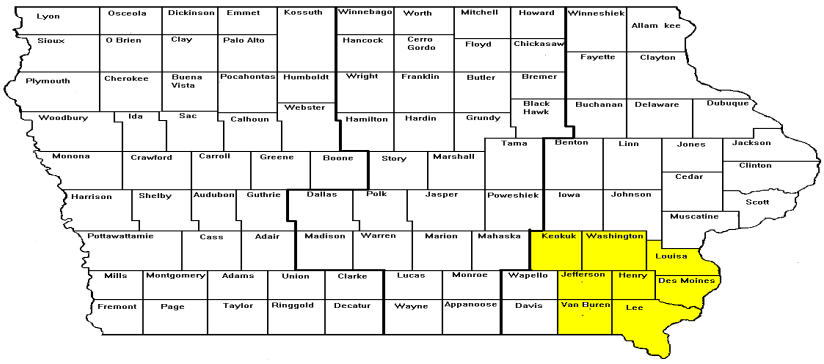
SOUTHEAST IOWA LINK (SEIL)

FY19 ANNUAL REPORT



SUBMITTED
11/14/2019

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

APPROVED BY ADVISORY BOARD: 11/13/19

APPROVED BY GOVERNING BOARD: 11/13/19

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Introduction

SEIL Region 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.

In compliance with IAC 441-25 the SEIL Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

Throughout the fifth Fiscal Year (July 1, 2018 thru June 30, 2019) of the SEIL region operations, MHDS regions have once again been impacted by legislative direction as per HF690. SEIL was still in process of service development per last legislative direction and had begun the work of partnering, discussing, and developing the services moved to core for the region as per SF504 when the addition of Children's Behavioral Health system was designated to the regions for administration and the legislative direction of additional core services related to the Children's service delivery system. Though these services are not indicated as region responsibility until July 1, 2020, SEIL immediately began identifying partners in the Children's system so to ensure that interested parties could proactively engage with the region in system development and to acquaint the members of the region with individuals with whom we (the region) had not previously worked. Efforts in this area will move forward in FY20.

Related to HF2456, regions were designated the responsibility to expand core services as per the needs of those individuals with Complex Needs. This expansion in service development and financial obligation for regions include the services of: Assertive Community Treatment program additions/expansions, Access Centers (Crisis Assessment/Screening, Crisis Stabilization Residential Services, Substance Abuse Treatment, and Sub-acute), Intensive Rehabilitative Service Homes/Services, and Sub-acute. DHS and IDPH began their efforts to develop a single Statewide 24 Hour Crisis Hotline which was a service removed from the regions core service responsibility. DHS, DIA, and partners from the Iowa Hospital Association/Behavioral Health have engaged in preliminary discussions and fact finding during FY19 on the development of Tertiary Care to address the availability of inpatient acute services for Complex Needs population that frequently traditional inpatient units forego serving. These prospective tertiary care providers have been referenced as Intensive Psychiatric Care Units and are still in the very early stages of discussion/development.

For nearly the entirety of FY19, regions were subject to the target spend down of Fund Balances as per SF504 while simultaneously working on the development of new services as per HF2456. For the SEIL Region, the prescribed target was 20 percent (20%) carry forward or cash flow. Braid funding with other pay sources, predominantly Medicaid, continued to be an expectation. Startup costs of the region for new service array components has with high propensity become operation funding in anticipation of the other braid funds contributing. Though there is some anticipation that the region will be a permanent financial partner in these projects, it was not anticipated that the duration of time that the region would be the sole funder would be so lengthy. It stands to reason that there are distinct challenges to braid funding and maintaining access to non-routine or crisis services even when there is system stability. Unfortunately, FY19 saw the reattribution of Medicaid eligibles across two remaining MCOs at the beginning of the year and the exit of yet another MCO at the end of the fiscal year. Further complicating service building/provision matters, Iowa currently has a very low unemployment rate and insufficient professional capacity which has created workforce shortage issues with Iowa human service providers (especially in rural Iowa) who currently report to be financially strapped

and struggling to meet their financial obligations siting rate structures for many services are insufficient to cover their cost of service provision.

The financial needs and viability of the regions were not addressed in FY19 legislative session to expand the service array obligations to the Complex Needs population nor the anticipated Children's Behavioral Health populations, except to allow for an increased amount of forty percent (40%) Fund Balance to carry forward/cash flow across fiscal years. SEIL is cautiously optimistic that the Iowa legislature will address the financial needs of regions to develop and sustain the expansion of service as per the approval/passage of the three previous policy bills referenced above. Yet, SEIL cautions that insufficient region financing will result in loss of some service, delay of access to service, and/or capped service array correlating to anticipated financial obligations.

The SEIL Governing Board for FY19 was comprised of the following members:

Des Moines County Board of Supervisor	Tom Broeker
Henry County Board of Supervisor	Marc Lindeen
Jefferson County Board of Supervisor	Dee Sandquist
Keokuk County Board of Supervisor	Michael Berg
Lee County Board of Supervisor	Rick Larkin
Louisa County Board of Supervisor	Chris Ball
Van Buren County Board of Supervisor	Mark Meek
Washington County Board of Supervisor	Jack Seward Jr.
Customer/Family Member Representative	Don Ross
Provider Representative	Bob Bartles

The SEIL Adult Advisory Committee for FY19 was comprised of the following leadership members but as an open panel committee, many other interested individuals and organizations have participated:

Chair	Tracy Liptak
Chair Designate/Provider Representative	Bob Bartles
Vice Chair/Provider Representative Designate	Chris Betsworth
Customer/Family Member Representative	Don Ross
Customer/Family Member Representative Designate	Vacant
Secretary	Christina Schark
Secretary Designate(s)	Kim Crutcher/Sandy Stever

A. Services Provided and Individuals Served

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

FY 2019 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	
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	1126	20									**1146**
	Support for Community Living											
32329	Support Services - Supported Community Living	29				3						**32**
	Support For Employment											
50362	Voc/Day - Prevocational Services	1										**1**
50364	Voc/Day - Job Development	1										**1**
50367	Day Habilitation	3				4						**7**
50368	Voc/Day - Individual Supported Employment	5	1			1						**7**
50369	Voc/Day - Group Supported Employment	2				2						**4**
	Recovery Services											
	Service Coordination											
24376	Health Homes Coordination - Coordination Services	60										**60**
	Core Evidence Based Treatment											
32396	Supported Housing	19										**19**
42398	Assertive Community Treatment (ACT)	1										**1**
	Core Subtotals:	**1262**	**21**			**10**						**1293**
Mandated												
74XXX	Commitment Related (except 301)	458	6	1								**465**
75XXX	Mental health advocate	472	9									**481**
	Mandated Subtotals:	**930**	**15**	**1**								**946**
Core Plus												
	Comprehensive Facility and Community Based Treatment											
44302	23 Hour Observation and Holding	9										**9**
44313	Crisis Stabilization Residential Service (CSRS)	72										**72**
	Sub-Acute Services											
	Justice System Involved Services											
25XXX	Coordination services	422	2									**424**
	Additional Core Evidence Based Treatment											
42366	Psychotherapeutic Treatment - Social Support Services	522		10		41						**573**

	Core Plus Subtotals:	**1025**	**2**	**10**		**41**						**1078**
Other Informational Services												
04372	Planning and/or Consultation Services (Client Related)	791	5									**796**
	Other Informational Services Subtotals:	**791**	**5**									**796**
Community Living Support Services												
23376	Crisis Care Coordination - Coordination Services	127	3									**130**
33340	Basic Needs - Rent Payments	22										**22**
	Community Living Support Services Subtotals:	**149**	**3**									**152**
Congregate Services												
64XXX	RCF-6 and over beds	11										**11**
	Congregate Services Subtotals:	**11**										**11**
Administration												
Uncategorized												
Regional Totals:		**4168**	**46**	**11**		**51**						**4276**

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	34	2982	3016	40
Mental Illness, Intellectual Disabilities	0	5	5	40, 42
Mental Illness, Other Developmental Disabilities	0	33	33	40, 43
Intellectual Disabilities	0	6	6	42
Other Developmental Disabilities	0	15	15	43
Total	34	3041	3075	99

B. Regionally Designated Intensive Mental Health Services

SEIL is in discussion with the following providers to facilitate **Access Center** services**.** Each of these providers are working on the plans and processes in order to meet the following requirements:

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

- Physical health services.
- Care coordination.
- Service navigation and linkage to needed services.

Date Designated	Access Center
NA	Discussing Access Center Services with Johnson County, Iowa City
NA	Discussing Access Center Services with Southern Iowa Mental Health, Ottumwa

The region has designated the following **Assertive Community Treatment (ACT)** team which have been evaluated for program fidelity, including a peer review as required by sub rule 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

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
7/1/2018	Contracted with Hillcrest Family Services- Licensed

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 FY19

C. Financials

Table C. Expenditures

FY 2019 Accrual	SEIL MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	**Treatment**						
42305	Mental health outpatient therapy	4,591.37					4,591
42306	Medication prescribing & management						-
43301	Assessment & evaluation						-
71319	Mental health inpatient therapy-MHI	333,968.75					333,969
73319	Mental health inpatient therapy	3,227.61					3,228
	Crisis Services						
32322	Personal emergency response system						-
44301	Crisis evaluation	598,958.17					598,958
44302	23 hour crisis observation & holding	4,544.54					4,545
44305	24 hour access to crisis response						-
44307	Mobile response	1,500.00					1,500
44312	Crisis Stabilization community-based services						-
44313	Crisis Stabilization residential services	1,134,588.20					1,134,588
44396	Access Centers: start-up / sustainability						-
	Support for Community Living						
32320	Home health aide						-
32325	Respite						-
32328	Home & vehicle modifications						-
32329	Supported community living	357,209.44		67,537.02			424,746
42329	Intensive residential services						-
	Support for Employment						
50362	Prevocational services	130.00					130
50364	Job development	264.52					265
50367	Day habilitation	1,440.53		22,268.99			23,710
50368	Supported employment	30,350.07		2,573.48			32,924
50369	Group Supported employment-enclave	1,161.56		4,044.16			5,206
	Recovery Services						
45323	Family support	3,545.00					3,545
45366	Peer support						-
	Service Coordination						
21375	Case management						-

24376	Health homes	44,034.23					44,034
	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	19,652.59					19,653
32396	Supported housing	65,578.93					65,579
42398	Assertive community treatment (ACT)	3,792.75					3,793
45373	Family psychoeducation						-
	Core Domains Total	**2,608,538.26**	**-**	**96,423.65**	**-**		**2,704,962**
Mandated Services							
46319	Oakdale						-
72319	State resource centers						-
74XXX	Commitment related (except 301)	209,401.49	61.59				209,463
75XXX	Mental health advocate	152,589.52					152,590
	Mandated Services Total	**361,991.01**	**61.59**	**-**	**-**		**362,053**
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services	217,540.80					217,541
44346	24 hour crisis line**	9,137.00					9,137
44366	Warm line**						-
46305	Mental health services in jails						-
46399	Justice system-involved services-other						-
46422	Crisis prevention training	37,749.52					37,750
46425	Mental health court related costs						-
74301	Civil commitment prescreening evaluation						-
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	747,817.11	15,467.31	30,509.61			793,794
42397	Psychiatric rehabilitation (IPR)						-
	Additional Core Domains Total	**1,012,244.43**	**15,467.31**	**30,509.61**	**-**		**1,058,221**
Other Informational Services							
03371	Information & referral						-
04372	Planning and/or Consultation (client related)	190,047.94					190,048
04377	Provider Incentive Payment						-
04399	Consultation Other						-
04429	Planning and Management Consultants (non-client related)	70,790.00					70,790

05373	Public education	6,616.06					6,616
	Other Informational Services Total	**267,454.00**	-	-	-		**267,454**
Community Living Supports							
06399	Academic services						-
22XXX	Services management	199,948.85					199,949
23376	Crisis care coordination	12,012.27					12,012
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)	36,830.16					36,830
33345	Ongoing rent subsidy						-
33399	Other basic needs						-
41305	Physiological outpatient treatment						-
41306	Prescription meds						-
41307	In-home nursing						-
41308	Health supplies						-
41399	Other physiological treatment						-
42309	Partial hospitalization						-
42310	Transitional living program						-
42363	Day treatment						-
42396	Community support programs						-
42399	Other psychotherapeutic treatment						-
43399	Other non-crisis evaluation						-
44304	Emergency care						-
44399	Other crisis services						-
45399	Other family & peer support						-
46306	Psychiatric medications in jail						-
50361	Vocational skills training						-
50365	Supported education						-
50399	Other vocational & day services						-
63XXX	RCF 1-5 beds *(63314, 63315 & 63316)*						-
63XXX	ICF 1-5 beds *(63317 & 63318)*						-
63329	SCL 1-5 beds						-
63399	Other 1-5 beds						-
	Community Living Supports	**248,791.28**	-	-	-		**248,791**

Other Congregate Services							
50360	Work services (work activity/sheltered work)						-
64XXX	RCF 6 and over beds *(64314, 64315 & 64316)*	225,014.38					225,014
64XXX	ICF 6 and over beds *(64317 & 64318)*						-
64329	SCL 6 and over beds						-
64399	Other 6 and over beds						-
	Other Congregate Services Total	**225,014.38**	-	-	-		**225,014**
Administration							
11XXX	Direct Administration					1,033,674.54	1,033,675
12XXX	Purchased Administration					60,490.74	60,491
	Administration Total					1,094,165.28	1,094,165
	Regional Totals	**4,724,033.36**	**15,528.90**	**126,933.26**	**-**	**1,094,165.28**	**5,960,661**
(45XX-XXX) County Provided Case Management							-
(46XX-XXX) County Provided Services							-
	Regional Grand Total						**5,960,660.80**
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**						5,866,049
14951	**MHDS fiscal agent reimbursement to MHDS regional member county**						134,159

Table D. Revenues

FY 2019 Accrual	**SEIL MHDS Region**		
Revenues			
	FY18 Annual Report Ending Fund Balance		**$9,244,947**
	Adjustment to 6/30/18 Fund Balance		**0**
	Audited Ending Fund Balance as of 6/30/18 (Beginning FY19)		**$9,004,738**
	Local/Regional Funds		-
10XX	Property Tax Levied	1341228	
12XX	Other County Taxes	1557	
16XX	Utility Tax Replacement Excise Taxes	25610	
25XX	Other Governmental Revenues	2641	
4XXX-5XXX	Charges for Services	18342	

5310	Client Fees	4680	
60XX	Interest	39994	
6XXX	Use of Money & Property	-	
8XXX	Miscellaneous	4081	
9040	Other Budgetary Funds (Polk Only)	-	
		-	
	State Funds		-
21XX	State Tax Credits	88287	
22XX	Other State Replacement Credits	22715	
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		**$1,549,134**
	Total Funds Available for FY19	**$10,553,872**	
	FY19 Actual Regional Expenditures	**$5,960,661**	
	Accrual Fund Balance as of 6/30/19	**$4,593.211**	

Table E. County Levies

County	2016 Est. Pop.	Regional Per Capita	FY19 Max Levy	FY19 Actual Levy	Actual Levy Per Capita
Des Moines	39,739	42.60	1,692,881	0	0.00
Henry	19,773	42.60	842,330	0	0.00
Jefferson	18,090	42.60	770,634	594689	32.87
Keokuk	10,119	42.60	431,069	0	0.00
Lee	34,615	42.60	1,474,599	0	0.00
Louisa	11,142	42.60	474,649	0	0.00
Van Buren	7,271	42.60	309,745	167000	22.97
Washington	22,281	42.60	949,171	696072	31.24
Total SEIL Region	**163030**		**6945078**	**1457761**	**8.94**

D. Outcomes/Regional Accomplishments in FY2019

Following outcome efforts in alignment with research and evidence based practice on the national level, SEIL has heavily focused on parity, integrated service delivery, continuity of care across the various levels of care

that a person may experience. Each of these concepts lends itself to adequate data that with ongoing analysis can demonstrate effective performance indicators as well as actualized outcomes to individual's via service deliverables.

Parity

With development, Implementation, and outcomes planning, a key component used as a frame of reference is Mental Health/Behavioral Health Parity. Though MHDS Regions can have only minor impact at the statewide level of impacting parity across all insurers or funding sources, SEIL has pushed forward with micro level efforts in region service delivery processes to ensure Mental Health parity as primary area of initiative and Substance Abuse parity as secondary area of initiative with our expert and qualified mental health and substance abuse partners. The SEIL region frames parity within the terms of non-eligibility based service. Many of the services that are identified in Regions core service array are crisis services by title and definition and should be readily available to any citizen in need, regardless of insurance coverage or funding availability.

When drawing comparison of SEIL parity efforts and SAMHSAs report Approaches in Implementing Mental Health Parity and Addiction Equity ACT: Best Practices from the States- 2016; the SEIL identified guiding principles and processes correlate very strongly. SEIL commits itself to further efforts as identified as best practice within the region and as a supporter to other entity's parity efforts. Those efforts include: (1) open channels of communication, (2) standardization of materials, (3) creation of templates, workbooks and other tools, (4) implementation of market conduct exams and network adequacy assessments, and (5) collaboration with multiple agencies and stakeholder groups.

In order to evaluate the parity/non-eligibility based efforts, SEIL and our contracted crisis providers have made great effort to capture minimum data set information on a per individual served basis in the CSN system. Financing for such a firehouse model with other anticipated braid funds is quite complicated. As you will see, these efforts are costly to regions for the sake of service availability and administratively burdensome in efforts to reconcile cost and avoid duplicative payment with tax paid dollars. These inputs require considerable time and effort to manage. Pertaining to outcomes, SEIL frequently does not have access to precursor events/services nor post transition treatment engagement data. The focus of region outcomes is typically limited to the availability of information from region points of contact with individuals served, projective correlation, and/or regression analysis.

Crisis Stabilization Residential Services

The SEIL region maintains contracts with two Crisis Stabilization Residential Service (CSRS) programs with a total of 10 beds capacity and one CSRS program located outside of the region on a fee for service basis. All programs are structured the same to be a front end diversion from acute inpatient psychiatric hospitalization. Within the SEIL region, the assessment for CSRS has been fundamentally standardized by several contracted clinical service agencies to determine a person's level of care need. This process ensures that individuals are served in the least restrictive environment possible to meet their need. Because this is a crisis service, open 24/7/365 the region budgets for the entirety of the cost and does not restrict access on an eligibility basis.

Such management defers cost from individual insurance carriers of all forms and is the least intrusive form of support to an individual by keeping them close to their local community and natural resources/supports.

Data is being derived from these programs indicating not only census information and referral initiation, but also programmatic expectations to link individuals not already connected with local resources with community based options to meet their individual need i.e. IHH care coordination, psychiatry/therapy services, somatic care, housing, employment, transportation, insurance coverage options, Social Security benefit application, food assistance, etc.

Braid funding continues to be a focal point for this service to not only facilitate financial connectivity/sustainability of the program, but to also ensure connectedness of the Medicaid service array for individuals in need with Region non-Medicaid services. SEIL will report once again there have been ongoing challenges with this venture but our efforts continue. It is to be noted that only Hope Haven CSRS is accredited (2/1/18) and contracted with the MCOs operating in Iowa in FY19. Their reimbursement for Medicaid eligible's accessing the service was as indicated below:

Total Admissions to Hope Haven CSRS: 47

MCO	Duplicated Medicaid Eligibles Identified	Total FY19 Reimbursement
AmeriGroup	4	2,881.52
UHC	29	22,341.38
Medicaid- No MCO	4	0
TOTAL	**37**	**25,222.90**

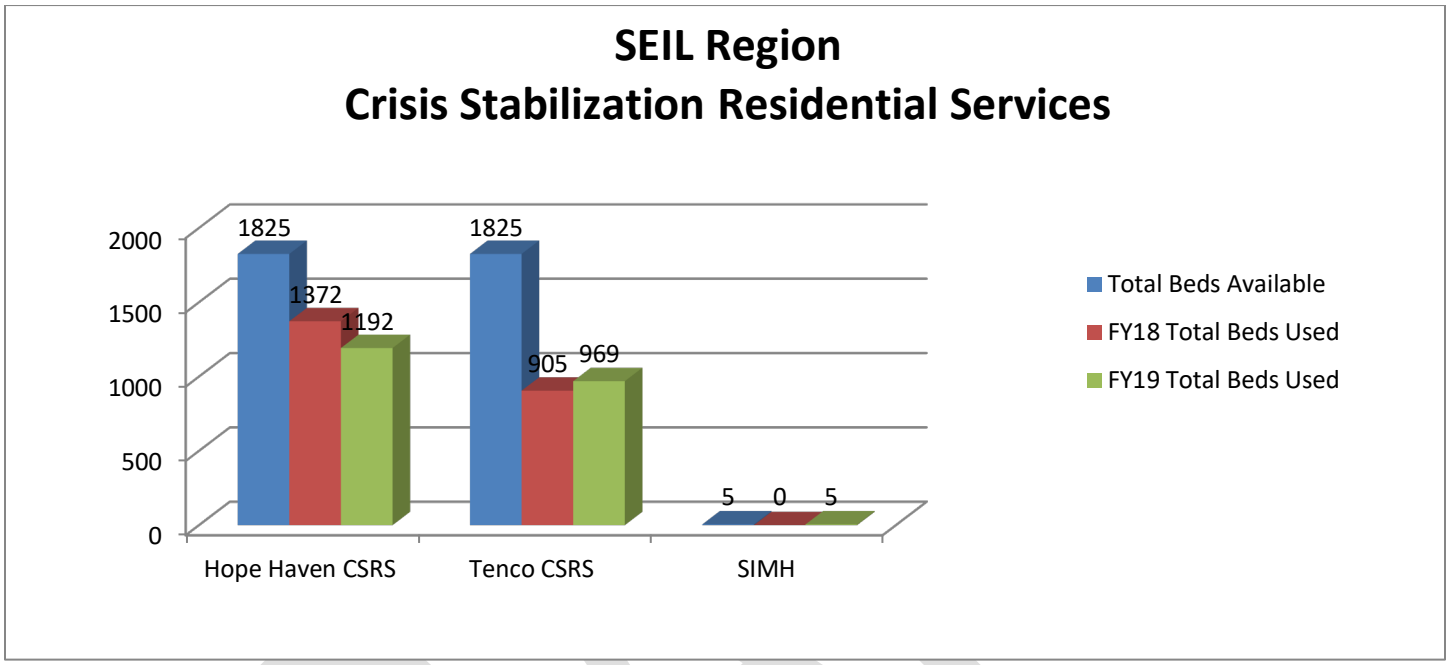
*MCO changes and MCO contracting directly impacted the ability to bill accordingly for Medicaid eligible's Crisis Stabilization Residential Service (CSRS) that they utilized

Indicated in the below table is the comparison of contract versus cost billed to SEIL (All providers of SEIL residents):

Provider	Total Contract Amount	Total FY19 SEIL Expenditure AFTER Reconciliation
Hope Haven	674,155	643,664
SIMHC	Per diem rate 360.19 Fee for Service	5,403
Tenco	539,693	485,521
TOTAL	**1,216,369**	**1,134,588**

*3% profit allowable when within actual cost compared to contracted cost (Reinvestment)

In regards to persons served and bed utilization of SEIL CSRS of the 88 total persons admitted/72 unduplicated the average age of individuals admitted was 42 years old and the gender percentages were 60.25% Male and 39.74% Female. The average length of stay overall related to the initial crisis admission with the proceeding transition timeframe was 22.5 days. The below graph represents the bed utilization of each program with comparison of max capacity across fiscal year 2018 and 2019.



This information, in conjunction with other service area data points, will be used to analyze ongoing service needs of region residents and attribution of financial resources of the region in the future.

SEIL Cost/Benefit Analysis

- Individuals are served in and/or closer to their home community.
- Individuals are served in the lowest level of care to meet their needs.
- Crisis Screening/Assessment/Evaluation are cohesive elements to the development of the individual's action plan, stabilization plan, treatment interventions, and discharge plan
- SEIL recognizes the increased cost to facilitate well-constructed transition of care and service to those in need of that level of support. Of these constructs, length of stay for individuals served within SEIL created programs have the potential to surpass the expected length of stay of less than 5 days.
- Individuals are linked to ongoing community based resources to facilitate long term treatment stability including but not limited to application for SSA benefits, Medicare/Insurance benefits, SNAP, Section 8, IHH Care Coordination services, outpatient psychiatric/prescribing/counseling services, linkages to primary care, Peer support/Recovery Center services, connections to natural supports, etc.
- The projected deferred cost from inpatient hospitalization, based on Total Persons Served (88) on an averaged 3-day inpatient acute psychiatric stay at our local inpatient unit at Great River Medical Center (1,360 per diem) is $359,040. The equivalent cost of service in the CSRS programs (332.56 per diem) is $87,796. A difference of $271,244.

    - This directly relates to deferred cost away from Medicaid primarily, but also other insured (Medicare/private third party)
- Deferred cost related to the allowance of smooth transitions into the community based service array is extremely difficult to gauge and crosses over a broad range of tax paid dollars, subsidy, and benevolent contribution. However, the value of a consumer centric philosophy and practice in care goes beyond issues of finance and is profoundly impactful to individual's health and wellbeing ongoing. Attention to factors of trauma as antecedents as well as "here and now" trauma informed processes in service delivery offer much greater opportunity for successful outcomes and recovery to those served.

Other accomplishments related to crisis /non-eligibility based/parity services in FY19 include the successful Request For Proposal(RFP) and awarded service applicant for Mobile Crisis Response to CommUnity. Though this service was not available to the public in FY19, the foundation for the work was established and lengthy planning and coordination of the service as a new component in the continuum of care was detailed out for initiation in FY19. SEIL looks forward to the opportunity to offer this valuable service to the residents of the region and reporting on those served and correlated outcomes of individuals that access Mobile Crisis Services in the future.

Continuity of Care

Services should not and do not stand alone in a system of care that strives for continuity across the spectrum of necessary supports. SEIL works with many partners across many disciplines to facilitate not only continuity of care from a medical perspective, but also optimum level of functioning in any given environment within which a person is located. There are many obstacles and barriers to manage in the development of continuity, but through relationships and processes most of these obstacles and barriers can be overcome. SEIL continues in these efforts on a case by case basis and within the construct of region funded services/programs.

SEIL has a large distribution list in order to link people/agencies and share information as a learning community. On a monthly basis SEIL holds Stakeholder/Change agent meetings with certain relevant agenda items to address for anyone interested in attending. Topics are generated by stakeholders and happenings from federal/state/local level system/service changes. This platform and format allows for relationship building, knowledge and understanding of key discipline missions and practice, collaborative service delivery strategies, identification of local resources, means to finance service succinctly, and strategies to develop best practices for treating individuals with care in multiple environments and situations.

Because of the relationships that have been fostered in the adult service array of SEIL, many of our regions contracted service providers have standardized their practices and/or organized their admission/discharge processes in tandem with other service admissions/discharges. These smooth transitions of care are notably in the best interest of those that we serve and are applicable to both eligibility and non-eligibility based service. Quite frequently in the crisis service arena, it is difficult to identify where one service ends and another begins. Connectedness between 24 hour crisis line, Mobile Crisis Response, Crisis Assessment, 23 Hour Crisis Observation and holding, Crisis Stabilization Residential Services and Crisis Community Based

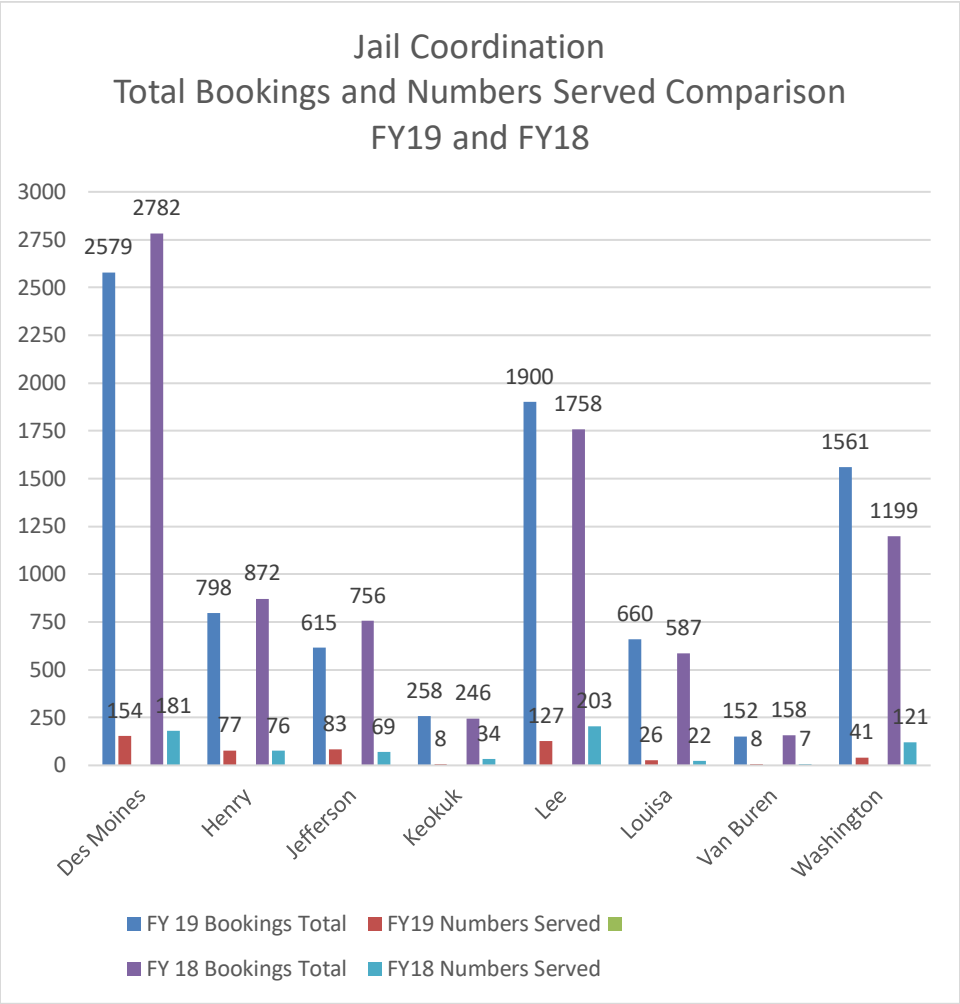
Services (to be provided sometime in the near future) requires a lot of collaborative effort in service engineering as well as heightened understanding of traffic control measures as individuals move across the spectrum of service. Given there are multiple agency providers managing those transitions with the challenge of workforce shortage, seamless service delivery remains a goal of the region and an identifiable benchmark for quality continuity of care.

Justice Involved Services

SEIL has also made a concerted effort to develop professional relationships with our law enforcement partners that include multiple police departments, eight(8) sheriff departments/jail systems, community based probation and parole, residential correctional facilities, and the department of corrections penitentiary. SEIL Jail Coordinators ensure that individuals that are identified as having possible mental health complications at booking and/or who present with mental health symptomology while detained are connected for additional assessment with the care coordinators and are asked to voluntarily participate in the service to connect each individual with needed service within the jail system and in transition to community based service. Much like the CSRS programs, the coordinators connect program participants to services of need post detainment i.e. insurance coverage, psychiatry/therapy, IHH care coordination, Substance use treatment/Recovery, mental health Recovery/Peer drop-in Centers, housing, food assistance, benefit acquisition and/or employment, supported community living services, etc. Both providers are pushing forward to collect and analyze utilization rates, recidivism rates, and overall jail population percentages for individuals with behavioral health symptomology.

SEIL, via Transition Link, has been highly involved in the planning and development of the jail coordination functions embedded within the Community Services Network (CSN). Throughout FY19, efforts were made to develop standardization in practice and process across jail diversion programs throughout the state using CSN as a platform to facilitate such standardization. Data points that are crucial to identifying, and evaluating the effectiveness of Region funded programs have been embedded in the framework of the jail coordination information system. SEIL has initiated use of the system and looks forward to the collection of information and the capability of the system in deriving outcome measures across programs and on an individual case basis.

Just as last year, SEIL measures the number of bookings in our 8 county jail systems and compares the number of individuals with whom our jail coordination staff serve and/or come in contact. It is anticipated that through successful care coordination and linkages with community based services, recidivism to the jail systems will decrease and thus, the percentage of individuals with mental health conditions will proportionately go down in comparison to the totality of bookings. Below are the SEIL Region efforts to graphically monitor those trends:



Note: Voluntary participants reflect 8.53% of total county bookings in FY18 and 6.15% in FY19. Bookings are unduplicative per jail, therefore participants of Jail coordination services are a duplicative count on the aggregate as there are detainees that cross jail systems. The 8 jail systems of the SEIL region have a total annual max capacity of 362 detainees on a given day or 132,130 detainees max census per year. The measures indicated only relate to in region bookings without consideration of alternate jail setting detainees or individual lengths of detainment.

SEIL's efforts in justice involved service was initiated with post booking efforts, however within FY19 SEIL upped our efforts on front end diversion by engaging our law enforcement partners in Crisis Intervention Training. In September 2018 and in April 2019, two CIT trainings were organized in the SEIL Region. These have been evaluated to be a quality experience for those who have underwent these trainings and the participants that successfully pass their performance measure of application of knowledge and technique (role play) are awarded certificate and pinned as a Crisis Intervention Team officer. At the end of FY19, SEIL is honored to report that through the locally offered trainings a total of 38 officers/public safety servants are part of the SEIL Crisis Intervention Team framework.

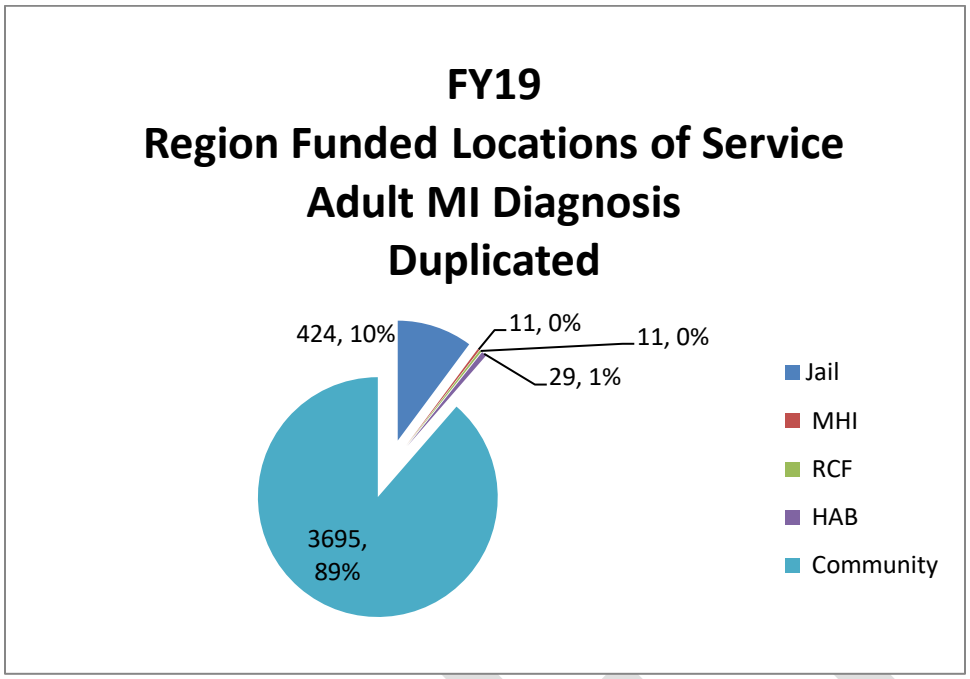
Integrated Service Delivery

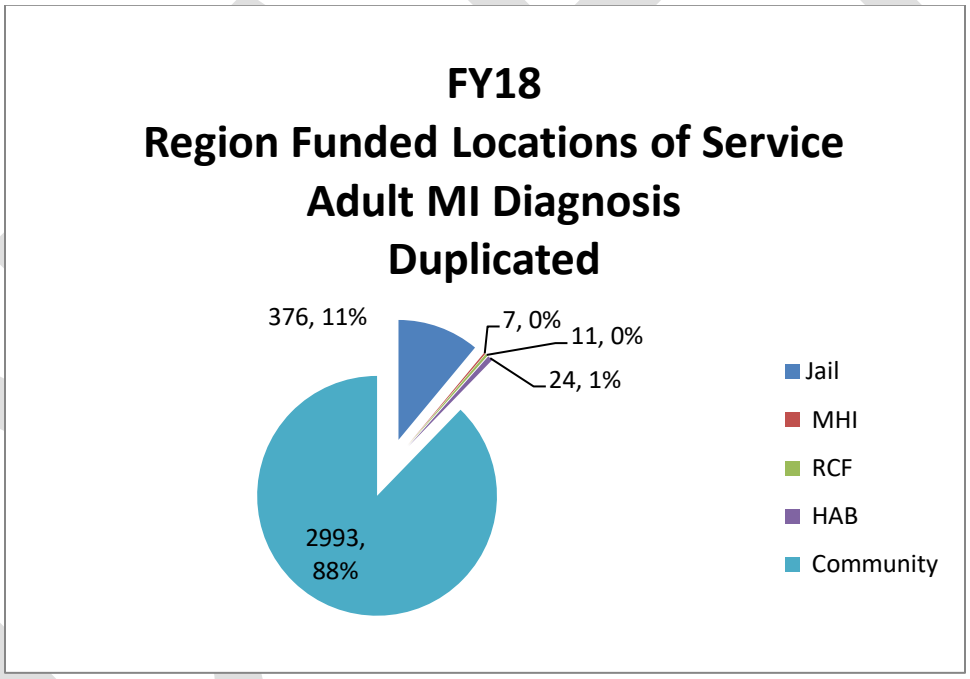
Integrated service delivery is not exclusively about medical model integration, though integration of service across medical service delivery is extremely important to the health and outcome of individuals. The region recognizes our minimal ability to impact the integration of clinical service across the spectrum of an individual's health care needs other than providing the opportunity to participate in stakeholder/change agent meetings with other professionals tasked with the care and service to the public. The arena in which the region can have a profound impact on integration is the development and provision of service systems of care that are available to individuals and families where they live that promote assimilation/non-isolation in their community of choice. SEIL has invested largely in such integrative efforts. Examples of such include: Peer Ran Drop-In Centers/Recovery Centers, Individual Placement and Supports (IPS) employment service, Permanent Supported Housing (PSH), Wellness Recovery Action Plan (WRAP), Illness Management and Recovery (IMR), and our NAMI affiliate- Southeast Iowa Link NAMI (NAMI Basic, Peer to Peer, and Family to Family- Family Psychoeducation, and Support Groups). Many of these integrated efforts are also evidence based practices in which the region pushes forward with our community partners in pursuing processes and measures that get those programs to fidelity. Obviously this all takes time, but getting the above stated offerings initially available in the SEIL region has happened in an extremely abbreviated amount of time.

Though Access Centers were not a core service for regions in FY19, it is a core service on the horizon and has been a topic of conversation and service development in planning for SEIL. As SEIL has identified in our quarterly reports to DHS, we continue to move forward with Access Centers in development outside of our region (Johnson County and Southern Iowa Mental Health Center). Understanding that such planning is to a degree contradictory to the concept of integrated service delivery. It is SEIL's objective to create pathways of service at the local level that will enable individuals in need quick access to service in their community and initially be engaged with a clinician and/or agency that can remain their ongoing treatment provider. Access Centers certainly serve their place in the continuum of care. In evaluation of SEIL needs, the market (financial and workforce) nor the anticipated utilization rates justify the local investment. Furthermore, there is some concern in regards to trauma that could be potentially inflicted via inappropriate utilization of Access Center service. Specifically: disruptions in living situation/placement, switches in therapeutic providers, transfers of medical record, and stigmatization associated with the utilization of a set aside service outside the normal and customary paths that other health conditions would generally travel. SEIL is committed to educating, consulting, and facilitating local partners to ensure such potential trauma is avoided as frequently as possible.

Service Delivery Locations

SEIL, in alignment with Olmstead, has made effort to serve individuals in least restrictive levels of care and avoid institutional placements within the MHDS service array and/or in any other discipline of institutional care. SEIL has compiled region claims data for persons served by the diagnostic category of Mental Illness to draw a comparison between totals and specified living environments/points of contact (Jail, MHI, RCF, Hab site placements, and Community). Further you can draw comparison between FY18 and FY19.





An accomplishment of SEIL in alignment with integrated service delivery and an ongoing goal of the region to acquire, is a contract for Assertive Community Treatment(ACT) services. The University of Iowa Hospital and Clinics (UIHC) agreed to provide ACT services in certain communities within the SEIL region that are in compliance with the distance standards associated with ACT as an evidence based practice. UIHC Fidelity score within FY19 was 4.

It is with high anticipation that the financial structure of ACT by the Iowa legislature, be addressed again to make this a financially viable service in the Medicaid service array to facilitate additional teams and/or extension of existing ACT provider's geographic footprint. SEIL recognizes that many individuals residing in our

region are being served by Habilitation services in the community of their choice, but could benefit from ACT services greatly. Furthermore, the value-added beyond the issue of community integration is the projected cost savings certainly within the framework of Medicaid, but also to other private and tax paid funders.

During the legislative session in FY19, HF690 was passed in regards to the Children's Behavioral Health (CBH) system. Regions across the state identified the importance of those efforts and were in full support of a CBH system that would become yet another component of Iowa's integrated service delivery system. SEIL immediately began efforts to gain information and understanding of those services that were already available to children and families in region. An invite to SEIL stakeholder meetings was sent out to key CBH partners, a resource inventory was developed, a Children's Coordinator of Behavioral Health Services was designated, and planning began to incorporate the administration of the CBH system into the SEIL region structure, function, and processes. Much work remains on the horizon. SEIL is pleased to pursue this work with our partners in ensuring that service is delivered with parity, continuity, and in an integrated manner to children, families, and adults.