

**PROCEEDINGS OF THE POLK COUNTY REGIONAL MENTAL HEALTH AND
DISABILITY SERVICES GOVERNING BOARD
APRIL 13, 2021**

The Polk County Regional Mental Health & Disability Services Governing Board met April 13, 2021, 10:00 a.m.

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

MEMBERS ABSENT: Tom Hockensmith, Chris Wilson

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

Dr. McCann gave an update on the committee. Nicole Beaman resigned from the committee as Board Chair. Dr. McCann is now Chair of the committee. They are looking for replacement members. Provider role has been filled with Josh Lundahl. They are still looking for the parent role (needs to be parent of child under age 18). They discussed the role of a provider to the Governing Board. Christina Smith is a possibility for that (on agenda for approval). Also discussed plans for core crisis services. The committee expects there to be an increase in need for mental health crisis services due to the pandemic and they want to emphasize more community based than residential services. The Board feels it's important to have family assessment (what do they need to best care for the child, other services, community supports, etc) and not just the child assessment, to help meet the needs of the child. Also discussed was the five days of crisis management, recognizing that this is not enough, but to work on getting more long term services established. Early intervention and early education will be discussed at next meeting. Chairperson Connolly asked about family assessments and what does that mean. Liz explained that an assessment is required on the child, but also looking at the family to provide services and make sure the right services are in place for the family too.

ACTION ITEMS:

Moved by Van Oort, Seconded by McCoy to approving the March 9, 2021 minutes.

VOTE YEA: Brownell, Van Oort, Connolly, McCoy, Lechner, Deluhery.

ABSENT: Hockensmith, Wilson.

Resolution approving new Regional Governing Board Member Christina Smith.

VOTE YEA: Brownell, Van Oort, Connolly, McCoy, Lechner, Deluhery.

ABSENT: Hockensmith, Wilson.

Resolution approving new Child Advisory Committee Member Joshua Lundahl, LISW.

VOTE YEA: Brownell, Van Oort, Connolly, McCoy, Lechner, Deluhery.

ABSENT: Hockensmith, Wilson.

INFORMATION ITEMS:

Legislative Update – Senate file 587 (the “tax bill”) passed and it’s unassigned in the House. We don’t know if it will go anywhere.

Broadlawns Medical Center Update – Mark Ward, Dave Miglin

Mark spoke about the contribution from Broadlawns to the region. They are pleased they are able to help and provide assistance. Dave mentioned the Board of Trustees is committed to this issue and acknowledged Steve Johnson, who has been a fabulous representative for them. Chairperson Connolly thanked Broadlawns and expressed appreciation for their support.

GOVERNING BOARD MEMBER REPORTS:

Steve Johnson updated the board on a call hosted by Angela last week concerning children’s mobile crisis. Lots of discussion about the current model and feels everyone recognizes that both models need to co-exist at some level. He thinks that is important for Orchard Place representatives, that we don’t see the models opposed to each other. Hopes in the future we’ll have a voluntary model that is growing and good options for the citizens and families. Chairperson Connolly mentioned there will be lots of conversations with everyone concerning children’s crisis services and mobile crisis (stabilization and residential) in the future. We’ll be doing an RFP for children’s mental health soon (needs to be in place by July 1st). Broadlawns will have two new clinicians that will focus on children, DMPD may have a social worker inside the 9-1-1 dispatch. We still have concerns about what number to call for children. Supervisor Brownell mentioned possibly sharing the cost of the social worker position(s) for 9-1-1 if it works well in Des Moines. Steve Johnson said there was an introductory call with DMPD and others about this, which is patterned after a program in Austin, Texas. There is documentation on it and DMPD is motivated to get this moving.

Liz noted that Sandy Swanson is in attendance at the meeting today as an observer. She is at Clive Behavioral Health and has led many tours. Clive Behavioral Health is another destination for children as those services evolve.

Cost Sharing – Annie Uetz & Julie Gibbons (powerpoint)

Annie and Julie presented information on current cost sharing, the way we do it and what decisions have been made so far and then do we still want these now that we know the money for next year. They spoke about 1) co-pays and deductibles. These are for those with insurance to receive out-patient services and 2) those with income over 150% of poverty and no insurance that covers services they need. Income ranges from 150% of poverty up to 500% of poverty. In August, they looked at cuts to budget and decided we will no longer fund co-pays and deductibles starting July 2021 and people over 150% of poverty we would no longer fund (they pay for part of their service). Do we want to restore the cuts we made now that we have a budget set. The other piece is equity between client participation charts. Do we want to combine charts versus having a children’s chart and an adult chart (see powerpoint, item #9 on agenda, for specific statistics).

Supervisor McCoy asked about equity between the children’s program and the adult program. Liz explained that as a region she wondered if we have policies that apply to adults and policies that apply to children in terms of cost sharing, which we’re not required to do, if we might be exposing ourselves to some liability, claim of discrimination, etc. If we’re paying on adult services at 400 or 500% of poverty and children at 150%, on services that we don’t have to do, if we’re exposing ourselves to risk. County Attorney would probably have to take a look at that. Supervisor McCoy asked if we do

equal amounts at \$3.7M, how does that impact our budget? The \$29M budget on the table includes all adult co-pays and deductibles and includes cost-sharing that we have historically done. The only difference is the extra amount for children at 150% of poverty which equals \$2.2M. We've never had children's mental health services before so things will be different.

Supervisor McCoy mentioned sustainability in our current environment and what we face legislatively long-term. Once we create a service or entitlement, it will be hard to take that away down the road. Liz said no decision is needed today, just wanted to educate the Board and present information. Chairperson Connolly suggested waiting until Legislature is done this session and see if the tax bill will be passed and what that looks like. The Board agrees to wait. Annie said cuts go into effect July 1, 2021 for those over 150% of poverty and pay a portion of their services, there are 9 with daily services (24 hour support) and 53 with ISA program. Those are huge services to cut and we need to tell people now to start looking for alternatives. The sooner we know if we're going to reinstate 150% above poverty, the sooner we can notify people, no later than May 1st. As of now we have 152 total, with 53 in integrated service agency (wrap around services), 9 are in 24 hour care. Two separate issues to consider: co-pay and deductibles for outpatient services and then the cost-sharing for over 150% of poverty. Christina Smith noted the ISA clients are working and still need lots of support to maintain work. That will take significant support to move them out of the ISA (53 individuals) and we'll need quite a bit of lead time. Steve agrees and once we identify, they can start collaborating on that.

We are at 500% poverty now = \$1.5M, which is in the budget now, status quo and then add the \$2.2M for children. The Board agrees to wait and see what the State does. We can always change the date to cut services from July 1st to a later date. The Board agrees to do this. There will be a revised budget in May and hopefully have decisions from the Legislature.

CEO Report – Liz Cox

We're accepting applications now to fill advisory committee roles (parent of child under 18 on children's advisory committee).

Budget update – 3rd quarter amendment FY 21 completed and filed with the County and DHS with projections for FY 22. We'll have a healthy reserve coming out of FY21 due to \$2.8M cash contribution from Broadlawns happening this fiscal year and \$4M from Polk County this fiscal year. Those two funds, along with continuation of in-kind services from Broadlawns for next year and their cash contribution for next year, there are no concerns about meeting the budget \$29.8M for next year.

There are questions about system utilization because of COVID. Some of the services we've historically been providing changed during COVID. This budget is based on PRE-COVID dollars and activities, practices. We don't know what new business will look like POST-COVID. Mental health practitioners have changed their business practices, we have Telehealth now and hope to continue that and other services. The basic operating procedures are changing. \$29.8M is budget. Services will be reinstated. There could be a significant carry-over from this fiscal year to next fiscal year. The legislature might look at this and think we're ok. The reason we have it is due to Polk County, Broadlawns contributions and CARES Act money. Next FY we expect to have \$2.3M carryover, which is what we expect to have each year in our reserve fund. If we didn't have the \$10M extra this year, we would be negative.

We have unspent dollars left from the CARES Act that we could spend by end of fiscal year. The Board wants to reach out to schools to help. We also have an ask to other regions for their unspent CARES Act dollars to come to us.

DISCUSSION ITEMS:

Crisis Services Continuum – Annie Uetz and Julie Gibbons (powerpoint)

Julie spoke about what the requirements in HF 690 are and how that translates to the wording and understanding of services our community has. We've talked about children's crisis services for many years. In looking at the requirements, it's been broken out to separate services: 1) Mobile Crisis 2) Community Based Crisis Stabilization and 3) Residential Based Crisis Stabilization. In order to meet those requirements, we will refer to them as three separate services versus one encompassing service. A temporary flow chart of the comprehensive children's crisis services was reviewed. To start services a crisis assessment needs to be conducted to determine what services the person should receive: Behavioral Health Urgent Care (not open 24 hours); Mobile Crisis Response Team assessment (can complete an assessment on-site, in-person where crisis is happening); Crisis Stabilization Community-Based (services provided in-home); Crisis Stabilization Residential-Based (provided in a facility-outside of the child's own home); 23 Hour Crisis Observation and Holding; On-going services provided in the community where the family is at and Hospitals. Steve mentioned that Broadlawns, Orchard Place and others are doing outpatient practices/urgent care work now and can help with this.

Due to technical difficulties, presentation was cut short.

BUDGET ACTION ITEMS:

Resolution approving MH/ID/DD service expenditures.

VOTE YEA: Van Oort, Brownell, McCoy, Connolly. ABSENT: Hockensmith.

Meeting adjourned 11:30 a.m. (technical difficulties)
(audio on file in the Auditor's Office)