

# **SOUTHEAST IOWA LINK (SEIL)**

## **FY23 ANNUAL REPORT**



[Southeast Iowa Link | Southeast Iowa Link \(seiowalink.org\)](http://seiowalink.org)

**SUBMITTED**  
**11/21/2023**  
**AMENDED**  
**12/13/2023**

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

**APPROVED BY ADULT ADVISORY: 11/8/2023**

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

**APPROVED BY GOVERNING: 11/8/2023**

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## Introduction

SEIL 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 in region during fiscal year, however the SEIL CEO was designated as Interim CEO for the South Central Behavioral Health Region (SCBHR) effective January 1, 2023 upon the exit of the SCBHR CEO to other employment.

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**

FY 2023 Actual GAAP	Southeast Iowa Link MHDS Region	MI (40)		ID (42)		DD (43)		BI (47)		Other		Total
		A	C	A	C	A	C	A	C	A	C	
<b>Core</b>												
	<b>Treatment</b>											
42305	Psychotherapeutic Treatment - Outpatient		9									9
71319	State MHI Inpatient - Per diem charges	7										7
	<b>Basic Crisis Response</b>											
44301	Crisis Evaluation	169	61									230
44302	23 Hour Observation and Holding	3										3
44312	Crisis Stabilization Community Based Services (CSCBS)		2									2
44313	Crisis Stabilization Residential Service (CSRS)	63	1									64



<b>Congregate Services</b>													
64329	Comm Based Settings (6+ Beds) - Supported Community Living	1											1
64XXX	RCF-6 and over beds	8											8
	<b>Congregate Services Subtotals:</b>	<b>9</b>											<b>9</b>
<b>Administration</b>													
<b>Uncategorized</b>													
<b>Regional Totals:</b>		<b>2729</b>	<b>165</b>			<b>3</b>							<b>2897</b>

**\*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			
<b>Core</b>														
	<b>Treatment</b>													
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
	<b>Basic Crisis Response</b>													
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
	<b>Support for Community Living</b>													
32329	Support Services - Supported Community Living	4												4
	<b>Support For Employment</b>													
50367	Day Habilitation	1					1							2
50368	Voc/Day - Individual Supported Employment						1							1
50369	Voc/Day - Group Supported Employment	1												1
	<b>Recovery Services</b>													
	<b>Service Coordination</b>													
24376	Health Homes Coordination - Coordination Services	1												1
	<b>Sub-Acute Services</b>													
63309	Sub Acute Services (1-5 Beds)	1												1
	<b>Core Evidence Based Treatment</b>													
32396	Supported Housing	5												5
	<b>Core Subtotals:</b>	<b>75</b>	<b>29</b>				<b>2</b>							<b>106</b>
<b>Mandated</b>														
74XXX	CommitmentRelated (except 301)	99	3											102



## **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>11/3/2018</u>	<u>UIHC, Iowa City</u>	<u>112</u>
<u>7/1/2020</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	SEIL MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
<b>Core Domains</b>							
<b>COA</b>	<b>Treatment</b>						
42305	Mental health outpatient therapy **	\$ 11,757					\$ 11,757
42306	Medication prescribing & management **						\$ -
43301	Assessment, evaluation, and early identification **						\$ -
71319	Mental health inpatient therapy-MHI	\$ 328,790					\$ 328,790
73319	Mental health inpatient therapy **						\$ -
	<b>Crisis Services</b>						
32322	Personal emergency response system						\$ -
44301	Crisis evaluation	\$ 215,631					\$ 215,631
44302	23 hour crisis observation & holding	\$ 1,046					\$ 1,046
44305	24 hour access to crisis response						\$ -
44307	Mobile response **	\$ 85,326					\$ 85,326
44312	Crisis Stabilization community-based services **	\$ 200					\$ 200
44313	Crisis Stabilization residential services **	\$ 647,435					\$ 647,435



44396	Access Centers: start-up / sustainability	\$ 47,777					\$ 47,777
	<b>Support for Community Living</b>						
32320	Home health aide						\$ -
32325	Respite						\$ -
32328	Home & vehicle modifications						\$ -
32329	Supported community living	\$ 147,096					\$ 147,096
42329	Intensive residential services	\$ 275,982					\$ 275,982
	<b>Support for Employment</b>						
50362	Prevocational services						\$ -
50364	Job development						\$ -
50367	Day habilitation	\$ 518		\$ 5,768			\$ 6,286
50368	Supported employment	\$ 9,380		\$ 9,355			\$ 18,735
50369	Group Supported employment-enclave	\$ 955		\$ 2,999			\$ 3,954
	<b>Recovery Services</b>						
45323	Family support						\$ -
45366	Peer support						\$ -
	<b>Service Coordination</b>						
21375	Case management						\$ -
24376	Health homes	\$ 44,204					\$ 44,204
	<b>Sub-Acute Services</b>						
63309	Subacute services-1-5 beds	\$ 4,800					\$ 4,800
64309	Subacute services-6 and over beds						\$ -
	<b>Core Evidenced Based Treatment</b>						
04422	Education & Training Services - provider competency	\$ 4,028					\$ 4,028
32396	Supported housing	\$ 4,068					\$ 4,068
42398	Assertive community treatment (ACT)	\$ 1,500					\$ 1,500
45373	Family psychoeducation						\$ -
	<b>Core Domains Total</b>	\$ 1,830,493	\$ -	\$ 18,122	\$ -		\$ 1,848,615
	<b>Mandated Services</b>						
46319	Oakdale	\$ 1,800					\$ 1,800
72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	\$ 88,286					\$ 88,286
75XXX	Mental health advocate	\$ 260,254					\$ 260,254
	<b>Mandated Services Total</b>	\$ 350,340	\$ -	\$ -	\$ -		\$ 350,340
	<b>Additional Core Domains</b>						
	<b>Justice system-involved services</b>						

25xxx	Coordination services	\$ 266,848					\$ 266,848
44346	24 hour crisis line*						\$ -
44366	Warm line*						\$ -
46305	Mental health services in jails						\$ -
46399	Justice system-involved services-other						\$ -
46422	Crisis prevention training	\$ 84,303					\$ 84,303
46425	Mental health court related costs						\$ -
74301	Civil commitment prescreening evaluation						\$ -
	<b>Additional Core Evidenced based treatment</b>						
42366	Peer self-help drop-in centers	\$ 1,026,394					\$ 1,026,394
42397	Psychiatric rehabilitation (IPR)						\$ -
	<b>Additional Core Domains Total</b>	<b>\$ 1,377,545</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 1,377,545</b>
<b>Other Informational Services</b>							
03371	Information & referral	\$ 301,120					\$ 301,120
04372	Planning, consultation &/or early intervention (client related) **	\$ 6,686					\$ 6,686
04377	Provider Incentive Payment						\$ -
04399	Consultation Other						\$ -
04429	Planning and Management Consultants (non-client related)	\$ 57,628					\$ 57,628
05373	Public education, prevention and education **	\$ 71,150					\$ 71,150
	<b>Other Informational Services Total</b>	<b>\$ 436,584</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 436,584</b>
<b>Community Living Supports</b>							
06399	Academic services						\$ -
22XXX	Services management	\$ 143,563					\$ 143,563
23376	Crisis care coordination						\$ -
23399	Crisis care coordination other						\$ -
24399	Health home other						\$ -
31XXX	Transportation	\$ 87					\$ 87
32321	Chore services						\$ -
32326	Guardian/conservator						\$ -
32327	Representative payee						\$ -
32335	CDAC						\$ -
32399	Other support						\$ -
33330	Mobile meals						\$ -
33340	Rent payments (time limited)	\$ 3,458					\$ 3,458

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						\$ -
	<b>Community Living Supports</b>	\$ 147,109	\$ -	\$ -	\$ -		\$ 147,109
	<b>Other Congregate Services</b>						
50360	Work services (work activity/sheltered work)						\$ -
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 186,826					\$ 186,826
64XXX	ICF 6 and over beds (64317 & 64318)						\$ -
64329	SCL 6 and over beds	\$ 12,563					\$ 12,563
64399	Other 6 and over beds						\$ -
	<b>Other Congregate Services Total</b>	\$ 199,389	\$ -	\$ -	\$ -		\$ 199,389
	<b>Administration</b>						
11XXX	Direct Administration					1,003,850	\$ 1,003,850

12XXX	Purchased Administration					22,417	\$ 22,417	
	<b>Administration Total</b>					\$ 1,026,267	\$ 1,026,267	
	<b>Regional Totals</b>	\$ 4,341,460	\$ -	\$ 18,122	\$ -	\$ 1,026,267	\$ 5,385,849	
	<b>(45XX-XXX)County Provided Case Management</b>						\$ -	
	<b>(46XX-XXX)County Provided Services</b>						\$ -	
	<b>Regional Grand Total</b>						\$ 5,385,849	
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.								
<b>N/A</b>	<b>Accepted amount to be considered encumbered</b>							\$ 343,576

\*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	SEIL MHDS Region		
<b>Revenues</b>			
	<b>FY22 Annual Report Ending Fund Balance</b>		\$ 7,621,167
	<b>Adjustment to 6/30/22 Fund Balance</b>		
	<b>Audited Ending Fund Balance as of 6/30/22 (Beginning FY23)</b>		\$ 5,502,412
	<b>Local/Regional Funds</b>		\$ 1,852,726
1010	Delinquent Property Tax		
25XX	Other Governmental Revenues	1798676	
4XXX-5XXX	Charges for Services		
5310	Client Fees	1,475	
60XX	Interest	49,368	
6XXX	Use of Money & Property		
8XXX	Miscellaneous	3,206	
9040	Other Budgetary Funds (Polk Transfer Only)		
	<b>State Funds</b>		\$ 413,130.00
24XX	State/Federal pass thru Revenue		
2644	State Regional Service Payments	3,025,712	
2644	State Regional Service Payments	(2,612,582)	
2643	State Incentive Funds		
	Other		

	<b>Federal Funds</b>		\$
2344	Social services block grant		
2345	Medicaid		
	Other		
	Other		
<b>Total Revenues</b>			\$ 2,265,856

<b>Total Funds Available for FY23</b>	\$ 7,768,268
<b>FY23 Actual Regional Expenditures</b>	\$ 5,385,849
<b>Acceptable Encumbrance</b>	\$ 343,576
<b>Accrual Fund Balance as of 6/30/23</b>	\$ 2,038,843

## **D. Status of Service Development in FY2023**

Considerable expansions have been made in FY23 by SEIL and our partner providers in developing a full continuum of service. Within the SEIL Region, service RFPs (23 Hour Obs, MCR, ACT, CSCBS- Adult & Children, CSRS-children, IRSH) had been sitting without application for well over a year (July 2021 forward). In FY23, SEIL received 2 very viable applicants for Mobile Crisis Response (MCR) and Crisis Stabilization Community Based Services (CSCBS-Adult and Children). The SEIL Governing Board deliberated on these applications and ultimately a contract was secured with Elevate on May 10, 2023. The development of the MCR team along with the training and securing of infrastructure to support the team in their efforts along with relationship building with instrumental community partners (law enforcement agencies, first responders, schools, and other crisis/community-based service providers commenced. Connectedness was created for the SEIL county members with Your Life Iowa/988 as the dispatch for these services and a SEIL/Foundation 2 contract was also initiated and fully executed to facilitate this work.

Specific to Children’s crisis services, SEIL and our Region partners- SCBHR and CROSS engaged in a MOU and provider contract with American Home Finding to develop Crisis Stabilization Community Based Services (CSCBS) that went into effect for SEIL county members Jefferson, Keokuk, and Van Buren. 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 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 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.

IPS has been an invaluable service to residents of SEIL. Hope Haven has done a phenomenal job of engaging in the Evidence Based Practice service development process and continues to grow and improve their service delivery spaces and fidelity scoring. As one of three early adapter agencies in Iowa, their initial/baseline fidelity review was completed in February of 2023 by Darcey Sebolt, Trainer/Reviewer, Center for Excellence in Behavioral Health, University of Iowa Lin Nibbelink, Observer, Iowa Department of Health and Human Services and Sherry Becker, Independent Reviewer. The fidelity score registered at 108 (Good Fidelity) on a 125 point total scoring. SEIL was ecstatic about Hope Haven's efforts by which they acquired such a great foundational score and the anticipation of their efforts only continuing to be enhanced for the benefit and improved outcomes for the individuals served.

The Complex Needs legislation approved by the Governor on March 29, 2018, had directed Regions to develop IRSH services with commencement of 120 IRSH beds being developed and made available across the state. There were significant challenges to the development of IRSH including: the definition of "no eject, no reject", standardized assessment instrument and scoring for appropriate admission, access to care standards, identification of providers capable of providing a very intense service delivery, identification of criteria to reassess cases for continuation of IRSH participation versus discharge due to not meeting level of service criteria, decisions of community-based versus Residential Care Facility based programs, Medicaid Residency rules, accreditation processes with HCBS specialists, defining Region designation processes, discovering and budgeting for financial implications to Regions for Start-up cost, identifying Medicaid Rates capable of supporting such an intense service, budgeting financial implications to the Regions and Medicaid for service sustainability, identifying outcomes data related to IRSH, and ensuring ongoing compliance to legislated perimeters of IRSH/Region ongoing designations. Beyond internal service development processes, the Covid pandemic profoundly changed the delivery of all services as well as the management of Medicaid/benefit coverages for the entirety of the population through the Iowa pandemic declaration/public health disaster emergency (March 17, 2020-May 11, 2023).

On June 1, 2022, SEIL issued an RFP for Intensive Residential Service Home (IRSH) services. SEIL was 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. Start-up 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 entities. The SEIL Region contract was fully executed on August 10, 2022, in partnership between the shared MOU Regions of CROSS and SCBHR (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 SEIL worked through the processes. 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, and 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 original participants, the practice 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.

SEIL and Early Childhood Iowa (ECIs) have collaborated in the development and ongoing practices of Early Childhood Positive Behavioral Interventions and Supports (PBIS). PBIS is a framework of evidence-based practices to promote social-emotional competency of all children, addressing the social-emotional and behavioral needs of children at-risk, and developing supports for children with persistent social-emotional and behavioral concerns. The SEIL Region identifies these efforts as preventative in nature, but also to identify children with high pre-disposition to acquiring a Social Emotional Disturbance (SED) categorized diagnosis. Time and effort is the primary contribution of the SEIL Region in the space of PBIS as opposed to financial investment. Those contributions, however, have profound impact in future facing service delivery structures as well as integrated access to care efforts.

The above identified services were created with SEIL Region budgeted funds across county member property tax levy and state allocated fund contributions to Region work. No encumbrance dollars were used in these efforts as SEIL had sufficient funds for these financial investments. Encumbrance of funds has been requested in FY24 as related to the ongoing efforts to develop and grow specifically the Mobile Crisis Response and Crisis Stabilization Community Based services with Elevate as Regions are simultaneously tasked with reducing carry forward balances to 5 percent.

As the efforts of the SEIL Region come to a close and new broader efforts of the Mental Health Agency of Southeast Iowa Region emerge to build on the work of not only SEIL, but also SCBHR and the CROSS Region in all of our member county spaces, it is important to know the complexity of service development and service system development. SEIL's intent was to display some of these complexities that go far beyond financial contribution and comes down to ability to navigate policy and procedure, create with tangible resources, build relationships and partnerships, form connections across the spectrum of services that exist in a larger behavioral health ecosystem, and educate the public on what is available and how to access services. These complexities are not one-time experiences, but rather ongoing and perpetual undertakings. The absence of any of these efforts/tasks compromise the effectiveness and health of the entirety of the system of care. The SEIL Region is proud of the work that has been accomplished, recognizes the importance of continued growth and development, and has been honored to be a part of Iowa's behavioral health system development and sustainability. MHASEI will benefit from the elevated foundation that has been created with all partner Regions and will conscientiously move forward as allowed by legislation and Iowa HHS direction/oversight.

## **E. Outcomes/Regional Accomplishments in FY2023**

### **Peer Ran Drop In/Recovery Centers**

SEIL continued to greatly value peer ran Drop In/Recovery Centers as an equal opportunity and open means to assistance, service access, resource and referral 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 behavioral 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 and attention to physical needs. Everyone experiences Brain Health conditions across the

lifespan, no different than any other medical/physical health condition. These Centers allow for preventative, restorative, and stabilizing involvement on each own person's terms. SEIL recognizes that these Centers are not identified as Region Core, but strongly advocate that these centers are critical to the individuals and communities that they serve regardless of the depth or profoundness of impact a behavioral health condition impedes any person from living their optimum life. Given the opportunity to continue the growth and development of these services, MHASEI in the future will integrate even further substance use programming and resources in the centers incorporating SA recovery specialists, prevention programming, Medical Assisted Treatment (MAT) resource information, and American Society of Addiction Medicine (ASAM) assessment referral processes.

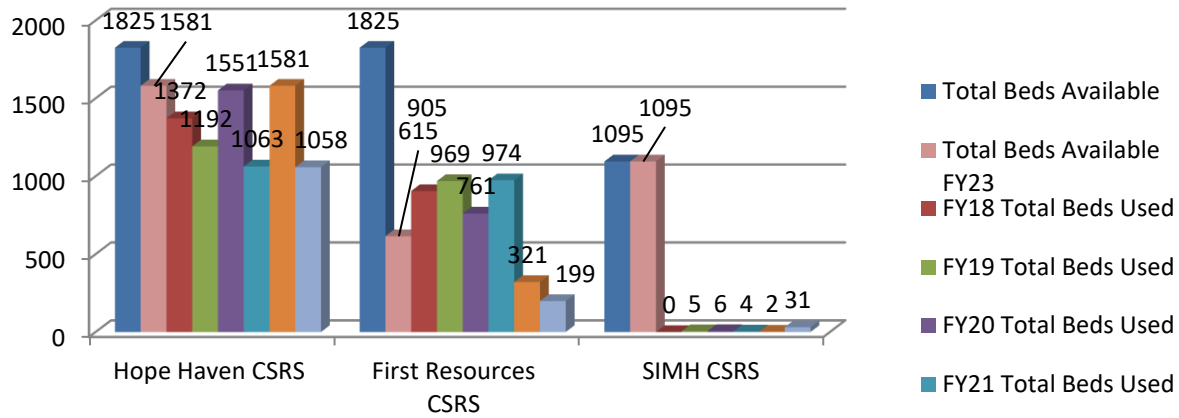
### **Crisis Stabilization Residential Services (CSRS)**

The SEIL region CSRS programs suffered significant impacts due to staffing shortages. The First Resources Fairfield program served very few individuals in FY23 prior to diverting referrals to the other CSRS programs locally due to not being able to function within Chapter 24 guidelines. Ultimately in FY23 First Resources and SEIL mutually agreed to not pursue ongoing CSRS services in the Fairfield location as of June 30, 2023 and instead pivot to community-based Hab services in this location moving forward. Hope Haven CSRS has had to reduce bed availability from 5 to 3 due to staffing shortage and Chapter 24 guidelines for service provision. Hope Haven enjoys the benefit of being in close proximity to the dual diagnosis RCF, however, this benefit was not sufficient in addressing the staffing pattern needs to retain all of the bed space at either of the programs. SIMHC has retained all CSRS beds, but as an access center with subacute co-located, there is more flexibility in utilization management and diversified obligations from funding sources to ensure continued access to care services provided in the Access Center location. CSRS continued to be a beneficial asset to accomplishing diversion from Emergency Departments and jails but not to the full extent of which could have been realized had the programs been able to be open and available fully. Unfortunately, for these reasons as well as individual choice reasons (physical health conditions deterred admission, didn't want to leave their home, no pet care available, 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.) there was a decrease in utilization in FY23.

The chart below indicates the three contracted programs of SEIL and the utilization of each over the past five fiscal years. MHASEI will continue to monitor the utilization and trends within and across the two remaining CSRS programs 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.



## SEIL Region Crisis Stabilization Residential Services



\*This Graph reflects a reduction in bed days due to staffing patterns and also accounts for the use bed days across the Mental Health Crisis population served and transitions to other sustaining services.

### Justice Involved Services

Justice involved services (JIS) is another area that SEIL has analyzed patterns, trends, and outcomes as related to the detainees that experience brain health challenges. The partnership between MHDS regions and law enforcement is 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 critical to addressing disproportionate criminalization of individuals with brain health conditions. To these efforts, SEIL offered Crisis Intervention Training as well as various offerings of other LEA training opportunities. In March 2023, SEIL offered a 40 Hour CIT training Solution Point+ and facilitated the certification of 1 jail administrator, 2 corrections officers, 1 police chief, 4 city police patrol officers, and 7 deputies. This is a win for the LEA agencies involved as well as the communities that they serve. MHASEI will continue our efforts in this arena to expand with our community-based partners and networks and ensure connectivity with crisis services, education opportunities, and human service network partners.

Beyond law enforcement, SEIL makes every effort to ensure that justice involved services is the work of all community partners. The Sequential Intercept Model is the prevailing methodology to identify resources and gaps in services at each intercept and develop local strategic action plans. To this end, SEIL has spearheaded efforts to facilitate Crisis Intervention Training (CIT) groups in each county of the region to really drill down into the unique needs of each community in improving, deterring, deflecting, and addressing issues of recidivism for detainees with behavioral health needs released from jail and those individuals in the community who are at risk of arrest due to complex behavioral health and substance use disorder needs a chronic homelessness. These meetings are also used to make community partners aware of available resources. The prospective initiation of Mobile Crisis Response and Crisis Stabilization Community Based Services was highly anticipated to creating a wider array of resources for everyone to use to appropriately engage people who appear to have mental health crisis challenges.

The landscape of Justice Involved Services across all intercepts is in perpetual change and requires ongoing communication, education, and guidance. The Transition Link SEIL Region program experienced staff turnover as has our local LEA/first responder partners at each agency and across the depth of staff function (Sheriff, Chief, Deputy, Sergeant, patrol, jail administrator, correctional officer, resource officers, Probation/Parole, Re-entry Coordinator, dispatch, etc.) MHASEI will pick up this work with additional partners internal to the region and in the expanded spaces of the region. Much like the work of the larger region, efforts will be made to synchronize/standardize the standards of practice by which the Region engages in our work with all community partners.

Lastly, the SEIL Region made great effort to educate the public, get flyers out in various venues and locations, and offer information in speaking engagements about 988 and Your Life Iowa. Though 988 is relatively new and there have been lessons to be learned in its growth and development, general public access to 988 is incredibly important and has the capacity to change people's lives. As a Region that exists on the periphery of the state, it is sometimes difficult to acquire Iowa focused marketing campaigns. SEIL did its due diligence to ensure that we were getting the word out to our citizens and will continue in those efforts through MHASEI not only as direct connections for the public but systematically through connectedness with our contracted/designated crisis service providers.

### **Region Restructure**

As indicated under Status of Service Development in FY23, significant effort was placed toward the development of core services within the SEIL Region. That in and of itself is a grand accomplishment given the efforts and time it has taken to find provider capacity to initiate service. Simultaneous to the work associated with standing-up and designating new service programs, the Region had significant internal work which began with the SEIL Region CEO being designated as the interim CEO for the SCBHR Region. With that designation, efforts were made to identify what would be in the best interest of the SEIL and SCBHR Regions to move forward with the work of Regions. While those efforts were being made, significant conversations and planning were being done at the state level to develop a statewide CCBHC designation system. At that 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 SEIL and SCBHR 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 take 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 and ongoing and will be necessary components to ensuring the success of MHASEI in the future.

### **SEIL Region Reflections**

The SEIL Region has always aspired to follow the mandates of legislation, the guidance of Legacy DHS/Iowa HHS, and serve the public in the most effective and efficient manner possible. SEIL historically prides itself on every effort to ensure that individuals are served in the least restrictive environments to meet their needs as per Olmstead and ensure that individuals are moved into lower levels of care/service as related to their assessed needs. Financially, SEIL has strived to meet the core services as identified in Iowa Code and ensure that all other sources of payment for service is expired before Region funds were used. There was not any variation in this practice as the Region contributions transitioned from the county property tax levy to state appropriation. It appears that these efforts may not be consistently viewed as the right thing to do depending on the real time vantage point/perspective of individuals critiquing the Region system. Those critiques and the subsequent decisions made were beyond any individual Region’s control. Within the Region’s control, SEIL has consistently communicated areas of concern in system development and processes, requested definition to fully understand the desired obligation of the Region, and inquired about future goals and the mission of Region work so to create alignment with state/federal level system models and changes as they come. We have considered ourselves to be good partners in this work, critical thinkers that contribute to better systems of care, and champions for individuals and their efforts to address and manage their brain health conditions. Over the years we have appreciated the opportunity to serve the public at the local level and are hopeful to continue that work in the future as the Mental Health Agency of Southeast Iowa.

**F. Appendix A**

**SEIL Governing Board**

Voting- elected official	Voting- elected official
<p><b>Lee County</b></p> <p>Tom Schulz</p> <p>933 Ave H</p> <p>Ft Madison, IA 52627</p> <p>319-372-3705</p> <p><a href="mailto:tschulz@LeeCounty.org">tschulz@LeeCounty.org</a></p> <p>Alternate Ron Fedler</p> <p>933 Avenue H, PO Box 190</p> <p>Ft Madison, IA 52627</p> <p>319-372-6557</p> <p><a href="mailto:rfedler@leecounty.org">rfedler@leecounty.org</a></p>	<p><b>Jefferson County</b></p> <p>Dee Sandquist- Vice Chair</p> <p>51 E Briggs,</p> <p>Fairfield, IA 52556</p> <p>641-451-1293</p> <p><a href="mailto:dsandquist@jeffersoncountyiowa.com">dsandquist@jeffersoncountyiowa.com</a></p> <p>Alternate Susie Drish</p> <p>51 E Briggs,</p> <p>Fairfield, IA 52556</p> <p>641-919-3741</p> <p><a href="mailto:susie@jeffersoncountyyia.com">susie@jeffersoncountyyia.com</a></p>
<p>Washington County</p>	<p>Keokuk County</p>

<p>Jack Seward, Jr, Chair  2030 Hemlock Avenue,  West Chester, IA 52359  319-461-9045  <a href="mailto:jseward@co.washington.ia.us">jseward@co.washington.ia.us</a></p> <p>Alternate Richard Young  PO Box 889, 222 West Main Street  Washington, IA 52353  319-653-7711  <a href="mailto:ryoung@co.washington.ia.us">ryoung@co.washington.ia.us</a></p>	<p>Fred Snakenberg  19088 235<sup>th</sup> Ave.,  Sigourney, IA 52591  641-622-2902  <a href="mailto:fsnakenberg@keokukcountyia.com">fsnakenberg@keokukcountyia.com</a></p> <p>Alternate Michael Hadley  101 S Main,  Sigourney, IA 52591  641-622-2901</p>
<p>Henry County  Marc Lindeen, Secretary/Treasurer  100 East Washington,  Mt Pleasant, IA 52641  319-931-0760  <a href="mailto:supervisors@henrycountyiowa.us">supervisors@henrycountyiowa.us</a></p> <p>Alternate Chad White  100 East Washington Street,  Mt Pleasant, IA 52641  319-931-2802  <a href="mailto:supervisors@henrycountyiowa.us">supervisors@henrycountyiowa.us</a></p>	<p>Louisa County  Chris Ball  8945 Co. Rd. H22,  Mediapolis, IA 52637  319 209 0454  <a href="mailto:cball@louisacountyia.gov">cball@louisacountyia.gov</a></p> <p>Alternate  Vacant</p>
<p>Des Moines County  Tom Broeker  513 N. Main,  Burlington, IA 52601  319-759-1166  <a href="mailto:broekert@dmcounty.com">broekert@dmcounty.com</a></p> <p>Alternate  Vacant</p>	<p>Van Buren County  Mark Meek  303 First Street,  Bonaparte, IA 52620  319-931-4322  <a href="mailto:tugboat@netins.net">tugboat@netins.net</a></p> <p>Alternate Robert Waugh  406 Dodge St. PO Box 475,</p>

	Keosauqua, IA 52565 319-293-3129
Voting- non elected official	Voting-non elected official
Adult Individual or Family Representative of person with lived experience- Open Wendy Eland <a href="mailto:weland58@gmail.com">weland58@gmail.com</a>	Parent/Family Representative of child accessing behavioral health services Tricia Lipski <a href="mailto:tricialipski@iowatelecom.net">tricialipski@iowatelecom.net</a> <a href="mailto:tricialipski@gmail.com">tricialipski@gmail.com</a>
	Education Representative of children with SED Mark Schneider PO Box 150, Wellman, IA 52356 319-936-8601 <a href="mailto:markschn57@gmail.com">markschn57@gmail.com</a>
Ex-officio- non voting	Ex-officio- non voting
Adult Service Provider Tracy Liptak 301 West Burlington Ave. Fairfield, IA 52556 641-472-5771 <a href="mailto:tliptak@optimaelifeservices.com">tliptak@optimaelifeservices.com</a>	Children's Service Provider Ezra Allen 302 West Church St. Marshalltown, IA 50158 515-400-7578 <a href="mailto:ezra.allen@lsiowa.org">ezra.allen@lsiowa.org</a>

### Adult Advisory Committee

<b>Person with Lived Experience/Family member of Person with Lived Experience and/or Disability</b>	Wendy Eland Sandy Stever
<b>Adult Service Provider</b>	Tracy Liptak-Optimae Cheryl Plank- Hope Haven Christina Scharck- Southern Iowa Mental Health Stephanie Millard- First Resources

	Marquise Lewis- DVIP
<b>SEIL Governing Board</b>	Tom Broeker, Des Moines Co. BOS

### Children's Advisory Committee

<b>Parent/Family Representative of child accessing behavioral health services</b>	Tricia Lipski Joy Szewczyk
<b>The Education System</b>	Mark Schneider, Superintendent-Mid Prairie Community School District Lori LaFrenz, Principal- Lincoln Elementary Mount Pleasant Cory Johnson, Curriculum Director- Burlington Community School District Linda Boshart, Early Access Regional Liaison/Coordinator- Great Prairie AEA Martha Peterson-Mt Pleasant Community School District Mike Peterson-Wapello Community School District Rachael Kunzler-Maharishi International University
<b>Early Childhood Advocates</b>	Ginger Knisley- ECI Lee and Van Buren Tasha Beghtol- ECI Des Moines, Henry, Louisa Washington Roberta Sloat, 1 <sup>st</sup> Five HMDI Site Coordinator- Washington Co. Public Health Tammy Wetjen-Kesterson- ECI Jefferson and Keokuk/Decat Jefferson, Keokuk, Van Buren, Washington Pat McReynolds- ECI Tamee DeCoursey- Community Action (Early Childhood) Amy McLaughlin-ISU Extension Christine Van Berkum-Lee County Health Dept Sarah Smith-Washington County Public Health Tessa Schroeder-Lee County Health Dept

<b>Child Welfare Advocates</b>	Nicole Mann, Eastern Iowa Service Area Decat Director-Scott Co Kids Arin Jones, Program Coordinator-CPPC
<b>Children's Behavioral Health Service Providers</b>	Mike Maher- Counseling Associates Kris Rankin-Lee County The Best You Coalition- Van Buren County SAFE Coalition Codie Amos-First Resources Chelsea Griffiths-American Home Finding Christina Schark-Southern Iowa Mental Health Center Ezra Allen-Lutheran Services La Phanthouvang-Optimae
<b>Juvenile Court System</b>	Amy Huntington-DHS Troy Seeley, JCO 4- JCS 8 <sup>th</sup> Judicial Dist. Carrie Folkerts- SIACC Ashley Evans-Iowa Courts William Owens-Iowa Courts
<b>Pediatrician/Family Practice</b>	Cheryl Jones- Medical Provider
<b>Child Care Provider</b>	Matt Leclere- Head Start
<b>Local Law Enforcement</b>	Bradley Gillis, Mt. Pleasant Police Dept./CIT Trainer
<b>SEIL Governing Board</b>	Jack Seward, Jr. Washington Co. BOS