activity/sheltered work)						\$ -
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 53,666					\$ 53,666
64XXX	ICF 6 and over beds (64317 & 64318)						\$ -
64329	SCL 6 and over beds	\$ 63,624					\$ 63,624
64399	Other 6 and over beds						\$ -
	Other Congregate Services Total	\$ 117,290	\$ -	\$ -	\$ -		\$ 117,290
	Administration						
11XXX	Direct Administration					736,016	\$ 736,016
12XXX	Purchased Administration					63,180	\$ 63,180
	Administration Total					\$ 799,197	\$ 799,197
	Regional Totals	\$ 3,859,463	\$ -	\$ -	\$ -	\$ 799,197	\$ 4,658,660
	(45XX-XXX)County Provided Case Management						\$ -
	(46XX-XXX)County Provided Services						\$ -

		Regional Grand Total					\$ 4,658,660
Accepted amount to be considered encumbered. Ending fund balance as of 6/30/23 excludes approved amounts. Encumbered funds shall be expended by December 31, 2023. Funds not expended by December 31, 2023, shall be included in the ending fund balance amount for state fiscal year 2024.							
N/A	Accepted amount to be considered encumbered						\$ 169,224

*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 2023 Accrual	SCBHR MHDS Region		
Revenues			
	FY22 Annual Report Ending Fund Balance		\$ 1,724,327
	Adjustment to 6/30/22 Fund Balance		
	Audited Ending Fund Balance as of 6/30/22 (Beginning FY23)		\$ 1,827,658
	Local/Regional Funds		\$ 24,754
1010	Delinquent Property Tax		
25XX	Other Governmental Revenues	1,149	
4XXX-5XXX	Charges for Services		
5310	Client Fees	22,470	
60XX	Interest		
6XXX	Use of Money & Property		
8XXX	Miscellaneous	1,135	
9040	Other Budgetary Funds (Polk Transfer Only)		
	State Funds		\$ 2,937,361.20
24XX	State/Federal pass thru Revenue		
2644	State Regional Service Payments	2,937,361	
2643	State Incentive Funds		
	Other		
	Federal Funds		\$ -
2344	Social services block grant		
2345	Medicaid		
	Other		
	Other		
	Total Revenues		\$ 2,962,115

Total Funds Available for FY23	\$ 4,789,773
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FY23 Actual Regional Expenditures	\$	4,658,660
Acceptable Encumbrance	\$	169,224
Accrual Fund Balance as of 6/30/23	\$	(38,110)

D. Status of Service Development in FY2023

Considerable expansion efforts have been made in FY23 by SCBHR and our partner providers in developing a full continuum of service. Within the SCBHR Region, a crisis services RFP for Mobile Crisis Response and Crisis Stabilization was responded to by SIMHC. This is a reconvening of Mobile Crisis services with some revamping of service delivery processes as well as efforts to utilize crisis staff across various scopes of crisis service delivery. SIMHC already had a robust working relationship with law enforcement in a co-responder model of mobile services in Wapello County. The more traditional, Medicaid billable MCR will further enhance the efforts in those spaces but also attend to the needs of the other member counties which will include Appanoose, Davis, Mahaska, Monroe, and Wapello in the future. Another exciting development related to Mobile Response is the Region contract with Foundation 2 which creates connectivity of MCR to the Your Life Iowa and 988 systems for residents that utilize these resources and who may require additional supports to assist them in managing their mental health crisis challenges.

Congruent to MCR, SIMHC will also develop Crisis Stabilization Community Based Services (CSCBS) which will offer non-residency based services to individuals needing/wanting community based supports. The Access Center has experienced a number of reasons that individuals may not chose to participate in Crisis Stabilization Residential Service (CSRS) and/or subacute. Some examples of deterrence for residential based services includes- physical health conditions deterred the persons desire for admission, didn't want to leave their home, no child, dependent, and/or pet care available, disdain/fear of staying in location with others, preference for other community-based services, fear of loss of their physical property, fear of other outside system involvement, etc. Having MCR, CSCBS, CSRS and subacute co-existing in the same spaces and with the same provider is advantageous to developing needed continuum of crisis care and utilizes limited workforce efficiently. It is also timely as related to the development of CCBHCs across the state and the closure of Infinity MCR and CSCBS services in the SCBHR counties.

Specific to Children's crisis services, SCBHR and our Region partners- SEIL and CROSS engaged in a MOU and provider contract with American Home Finding (AHF) to develop Crisis Stabilization Community Based Services (CSCBS) that went into effect for all SCBHR county members (FY22). Likewise, Crisis Stabilization Residential Services (CSRS) was contracted at the same time yet with much more significant challenges in opening the program. The CSRS location was to be co-located with the Agency Shelter in Agency Iowa (Wapello County) but distinctly separate from the Shelter services.

The Regions supported the construction of the designated spaces starting in July 2021. At the time of initiation, construction projects were very slow and acquiring construction materials was a challenge. At that time, American Home Finding began developing their policy and procedures, so to prepare for Chapter 24 accreditation. Securing a prescriber and therapist (since their shelter therapist did not qualify as a Chapter 24 MHP) was a challenge. Many conversations with other community providers to acquire clinician time was deliberated. Meeting with the HCBS Specialist and getting through the accreditation process took a bit longer than anticipated as this was a new venture for AHF staff and there were several projects in development requiring the involvement of the HCBS specialist. There were additional construction delays as related to the need to put in a sprinkler system that was not anticipated previously. It was then discovered that the city

water of Agency, Iowa did not have sufficient pressure to manage the new sprinkler system within operational guidelines. A pressurized mechanism had to be built to accommodate that requirement, which delayed the project further. Last, but not least (and ongoing) insufficient workforce has deterred the program from being able to be open at times and/or function at full capacity. Sufficient employed staff, the health of staff, and injuries that have occurred related to incidents within the AHF programs have been contributing causes for staffing difficulties ongoing in FY23.

First Resources made application to become an IPS provider and throughout FY23, has been working with the Iowa Center of Excellence for Behavioral Health a program of the University of Iowa Hospital and Clinics Centers for Disabilities and Development. SCBHR/MHASEI looks forward to having the IPS program available to the citizens of Appanoose, Davis, Mahaska, Monroe, and Wapello Counties. First Resources is well positioned to create IPS and has done a phenomenal job of engaging in the development of the program with Region staff involvement supporting the stakeholder efforts in the processes. There appears to be high demand for vocational needs in the behavioral health population in these counties and we anticipate great outcomes for those that will be able to access IPS in FY24.

In FY23, SIMHC has committed to developing Intensive Psychiatric Rehabilitation (IPR) services. SCBHR discussed the benefits of this program in assisting individuals in overcoming psychiatric challenges in various domains of their life and utilize IPR strategies to restore, improve, or maximize levels of functioning, self-care, independence, and quality of life. IPR is anticipated to be very complimentary to other outpatient and community-based services to individuals with chronic mental health conditions. This service also appears to be a solid connection to the demands of Iowa designated CCBHCs in the future.

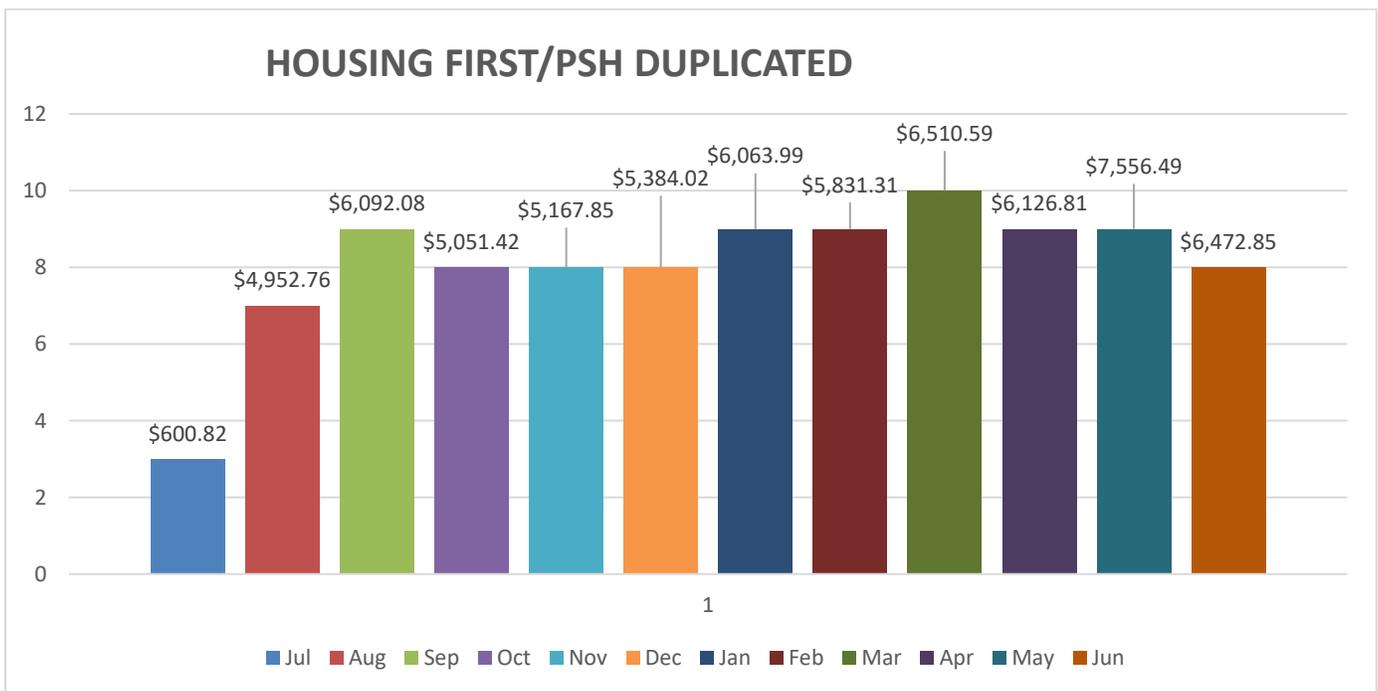
On June 1, 2022, SEIL issued an RFP for Intensive Residential Service Home (IRSH) services in conjunction with SCBHR and CROSS collaborating Regions. The three Regions were very appreciative of HHS's involvement in the foundational development of the IRSH RFP process with Regions to be used across the state in IRSH service development. First Resources was the sole applicant to this RFP and clearly identified that they have the knowledge, previous administrative employee experience of intensive services in other state spaces, and the capacity to implement IRSH as directed by Iowa Rule. Startup budget and financial contribution began immediately to create the physical structure of the location so that services can commence upon full designation and contracting with Managed Care Organizations. The Region contract was fully executed on August 10, 2022, in partnership between the shared MOU Regions (fully executed 9/27/2022). The checklist for Region designation was engaged immediately to demonstrate sufficiency of information and capability to serve. An exception to policy was requested due to the non-availability of ACT in location of the IRSH program, additional information was requested and returned as First Resources and the Regions worked through the designation process. Full designation was acquired on October 12, 2022. The program officially opened on October 17, 2022, and the first admission occurred on November 15, 2022. Admissions were purposely striated to accommodate smooth individualized transitions into the program. Though First Resources was originally approved for 5 beds, upon the admissions of initial participants, the program was modified to accommodate four participants and has been geared towards the service of women since the clinical needs of the female participants tend to be counter indicative to serving men in co-located spaces.

E. Outcomes/Regional Accomplishments in FY2023

- Core Services Access Standards.

- Additional Core Services.
 - Service Coordination
 - Crisis Line/Warm Line
 - Justice System/Jail Diversion
 - Others
- Evidence Based Practices (EBP).
- Region Program Outcomes
 - Supported Employment
 - Block Grant outcomes (Crisis line, MHCs)
 - Special initiatives
- Statewide Outcomes
 - QSDA
- Regional Collaboration with Providers, Stakeholders, and Regions
- Provider Network

Housing First-Permanent Supportive Housing (PSH)-In FY23 SCBHR offered PSH/Housing First up to 97 (duplicated) 11 (unduplicated) clients per month within our region. The region spent a total of \$65,810.99 in rent and utilities in FY23. (Based on service dates from SCBHR and MHASEI totals) SCBHR provides all case care coordination and allocates region funds for deposit, rent and utilities. SCBHR also works alongside providers to provide Supported Community Living Services, Integrated Health Home Services, and Habilitation.



Children’s Crisis Services

FY23 SCBHR contracted with American Home Finding for Children’s Crisis Stabilization Residential Services yet also made every effort to coordinate care at any Children’s CSRS in the state. Claims for children as an obligation of the Region were \$0 for FY23, however the significant efforts of the Children’s Coordinator offered assistance to a total of 169 Children and their families in navigating access to crisis service as well

other outpatient and LTSS community-based services. SCBHR shares this as an outcome as there appears to be some misunderstanding of the role of Region Care Coordination in access to care as opposed to financial obligation for care. SCBHR is proud to be available to the public and a knowledgeable resource to navigating the complicated service system (standards for access and financial eligibilities across all funding sources).

FY23 SCBHR also contracted with American Home Finding and Infinity for Crisis Stabilization Community Based Services. American Home Finding served 11 and Infinity served 0.

Total dollars spent on Children’s Crisis Services (operational and fee for service) in FY23 was \$12,674.30.

Justice System Involved Services –

Jail Coordination and Mental Health Services SCBHR Region works directly with member county law enforcement and jails to mitigate the number of individuals with mental illness in jails as well as decrease recidivism.

SCBHR contracted with Southern Iowa Mental Health Center for medication prescribers in 3 of our county jails Appanoose, Davis and Wapello. Mahaska County in FY23 was contracted with Keokuk County Hospital. A total of 297 unduplicated individuals received mental health services in jail and of those 297 individuals, the Region provided 281 access to prescribed psychiatric medications while in the jail setting. SCBHR considered these efforts as instrumental to assisting individuals with Behavioral health conditions that are entangled in the criminal justice system. The vast majority of these individuals will be discharged back into the community upon court dispositional status and the Region’s efforts are an effective and efficient way to facilitate connectedness with a behavioral health provider ongoing which in turn will assist in managing individual symptomatic challenges and reduce recidivism. The total cost for contractor provided jail services was \$242,453.15 (COA 46305 and 46306). This does not take into account the percentage of time of each SCBHR employee that facilitated the coordination of these services in the jail.

Region Restructure

As indicated under Status of Service Development in FY23, significant effort was placed toward the development of core services within the SCBHR Region and projecting ways in which to assist in the development of the CCBHC system at the local level with SIMHC. SIMHC is essentially the only provider within the four counties positioned to be able to offer the scope and depth of services required of a CCBHC. Simultaneous to the work associated with standing-up and designating new service programs and foundational work for the future CCBHC system, the Region had significant internal work which began with the SEIL Region CEO being designated as the interim CEO for SCBHR. With that designation, efforts were made to identify what would be in the best interest of the two Regions to move forward with the work of Regions as directed by the state. During this time there was reference to the possibility for overlaying CCBHC designation with Judicial districts. It was decided that it may be advantageous to the Region structure to replicate the discussed potential realignment of maps. The SCBHR and SEIL Governing Boards took action to begin the processes to merge the two Regions into a new organized Region. Because the Judicial district was the frame of reference in these efforts, communications were sent to Monroe and Poweshiek Counties also to inquire if

they would like to participate in preliminary discussions and planning. Monroe County decided to participate in those conversations and Poweshiek County opted not to engage.

Action was taken by the Region Boards as well as the Monroe County Board of Supervisors to move forward with the new merged Region in March 2023. Many subsequent joint meetings took place April through June to synchronize processes, secure a Fiscal Agent, develop the new foundational documents (i.e. 28E, Annual Service and Budget Plan, County member MOUs, CSN entity creation, Region unifying infrastructure moving forward, and the development of the Merged Region Management Plan/Policy and procedures manual) and secure purchased Region administrative functions such as Liability Insurance, legal representation, IT management, and HIPAA/Hitech efforts. Additionally, the Region had necessity to work on MHASEI Job descriptions, organizational table, modifications of the Governing Board structure as per the legislative direction to all regions, communication with community partners in the Region restructure processes, and efforts to create a “one culture” environment across all the spaces of the new Region commenced. These efforts are ongoing and will be necessary components to ensuring the success of MHASEI in the future.

SCBHR Region Reflections

The SCBHR Region has philosophically always focused on service to people in need and connecting individuals to needed resources. This person first model was the impetus for the development of many of the SCBHR premier programs/services, including one of the first Access Centers in the state, the Housing First program, and the early innovation of crisis services for adults and children to support individual/community needs. Local presence in each of the four member counties provided public connectedness to the behavioral health service system and frequently served as the only connecting public facing entity in those smaller communities to acquiring access to necessary benefits associated with the federal, state, and local levels of government. The person centeredness of the SCBHR system engaged individuals, assisted individuals across the timespan of the Region, and ensured to the best of its ability that individuals were treated with dignity and respect, in high quality services, and in least restrictive environments to meet their needs. SCBHR has considered it a pleasure to be allowed to do this work over the years. Those efforts will be merged into the efforts of MHASEI moving forward as the next rendition of Region work is revealed across the state with the direction of legislation, HHS, and the consideration of our new Governing Board structure.

F. Appendix A

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Kim Koellner, Christian Opportunity Center
Emily McVey, Infinity Health
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Dewey McConville, NAMI
Deb Pumphrey, Respite Connection
Amy Phillips, MercyOne Centerville
Don Phillips, Wapello County Sheriff
Marcy Murphy, River Hills
Regina Sedore, Ottumwa Regional Health Center
Monica Van Galder, Job Corps
Bev Ver Steegh, Paula Gordy inc.
Ryanne Wood, South Central Behavioral Health Region/CEO
Stephanie Koch, South Central Behavioral Health Region/Appanoose County CDS
Staci Veach, South Central Behavioral Health Region/Davis County CDS
Heather Gross, South Central Behavioral Health Region/Mahaska County CDS
Miranda Tucker, South Central Behavioral Health Region/Wapello County Social Worker
Megan Logan, South Central Behavioral Health Region Child Care Coordinator

Childrens Advisory:

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Cheryll Jones, Children Health Specialty Clinic (Chair)
Angie Mach, Sieda/MIECHV
Pat McReynolds, Early Childhood Iowa Director, Wapello Children's Alliance, CPPC Coordinator
Emily McVey, Infinity Health
William Owens, Judge
Deb Pumphrey, Respite Connection
Christina Schark, Southern Iowa Mental Health Center
Lorraine Uehling-Techel, Family Crisis Center
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