PROCEEDINGS OF THE POLK COUNTY REGIONAL MENTAL HEALTH AND DISABILITY SERVICES GOVERNING BOARD
FEBRUARY 9, 2021

The Polk County Regional Mental Health & Disability Services Governing Board met February 9, 2021, 10:00 a.m.

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

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:
Adult Advisory Committee – Pat Rogness
FY 22 strategic plan as a result of the director's denial to delay services. 1) Do nothing and leave budget as is, least popular option 2) enter into MOU's with other regions to provide services within the 120 mile radius, concerns of services farther away 3) map out services and go with services that we currently have as requirements that we have, development services in place. None are ideal but that is what they are considering.

Child Advisory Committee – Nicole Beaman
Reviewing recommendation to bring to Governing Board regarding annual strategic plan for budget. Recognize limited funds for children's services while remaining aware of the need to have access to services. How to positon dollars to have the best impact now and looking at sustainability. Polk County staff will help review community responses regarding services and see how to stretch dollars.

Joint Advisory – Nicole Beaman
Continue to meet and build out the work. Services and work on children's side will continue to support work with adult side and vice versa.

ACTION ITEMS:
Mardi Deluhery asked to correct the December 15 minutes, page 3, third sentence *Mardi Deluhery asked housing issues and if that will have to be revisited due to COVID issues* to reflect a change to *when serving people from others regions, she hoped Polk County residents would have priority.*

Moved by Brownell, seconded by McCoy to amend the December 15 minutes and approve the December 22, 2021 minutes.

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

Legislative Update – John Norris
Telemed coverage for mental health services is moving through the House, needs to move through Senate. No major obstacles at this point. A key issue is the $15M budget for this year and next year to help cover the new mandates particularly around children's services. Hopeful we'll secure $4M of that for new services for Polk County, but up to $10M is what we're expressing to the Legislature to meet our budget needs for next year. Supervisor Brownell asked if the $15M is approved, who would allocate it. John will double check on that.

It will either be through legislation or there will be an understanding. Liz added that when we received the $5M appropriation, an MOU arrived from DHS and the dollars were distributed through DHS. She expects this will be the same.

Justice Involved Services – Annie Uetz
Annie was asked to present our Familiar Faces Program to the Fulton County, GA Familiar Faces kick-off meeting so they can get some ideas on how they can develop and model their program.
Health Information Sharing grant - we are part of this with Polk County I.T., Sheriff's Office and the jail medical I.T. staff – we collaborate with Mission Critical Partners regarding the connectivity between jail, EHR and the Department of Corrections and are currently in testing phase, to be completed February 15th. Then move on to next project to connect hospital EHR's and the jail and stepping up initiatives and outcomes that we are going to be measuring.
Mobile Crisis Response Team – exploring expanding the hours. They do not operate between midnight and 6AM. Looking for different ways to operate, mainly through a Telehealth message, maybe a FaceTime application during those hours.
Rapid rehousing program – in August the Regional Governing had a $2M budget to house individuals who are homeless to rapidly house them. The first six months of the year we housed 13 people, last year at same point in time, we housed 132 people. We're down quite a bit now due to not having the budget to do that.
Clive Behavioral Health new hospital, 100 beds - 1/3 of the beds for children's, 2/3 of the beds for adults. They will have 100 beds at West Campus and 34 beds downtown at Mercy One. They are opening Feb 22nd and will keep 10 adult patients at first (60-90 days) until they are done with accreditation. Once that is done, they can utilize all the beds and Mercy One won't do this anymore and Clive Behavioral Health will take over.
Chairperson Hockensmith commented concerning mobile crisis that he does not like the idea of sending non-sworn law enforcement into the field (i.e. social worker, mental health expert) without law enforcement and feels this concept needs to be looked at further before we support that in our community. Also, thinks removing SRO's out of the high schools is a bad idea. They are much needed in the schools. Cory Schneden, Ankeny Police Officer (Children's Advisory Committee member) spoke on the topic. He is a trained SRO and now runs the program. He says it is hard to quantify what they do, they build relationships, trust and educate the students. It's a valuable program. There is concern with what the educators have to deal with, extra responsibilities and they need the support. Liz mentioned the prospective from the region that best practice is to have a police officer out with the mobile crisis staff and they are not looking at a different model. Feels that removing the SRO's from schools will create more calls to the mobile crisis response team to schools.

Housing Support Disposition – Annie Uetz (power point)
Update on 144 individuals in the population group of not chronically mentally ill that were given notification that their subsidies would be ending or have ended. There were 85 people who lost subsidy on 12/30/20 and utilized the CARES Act funding which ended on 12/30. We continued their housing support through the CARES Act.

3 moved out of county
5 housed with another subsidy (IFA, Section 8)
43 housed with no subsidy
34 homeless
Of the 43 housed with no subsidy, all agencies stated that they are currently housed but will most likely become homeless in a month or so because they will no longer be able to afford their housing.

Also, 59 people whose authorizations continued because they were past 12/31 and did not utilize CARES Act funding
12 expire 12/31/20
6 expire 1/31/21
16 expire 2/28/21
15 expire 3/31/21
9 expire 4/30/21
1 expires 10/31/21

We do not know the outcome of these individuals since they have subsidy now, but predict the majority won't be able to continue to afford housing when the subsidy runs out.

Cost Savings Strategies – Liz Cox (power point)
Reacquaint the Board with the decision making in the past and how it pertains to decisions for the future. The requested new core mandates of $3.5M exception to DHS was denied so our total amount of cut to budget is $14M. We'll have to make different decisions when it comes to cuts to core services as the new core services are no longer allowed to be delayed. As a Governing Board, making decisions about what's in place already, the mandate is met, what needs accreditation to meet the mandate and what can we do low cost/no cost that are different than what we originally planned to still meet the mandate or do we need to engage in MOU's with other regions.

Liz reviewed the power point document (pages 8 thru 13, green coded for adult/red coded for children) that shows what we have in place (X's), what do we have in place that needs accreditation (X's with *) and what needs accreditation and is in-kind (in parenthesis). Many of the adult services we already have in place, some are waiting accreditation from DHS and some are provided in-kind from Broadlawns. Broadlawns provides 24 hour access to crisis response and they need accreditation for adult and children. They provide crisis evaluation for adult and children and are also awaiting accreditation. Mobile Crisis provides in-kind and needs accreditation. 23 hour crisis observation is similar, provided for adults in-kind and need accreditation. We still need to develop community base crisis stabilization. We believe we can make small modifications to services we already have to meet the standard or we can sign an MOU with another region to have access to those services for our citizens. These services will be required July 1st.

The next slide green adult/red children – we already have the access center for substance abuse treatment and assertive community treatment (ACT) for adults only. These are already in place and we provide funding for those services. The access center crisis stabilization is an in-kind services at Broadlawns and waiting accreditation. The access center sub-acute and intensive residential services are for people with high-need or are transitioning out of hospitalization into community. We don't have these in place and to meet the requirement we would probably have to engage in a universal MOU. This would be a fee for service, we wouldn't have to buy a certain number of beds and pay for that. If a Polk County resident occupies a bed in another region, we would be responsible to cover expenses for that individual during that time. Children's services are all in place. Supervisor Connolly said that since we didn't get a waiver, and won't have services in place by July 1st, what will happen. Liz said there is no penalty. In conversations with DHS, their feedback has been that they are using this time as an opportunity to evaluate the real need. There is a difference between what was legislated and what is actually needed in the community. Polk County has a lot of access to hospital beds and other interim services so it hasn't been a priority for a couple of these items, especially intensive residential services. This has more to do with the providers not knowing what the rate is. This is for the most extreme, highest need people and the rate/cost to support them is more than the reimbursement from Medicaid. It's more of a negotiation between DHS, IME and the MCO's on what is the right rate required to

support these individuals. So DHS looks to the regions to build infrastructure for systems and services. Because when infrastructure is built, the people are Medicaid eligible and are paid by Medicaid. Steve Johnson mentioned the majority of regions are asking for waivers not to implement new services despite many of them having a fund balance. Liz said our fund balance is less than 10% and you don't want to operate with less than at least 15% in reserve in operating budget. Less than 10% is a risky position to be in. Steve mentioned there are regions with 50 or 60% that don't want to implement new services. He feels intensive residential is key to our members with high needs with long hospital stays, going to jail/prison, homeless. Sub-acute might not be as key in the urban area vs rural area.

Steve gave an update on Broadlawns accreditation of services:
They are accredited through the joint commission as well as accredited through Chapter 24 as a community mental health center and community supported living. This is adding a sub-check on this. Chapter 24 has deeming status through the legislature. Deeming status was that they would accept what was given by the joint commission. Their amended policies were approved by joint commission and at the final stage. They are within 2-3 weeks with crisis observation, then move on to mobile crisis and then crisis stabilization residential.

Liz said Advisory committees are having discussions and will give input at next Governing Board meeting on whether or not to move forward with MOU's or how to proceed. Decision needs to be made in March so paperwork can be file with DHS in April. Included in the packet is the map of the 120 radius which is the area that we are required to provide access. Mardi expressed concern that we're going to revisit all the problems of the state institutions which is sending people out of their community and away from their natural support and family, which didn't always work very well. She hopes this doesn't replicate that.

<u>BUDGET ACTION ITEMS</u>:
Resolution approving MH/ID/DD Service Expenditures.
VOTE YEA: Van Oort, Brownell, McCoy, Connolly, Hockensmith.

Resolution approving on-call advocate contract amendment (B. Michael).
VOTE YEA: Van Oort, Brownell, McCoy, Connolly, Hockensmith.

Resolution approving FY21 Annual Service Plan and Budget Amendment.
VOTE YEA: Van Oort, Brownell, McCoy, Connolly, Hockensmith.

<u>CEO Report – Liz Cox</u>
We did receive the $5M from legislature. CARES Act Regional expenditure report and copy of thank you letter to Debi Durham is included in packet. We received confirmation from the region to the North of us, CICS, that they will distribute the $1.75M in CARES Act dollars to this region. We will distribute those funds, once received, to those applicants that we approved on December 22. We will continuing to solicit additional CARES Act dollars from other regions, as there is a total of $9M in residual CARES Act dollars from the regions.

Supervisor Connolly toured the Clive Behavioral Health Center and encouraged others to take the tour.
Supervisor McCoy thanked Liz and her staff for seeking CARES dollars, soliciting them, bringing them in and talking to other regions. This has an impact on other programming and support we can offer.

Next meeting March 9, 2021.
Moved by McCoy, Seconded by Connolly to adjourn.
VOTE YEA: Brownell, Hockensmith, Van Oort, Connolly, McCoy, Wilson, Deluhery. ABSENT: Lechner.

Meeting adjourned 11:00 a.m.
(audio on file in the Auditor's Office)