Advisory Board Meeting Notes

February 8, 2022

1. Attendance:

Abbey Ferenzi	Diana Venenga	Lisa Green-Douglass
Denise Brotherton	Jan Shaw	Brad Kunkel
Fiona Johnson	Randy Lamm	Dustin Liston
Rick Dobyns	Matthew Miller	Lance Clemsen
Tess Judge-Ellis	Diane Brecht	Mark Sertterh
Shane Kron	Brittany Mannix	Michelle De La Riva
Ryan Heiar	Sarah Nelson	Andrew McKnight
Michael Flaum	Leslie Carpenter	Monika Jindal
Kathy Johnson	Jackie Smith-Duggan	Kelly Hayworth
Faraji Hubbard	Mark Bullock	Cindy Hewett

2. Executive Director Report
    a. PowerPoint (January updates and comprehensive updates)
    b. On the substances listed are they are in order of how frequently? No this is merely a report from patients and not listed in any particular order.
    c. MCO referred to on Stabilization Discharge Survey is not the same as Mobile Crisis Outreach. It represents (Managed Care Organization)
    d. Diversion Data: Both client and law enforcement surveyed
    e. Do you track the number of unique individual and repeated people? We track repeated clients and it has been minimal.
3. Updates:
    a. Current Programing: 6 beds in medical detox are available and met highest number of patients connected to residential; highest number of referrals in January.
        i. Medically Monitored Withdrawal: Do many come from the emergency room or go to the emergency room? Brittany Mannix gave examples of why someone would need to go to the ER, Dr. Jindal also provided input. Brittany stated she will provide additional information at the next meeting.
        ii. When someone is not admitted into detox after talking with ED, is it based on the beds being full or that the situation is too medically complex. At first it was due to medically complexity but now it has been more due to census being full.
        iii. What about the opposite—detox to ER
            1. It is more common and there is not specific number. It is typically due to bp that are high and maintaining systolic blood pressure and also non-compliance with medications
        iv. Dr. Jindal reviews the incident reports for those who must be sent out via ambulance. It is very rarely for triggering over and it all has been for proper reasons. The medical detox staff works great with the resources such as paramedic and utilizing them in the appropriate times. The Prelude nurses have been tolerant of medical complexities and how to work with them.
        v. There has been addition of Comprehensive Recovery Coordinator, there is also an increase of presence and hours at GLC. There are continual efforts to hire more staff for triage. The position allows the medical provider making medical decisions while they help piece together reasons, connection to outside services

and discharge planning and ensuring people are making it to the next treatment option. Penn Center has merged with the Mental Health Center and the advantages of that are many, including working to have staff in Crisis Stabilization have access to Cerner (EHR). This serves as a great communication tool. On future reports MHC stats will include prescribers, peer position and crisis stabilization as they are all under MHC now.

vi. Working with Dr Gentil-Archer and CON for more hours at GLC.

b. Trainings:

   i. Efforts to enhance training opportunities at GLC. Specific trainings were indicated in the staff survey; plus GLC is dedicated to ongoing training and staff development.

      1. Cindy Hewett is providing a training that will provide education how to navigate difficult situation and how to use boundaries and limits.
      2. Partnering with UIHC Steven Edwards--providing all staff SAFE ZONE training in March and July. It is extensive and it is to promote message of inclusion and support and afterward will be certified as a Safe Zone site.
      3. US department of Health of Human services offered the CLAS certification; these trainings will be offered starting in April.

c. Partnerships:

   i. Continue to partner with various community agencies and hold reoccurring “check-in” meetings.

   ii. Recently had Department of Public health at GLC--discussing additional resources that could be offered at GLC (smoking cessation, STD info and testing, etc)

d. Outreach:

   i. There is continual law enforcement outreach—recent presentations from Abbey on each shift

   ii. NAMI Lunch and Learn presentation next Wednesday

   iii. Working with DeNovo for marketing efforts

   iv. Awarded PSAs on various radio stations to promote GuideLink Center

   v. Cindy Hewett, Dr. Jindal and abbey will be presenting in April at AAS conference about creating appropriate level of care for suicidality—Chicago, IL

e. Follow Up:

   i. Brittany Mannix and Detox program continues to work on safety equipment to put in place for patients such as call lights and beds; increased efforts for awareness of sobering unit.

   ii. Crisis Respite has been put on hold but is a low barrier service that may be needed in the future

   iii. Crisis Stabilization Officers/Safety Officers are put in the FY23 budget and since this is a non-reimbursable cost will be presenting to the region.

      1. This is not a fully armed guard it is a hybrid similar to UIHC officers.

f. Interest and Concern:

   i. Forming a committee that assesses the ongoing mission and goals of GuideLink Center. Are there any additional inputs:

      1. It is a great idea and could be helpful to prioritize the wishlist. Abbey can send out a email to generate interest about who would like to be apart of the subcommittee.

- ii. Are we a designated access center?
  1. We are designated by the East Central Region and we were one of the first across Iowa which now consist of 7 access centers.
- iii. Proposal to leave the meeting at this time and extended it to an hour and a half. If there are any objections email abbey to let her know.

g. Early Adopter Crisis Learner System:

- i. Dr. Flaum is part of group of advancement of psychiatry who helped develop the roadmap to the ideal crisis system and helped to form a national committee. Those participating aare: Abbey, Sarah and Dr. Jindal. Since the crisis world is evolving rapidly there are efforts to bring together a large group of different crisis systems to be able to discuss, ask questions and utilize "report card" tool. The goal is to take the info and utilize at a local level; work with local law enforcement, hospitals and other crisis care system members.
  1. Austin Texas, Douglas County Kanas, Miami Dade, New York City, New York and Phoenix and Tucson Arizona.
  2. Since GLC has presented there have been other cities that have presented, and we have gotten a lot of feedback and information—helpful for operations and "bigger picture".