PROCEEDINGS OF THE POLK COUNTY REGIONAL MENTAL HEALTH AND DISABILITY SERVICES GOVERNING BOARD
DECEMBER 14, 2021

The Polk County Regional Mental Health & Disability Services Governing Board met Dec. 14, 2021, 10:00 a.m.

MEMBERS PRESENT: Robert Brownell, Tom Hockensmith, Steve Van Oort, Angela Connolly, Matt McCoy, Chris Wilson, Mardi Deluhery, Christina Smith

MEMBERS ABSENT: Brenda Lechner, Steve Johnson

This meeting was conducted electronically pursuant to Iowa Code Section 21.8

ACTION ITEMS
Moved by Brownell, Seconded by Hockensmith to approve the November 9, 2021 minutes.
VOTE YEA: Brownell, Hockensmith, Van Oort, McCoy, Connolly, Wilson, Deluhery.

Resolution accepting the resignation of Brenda Lechner from the Polk County Mental Health and Disability Services Regional Governing Board.

Resolution approving MH/ID/DD service expenditures.

Resolution approving Link Associates Value-based Incentive Payment Adjustment.

Resolution approving and authorizing submission of the FY 20/21 Accrual Fund Balance Certification Statement.

Resolution approving contract number MHDS 22-019 with Iowa Department of Human Services.

Resolution approving Orchard Place contract amendment.

Resolution approving the use of the Integrated Services Project Development Fund for support of Community Support Advocates proposal to expand capacity in filling service gaps for the Polk County Mental Health and Disability Services Region.

Resolution approving and authorizing Chairperson of the Polk County Mental Health and Disability Services Regional Governing Board to sign Letter of Commitment with Drake University Board of Trustees for the Psychopharmacology/Psychopharmacotherapy Program.
VOTE YEA: Brownell, McCoy, Wilson, Deluhery. VOTE NAY: Hockensmith, Van Oort, Connolly.

GOVERNING BOARD REPORTS
Board of Supervisors – no report

Education System Representative – Chris Wilson
Strength and difficulty screening/questionnaire and the process used in Johnston was observed earlier this year. It's a questionnaire used in grades 6 – 12, not all students participate. Usually screen 90-250 kids per building, ages 11-16. It's brief screening, self-reporting. They use IPAD to go through the screening and then it automatically scores. A scoring tool is used to tally the scores and separate categories of concern:

Strengths, emotional difficulty, hyper activity, peer concerns, social concern, etc. When done, every student meets with someone to go over the results. If students score high, they have a process where the student will meet with a volunteer clinician at that moment for more information and determine what type of support they might need. Parents are then called for those that screened high, with information and resources. Typically 20% of students screen high. Also seeing students that typically wouldn't need help and do not routinely need help. Supervisor Brownell commented that a third of teachers in Omaha metro schools were resigning due to kids mental health issues and wondered if we're seeing any of that here in Des Moines metro. Liz is not sure about that. Most teachers are doing their job and more, we've lost most substitutes due to Covid issues. Anything we can do to help support children's mental health treatment and early identification is extremely important, not only to educators, but everyone.

Adult & Child Provider – Christina Smith
The number one issue is workforce. Providers (for kids and adults) struggle to compete with for-profits. As programs continue to have workforce issues, people are still showing up in the systems and those systems are getting overwhelmed, they don't have the capacity and payment structures don't allow a wage increase. Staff is leaving for MCO's because they pay more. The State is looking at payment and structure.

Children's system – resource and referral line at CSA is still increasing. Crisis stabilization – served 55 kids, 52 families, 40 in residential, 136 in the community. They are making some progress in hiring for therapy to increase their capacity. Healthy Families America is up and running with five families enrolled.

Adult Services – direct support professional survey went out last week, results back in January/February. Mobile Crisis Response Team Survey – working to add clinician to 9-1-1 dispatch and creating non-police based mobile crisis team and are creating a survey for law enforcement. This is being reviewed now.

Adult Person Served/Family Member – Mardi Deluhery
Agrees with everything said about workforce, continues to be very concerning and a big priority.

Informational documents – included in packet for review:
Iowa Medicaid American Rescue Plan Act (ARPA) Spending Plan and the Criminal Justice Coordinating Council (CJCC) Monthly Report.

Supervisor Brownell mentioned one of the objectives with ARPA money is mental health. Liz requested that the Board of Supervisors ARPA funding for mental health be in concert with the regions plan. So what we can't do within Fund 10 it would be nice to have support from ARPA in other ways. The MCO's will be making a distribution to Medicaid providers, direct support providers and agencies for retention bonuses and recruitment bonuses for direct support professional staff. A future recommendation, or option, might be the County use some ARPA money to provide similar bonus dollars to providers for non-Medicaid services. DHS can only fund Medicaid providers, not the non-Medicaid providers. We don't have clarity yet, or the team in place, on how to spend the dollars on mental health. This will happen in January.

CEO Report – Liz Cox
Written report submitted (pages 141-147)
Work is being done with DHS on intensive residential services. The CEO's have developed a no eject/no reject framework, which was an obstacle on developing services. Providers want to make sure what

the parameters are for rejecting or not accepting a patient. The CEO's, DHS and MCO's developed, and agreed upon, the no eject/no reject policy.
Work is being done to develop a forensic care unit. A forensic care unit is for adults who may, or may not have, been involved in the criminal justice system and not capable to stand trial. They shouldn't be hospitalized, but need to go somewhere safe, typically called a forensic care unit. We don't have one. A subcommittee has been put together to address this issue and make recommendations.
DHS has been gathering information on a merge of public health and DHS. It pertains to us as a region.
DHS did receive their full findings from the Feds on their investigation of the mental health, disability services system which said we are not following the Americans with Disability Act. Regions should have more accountability on how we are serving those citizens in the system. The report is on the DHS website.
Housing support was capped at $2M. Stronger requirements were also put in regarding employment and consumption of services to receive those funding supports. It was frozen for a while due to lack of funds. It is now unfrozen and we have dollars available, but people not applying for funds because they can't find affordable housing to spend the money on. There is a chance we could underutilize our housing support and not spend all of the $2M this year.
Update on workforce (slides). Met with Iowa Workforce Development regarding apprenticeship programs for human services but no one is using yet, not a certified apprenticeship program yet. Working on getting a program certified in our state for Human Services. It's a partnership that requires mentorship with a guaranteed pay increase once the program is completed. There could be ARPA funds used for this.
Career/technical education is a K-12 initiative where school districts have a pathway for careers. None of the K-12 schools in Iowa are using a Human Services career and technical educational pathway yet. We will try to enlist school districts in our region to do this.
Talked to Iowa Medicaid Enterprise (IME) about redundancies in paperwork, red tape issues. The vision is one client, one authorization to serve clients. IME is looking at bringing more MCO's into our State, we only have two in the State. They agree it is interfering with our ability service people. They don't have the ability, at this point, to require any changes.
There is a Human Services Certificate/certification available through DMACC. Students are currently engaged in the program. Would like to see a tie with DMACC and a K-12 pathway so we have a continuation of career development.
Working is continuing on building a coalition and presentations have been made with some metro area superintendents on what we want to do with workforce and asking them to partner with us and we are collaborating with other regions to accomplish this. Currently working on building a task force leadership team. Liz will bring back a roster/framework in February of those interested in participating on the team.
Initial data from survey has come back and 88 people have responded to survey. More training needs to be done in the field so people are more prepared to enter into this field. People are interested in having bonus payments as training/certification is completed. More data to come later. Working with organizations and businesses on getting information out to implement changes in the workforce.
John Norris asked about quantifying how many are needed in the workforce in different areas. That will be part of the career development subcommittee, which will be comprised of mostly providers. The need changes every day.

LET THE RECORD SHOW all Resolutions, including Public Hearings if any, were approved unanimously, unless otherwise noted.
Meeting adjourned 11:10 a.m.
(audio on file in the Auditor's Office)