

GuideLink Center Advisory Board Meeting Notes  
March 8, 2022

1. Attendance

Abbey Ferenzi	Brad Kunkel	Faraji Hubbard
Lisa Green-Douglas	Jan Shaw	Leslie Carpenter
Shane Kron	Tess Judge-Ellis	Crissy Canganelli
Dustin Liston	Louise Kron	Sarah Nelson
Doug Hart	Michelle De La Riva	Andrew McKnight
Monika Jindal	Michael Flaum	Ashley Salinas

2. Executive Director Report

a. Data Summary for February 2022

- i. Crissy: [Regarding Diversion]: *Define inadequate care?:*
  - 1. Abbey: This is from the client self-report during triage and/or client surveys. Clients will usually indicate answers such as home or did not know where to go for services. This then is put into the inadequate care section.
- ii. Crissy: *Can we note why we have not included reasons why someone was not admitted?*
  - 1. Abbey: we did have a chart included in the last presentation which specified reasons why people were denied and the frequency of when they happened.
- iii. Crissy: It is a more broad question about system rather than GuideLink Center. We can examine the gaps in the system that prevent people from getting help with this data.
  - 1. Abbey: We can say that a percentage was contributed to severe mental health issues.

3. Updates and Projections from Individual Agencies

- i. CommUnity Crisis Services and Food Bank
  - 1. Sarah: We are going to be expanding our number of triage counselor on each shift. As of right now we have had 1 triage counselor on each shift, but it has become apparent that we need 2 individuals and so we are moving forward with that. We have learned a lot about the acuity and the skills that the triage counselor will need in order meet the patient’s needs.
- ii. Prelude Behavioral Services (Including the Sobering Unit and JCAS)
  - 1. Michelle: **Medically Monitored Withdrawal Management** up and running since June and have a census of 6 and moving to 8. The unit is fully staffed and there is anticipation to fill more beds. In **Sobering** the staff have been doing some foot work to advertise and educate our community on the sobering unit. We have been working with the University of Iowa to meet with social clubs such as sororities and fraternities and provide education on what to do with their peers. There is collaboration with Niteride at the University that will help get students to the sobering unit. We are hoping with the education of the sobering unit out in the community, we are hoping that activity will increase. We want to emphasize to the community that it is not required for law enforcement to bring, there is no appointment it is a matter of showing up and allowing us to give you the care they need.
- iii. Abbe Community Mental Health
  - 1. Crisis Stabilization: They are hiring more direct care staff to open more beds. They have been advocating for changes in the requirements so that exceptions can be made by the state so that qualified individuals can be hired even if they don’t meet the educational or experience criteria.

2. Crisis Observation: four nurses interviewed and in the process of hiring.
  3. Comprehensive Recovery Coordinator Faraji Hubbard: Dual role which is working with providers and handle the scheduling while doing foot work with patients to have an understanding of a patient, but also being able to work with patients and provide guidance for care after GuideLink Center and keeping them engaged in treatment. The ability to meet the patient where they are at and have the training to help and provide a broader approach to this role. There have been situations where this role has provided support outside of GuideLink Center during those critical 7 days where follow up is most helpful.
- iv. AbbeHealth
1. Abbey: We have been doing some budget meeting and proposals and get things in order. We have requested for FY 23. This includes the mental health safety officer who is the hybrid of security and mental health care support. It will help as we continue to get more and more walk ins it would help to have that dual skill of mental health de-escalation and safety skills to help staff and patients keep safe.
  2. Additional Receptionist time to support the increase in walk ins now and projected to happen.
4. Advisory Board Recommendations
- a. Follow-up from previous meeting
    - i. No specific follow up, but are there questions?
  - b. GuideLink Center sub-committee
    - i. There was an email about who would be interest in the subcommittee. To explain, GuideLink Center subcommittee will be a place to discuss the mission, scope of practice and touch base on what has happened and how to continue to go forward. We care about the spectrum of needs in the community and so discussion is needed on how we maintain the right level of care for them. The discussions in here will also be brought to the advisory board.
  - c. Peer representation on Advisory Board
    - i. What are the thoughts and concerns of posting for a peer representation here on the advisory board?
      1. Lisa: It would be posted and will have 30 days to see how many people that are interested, and we would appoint from there. If you don't get any or don't see someone who would be a peer, we could extend the posting.
      2. Abbey: Are there are any qualifications?
        - a. Sarah: Individuals who utilized or tried to access services or treatment or family members that have been apart of that process that can provide us with feedback. It would be nice to have the person that is bring that pure experience as the perspective of the peer.
        - b. Jan: In other boards, we would want to emphasize that we need to understand who the person is.
        - c. Leslie: Once posted, you might consider emailing the information to Mary Issah at NAMI JC, so she can post it at our NAMI R-Place recovery center, as many peers visit there on a regular basis.
  - d. Surveys
    - i. Client:
      1. this is digital and delivered digitally.
      2. Lisa: Post stay is important. Even at the time they are released, they are not necessarily at their clearest to give their feedback. Sometime after the fact is going to give a response that is clear.
    - ii. Family/Caregiver
      1. It is important that we support the supporters. Any ideas on how we can do that?

2. Tess: It is important because those family/caregivers are apart of the follow up plan and know at some point the connection of how their care is going is important to express.
  3. Abbey: there is the importance of honoring the patients' privacy needs which could pose as a hiccup when collecting this data.
- iii. Stakeholder
1. Tess: It would be helpful after they follow up after their patients themselves. It would close the loop.
  2. Abbey: Sending out broad email survey, but it sounds like you are talking about getting more specific follow up to the patient and their care.
  3. Monika: Anecdotally, the consensus is generally yes that this care met the needs of their clients.
- e. General areas of interest or concern
- i. Marketing plan: We have been meeting with De Novo and public communication will be rolling out April 1<sup>st</sup>. Something that is working on is providing a folder for individual that holds the resources, discharge paperwork and a variety of paperwork that could serve as a reminder of GuideLink center as a support.
  - ii. Lisa: Recently contacted by two students on student government and wanted to learn about how they could learn more about the community sources and they came across GuideLink center. They mentioned about outreaching to the various student groups and even student health.