

# GuideLink Center Advisory Board Meeting

## June 14, 2022

1. Call to Order
2. Attendance

Abbey Ferenzi	Jan Shaw	Lisa Green-Douglas	Faraji Hubbard
Ashley Salinas	Jackie Smith-Duggan	Courtney Crust	Diane Venenga
Tess Judge Ellis	Dustin Liston	Becky Moses	Diane Brecht
Scott Lyon	Fiona Johnson	Shane Kron	Scott Carpenter
Lance Clemsen	Andrew McKnight	Monika Jindal	Ryan Heiar
Rick Dobyons			

3. Public Comment for Topics Not on the Agenda
4. Executive Director Report

- a. Data Summary for May 2022

- i. *Comorbid Medical Conditions: How does knowing about the history of the broken nose play into the data?*

1. Abbey Ferenzi: This is a broad summary of what we are seeing and is only the beginning of what we want to explore.
2. Leslie Carpenter: It is an opportunity to catch other needs and address it more thoroughly. Statistics show that medical needs play a role in length of life as well as other parts of ongoing care. **Action Item: Suggestion to separate medical conditions into categories.**

- ii. *Law Enforcement: Is UIPD utilizing GuideLink Center?*

1. Abbey: Not this month, but overall they have made use of GuideLink Center as a resource.

- iii. *Payor: When the ECR region is covering are they also billing Medicaid?*

1. They do not, most money comes from region.

- iv. *Overall Data: How does this compare to like a year ago? Are there any trends?*

1. Abbey: A year ago was May which at that point there was only had one service. However, next year more results will be coming out and understanding trends.
2. Monika Jindal: In line with increases like hiring, marketing push, we have new materials to push. For the most part the need is very apparent even a year in we are still scratching the surface and discovering more that needs to be done.

- v. *People that go to ECR; do you have a break down on insurance?*

1. Jackie Smith Duggan: We do ask and break it down. If they have private insurance or no insurance, we take note. It is something that we can present for the next month. **Action Item: Breakdown ECR down into the insurance payors.**

- vi. *What is the ambulance traffic going from GuideLink Center to other facilities?*

1. Abbey: We don't have that data in front of us, but it is something we can process and include. **Action Item: Incorporate the data on ambulance transportation from GuideLink Center to ER.**
2. Monika: We know that in March it was uncomfortably high? We wanted to problem solve this which included having medical providers on call. It gave us a sense of additional changes and areas to work on to provide help for the staff. Based on that assessment, it is probably anywhere from 2-4 a week transported via ambulance to another facility (ER). A lot of these are medical where they require more medical intervention. There are also efforts to identify the needs for urgent care vs emergency room.

## 5. Updates from Individual Agencies

- i. CommUnity Crisis Services and Food Bank
  1. They continue to staff two triage counselors on each shift and remain busy.
- ii. Prelude Behavioral Services (Including the Sobering Unit and JCAS)
  1. They have gone up to 7 beds and ready to go up to 8. They are seeing anyone with any substance use they made have had in 48 hours except THC (marijuana). They have expanded their criteria. We continue to work with them on enhancing substance use services.
- iii. Abbe Community Mental Health
  1. Crisis Stabilization has moved up to 5 beds and will be moving up to 6 soon. Last week Crisis Observation was opened. We have served 4 people so far in Crisis Observation and individuals have been there for 8 hours or less and some have been transitioned to Crisis Stabilization. We have great nurses and a great nurse lead that has taken up more work to understand the workflow and see how it will be implemented in Observation.
- iv. AbbeHealth
  1. We just hired another support services staff and we are still working on the safety technician positions. We have someone that can help us hire the right individuals for the position and implement training.

## 6. General Updates

- a. Survey Development
  - i. We have completed developing the survey and will be working on distributing it this month so that we can look at the data next month.
  - ii. General Survey is still being worked on with the website to get it up and going.
- b. Marketing
  - i. DeNovo has helped cement and get the message out. Hand outs have been printed and delivered, so that we can distribute them. The digital adds have been going out and placed on Google, Facebook and Youtube. There is more to the marketing campaign for the region and first responders.
- c. Tours and Partnerships
  - i. Every Friday I have a tour local, statewide or nationally. Last week we had individuals from Connecticut (Yale) visit. Tours continue and spreading the word about GuideLink Center and crisis continuum. It is neat to share but also hear and learn what others are doing.
  - ii. Last week, Abbey represented GuideLink Center as a panelist on the Iowa Court Summit.
- d. General areas of interest or concern
  - i. Smoking at GuideLink Center: For a year we have managed programs that half smoke and half that don't. At this point in time we have decided to move towards nicotine replacement options and no smoking for those who are admitted to services. Due to the ease of getting prohibited drugs in the building among other concerns, we have decided to make the transition. At the end of the day it was about safety.
  - ii. MHDS Fund balance:
    1. Jan Shaw: We had some one time money to be used by June; some of the money has gone to GuideLink Center to get a lot of the improvements building wise and program wise.
    2. Abbey Ferenzi: GuideLink is exceptionally grateful for that money and the improvements we have been able to make.
  - iii. Incident on GuideLink Center Property:
    1. Abbey: Someone passed away on our property on Sunday. This person was not connected to GuideLink Center services (no contact had been made) and we are unsure of the background of the situation.

2. Tess Judge-Ellis: When incidents like this has occurred in the community we were able to tap into some of the resources available. If your staff needs that support reach out.
  3. Abbey: In the last few days there has been a lot of follow up, got together in management to understand response and how to provide support. We are now looking to coordinate something to provide the appropriate support. This can be done through the Abbe Mental Health Center. There are also efforts to focus on all the good that is taking place and remind staff abut of their efforts to help p[people in crisis.
7. Advisory Board Recommendations
  8. Adjournment