

Southeast Iowa Link (SEIL) Region FY 2015 Annual Report

Geographic Area: Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren, Washington

Approved by SEIL Governing Board: 12/9/2015

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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.

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.

The 28E formalizing the SEIL region was finalized May 16, 2014 and approved by the Department of Human Services (DHS) on May 29, 2014. It was registered with the Secretary of State office on June 6, 2015. The SEIL Transition plan was approved by DHS on June 30, 2014. SEIL commenced business as a region on July 1, 2014. The Annual Service and Budget Plan was approved by DHS on July 25, 2014. On September 17, 2014 the revised SEIL Policies and Procedures Manual was submitted to DHS and it was confirmed to be approved on November 14, 2014 in written correspondence from Mr. Rick Shults, Administrator- Division of Mental Health and Disability Services.

During the first six months of region business, much effort was placed in complying with the required timeframes for document submission established in code as evidenced by the above indicated information. Simultaneously, the new partner counties engaged in gap analysis and identified strategic service growth that related to the direction and intent of Iowa Code 331. SEIL invited individuals and family representatives from region identified diagnostic categories as well as service providers to participate in the SEIL Advisory board. Furthermore, those individuals also were encouraged to participate in the Change Agent process to facilitate region cultural/philosophical growth in becoming person centered, trauma informed, and co-occurring capable. These requests for participation which are all open panel, were well received and there is a very strong stakeholder presence in the SEIL region.

In the following pages you will see how SEIL is synchronizing itself as a region, began the work of standardizing business practices across all 8 counties, maintaining local access and presence for each of our counties, and efforts to become an outcome oriented system of care across all funding sources, and developing needed services for the residents of our region as was the intent of Iowa Code 331. You will also discover the efforts that have been made to continue to grow service options for individuals and how the region has engaged community partners in the planning and implementation of this developing system under the guidance of the SEIL strategic plan.

Services provided in Fiscal Year 2015:

Included in this section of the report:

Access Standards for Core Services and what we are doing to meet access standards

Additional Core Services, availability and plans for expansion

Provider Practices and Competencies

- Multi-occurring Capable
- Trauma Informed Care

○ Evidence Based Practices

Core Service/Access Standards: Iowa Administrative Code 441-25.3

The table below lists core services, describes if the region is meeting the access standards for each service, how the access is measured and plans to improve or meet access standards.

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u>	<u>Comments:</u>
		<ul style="list-style-type: none"> • Met Yes/No • By which providers 	<ul style="list-style-type: none"> • How measured • If not what is plan to meet access standard and how will it be measured
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	<p>Met</p> <p>*Counseling Associates</p> <p>*Great River Mental Health</p> <p>*Hillcrest</p> <p>*Optimae</p> <p>*Southeast Iowa Community Health Center</p> <p>*River Hills Community Health Center</p>	Measured by physical presence of these agencies/organizations within region geographic boundaries
25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	<p>Met</p> <p>*Great River Medical Center</p> <p>*MHI–Mt. Pleasant</p>	Measured by physical presence of these agencies/organizations within region geographic boundaries
<u>Outpatient:</u> (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)			
25.3(3)a(1)	<p>Timeliness: The region shall provide outpatient treatment services.</p> <p>Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p>	<p>Met</p> <p>*Counseling Associates</p> <p>*Great River Mental Health</p> <p>*Hillcrest</p> <p>*Optimae</p>	Measured by agency utilization of emergency outpatient reserved appointments and agency on–call information. SEIL has developed a strategic plan to expand capacity of outpatient service/timeliness of service. Considerations have been given to expanded emergency outpatient services i.e. mobile response, CIT, and other expedited intervention services.
25.3(3)a(2)	Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.	<p>Met</p> <p>*Counseling Associates</p> <p>*Great River Mental Health</p>	Measured by utilization of same day urgent outpatient reserved appointments and agency on–call information.

		*Hillcrest	
		*Optimae	
25.3(3)a(3)	Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.	Met	Measured by application request for service in conjunction with claims information of service as well as utilization of same day urgent outpatient reserved appointments and direct contact with individual making request.
		*Bridgeway	
		*Counseling Associates	
		*Great River Mental Health	
		*Hillcrest	
		*Optimae	
25.3(3)a(4)	Proximity: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.	Met	Physical locations of contracted providers covers access standard for the regions geography. Other providers close to region borders are also available to serve individual convenience.
		*Counseling Associates	
		*Great River Mental Health	
		*Hillcrest	
		*Optimae	

Inpatient: (Mental Health Inpatient Therapy)

25.3(3)b(1)	Timeliness: The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	Met	Measured by Emergency Department length of stay. Despite best efforts to expedite necessary inpatient treatment within 24 hours, capacity, as well as patient acceptance for admission issues still delay prompt placement. SEIL is working with Great River Medical Center to expand inpatient service as well as develop outpatient alternatives as placement options.
		*Great River Medical Center	
		*MHI-Mt. Pleasant	
25.3(3)b(2)	Proximity: Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	Met	Measured by analysis of placement as provided by documents received, i.e. sheriff transports, hospital notifications, Region applications received, requests for Care Coordination from Hospitals
		*Great River Medical Center	
		*MHI-Mt. Pleasant	
25.3(3)c	Timeliness: Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four	Met	Measured by admission/discharge dates, requests for care coordination, social history information, discharge planning documents, etc.
		*Great River Medical Center	
		*MHI-Mt. Pleasant	

weeks.

Basic Crisis Response: (24–Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)

25.3(2) & 25.3(4)a	Timeliness: Twenty–four–hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	Met *Counseling Associates *Great River Mental Health *Hillcrest *Optimae	Measured by contracting standards with providers and analysis of utilization for 24 hour on call services provided.
25.3(4)b	Timeliness: Crisis evaluation within 24 hours.	Met *Counseling Associates *Great River Mental Health *Hillcrest *Optimae	Measured by contracting standards with providers and analysis of utilization for crisis evaluations.

Support for Community Living: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)

25.3(5)	Timeliness: The first appointment shall occur within four weeks of the individual’s request of support for community living.	Met *Bridgeway *First Resources *Home Caring *Hope Haven *Insight *New Choices *Optimae *REM *Self Reliance *Systems Unlimited *Tenco *WCDC	Measured by analysis of application/authorization in conjunction with claims information. SEIL also works in tandem with our contracted IHH care coordination providers to ensure prompt access for needed SCL services.
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Support for Employment: (Day Habilitation, Job Development, Supported Employment, Prevocational Services)

25.3(6)	Timeliness: The initial referral shall take place within 60 days of the	Met	Measured by analysis of application/authorization in conjunction with
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individual's request of support for employment.

- *Bridgeway
- *First Resources
- *Goodwill
- *Hope Haven
- *Optimae
- *Tenco
- *Van Buren Job Opportunities
- *WCDC

claims information. SEIL is working in conjunction with vocational employers to expand integrated work opportunities and to train vocational employees in Employment First concepts and practices.

Recovery Services: (Family Support, Peer Support)

25.3(7)

Proximity: An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.

Met

- *Counseling Associates
- *First Resources
- *Hillcrest
- *Hope Haven
- *Optimae
- *Southern Iowa Mental Health Center

Measured by contracting standards with providers and integration of peer/family support services with person centered care coordination.

Service Coordination: (Case Management, Health Homes)

25.3(8)a

Proximity: An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.

Met

- *Counseling Associates
- *Des Moines County Case Management
- *DHS TCM
- *Hillcrest
- *Southeast Iowa Case Management (SICM)
- *Southern Iowa Mental Health Center (SIMH)

Measured by physical presence of these agencies/organizations within region geographic boundaries.

25.3(8)b

Timeliness: An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.

- *Counseling Associates
- *Des Moines County Case Management

Measured by application request for service in conjunction with claims information of service as well as other supporting documents such as court orders, discharge plans, and receipt of assessment/social history documents for

- *DHS TCM region file.
- *Hillcrest
- *Southeast Iowa Case Management (SICM)
- *Southern Iowa Mental Health Center (SIMH)

Additional Core Services Available in Region: Iowa Code 331.397(6)

The Chart below includes additional core services currently provided or being developed.

<u>Service Domain/Service</u>	<u>Available:</u>	<u>Comments:</u>
	<ul style="list-style-type: none"> • Yes/No • By which providers 	<ul style="list-style-type: none"> • Is it in a planning stage? If so describe.
<u>Comprehensive Facility and Community-Based Crisis Services:</u> 331.397~ 6.a.		
24-Hour Crisis Hotline	Yes	SEIL has contracted for 24- Hour Crisis Hotline services and has mirrored existing criteria/standards identified in code with multiple providers. This service is available for all residents of the SEIL Region.
	*Counseling Associates	
	*Great River Medical Center	
	*Hillcrest	
	*Optimae	
Mobile Response	No	SEIL has engaged in preliminary discussions with region providers as well as law enforcement on the issue of Mobile response. Efforts have been made to investigate the possibility of a Mobile Response team, Mental Health First Responders, and Crisis Intervention Teams (CIT) with our law enforcement partners.
	*Counseling Associates	
	*Great River Mental Health	
	*Hillcrest	
	*Optimae	
	*Southeast Iowa Regional Planning	
23-Hour crisis observation & holding	No	SEIL has gathered information regarding this service but has not pursued it farther due to limitations of Mental Health professional resources and cost prohibitiveness.
Crisis Stabilization Community Based Services	No	SEIL is investigating options to expand Crisis Stabilization to the community based service array. Discussions of capacity barriers including access to qualified crisis workers (Mental health professionals as well as community based support staff), duplication of service for individuals already accessing community service(s), risk/liability for such provision of service,
	*Hope Haven	
	*Tenco	

and financial implications to have such service readily available to individuals in crisis. Further discussion and planning will occur as per the SEIL Strategic Plan into the next fiscal year.

Crisis Stabilization Residential Services
 Yes
 *Hope Haven
 *Tenco

SEIL has contracted for 2 five bed Crisis Stabilization Residential Service programs. Multiple assessment providers have standardized the assessment process for access to the crisis stabilization residential programs. Protocols for care coordination have been made uniform in conjunction with SEIL IHH providers for all crisis stabilization participants. Time frames for participation are also standardized to ensure prompt and meaningful transitions back to an integrated living environment. This service is available 24/7/365 for all residents of the SEIL Region that meet level of care.

Behavioral Interventionist
 No
 *Counseling Associates

SEIL is currently piloting a service in which a behavioral Interventionist is embedded in Counseling Associates IHH to facilitate person centered strategies for the purpose of stabilizing referred individuals community based living accommodations and assisting community based providers in effective intervention/treatment strategies. Outcomes to be tracked are twofold- reduce changes/disruptions in living arrangements for individuals in need of support in their home/community and enhance the knowledge and skills of line staff in effective intervention/treatment strategies.

Crisis Residential Services: 331.397~ 6.b.

Subacute Services 1-5 beds
 No

SEIL has discussed Subacute service but at this time do not have any provider partners interested or with sufficient capacity to provide this service array and it is felt that this is a very cost prohibitive service.

Subacute Services 6+ beds
 No

SEIL has discussed Subacute service but at this time do not have any provider partners interested or with sufficient capacity to provide this service array and it is felt that this is a very cost prohibitive service.

Justice System-Involved Services: 331.397~ 6.c.

Jail Diversion
 Yes
 *Optimae
 *Southeast Iowa Regional Planning

SEIL has made great strides in the area of jail diversion. The model currently used is the Sequential Intercept Model and currently each of the eight jail systems in our region have an active partnership between the Sheriff/Jail Administration department and the SEIL Coordinators of Disability Services. The primary focus and efforts thus far has been on Intercept 1(Law Enforcement) and Intercept 4 (Reentry). Training of Law

		<p>Enforcement personnel on skills and resources were engaged in FY15 as was the ongoing growth and expansion of Community Transition Coordinators (CTC) in the jail systems to improve justice involved individuals' transitions to their respective community. Measurable objectives include provision of resources and supports required to aid in their treatment and recovery. Program involvement, links to community based services, and justice involved recidivism are all being compiled by the CTCs.</p>
<p>Crisis Prevention Training</p>	<p>Yes</p> <p>*Change Agent Team</p>	<p>SEIL has done an analysis of resources and the number of trained trainers/trained employees within the provider network participants. Steps are being taken to expand the numbers of individuals trained in Crisis Prevention specifically the Non-Violent Physical Crisis Intervention and Mandt Models.</p>
<p>Civil Commitment Prescreening</p>	<p>Yes</p> <p>*Counseling Associates</p> <p>*Great River Medical Center</p> <p>*Hillcrest</p> <p>*Optimae</p>	<p>SEIL has incentivized the provider network of outpatient mental health providers to perform civil commitment prescreening. At present the times are generally during regular working hours except for in those cases that the crisis on-call is able to complete a prescreen. Expansion and alternative options related to the provision of this service will continue to be investigated.</p>
<p>Other</p>		

Provider Competencies

The Chart below is a brief description of the region’s efforts to increase provider competencies.

Provider Practices	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	DESCRIBE REGION’S EFFORTS TO INCREASE PROVIDER COMPETENCY
441-25.4(331)	List agencies	List agencies	List Agencies	Narrative
Service providers who provide services to persons with 2 or more of the following co-occurring conditions:	*Goodwill	*Bridgeway	*Bridgeway	Prior to the closure of MHI Mount Pleasant, SEIL engaged a number of providers and partner organizations in discussions related to the capacity to serve co-occurring clients. It was fully
a. Mental Illness	*Grant Wood AEA	*Coalition For Domestic Violence	*Coalition For Domestic Violence	anticipated that the closure would have a profound impact on the current human services system in our 8 counties that had high utilization of the
b. Intellectual Disability	*Mediapolis Care Facility	*Counseling Associates	*Counseling Associates	IRTC(substance), Dual Diagnosis, and adult
c. Developmental Disability	*Mississippi Bend AEA	*DHS-TCM	*DHS-TCM	psychiatric programs. Additionally, SEIL fully
d. Brain Injury	*New Choices	*First Resources	*First Resources	engaged the consultation of Minkoff and Cline with the SEIL management team, Advisory Board, and
e. Substance Use Disorder	*Systems Unlimited	*Goodwill	*Great Prairie AEA	Change Agent team. Several
		*Great Prairie AEA	*Great River Medical Center	trainings/consultations were participated in over the course of FY15. In the SEIL Strategic Plan
		*Great River Medical Center	*Great River Mental Health	process with our Change Agent group, Co/Multi-occurring capability is marked as a continued and
	*Note:	*Great River Mental Health	*Hillcrest	ongoing objective to quality service provision.
	This relates to the participation in SEIL	*Hillcrest	*Hope Haven	
	facilitated trainings to become more co-occurring capable. Other	*Hope Haven	*Insight	
		*Insight	*Keokuk High School Transitions Program	
		*Keokuk High School Transitions		

strategies may be occurring within these agencies.

Program	*Mental Health Advocates
*Mediapolis Care Facility	*Mini Bus
*Mental Health Advocates	*Office of Consumer Affairs
*Mini Bus	*Optimae
*Office of Consumer Affairs	*Southeast Iowa Case Management
*Optimae	*Southern Iowa Mental Health
*New Choices	*Southeast Iowa Regional Planning
*Southeast Iowa Case Management	*Tenco
*Southern Iowa Mental Health	*WCDC
*Southeast Iowa Regional Planning	*Young House Family Services
*Tenco	
*WCDC	
*Young House Family Services	

Trauma informed care

*Goodwill
*Grant Wood AEA

*Bridgeway
*Coalition For Domestic Violence

On August 24, 2014 SEIL and Change Agent Partners formalized the Charter for Welcoming, Trauma Informed, and Integrated Service. This Charter is referenced in the SEIL Management Plan

*Mediapolis Care Facility	*Counseling Associates	*Counseling Associates	as an Attachment and is a guiding document to the mission and values for the region system of care. Besides the number of trainings/consultations referenced above by Minkoff and Cline, SEIL also brought Paul Goldstein to our region to provide the training "Introduction to Trauma Informed Care in the Helping Professions." This training targeted direct care/line staff to expand and increase their competency and practices related to Trauma Informed care. These all, were provided free of charge to region network providers.
*Mississippi Bend AEA	*DHS-TCM	*DHS-TCM	
*New Choices	*First Resources	*First Resources	
*Systems Unlimited	*Goodwill	*Great Prairie AEA	
*Note:	*Great Prairie AEA	*Great River Medical Center	
This relates to	*Great River Medical Center	*Great River Mental Health	
the participation	*Great River Mental Health	*Hillcrest	
in SEIL	*Hillcrest	*Hope Haven	
facilitated	*Hope Haven	*Insight	
trainings to	*Insight	*Keokuk High School Transition Program	
become more	*Keokuk High School Transition Program	*Mental Health Advocates	
trauma	*Mediapolis Care Facility	*Mini Bus	
informed	*Mental Health Advocates	*Office of Consumer Affairs	
capable. Other	*Mini Bus	*Optimae	
strategies may	*Office of Consumer Affairs	*Southeast Iowa Case Management	
be occurring	*Optimae	*Southern Iowa	
within these			
agencies.			

<i>*New Choices</i>	<i>Mental Health</i>
<i>*Southeast Iowa Case Management</i>	<i>*Southeast Iowa Regional Planning</i>
<i>*Southern Iowa Mental Health</i>	<i>*Tenco</i>
<i>*Southeast Iowa Regional Planning</i>	<i>*WCDC</i>
<i>*Tenco</i>	<i>*Young House Family Services</i>
<i>*WCDC</i>	
<i>*Young House Family Services</i>	

The Chart below describes the regions efforts towards implementing and verifying fidelity of Evidence Based Practice.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING	FIDELITY INDEPENDENTLY	PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
	List agencies	List agencies	List Agencies	How are you verifying? List Agencies	Narrative
Core: IAC441-25.4(3)					
Assertive Community Treatment or Strength Based Case Management		*Great River Medical Center *Great River Mental Health *UHC			SEIL has participated in trainings and discussions with the identified agencies on the plausibility of ACT services in our 8 county region. Because of the geographies, disbursement of population bases, anticipated utilization rates, financial sustainability, and lack of available professional resources it is not plausible to do a true EBP ACT program but a modification for Rural ACT services is being investigated in partnership with other MHDS regions with similar barriers and obstacles.
Integrated Treatment of Co-Occurring SA & MH					To be addressed.
Supported Employment		*Bridgeway *First Resources *Goodwill *Hope Haven *Optimae			SEIL is investigating opportunities for training and expansion of Supported Employment services. There is also conversation with Supported Employment providers on performance based outcomes with the SAMSHA fidelity scales being integrated into the Region contracts incentivizing outcome achievement.

*Tenco
*Van Buren
Job
Opportunities

*WCDC

Family
Psychoeducation

*Hillcrest
*Optimae

To be addressed. SEIL has identified that Hillcrest and Optimae are current FP practitioners. Fidelity standards will be assessed in the future.

Illness
Management and
Recovery

*First
Resources
*Optimae

To be addressed. SEIL has identified that First Resources and Optimae are current IMR practitioners. Fidelity standards will be assessed in the future.

Permanent
Supported Housing

*SEIL
Management
Team

The SEIL Management Team has participated in training, reviewed SAMSHA material, toured an existing PSH program, and has created draft policy and procedure documents for the program. This will continue to be investigated in FY16 with further analysis of financial implications and feasibility.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	WHAT IS THE REGION DOING TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
<i>Additional Core: 331:397(6)d</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>How are you verifying? List Agencies</i>	<i>Narrative</i>
Positive Behavioral Support					To be addressed.
Peer Self Help Drop In Center	*First Resources	*First Resources	*First Resources	Program participants sign in upon entering each of the Drop In centers. SEIL management receives the program attendee's information. This information can be cross analyzed with utilization patterns of other services and trends in treatment patterns can be identified on an individual basis over time. Furthermore, program utilization can also be measured from a system of care level with quantitative financial information over selected periods of time.	SEIL region has six Peer Drop In Centers within our borders. This is a service that was expanded on within the first fiscal year of region system development. This is a value based service to those in need and provides the opportunity for community integration and the development of natural supports that are instrumental to the development of a healthy lifestyle. There is no restrictive nature to these programs and have received personal testimony what a positive experience personal participation has had in the lives of those that utilize the service.
Other Research Based Practice: IE IPR IAC 331.397(7)					To be addressed.

The chart below shows the unduplicated count of individuals funded by diagnosis

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	7	534	541	40
Mental Illness,Intellectual Disabilities	0	3	3	40,42
Mental Illness,Other Developmental Disabilities	0	3	3	40,43
Intellectual Disabilities	0	28	28	42
Intellectual Disabilities,Other Developmental Disabilities	0	7	7	42,43
Other Developmental Disabilities	0	10	10	43
Total	7	585	592	99

***Note:**

These numbers do not identify the actual numbers served in FY15 in the region. Services such as Mental Health Patient Advocate, Drop-In Centers, resource/referral, emergency outpatient, urgent outpatient, 24 Hour Crisis line, and On-call services do not have actual lives impacted included. The SEIL outcomes function management team members had begun developing best practices for data submission in FY15. The CEO group will also be working on best practices to reflect individuals served across the state. The work to accurately capture actual lives impacted will proceed moving forward and will be adjusted accordingly as the service system changes and develops.

Money Expended

This section includes:

- Funds expended for each service
- Revenues
- County Levies

The chart below show the regional funds expended by service and by diagnosis.

FY 2015 Accrual	SEIL MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
43301	Assessment & evaluation	3086					3,086
42305	Mental health outpatient therapy	11684.98	210	409.84			12,305
42306	Medication prescribing & management						-

71319	Mental health inpatient therapy-MHI	397374.14	-9259.56				388,115
73319	Mental health inpatient therapy	13970.68					13,971
	Basic Crisis Response						
32322	Personal emergency response system						-
44301	Crisis evaluation	288546.46		200			288,746
44305	24 hour access to crisis response	789599.73	2075.22				791,675
	Support for Community Living						
32320	Home health aide						-
32325	Respite						-
32328	Home & vehicle modifications						-
32329	Supported community living	12420.71	238.84	34652.31			47,312
	Support for Employment						
50362	Prevocational services		4966.85	10399.41			15,366
50367	Day habilitation			2239.56			2,240
50364	Job development						-
50368	Supported employment		5944.35	18382.8			24,327
50369	Group Supported employment-enclave	2825.04		2162.94			4,988
	Recovery Services						
45323	Family support						-
45366	Peer support	54136.88	503.47	1860.65			56,501
	Service Coordination						
21375	Case management	3858.6		26954.58			30,813
24376	Health homes	5024.87	722				5,747
	Core Evidenced Based Treatment						
45373	Family psychoeducation	13600					13,600
42397	Psych rehab (ACT & IPR)						-
	Core Domains Total	1596128.09	5401.17	97262.09	0		1,698,791
	Mandated Services						
46319	Oakdale	6660.86	370.05				7,031
72319	State resource centers						-
74XXX	Commitment related (except 301)	205681.94	7802.4				213,484
75XXX	Mental health advocate	143109.28	1621.64				144,731
	Mandated Services Total	355452.08	9794.09	0	0		365,246
	Additional Core Domains						
	Comprehensive Facility & Community Based Crisis Services						
44346	24 hour crisis line	34510					34,510
44366	Warm line						-
44307	Mobile response						-
44302	23 hour crisis observation & holding						-

44312	Community based crisis stabilization						-
44313	Residential crisis stabilization						-
	Sub-Acute Services						
63309	Subacute services-1-5 beds						-
64309	Subacute services-6 and over beds						-
	Justice system-involved services						
46305	Mental health services in jails						-
46422	Crisis prevention training						-
74301	Civil commitment prescreening						-
46399	Justice system-involved services-other						-
	Additional Core Evidenced Based Treatment						
42366	Peer self-help drop-in centers	248094.93					248,095
	Additional Core Domains Total	282604.93	0	0	0		282,605
	Other Informational Services						
03XXX	Information & referral						-
04XXX	Consultation	210.52	210.52				421
05XXX	Public education	6588	2925				9,513
	Other Informational Services Total	6798.52	3135.52	0	0		9,934
	Other Community Living Support Services						
06399	Academic services						-
22XXX	Services management	217818.72					217,819
23376	Crisis care coordination	44722.76					44,723
23399	Crisis care coordination other						-
24399	Health homes other						-
31XXX	Transportation (ambulance)	350					350
32321	Chore services						-
32326	Guardian/conservator						-
32327	Representative payee						-
32335	CDAC						-
33330	Mobile meals						-
33340	Rent payments (time limited)	600					600
33345	Ongoing rent subsidy	15359.78					15,360
33399	Other basic needs	1584.14					1,584
41305	Physiological outpatient treatment						-
41306	Prescription meds						-
41307	In-home nursing						-
41308	Health supplies						-
41399	Other physiological treatment						-

**SEIL Medicaid offset reflected under administration (11XXX) totaled \$216,227. This amount does not reflect administrative cost of the region, but payback to the State of Iowa for the decrease in county expenditures related to Medicaid expansion- paid from equalization funds received from the State.*

***SEIL Contribution to other government is reflected under administration (11XXX) totaled \$164,075. This amount does not reflect administrative cost of the region, but reassignment of funds to the Region Fiscal Agent.*

County	FY15 Medicaid Offset	FY15 Per Capita contribution to Fiscal Agent
Des Moines	61,850	40,340
Henry	49,906	20,236
Jefferson	46,746	16,867
Keokuk	408	10,374
Lee	0	35,617
Louisa	0	11,278
Van Buren	7,296	7,449
Washington	50,021	21,914
TOTALS	216,227	164,075

Total: \$380,302

The SEIL Region has taken steps to more accurately identify and code administrative cost. The cost reflected in FY15 is a result of transition from county system to region processes and the majority of the services management cost is reflected as administrative. For FY16, the SEIL management team has implemented a time study tool to capture the services management cost separate of administrative.

Revenue

FY 2015 Accrual	SEIL MHDS Region		
Revenues			
	Fund Balance as of 6/30/14		\$ 9,490,749.00
	Local/Regional Funds		\$ 5,679,331.92
10XX	Property Tax Levied	5675409	
5310	Client Fees	370	
6000	Fiscal Agent Interest	3552.92	
	State Funds		\$ 750,016.00
2250	MHDS Equalization	750016	
2645	State Payment Program	0	
2646	MHDS Transition	0	
	Federal Funds		\$ 1,028,359.00
2344	Social services block grant	1028359	
2345	Medicaid	0	
	Total Revenues		\$ 7,457,706.92
	Total Funds Available for FY15	\$ 16,948,455.92	
	FY15 Regional Expenditures	\$ 3,918,548.86	
	Accrual Fund Balance as of 6/30/15	\$ 13,029,907.06	

County Levies

County	2012 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY15 Max Levy	FY15 Actual Levy	Actual Levy Per Capita
Des Moines	40,340	1,907,275	1,751,030	1,751,030	1,751,030	43.41
Henry	20,236	956,758	846,381	846,381	835,627	41.29
Jefferson	16,867	797,472	607,300	607,300	281,500	16.69
Keokuk	10,374	490,483	490,075	490,075	54,166	5.22
Lee	35,617	1,683,972	2,164,720	1,683,972	1,683,972	47.28
Louisa	11,278	533,224	601,189	533,224	533,224	47.28
Van Buren	7,449	352,189	314,328	314,328	206,000	2.77
Washington	21,914	1,036,094	781,141	781,141	329,890	15.05
Region	164,075	7,757,467	7,556,164	7,007,451	5,675,409	27.37

Outcomes

In the first fiscal year of region function, SEIL made great strides in the development of much needed services and bringing community partners to the table to discover additional service needs, resources, and supports. Strengths and assets that the individual county systems brought to the region were analyzed for physical location, effective outcomes within the county systems, and replication options in other locations. From this analysis, expansion of the following services ensued during FY15:

- Jail Diversion- Originally in Des Moines and Lee: expanded to Henry, Jefferson, Keokuk, Louisa, Van Buren and Washington
- Drop-In Centers- Originally in Lee: Expanded to Henry, Jefferson, Louisa, Van Buren, Washington
- Guidance/incentives/prompts to facilitate movement from sheltered/congregate care services to integrated work and living opportunities.

In addition to the expansion of services into other communities of the region SEIL identified that within the region there appeared to be an over utilization of inpatient hospitalization due to lack of other alternatives. The eight hospitals of the region assessed that they required assistance (internally or by the aid of an outpatient clinician) in determining appropriate levels of care. The SEIL management team commenced the development of Clinical Crisis response to local Emergency Departments for assessment. Coordinating such a service was laborious in that most of our hospitals did not have access to mental health professionals so they had to look to community based providers for assistance. Tasks to be accomplished to accommodate this service included: contracting for the service between the provider and the Region, securing of clinician resources to facilitate an on-call system, hospital business agreements with outpatient providers to facilitate the assessment process in the Emergency Department, and protocols for assessment request, documentation management, and lines of patient care authority. In FY15 the hospital systems in Des Moines, Henry, Jefferson, Keokuk, and Washington had this service created and available for use. The three hospital systems of Lee and Van Buren were well under development and it is anticipated that all systems will be available within the first part of FY16. There is no hospital in Louisa County.

Related to assessment, it was identified that once an individual's level of care need was determined (outpatient versus inpatient) there needed to be viable options to address the needs sufficiently in the community with the supports required. Two strategies were engaged to address this need 1. urgent care appointment availability at local mental health centers, and 2. Residential Crisis Stabilization.

Urgent care appointments were made available to each of our eight counties thru our contracts with outpatient providers. These appointments are available across all funding sources regardless of insurance type. This has been a unique opportunity to get individuals into outpatient service readily when it is needed without delay. It

is also a very efficient way to make referral for various other supports that may be needed to facilitate a person's continued treatment in their home and community.

Finally, SEIL took immediate action to establish Residential Crisis Stabilization programs (two 5 bed programs located in Burlington and Fairfield). This was a service that our management team identified as being a much needed option in our service array to defer individuals from unnecessary placements in inpatient psychiatric units but required a little more support than what an in home/community service system could provide. This development was very much a SEIL management and service provider collaborative effort to ensure appropriate admissions, health and safety of participants, and internal protocols that readily promoted least restrictive levels of care. Mindfulness of multi-occurring, trauma informed intervention strategies was paramount in the service development. The outcomes established for measurement of the residential crisis stabilization programs include:

- Access standards – Standardized access assessment by outpatient clinical providers including all contributing diagnostic criterion
- Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region.
- Utilization rates for residential crisis stabilization, including:
 - ◆ Percent of enrollees who have had fewer inpatient days following services.
 - ◆ The percentage of enrollees who were admitted to the following:
 - State mental health institutes;
 - Medicaid funded private hospital in-patient psychiatric services programs;
 - State resource centers; and
 - Private intermediate care facilities for persons with intellectual disabilities.
 - Readmission rates for inpatient and residential treatment
- The percentage of enrollees who were discharged from the crisis stabilization program and readmitted within 30 and 180 days:
- Employment of the persons receiving services.
- Administrative costs.
- Timeliness of data/document reporting.
- Timely and accurate claims payment.

Permanent Supportive Housing (PSH) has been an Evidence Based Practice service of interest to the SEIL region from the beginning. SEIL, in its efforts to comply with Olmstead tenants, implemented a management plan that pushed for least restrictive placement. Specifically, we identified that it is our objective to not have individuals linger unjustifiably in Residential Care Facilities (RCFs) because they had no means to move into a more integrated living situation with the supports that was needed to assist them in finding success in the community of their choice. As noted above in the Evidence Based Practice table- SEIL management has put forth effort to research PSH, tour an existing program, and commence the work of formalizing policy and procedure. This service requires significant front end work to ensure that the program will accomplish the established goals for individuals, the infrastructure is sufficient to meeting the health and safety needs of participants, and the program itself is sustainable. This work continues to move forward and we are very excited to solidify the practices and principles of this evidence based service for residents of SEIL.

In the midst of FY15, SEIL was thrust into the turmoil of the impending closure of MHI Mount Pleasant which played a critical role in the continuum of care for Southeast Iowa as it was physically located within the confines of the SEIL region. Though bed availability was limited in the adult psych program for a number of reasons, the Dual Diagnosis program was heavily utilized by various counties of the SEIL region and was the only means of access for a person in the county jail system to receive intensive dual treatment in a highly structured therapeutic environment. The same was true for individuals with straight substance disorders via their participation in the IRTC program. Many meetings transpired between SEIL, DHS, Iowa Department of Public Health, Legislatures, SEIL network providers, and concerned citizens. SEIL made attempts to promote and secure necessary services within our local communities to dissipate the affect of the MHI closure. Strides were made on this venture including the expansion of service array on an outpatient basis and the residential crisis stabilization programs. It did however become glaringly obvious that there were limitations to proactive response due to the limited time to create transitional programs, the lack of available psychiatrists/clinical mental health professionals, and the already existing limited capacity to serve individuals in the community based service array (shortfalls in housing, qualified staff, supporting infrastructures, limited for living expense assistance to those without income, etc). The SEIL network of providers as well as our partners in emergency, legal, and public safety domains has been significantly impacted thru the later part of FY15 by the gradual transition to closure and the loss of that valued resource. That being said- our partnership ties with emergency services, law enforcement, legal representation, health services, and public safety at the local level are at an all time high. Cohesive communication and goal setting within the counties and region has been a reward that came from this loss and will be a valued instrument moving into the future to address the overarching needs for individuals that are affected by intellectual disabilities, mental health diagnosis, substance use issues, health concerns, justice involved repercussions, and trauma.

The final outcome to report is related to the SEIL Strategic Plan which was crafted with our partner advisory board members and Change Agent Team. This was a very comprehensive and detailed investigation of how we collectively want to move forward with the business of the region. A wealth of knowledge and experience was at the table for the crafting of the document that truly captured the essence of what we collectively want to do and accomplish. Three overarching goals serve as our guiding principles/values:

1. **System of Care**- Every person has access to services within their community.
2. **Crisis System Design**- Improve crisis access and response.
3. **Continuum of Community-Based Services**- Creating and sustaining a community based continuum of services to maintain individuals in the most home like setting

Beyond the goals, the strategic plan details performance objectives, interventions, measures, time frames, and responsibility (who is involved). This will be a living document and in addition to the measurement of outcomes related to the goals and objectives, SEIL will periodically review and modify the strategic plan to reflect the concerns, experiences, and realities of the region as well as the progress on goals.

One of the biggest accomplishments was in facilitating and increasing communication across the region and amongst competitors. We have facilitated team building among providers that were not familiar with each other and/or were competitors, as we try to embrace the concept of "Whose client is this? Ours." In our daily work. There is, at minimum, a monthly opportunity in our region to communicate face-to-face with your county CDS, your county's representative to the Governing Board, the regions Advisory Board and Change Agent Team.

There is weekly communication regarding training opportunities, legislative updates, whatever the news is that affects our service system.

Other Pertinent Information

SEIL experienced no appeals in FY15.

SEIL experienced 14 Exception to Policy requests in FY15. Thirteen of these ETPs were related to transition from Residential Care Facility (15 bed and over) to a community based service array within 90 Days as per the SEIL Management Plan. One ETP was related to the continuation of sheltered workshop placement to facilitate transition of person in need to a more integrated work experience. All ETPs were approved to facilitate treatment directed level of care transitions. The SEIL Management Team is evaluating the effectiveness of the current funding authorization standards to make recommendation to the governing board in pursuing a modification to the SEIL Management Plan.