SOUTHEAST IOWA LINK (SEIL)

FY20 ANNUAL REPORT

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SUBMITTED
11/18/2020

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

APPROVED BY ADULT ADVISORY COMMITTEE: 11/12/2020

APPROVED BY CHILDREN'S ADVISORY COMMITTEE: 11/18/2020

APPROVED BY GOVERNING BOARD: 11/12/2020

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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 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 FY2020 Annual Report covers the period of July 1, 2019 to June 30, 2020. 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
Lee County **Rick Larkin, Chairman** 1304 Avenue B, Ft Madison, IA 52627 319-470-7744 rickleolarkin@gmail.com **Alternate Ron Fedler** 933 Avenue H, PO Box 190 Ft Madison, IA 52627 319-372-6557 rfedler@leecounty.org	**Jefferson County** **Dee Sandquist** 51 E Briggs, Fairfield, IA 52556 641-451-1293 dsandquist@jeffersoncountyiowa.com **Alternate Lee Dimmit** 51 E Briggs, Fairfield, IA 52556 641-919-9547 lee.dimmitt@jeffersoncountyia.com
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Henry County **Marc Lindeen, Secretary/Treasurer** 100 East Washington, Mt Pleasant, IA 52641 319-931-0760 supervisors@henrycountyiowa.us **Alternate Gary See** 100 East Washington Street, Mt Pleasant, IA 52641 319-385-0759 supervisors@henrycountyiowa.us	**Louisa County** **Chris Ball** 117 South Main Street, Wapello, IA 52653 319-523-3372 cball@louisacountyia.gov **Alternate Randy Griffin** 13791 Co. Rd. 252, Letts, IA 52754 319-523-3372 RGriffin@louisacomm.net
Des Moines County **Tom Broeker** 513 N. Main, Burlington, IA 52601 319-759-1166 broekert@dmcounty.com **Alternate Bob Beck** 19371 Roosevelt St., Danville, IA 52623 319-457-2214 beckb@dmcounty.com	**Van Buren County** **Mark Meek** 303 First Street, Bonaparte, IA 52620 319-931-4322 tugboat@netins.net **Alternate Ted Nixon** 406 Dodge St. PO Box 475, 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	**Parent/Family Representative of child accessing behavioral health services** **Kristine Skinner**
	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 **Bob Bartles** 828 N. 7th, Burlington, IA 52601 319-754-5774 bob.bartles@hopehavencorp.com **Chris Betsworth- Alternate** 2175 Lexington Blvd, Bldg 2 Washington, IA 52353 319-653-6161 christopher.betsworth@hillcrest-fs.org	**Children's Service Provider** **Heather Brueck, Ph.D.** 400 S. Broadway Burlington, IA 52601 (319) 752-4110 ext. 1141 hbrueck@younghouse.org

- The SEIL Governing Board appointed the SEIL Children's Advisory committee on January 8, 2020
- The SEIL Governing board accepted and approved the Children's Advisory committee designates to the Governing board on January 8, 2020

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 2020 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	
	Comprehensive Facility and Community Based Treatment											
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient	2										**2**
71319	State MHI Inpatient - Per diem charges	11										**11**
73319	Other Priv./Public Hospitals - Inpatient per diem charges	2										**2**
	Basic Crisis Response											
44301	Crisis Evaluation	867	39									**906**
44302	23 Hour Observation and Holding	15										**15**
44313	Crisis Stabilization Residential Service (CSRS)	80										**80**
	Sub-Acute Services											
	Support for Community Living											
32329	Support Services - Supported Community Living	17				2						**19**
	Support For Employment											
50367	Day Habilitation	3				3						**6**
50368	Voc/Day - Individual Supported Employment	3				2						**5**
50369	Voc/Day - Group Supported Employment	2				1						**3**
	Recovery Services											
	Service Coordination											

24376	Health Homes Coordination - Coordination Services	278	3			1						**282**
	Core Evidence Based Treatment											
32396	Supported Housing	13										**13**
	Core Subtotals:	**1293**	**42**			**9**						**1344**
Mandated												
74XXX	Commitment Related (except 301)	346	8									**354**
75XXX	Mental health advocate	417	9									**426**
	Mandated Subtotals:	**763**	**17**									**780**
Core Plus												
	Justice System Involved Services											
25XXX	Coordination services	415	1									**416**
	Additional Core Evidence Based Treatment											
42366	Psychotherapeutic Treatment - Social Support Services	485		10		6						**501**
	Core Plus Subtotals:	**900**	**1**	**10**		**6**						**917**
Other Informational Services												
04372	Planning and/or Consultation Services (Client Related)	2										**2**
	Other Informational Services Subtotals:	**2**										**2**
Community Living Support Services												
23376	Crisis Care Coordination - Coordination Services	62	29									**91**
33340	Basic Needs - Rent Payments	20										**20**
33345	Basic Needs - Ongoing Rent Subsidy	1										**1**
	Community Living Support Services Subtotals:	**83**	**29**									**112**
Congregate Services												
64XXX	RCF-6 and over beds	10										**10**
	Congregate Services Subtotals:	**10**										**10**
Administration												
Uncategorized												
Regional Totals:		**3051**	**89**	**10**		**15**						**3165**

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	67	2156	2223	40
Mental Illness, Intellectual Disabilities	0	3	3	40, 42
Mental Illness, Other Developmental Disabilities	0	6	6	40, 43
Intellectual Disabilities	0	7	7	42
Other Developmental Disabilities	0	4	4	43
Total	67	2176	2243	99

B. Regionally Designated Intensive Mental Health Services

The region has taken steps toward the designation of Southern Iowa Mental Health as an **Access Center**. Below is the criteria for full designation with insert of the SEIL regions efforts toward designation:

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

SEIL has allowed for the Access Center Services to gain maturity in service delivery model prior to being subject to a no eject/no reject standard required for designation. There have been identified obstacles in managing this scenario and expectations from outside partners on what the service system as mandated is desired to do in managing difficult cases, with multiple complexities, and potentially court intervention/orders. Another consideration to allow for service maturity is the finance mechanisms for each service and covering the unmet financial cost for citizens to be able to gain access to the mandated service. This goes beyond the contractual or designation duties of a single region, but should attend to the mechanics of making Access Centers across the state work similarly and be financed with some consistency/standardization regardless of service location.

Johnson County does not currently have services in place in the structure of the Access Center. Continued interaction with board membership related to Access Center services and framework occurs on nearly a monthly basis and the SEIL region remains interested in contracting/designating with the mandated Access Center services as identified above.

Date Designated	Access Center
NA	Contracted for Access Center Services with Southern Iowa Mental Health, Ottumwa. A MOU with other MHDS Regions was in the works in FY20 with anticipated finalization in FY21
NA	Discussing Access Center Services with Johnson County, Iowa City

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.

Date Designated	ACT Teams	Fidelity Score
11/3/2018	UIHC, Iowa City	4.0
NA	Negotiated with Southern Iowa Mental Health, Ottumwa their capacity to serve SEIL residents and within the access standard geography/price point for service delivery	

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
NA	Contracted for Subacute Services with Southern Iowa Mental Health, Ottumwa. A MOU with other MHDS Regions was in the works in FY20 with anticipated finalization in FY21

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.

Date Designated	Intensive Residential Services
NA	This service has not been developed within FY20. Efforts have been made to begin training with providers. SEIL has also participated in discussions with DHS and the MCOs in identifying target individuals that would meet the access standard for service as well as price point for service in the Medicaid service array.

C. Financials

Table C. Expenditures

FY 2020 Accrual	SEIL MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	**Treatment**						
42305	Mental health outpatient therapy **	732					732
42306	Medication prescribing & management **						-
43301	Assessment, evaluation, and early identification **						-
71319	Mental health inpatient therapy-MHI	359,280					359,280
73319	Mental health inpatient therapy **	269					269
	Crisis Services						
32322	Personal emergency response system						-
44301	Crisis evaluation	589,364					589,364
44302	23 hour crisis observation & holding	7,437					7,437
44305	24 hour access to crisis response						-
44307	Mobile response **	108,909					108,909
44312	Crisis Stabilization community-based services **						-
44313	Crisis Stabilization residential services **	886,337					886,337
44396	Access Centers: start-up / sustainability						-

	Support for Community Living						
32320	Home health aide						-
32325	Respite						-
32328	Home & vehicle modifications						-
32329	Supported community living	262,424		49,099			311,523
42329	Intensive residential services						-
	Support for Employment						
50362	Prevocational services						-
50364	Job development						-
50367	Day habilitation	6,016		18,467			24,482
50368	Supported employment	14,465		1,761			16,226
50369	Group Supported employment-enclave	1,681		327			2,008
	Recovery Services						
45323	Family support						-
45366	Peer support	756					756
	Service Coordination						
21375	Case management						-
24376	Health homes	54,923		1,402			56,325
	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	20,063					20,063
32396	Supported housing	35,421					35,421
42398	Assertive community treatment (ACT)						-
45373	Family psychoeducation	3,733					3,733
	Core Domains Total	**2,351,808**	**-**	**71,055**	**-**		**2,422,864**
Mandated Services							
46319	Oakdale						-
72319	State resource centers						-
74XXX	Commitment related (except 301)	148,553					148,553
75XXX	Mental health advocate	172,545					172,545
	Mandated Services Total	**321,097**	**-**	**-**	**-**		**321,097**
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services	245,388					245,388
44346	24 hour crisis line*						-
44366	Warm line*						-
46305	Mental health services in jails						-

46399	Justice system-involved services-other						-
46422	Crisis prevention training	23,415					23,415
46425	Mental health court related costs						-
74301	Civil commitment prescreening evaluation						-
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	691,066	23,393	17,280			731,739
42397	Psychiatric rehabilitation (IPR)						-
	Additional Core Domains Total	**959,869**	**23,393**	**17,280**	**-**		**1,000,542**
Other Informational Services							
03371	Information & referral						-
04372	Planning, consultation &/or early intervention (client related) **	60					60
04377	Provider Incentive Payment						-
04399	Consultation Other						-
04429	Planning and Management Consultants (non-client related)						-
05373	Public education, prevention and education **	13,587					13,587
	Other Informational Services Total	**13,647**	**-**	**-**	**-**		**13,647**
Community Living Supports							
06399	Academic services						-
22XXX	Services management	208,997					208,997
23376	Crisis care coordination	8,753					8,753
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)	31,800					31,800
33345	Ongoing rent subsidy	500					500
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	**250,050**	**-**	**-**	**-**		**250,050**
Other Congregate Services							
50360	Work services (work activity/sheltered work)						-
64XXX	RCF 6 and over beds *(64314, 64315 & 64316)*	186,341					186,341
64XXX	ICF 6 and over beds *(64317 & 64318)*						-
64329	SCL 6 and over beds						-
64399	Other 6 and over beds						-
	Other Congregate Services Total	**186,341**	**-**	**-**	**-**		**186,341**
	Administration						
11XXX	Direct Administration					659,586	659,586
12XXX	Purchased Administration					56,810	56,810
	Administration Total					716,396	716,396
	Regional Totals	**4,082,813**	**23,393**	**88,336**	**-**	**716,396**	**4,910,937**
(45XX-XXX)County Provided Case Management							-
(46XX-XXX)County Provided Services						461,281	461,281
	Regional Grand Total						5,372,218
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**						4,726,164
14951	**MHDS fiscal agent reimbursement to MHDS regional member county**						69,793

*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 2020 Accrual	SEIL MHDS Region		
Revenues			
	FY19 Annual Report Ending Fund Balance		**$ 4,593,211**
	Adjustment to 6/30/19 Fund Balance		**$ -**
	Audited Ending Fund Balance as of 6/30/19 (Beginning FY20)		$ 5,024,472
	Local/Regional Funds		$ 2,611,622
10XX	Property Tax Levied	2,394,386	
12XX	Other County Taxes	3,328	
16XX	Utility Tax Replacement Excise Taxes	63,215	
25XX	Other Governmental Revenues	1,234	
4XXX-5XXX	Charges for Services	-	
5310	Client Fees	95,287	
60XX	Interest	21,211	
6XXX	Use of Money & Property	-	
8XXX	Miscellaneous	32,961	
9040	Other Budgetary Funds (Polk Only)	-	
		-	
	State Funds		**$ 205,817.55**
21XX	State Tax Credits	156,126	
22XX	Other State Replacement Credits	49,691	
2250	MHDS Equalization	-	
24XX	State/Federal pass thru Revenue	-	
2644	MHDS Allowed Growth // State Gen. Funds	-	
29XX	Payment in Lieu of taxes	-	
		-	
	Federal Funds		**$ -**
2344	Social services block grant	-	
2345	Medicaid	-	
	Other	-	
	Total Revenues		$ 2,817,440

Total Funds Available for FY20	$	7,841,912
FY20 Actual Regional Expenditures	$	5,372,218
Accrual Fund Balance as of 6/30/20	$	2,469,694

Table E. County Levies

County	2017 Est. Pop.	Regional Per Capita	FY20 Max Levy	FY20 Actual Levy	Actual Levy Per Capita
Des Moines	39,417	42.60	1,679,164	883,527	22.41
Henry	19,863	42.60	846,164	200,000	10.07
Jefferson	18,422	42.60	784,777	638,705	34.67
Keokuk	10,153	42.60	432,518	200,620	19.76
Lee	34,295	42.60	1,460,967		0.00
Louisa	11,184	42.60	476,438		0.00
Van Buren	7,157	42.60	304,888	203,827	28.48
Washington	22,281	42.60	949,171	549,402	24.66
Total SEIL Region	**162,772**		**6,934,087**	**2,676,081**	**16.44**

D. Status of Service Development in FY2020

FY 20 has brought about significant changes to MHDS regions. With the passing of the Children's Behavioral Health (CBH) legislation, SEIL worked diligently to engage service providers, schools, AEA staff, pediatrician/physician, childcare providers, and representation from family members that have a child with a Serious Emotional Disturbance (SED) diagnosis to be a designated member of the SEIL Children's Advisory Committee. Time, availability, and inclination all play a part in the ability of the Region to collect this wide array of membership obligation listed in the legislation. Continued efforts to get all roles and responsibilities met permeated FY20 and proceed into the next fiscal year despite many attempts to communicate, market, and invite participation. Electronic means to participate were also provided so that travel was no longer a barrier.

SEIL designated current management team member Tami Gilliland as the Children's Behavioral Health Coordinator on 6/12/2019. In October of 2019 the Amended 28E agreement was finalized and registered with the Secretary of State's office. The SEIL Children's Advisory Committee commenced meeting in October also and was officially designated by the SEIL Governing Board at the first meeting of 2020 on January 8th.

Identification and explanation of the CBH core services was a primary topic across the Children's Advisory as many of the committee members had no background in mental health service delivery definitions or eligibility processes. Attempts were made to identify approximate numbers of SED children residing in the SEIL region and establish priority for development of service and internal processes to accomplish meaningful access. The significant additional work associated with these changes was the amending of the SEIL Management plan to incorporate the CBH service system and expand upon the adult complex needs services legislated previously.

The SEIL region was well on its way in timeframe and accomplishments to have all necessary documents in place for DHS and Commission approval until March when the service delivery process for all MHDS services was changed by the Covid 19 pandemic. Quickly shifting gears to assist individuals and providers in need in restructuring access to service and provision of service became top priority of the SEIL management team to address individual health and safety from a

medical/physical as well as social emotional/mental health/behavioral health standpoint. Great inequities in access to necessities of basic living and technology to support safe access to service became glaring across the SEIL population. The lower socio economic status individuals, rural residents, and non-tech savvy population was left behind in this new service delivery model. Beyond those obstacles, SEIL identified that many individuals hunkered down for the pandemic and did not access service regardless of need out of fear of disease transmission or were denied access to care because "elective" services/procedures were halted to focus robustly on Covid related illness/disease management.
SEIL restructured the Drop In/Recovery Center models to attend to individual's basic needs (food/shelter/ social connectedness). The region offered assistance to our Providers with direct care professionals in accessing necessary PPE, cleaning supplies, and use of technology to connect their clients to service as well as social supports. Inpatient acute, crisis services, outpatient mental health, site homes/RCFs, community based supports, etc. were all adversely impacted by the pandemic in either patient access, patient engagement, and/or patient discharge.

Through tele-conferencing/virtual platforms, SEIL was able to continue to meet with vested stakeholders, partners, and service providers to continue to the work that was directed of us by legislation as well as the Department of Human Services as our MHDS authority. The following is a summarization of the efforts towards that end in the identified areas:

- **Access Center**- Collaborative efforts with multiple regions and Southern Iowa Mental Health Center (SIMHC)(CMHC provider) to establish a service delivery model that attends to the mandates of Access Centers per legislation and accreditation. The mechanics of the cost of said service was also developed that allows for equitable comparison across various Access Centers across the state.
- **Mobile Crisis Response**- SEIL was developing and growing Mobile Crisis Response in FY20. Four (4) counties of the region were engaged in service delivery in the latter half of FY20 and aside from a handful of cases- this service was provided virtually and more focus was on team training/team development/management structure.
- **Subacute**- Contracting for subacute within the SEIL region for providers of service outside of the region has been the practice prior to and during FY20. Unfortunately, the Hillcrest subacute service was discontinued. SEIL redirected its focus to the subacute in development with SIMHC and contracted accordingly prior to and through their accreditation and Managed Care Organization (MCO) contracting processes. SEIL fully intends to educate and utilize subacute for patients in need of step down from inpatient acute services and has had some success in convincing hospitals of this step down referral for the successful continuation of service that addresses the continuity of care and connectedness of ongoing community based supports individuals need to live the most independent and productive lifestyle possible.
- **Service Coordination with MCOs/Hospital discharge plans**- With high propensity the SEIL region has experienced recommendations from inpatient acute units for patients to be discharged to Region funded Residential Care Facilities (RCFs). Many of these discharge recommendations were in regards to patients that have Medicaid benefits. The SEIL region has made it a point to work collaboratively with the Managed Care Organizations on behalf of their beneficiaries to work on service access and whole person care plans. Some hospitals are more receptive to this process than others and the primary complaint regarding transition of care in the Medicaid service array is that it takes too long to get community support services authorized and available for individuals. SEIL is empathetic to those concerns however it is not acceptable to bypass assigned care coordination processes for these reasons exclusively. SEIL has found success in working with MCOs on behalf of individuals in need to secure the least restrictive individualized service necessary to support clients/patients. This does include region funded RCF but only as a result of lack of options in the Medicaid service array as per the care coordination of Medicaid beneficiaries. SEIL has frequently advised that this is as per the Medicaid/Iowa Health and Wellness Plan benefit coverage "The MCO is responsible for medical, behavioral and long term care services. Please contact their selected MCO for benefit limitations, TPL and Service authorizations." Furthermore, it is also in compliance with Olmstead and the tenants of civil liberties law.
- **Children's Crisis Stabilization Residential Services (CSRS)-** With the engagement of children's behavioral health service providers on the SEIL Children's Advisory Committee, SEIL initiated preliminary conversations with agencies that are contracted with Iowa DHS to provide shelter service to discover opportunity for expansion of service in existing structures. There are many parallels between shelter service and CSRS. Children that experience shelter placement have invariably been impacted by trauma of various sort. Trauma and mental

health crisis are closely linked and treatment intervention strategies are highly correlated. The duality of these intervention strategies would be to the benefit of all children placed in either of these service delivery models. Shelter's already function in a no eject, no reject framework, they have experience in children's service, there is sufficient staff/staffing patterns to facilitate safe and effective treatment, and these agencies are already familiar with community resources and services that can be instrumental to children and their families ongoing. It is imperative that crisis stabilization residential, as per the accreditation standards of Chapter 24, be an accessible service to children and families of the SEIL region to support their health, wellbeing, and family cohesiveness/preservation.

E. Outcomes/Regional Accomplishments in FY2020

Fiscal Year 2020 has been anything but normal and customary. As indicated in the above detailing of work, the first half of the year had a tremendous amount of time and effort dedicated to the restructuring of the region to include all of the accoutrements of the Children's Behavioral Health system. Building stakeholders, building advisory participation, facilitating discussions and trainings on Children Behavioral Health needs, initiating children's service/resource mapping, trying to identify the population of children that have SED and what services are missing in the continuum of care for those children and their families, restructuring the 28E agreement, designating Advisory members, incorporating the new membership to the Governing Board, walking new members through SEIL processes of budgeting for following fiscal years and reporting requirements, updating the management plan as well as operation manuals pertaining to specific SEIL internal processes, discussing contract revisions and additions for FY 21, etc. The list of tasks to be accomplished because of these changes were all consuming of time, attention, effort, and investment/realignment of funds that continued to be capitated with direction on Fund Balance management and the attached risk of financial penalty for failure to meet the guidance.

The fact that these requirements were essentially met and/or addressed with plans of action to meet requirement was one of the major accomplishments of FY20. Gathered in place were expanded partnerships, expanded responsibility, expanded accountability, and interfaces with institutions/systems that had not previously been involved in or with MHDS regions prior. Speaking similar languages and understanding the dynamics of independent but collectively necessary partnerships was and continues to be works in progress. The SEIL region found common ground in these partnerships and interactions within the concept of Continuity of Care. That is a common language each system has struggled with independently and the SEIL Region has attempted to be the adhesive to fill those voids and lapse in continuity via guidance, person to person connectedness, system to system connectedness, and/or investment in transition. Those efforts, across all the partners is the start for meaningful change in systems that will eventually result in significant positive outcomes for those in need.

March became a pivot point in the year in business practices, service operations, and contractual obligations. The onset of the pandemic created shutdowns in county building access as local governments scrambled to procure, secure, and structurally create work environments that were safe for employees and the public. Each county forged ahead with the resources available and the information provided to them about Covid mitigation and population impacts. The lived experience of each county across the state was quite different and the beauty of local governance is that the intervention can be stage matched to the need. As a region, MHDS designated work continued but the employees of each county were subject to their employer of record policy and procedure. SEIL's ability to continue our duty and responsibility required modifications and analysis of the resources necessary to carry forward with our individual and collective tasks. Strategy to anticipate how to ensure work of the region persists in spite of the challenges the pandemic presented to our county/region systems and the individuals critical to task completion became paramount. Plans of action were put in place, inventory of need was created, and analysis of cost/risk benefit for prioritization was accomplished.

Simultaneous to the internal processes of SEIL, the region was facilitating assistance to our local provider network in maintaining and/or modifying contracted services to ensure safety of individuals served and the workforce of our providers while also continuing to meet the needs of those served in these new circumstances. There were many challenges to accomplishing these tasks also, including access to PPE, workforce instability, virtual meeting/telehealth capability, attention to basic needs while attempting to social distance, recognizing that isolation will impact individuals differently and there should be some anticipation that mental health/wellbeing concerns will be a prevalent concern. The SEIL Region gives great credit to our contracted providers in their focus on mission, realignment of service delivery to meet new need, and attention to the importance of holistic health and disease mitigation/management for our vulnerable populations.

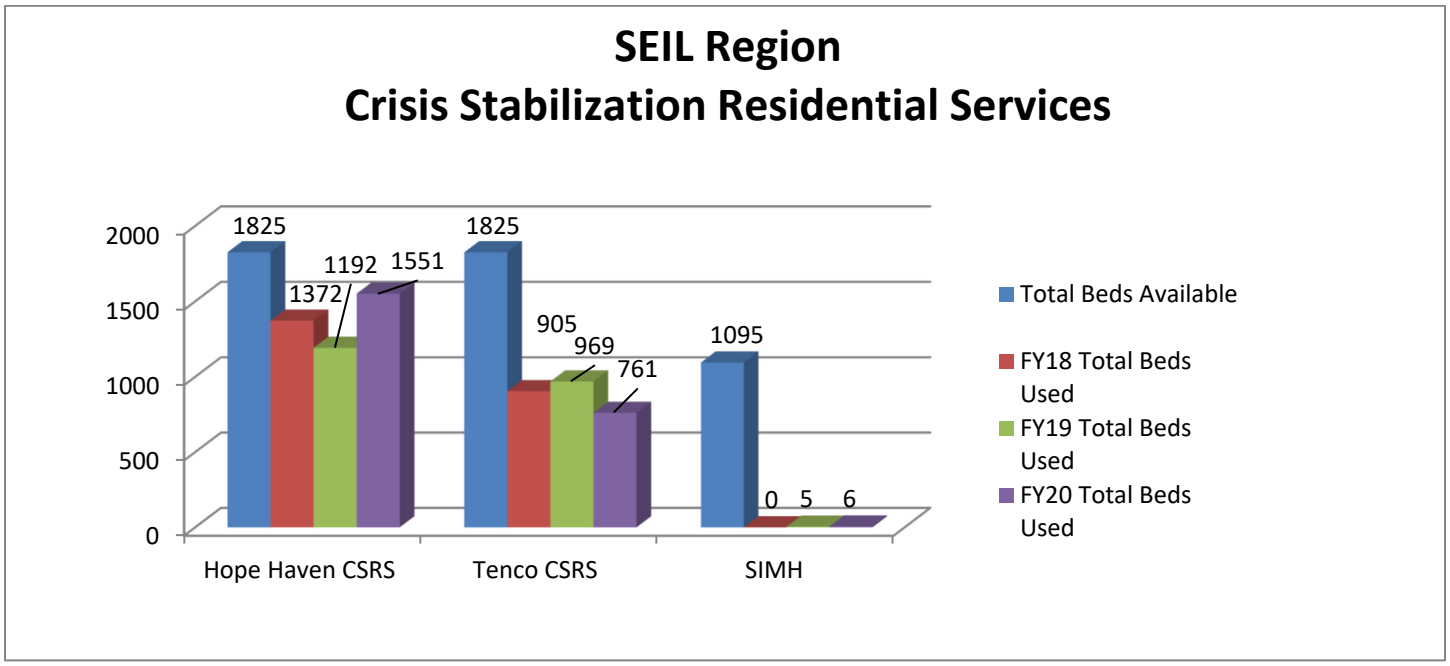
Peer Ran Drop In/Recovery Centers

For many years SEIL has valued the effort and work of our region funded Drop In and Recovery Centers. This is truly an equal access venue to meet need. The mission of these programs is to facilitate service for individuals with mental health and mental wellbeing struggles. Creating community connectedness, reducing isolation, offering opportunity to other more traditional services if desired, giving and receiving support and information, learning strategies to effectively manage brain health challenges, and forging relationships that can last a lifetime. Covid changed how each of these programs look and how they functioned but from those modifications came a new vision for the much needed sense of community. The daily tasks of getting the bare necessities became a challenge for individuals. The Centers stepped up and assisted in these areas by delivering food and essentials. Isolation became the standard as communities shut down. The Centers made daily contact in the ways that were needed (meal delivery/"waves from afar", phone calls, virtual chats, text, etc.) Traditional service access (clinical and community based) was in many instances cancelled, unavailable, and delayed for a multitude of reasons. The Centers created virtual support groups and even broadened the audiences for participation across all of the region locations. In the midst of a pandemic, requiring social isolation to preserve individual health, participant connectedness and sense of community expanded in ways that were never previously considered. For those that chose this path of assistance and self-determined treatment - Peer Ran Drop In/Recovery services has been a lifeline through these unchartered times.

Crisis Stabilization Residential Services (CSRS)

The SEIL region CSRS programs remained available for service to individuals throughout FY20. This was a beneficial asset to accomplishing diversion from Emergency Departments especially when the public was being redirected and became fearful in accessing emergency services because of Covid. To draw a comparison, in FY19 there were 72 unduplicated individuals served and in FY20 there were 80 unduplicated. Though this does not seem to be a large difference, it does not take into account the period of time in which census in the two CSRS programs was extremely low as the public hunkered down at the start of the public health emergency.

The chart below indicates the three contracted programs of SEIL and the utilization of each over the past three fiscal years. 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.



Justice Involved Services

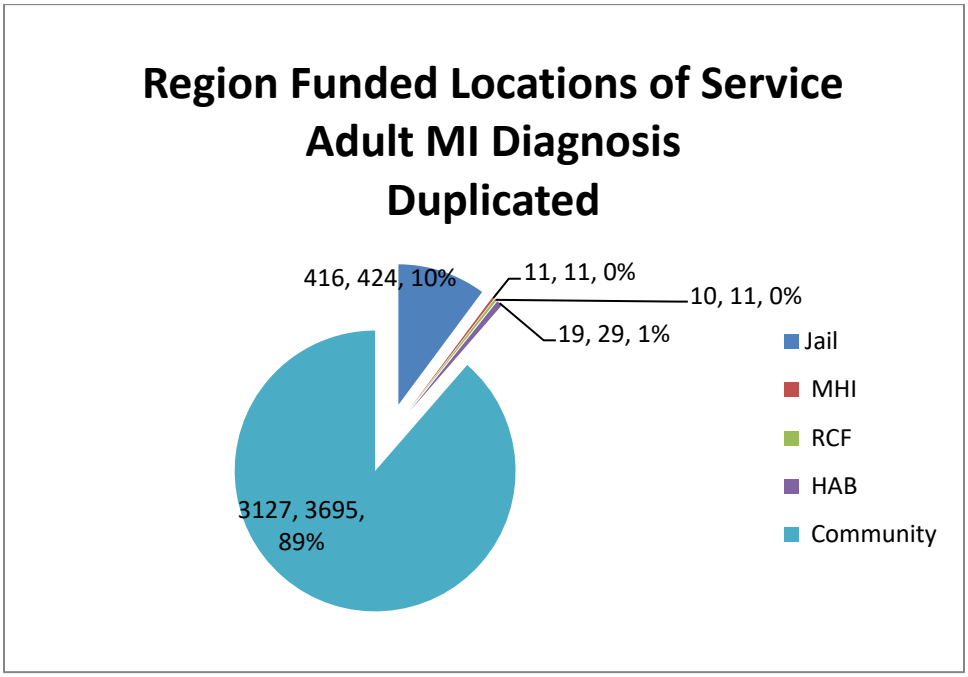
Justice involved services is another area that SEIL tends to analyze for patterns, trends, and outcomes as related to the detainees that experience mental health challenges. The partnership between MHDS regions and law enforcement is critical to ensuring that individuals are served and treated in the 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. It is to be understood that there is clear differentiation in treatment processes and means to manage individual cases as related to civil matters versus criminal matters. In both instances civil rights pertain, however the capacity to manage situations in differing environments and service delivery models needs to be understood by all partners in public health and public safety.

Covid challenged local jail systems and there were shifts in detainee populations as well as access to services within the jail systems due to mitigation strategies to prevent disease. SEIL coordination in each of the jail systems was individualized to meet the need and expectation of the Sheriff's and Jail Administrator's allowances. Again, each county managed their jail environments according to their individualized county experiences and access to resources. SEIL was happy to oblige to those expectations at the direction of those law enforcement leaders. Coordinators custom fit their service delivery to those expectations and when opportunity to be in the jail setting was not permissible, coordinators continued to assist from afar and mine data for trends, correlated outcomes, and mechanisms to best serve justice involved persons so to reduce recidivism. Because of the individualized nature of the jail systems this year, our normal and customary analysis did not bring meaning to a collective data presentation. Each system has individualized reports that carries meaning to each jail system. These individualized reports have and/or will be presented to the SEIL Governing Board to see their return on investment.

Locations of service

SEIL prides itself in attention to location of service that is least restrictive to meet need, in compliance with the principals of Olmstead, working in collaboration with other regions and alternate funding sources, and allows for transition in care with as much continuity in that transition so that the whole person and their mli-complex needs to be healthy, safe and successful as possible are attended to appropriately. 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 provide 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, however the percentages of those served remain proportionally equivalent to past years indicating that our service population is heavily focused in the community of residence.



SEIL appreciates the opportunity to present our accomplishments and efforts toward positive outcomes. Though not all the details of this work can be captured in one report, we believe that this is a good representation of the work that has been done in our region with our partners over the last year. Our circle of partnerships and efforts to expand service to meet the mandate of Complex Need services and Children's Behavioral Health services continue to grow. Outside analysis of these efforts is welcome however inside participation in this joint work is even more appreciated. SEIL extends welcome to interested individuals, agencies, and alternate funding sources to aid our efforts to make Southeast Iowa a great place to live for all abled and differently abled people across the lifespan.