PROCEEDINGS OF THE POLK COUNTY REGIONAL MENTAL HEALTH AND DISABILITY SERVICES GOVERNING BOARD
MAY 26, 2021

The Polk County Regional Mental Health & Disability Services Governing Board met May 26, 2021, 9:00 a.m.

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

MEMBERS ABSENT: Chris Wilson, Brenda Lechner

ITEM I. GOVERNING BOARD MEMBER REPORTS

Education System Representative – Liz Cox for Chris Wilson

The Education System will be requiring social/emotional learning curriculum for all students beginning July 1st (this next school year). Social/emotional learning is trauma informed education practices required for all school districts. In addition to that, there are requirements for professional development for teachers so they know the signs and symptoms that would indicate a need for mental health support, a visit to the nurse/counselor and self-care for students and staff. The Department of Education was working on curriculum for several years and it was approved as a requirement last year. Schools have spent the last year planning and implementing requirements for the coming school session. They are using the CASTLE model, a national standard, best practice model. Districts planning has involved discussions on how to integrate the model into the regular school day for students and professional development for teachers. Outcomes will be reported to the Department of Education each year.

The State did conduct the Iowa Youth Survey this year. It's done every other year. The survey measures attitudes, behaviors and beliefs, including suicide ideation and suicide planning. It's not required so not all schools participate in the Iowa survey. It is anonymous. However, each school district has access and can pull data by district and by building.

Child Provider – Christina Smith

Conversations over the last few months have been around increased utilization with children's mental health or crisis need. Example, UnityPoint Behavioral Health Urgent Care, that opened last April, saw 2.4 children a day in 2020 compared to 4.6 now (76% increase). There are also lots of challenges that providers have to meet the increased demand (staffing/workforce shortages) that create barriers (reduction in hours, etc). A task force is being considered in Polk County.

Adult Provider – Steve Johnson

Broadlawns accreditation is on-going for crisis observation services, accredit thru DHS for crisis observation center and mobile crisis so they can get the status of accreditation to be able to contract and bill Medicaid. They did get word that they are being recommended for accreditation. They give a nine month accreditation and then do a site visit after that. Mobile crisis is next to be accredited.

Subacute is slightly different in that it's accredited through the Department of Inspection and Appeals. The sequence Broadlawns is looking at would be crisis observation, mobile crisis, crisis stabilization and subacute. Arlington bed is our transitional home. Broadlawns committed to three beds for crisis observation and three beds for subacute. Arlington is a nine bed facility, occupancy runs on average 7 – 8. Liz mentioned CARES Act dollars were used to refurbish and remodel Arlington, McKinley and Oakland homes.

Family Member of an Adult Consumer of Services

Mardi Deluhery had concerns about those that lost their housing support and if anyone knows where and who they are. Annie said we had 144 that no longer qualified for housing subsidy and they expired April 30th. If they asked for assistance, we helped them through General Assistance Program as long as they were looking for work, working or applied for SSI. There are two that contacted Annie and received help. There are a significant number who are probably homeless but only two have asked for help. They all have case managers to help guide them through the assistance process. Supervisor Hockensmith asked about housing for those coming out of the correctional system. He's going to meet with Jerry at 5th District and others to discuss this issue. Annie said our Continuum of Care Board and HTF are receiving Federal monies to help with this (programs through Primary Health Care). Annie said the issue is finding landlords to help these individuals. Supervisor McCoy mentioned that landlords are more willing to work with people if they have a support system. He also mentioned there are Federal dollars that will be coming our way that could help.

CEO Report – Liz Cox

We received notification that DHS will not approve and except our plan due to the region bylaws which prohibit some members from voting on financial matters. Last spring, a letter was sent from Polk County Attorney Chris Gonzales, outlining our position, citing Code, that there was nothing that required all members to have a vote. DHS respectfully disagreed and now they demand the region amend bylaws to allow more Governing Board members vote on all matters. Now that the State is giving us funding (they previously were not), we need to change by-laws to allow more members' voting rights. The County Attorney's Office is working on changes/amendments to the by-laws and those will be presented at the June meeting.

Information was collected from providers on what their utilization rates look like. The demand is higher than it was before COVID and there are workforce shortages. Not all of the workforce are vaccinated and they are working on that, providing incentives and encouragement.

PCHS has decided to lead a workforce task force to address the needs and workforce issues in Polk County and meet with providers. There is a small focus group planned and Pat Boddy will facilitate that. Governing Board is also welcome to participate.

The State Children's Board has not made a recommendation of an assessment for kids to receive services. In the system, in order for a child to be eligible for regional funding they must have an SED (serious emotional disorder). It's not a diagnosis, it's a series of behaviors. DHS has given permission for us to pilot some assessments and the children's advisory committee is working on what to use and who to pilot with.

Return to in-person meetings with all ten governing board members, and staff, will begin in July.
In June, several contracts (Children's Services, Broadlawns) will be coming forward.

RFP's – Julie Gibbons

RFP's are due Thursday afternoon and will be processed, reviewed and brought before the Board.

Access Center Overview – Annie Uetz (power point)
An access center would consist of support services in our community, a base of services. Required services include:

- Subacute (working with Broadlawns)
- Substance Abuse Treatment (providers: EFR, Mercy, etc).
- Crisis Stabilization Residential (we've had since 2015)
- Care Coordination (since 2004)
- Intake Assessment and Screening (since 2015)

Iowa Administrative Code Chapter 25 Requirements:

- Crisis Stabilization Residential
- Subacute
- Immediate access to substance abuse services
- No reject/No eject (anyone who comes will be served)
- Accepts court orders for mental health or substance abuse treatments

There is a desire to have the array of services for access centers in our community for children, but currently only required for adults per the Code.

Crisis Assessment:
Needs completed to determine which crisis service is best:
Face to face clinical interview to determine level of function.
Conducted by a licensed mental health provider.
Conducted with Emergency Departments, Behavioral Health Urgent Care Centers, current outpatient providers, mobile crisis response team or crisis stabilization teams.
This determines the next step in referral process for the best option of services.

Crisis Stabilization Residential Based:
For adults, our building is located on McKinley Avenue (Southside) and the purpose is to stabilize and re-integrate people back into the community. It's a voluntary service and according to State rules, duration is less than 5 days. There is contact with a mental health professional at least once a day. Additional services are available for skill building, mental health management, etc. Our provider is Broadlawns. Our program is a 90 day program which is what people need to get stabilized. The plan is to continue to have the 90 day program but to also have some 5 day only beds (possibly at Arlington), so those can be billed out through Medicaid. We currently pay for 90 days in-kind through Broadlawns, possibly transitioning to rehabilitation funding so Medicaid will pay, but that might take a while.

Subacute:

- Access within 24 hours of referral and within 120 miles of home
- 10 days stay with a review every 10 days

We currently don't have this up and going. We are hoping to have an MOU with CICS Region (Mary Greeley Hospital). This is pending, but anticipate being ready July 1st. This would give Broadlawns time to get through their accreditations and move on to subacute and get through that process.

Chapter 25 requires a crisis assessment completed, a mental health assessment, substance use disorder assessment, peer support services available, mental health and substance abuse treatments, physical health services, care coordination and service navigation and linkage. This needs to be implemented by July 1, 2021 and there has to be a minimum of 6 statewide (currently Blackhawk, Linn, Wapello, Clark, Webster and Dallas counties. Polk County will be virtual – no buildings, but access to services throughout the community). It cannot be bigger than 16 beds so by having services separated here, we can have more than 16 beds.

Steve Johnson mentioned that four years ago the Legislature required a complex needs task force be developed with a cross section of agencies (state leaders, hospitals, rural areas). Back then rural deputies would look for a bed for families (court order) and had to drive a ways to find one. That was the motivation back then for the task force. Polk County is different, with all court orders going to Broadlawns. They don't have the pressures that rural areas have. Court orders are processed through urgent care centers (Broadlawns and UnityPoint), processing 800 civil court orders a year. They have encouraged judges to use the psychiatric urgent care services and believe that urgent care is more understandable to the public. Steve agrees with everything Annie said about what we currently have in place. Liz said the community asks why Polk County doesn't have an access center (a building). We might need/consider designating a facility (Broadlawns) as our access center. We have all the elements of a center (an array of services) in Polk County, just not a building. The Code doesn't say we have to have a brick and mortar building, just the services.

<u>Cost Sharing</u>:
Due to recent changes in the legislative process and the anticipation of a contract coming from DHS, this will be discussed at a later date.

Moved by Brownell, Seconded by McCoy to adjourn.

Meeting adjourned 10:05 a.m.
(audio on file in the Auditor's Office)