PROCEEDINGS OF THE POLK COUNTY REGIONAL MENTAL HEALTH AND DISABILITY SERVICES GOVERNING BOARD
AUGUST 10, 2021

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

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

MEMBERS ABSENT: Brenda Lechner

This meeting was conducted electronically pursuant to Iowa Code Section 21.8. The current circumstances surrounding the COVID-19 pandemic, the Governor's proclamation directing that no more than ten individuals may meet in a public gathering and the CDC guidelines regarding social distancing, are of such circumstances where this meeting in person is impossible or impractical.

ADVISORY COMMITTEE ITEMS:

Child Advisory Committee Report – Dr. McCann

- Children's services has launched. Staff are being hired and training has started for contracted providers. There were some gaps in the RFP responses regarding intensive family support and 23 hour crisis. These are not required core services for children. The intensive family supports had one bidder – LSI, for services to children under the age of 5, and they were awarded the contract

- Conversations with Polk County providers for 23 hour crisis observation are scheduled

- Early intervention is a core service. Looking at three potential tools – ASQ SE (children 1-3 years), the Patient Health questionnaire (age 4 – 13) and the Columbia Suicide Rating Scale (age 14+). Currently working to identify a couple schools to implement the use of these tools

- The committee will meet next week to review application for a parent representative and potential change in representation for the Juvenile Justice System. Recommendations will be presented to Governing Board at next meeting

ACTION ITEMS:

Moved by Brownell, Seconded by McCoy to approve the June 22, 2021 minutes.
VOTE YEA: Brownell, Hockensmith, Van Oort, McCoy, Connolly, Wilson, Deluhery. ABSENT: Lechner.

Resolution approving amended Polk County Mental Health and Disability Services Region Bylaws.

Resolution approving MH/ID/DD Service Expenditures.

Resolution approving Memorandum of Understanding with Southwest Iowa Mental Health and Disability Services Region for Crisis Stabilization Services.

INFORMATIONAL ITEMS:

Children's Services Media Campaign – Lucy Holms (powerpoint)

This is a three part campaign that will happen this fiscal year: Building Awareness, Engaging and Support for children's mental health and accessing supports in the community. Social media, digital, print, radio, bus and billboard advertisement will be used to get the word out. Supervisor Connolly asked about kids needing services and how are we getting this information to them directly. Liz explained school districts use a "digital backpack" to get information to students (everything online now), there is no paper anymore. Chris Wilson, our education representative, will check on collaborating to get this information out to districts. It was mentioned that a tool kit with this information will be available for social workers to distribute to students. There is also a meeting scheduled with a group of teens to review information. Supervisor Hockensmith asked if school counselors were aware of this and fully engaged. Liz mentioned they are not aware of all information yet, but working on it. Chris mentioned that the district could use support for developing protocol so everyone can use it consistently.

Mobile Crisis – Austin, Texas Model – Annie Uetz & Julie Gibbons (powerpoint)

Annie and Julie reviewed the Mobile Crisis Response Team Expansion program: C.A.R.E. (Crisis Advocacy Response Effort). This is a partnership with PCSO, DMPD, Broadlawns Medical Center, Polk County, PCHS and City of Des Moines. The current crisis response system was formed in 2001. It's a co-response model with mental health professionals going out with law enforcement officers. Currently, it's available every day 8AM to midnight and 24/7 coverage is coming when staff gets hired, the goal is July 1st, but it's been a struggle to find staff to work overnight. Working on improving and expanding current programs. There is community demand calling for a non-law enforcement response to mental health calls. The Austin, Texas model, which offers complete diversion of law enforcement and fire/medics, was looked at. Austin allows mental health professionals to respond where there is not a safety concern and they put a mental health professional in dispatch so calls can be triaged for safety or handled over the phone so no one has to go out to a home. DMPD and Broadlawns met virtually with Austin P.D. and integral care staff. Several personnel made the trip to Austin, Texas to gather information. The success of their program is due to data tracking, built in the CAD (computer aided dispatch) system, as well as training. The DMPD tentative pilot program of C.A.R.E., in partnership with Broadlawns, is to employ three Crisis Advocates (CA) who will be trained to respond to adults and children, with possible hours Monday through Friday, 10AM – 6PM. One CA will be in Dispatch, while the other two will respond together, with no police involvement, in the field for lower level, mental health related calls. All three will be cross-trained in dispatch and field response and able to rotate positions. CA's will have police radios and will report their location to dispatch for added safety.

Julie spoke about the training following the Austin model. There will be Dispatcher training (nationally recognized mental health first aid, lived experiences panel, hearing voices experiment), Mobile Crisis Response Team training (lots of training in response to building the children's components, etc), Officer Training (crisis intervention,) and CAD Updates and Data Tracking training (updates to incorporate data into the system). This doubles our crisis response options. Before C.A.R.E. there were two types of mental health crisis response: law enforcement only goes out on calls and then co-response with law enforcement and mental crisis response team. With the C.A.R.E. program we'll have those two options plus two crisis advocates and a dispatch crisis advocate. Annie noted that NAMI of Greater Des Moines has changed their name to Mindspring. We have partnered with Mindspring for trainings. The goal is to have all this completed and ready to go by November 1st. Also noted the CAD system plays a part in all this.

Supervisor Brownell asked about advocates in dispatch. Will there be issues with the public calling 9-1-1 and the dispatcher knowing when to transfer a call. There will be training with dispatch centers to determine those issues. Brad Button, City of DM Communications Center, spoke about 9-1-1 calls being transferred via a triage process and when it's determined to be a mental health call, when to stay on the line and when to transfer, etc. The pilot program is going to be eight hours a day to start, with possible expansion of hours at a later date if needed and the program is successful.

GOVERNING BOARD MEMBER REPORTS

Board of Supervisors
No report

Education System Representative
No report

Child Provider – Chris Smith
New child crisis providers are launching services, hiring staff.

Child/Parent Family Member
No report

Adult Provider – Steve Johnson
Broadlawns is excited about being part of the C.A.R.E Program. They want to find the right staff to be successful. Working on interviews and hiring. Also, from an Adult Provider perspective in general, look at getting back to basic services with people getting to appointments, getting services, etc. They are still waiting on the Jail, Polk County and Fifth Judicial on a grant to assist with re-entry from the jail into the community

CEO Report – Liz Cox (written report submitted pages 63 – 105)
See written report, which also includes success stories from the community (Direct Support Providers).

Workforce Task Force Presentation (powerpoint) – Liz Cox
There is a chronic shortage of MHDS professionals, in all areas. This is impacting the health and well-being of agencies to meet the needs of the community. Liz and staff conducted a listening session with executives of agencies and several issues came forward. There is no pipeline coming in to the mental health field to recruit employees. The focus now is only on working to address front line workers at this time, those making $15 or less an hour. A task force was created to address this issue. There are three phases to start with:

Phase 1 – creating the climate for change
- Understanding and defining who will lead the work
- Define the indicators of success, short-term and long-term, qualitative and quantitative information This information will be collected until January

Phase 2 – engaging and enabling stakeholders
- Tell the story, lead other influencers and communicate broadly what we need
- Identify quick-wins (i.e. baby steps), build momentum for bigger change

Phase 3 – implementing and sustaining change (policy level changes)

- Leverage the wins to drive change
- Enact sub-committee recommendations
- Enact necessary policy changes (local, state, federal)

Early Identified Opportunities

- Where are we getting the employees, how are we recruiting and attracting, build partners (DoE, DHS, DMACC, Polk County School Districts, providers, etc)
- Fortify career developments in the Human Services field: internships/certifications in place, leadership development, diversity training delivery models, etc
- Policy changes, reduce administrative burden (red tape)
- Attract the right workforce. There are 360,000 Iowans with no high school equivalent degree. The jobs we are addressing do not require a college degree, on the job training is available, partnerships with community colleges, address compensation rate for services

Initial Strategic Partnerships (more information/background in CEO report, pages 68-77 in packet)

- Education sector (career and technical education course work). Encourage school districts to start implementing a career course work/track in the human services field, none of our districts are using this for human services. We have the curriculum, just no one implementing it. Possibly partner with Department of Education to implement this. Turnaround time on this could be 3 – 5 years
- Health and Human Services, Business partners/opportunities. DHS will not pay more than what the private market will afford. The State will not pay more for a service than what private insurance will pay and private insurance is not paying very high rates for mental health/disability services. Some deductibles higher for mental health services than physical health services. So there are opportunities for employers to have conversations with insurance providers about mental health services and prioritizing that

Next Steps

- Listening posts with direct care providers and survey to direct care providers (August – September)
- Partnership with Child Welfare Division opportunity (also foster care system having same problems)
- Forming tactical committees to address priorities
- Continuing planning with Department of Education and DMACC for implementing career and technical Implementation

Supervisor Brownell asked about advocacy with school districts and who they should contact about this. The districts should contact the Department of Education for planning and implementation because they have the standards, which already exist. Most districts have advisory committees around curriculum to help facilitate. There is a known process in place. He also asked about reimbursement rates not being reimbursed and does it take legislative action to fix. Not necessarily. H.R. departments, the purchaser of the insurance plan/policy, can negotiate terms with insurance providers and get that changed.

Steve Johnson concurs on the human services aspect. He was an instructor at DMACC which offers different degrees that they use in programs and supports that. Supervisor McCoy mentioned the struggle is with the pay, when they can go to other places which pay more and have a career track. Until we address the underfunding of the human services area, the workforce crisis could get worse. Liz mentioned pay is part of the issue and important, but there is more to it than pay. There is no glory in position, no respect, no one valuing these employees. Liz is asking the Regional Governing Board if they want to pursue this issue, which is complicated and challenging. We are not mandated to do this under administrative rules. Is there support to tackle this issue. Does Governing Board want PCHS to take the lead on this, in addition to other duties. Liz mentioned they have room in the budget to hire a person (short-term) to get this off the ground and take the lead. Is IGOV doing anything on this and do they have funds to hire workforce development people to help/lead with this. DHS is interested in continuing this conversation. Liz would like direction to pursue.

Other Emerging Opportunities – powerpoint (pages 75 through 77 of CEO written report)
Drake University is in the process of starting a Psychopharmacology Certification program.
Background: a 2016 law change allows psychologists licensed to prescribe medication with certification and they have approached PCHS to help with the start-up of this program, approximately $85,000 a year (for an administrator) for two years before they are self-sustaining. How do we attract people into this filed, the tuition for the program is $25,000. PCHS would like to help with the start-up of this program.
FY21 actuals (not final) = cash on hand of $9M which will carry forward into this FY. We have again anticipated growth in the region administration. We are not going to experience growth because our providers are at capacity and by not addressing workforce issues they won't be able to provide more services.
We show $4M cash on hand at the end of year if we spend every dollar, which we won't. We will spend down reserves as much as we can so we're eligible for state dollars. Drake is only asking for start-up costs for administrator. Scholarships are $25,000 per person and we could provide scholarships if we choose to.
Supervisor Connolly supports the start-up of the program, not sure on paying for scholarships yet.
Liz suggested that if we do support, we have an agreement that would give Polk County first consideration for our practitioners. This will be before the Governing Board next month. Scholarships will be discussed at a later date.

There is a clean-up amendment in the CEO Report (page 105). This restores previous budget cuts.
The two that weren't restored will be shared by Annie in her report and need a decision on whether to cut or restore.

DISCUSSION ITEMS:
Cost Sharing Benefits – Annie Uetz (powerpoint)
Annie presented a review of the Income and Federal Poverty Levels. We are at 150% for when our services start costing individuals to get those services.

Equity between Children and Adults – Children rules say we have to assist families that are at 500% or below. For adults – rules say at 150% of poverty or below those individuals get free services. Above that, we can implement a sliding fee scale, which is what we do. For adults we top out at 300% of poverty, not 500% like the children. At 300% of poverty, adults start paying for full amount of services, except for one service and that is service coordination. PCHS decided a long time ago that individuals need to have help navigate they system and anyone is eligible no matter what income level.

Cost Sharing – Outpatient Treatment Co-Pays and Deductibles where individuals have insurance but insurance doesn't cover full cost of the service. PCHS pays the individuals co-pay/deductible so they can have mental health services. Medicaid doesn't have any co-pays/deductibles for their treatment services so a while back it was decided Polk County would make it equitable and pay the co-pays/deductibles of their insurance. This goes through providers Eyerly Ball and Child Guidance. The provider's bill insurance and when they get the co-pay/deductible back, then the County is billed and we pay co-pays/deductibles. This is not required by State, Polk County just put this in place long ago to make sure people were getting the treatment they needed. Currently, for adults, we paid $56,542 worth of co-pays/deductibles for 221 adults to receive services and for children, we paid $65,456 for 197 children. Annie reviewed possible risks, because the children's rules changed and it now goes to 500% poverty for children, associated with paying co-pays/deductibles based on poverty levels. We could keep the poverty level at 150% for adults and children, or we could set it to whatever we want (see powerpoint slides for different scenarios and specifics). Potential options are to eliminate co pays/deductibles completely, and save dollars and potential risk, set a budget limit or continue as is and keep it at 150%. This cost sharing measure will be discussed again next month.

Individuals who have no insurance that pay for long-term services and supports, therapy or treatment and they are over 150% of poverty. The State says over 150% of poverty, regions can do a sliding fee scale (we've always done). Ours tops out at 300% for adults. But children, due to State law, has to top out at 500%. We have 152 people now over 150% of poverty which equals $1.5M. If we cut it off at 200% would cut off 57 people. If we move to 250%, 24 people would lose services. Currently, we're spending $1.5M on 52 people. See powerpoint slides for various scenarios. The Governing Board previously cut these due uncertainty with the budget, but would now like to continue. This will be on the agenda for a vote next month.

LET THE RECORD SHOW all Resolutions, including Public Hearings if any, were approved unanimously, unless otherwise noted.

Meeting adjourned 11:55 a.m.
(audio on file in the Auditor's Office)