



Quarter 2 FY 22 Report (Including Year-End Summary)

January 27th, 2022

Data Collection: Ashley Salinas, Support Services Coordinator

Presentation: Abbey Ferenzi, Executive Director

GUIDELINK CENTER REPORT

OCTOBER-DECEMBER 2021

GuideLink Center had a total of 350 Encounters.

- 284 of those were admitted to a program.
 - 115 Crisis Stabilization
 - 118 Medically Monitored Withdrawal
 - 51 Sobering

138 Walk-Ins

80 Health Care Providers Referrals (Typically local ERs)

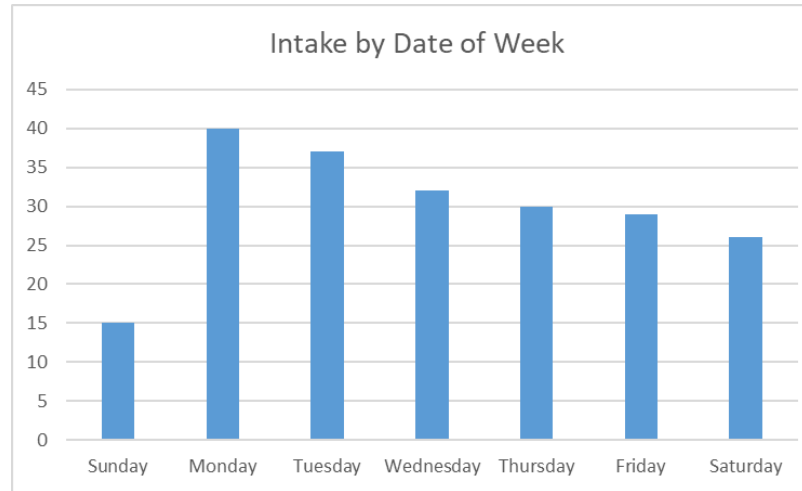
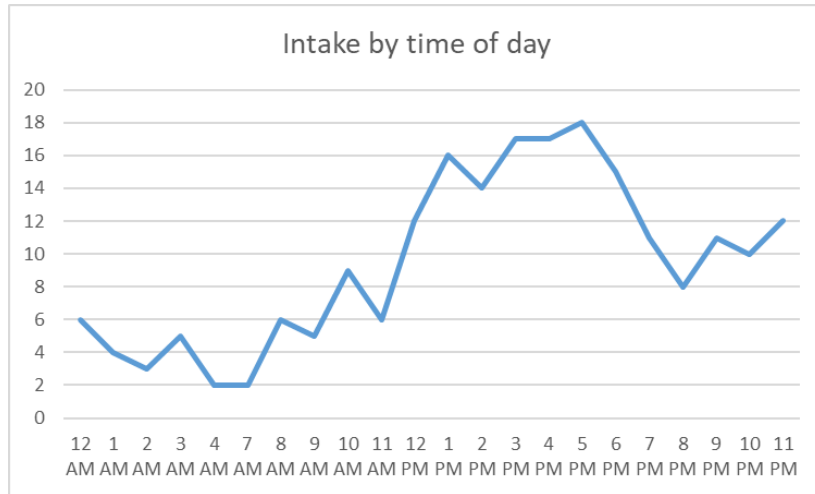
30 Law Enforcement Referrals

15 Mobile Crisis Referrals

20 Community Support Services Referrals

1 County Jail Referrals

COMMUNITY CRISIS SERVICES OCTOBER-DECEMBER 2021

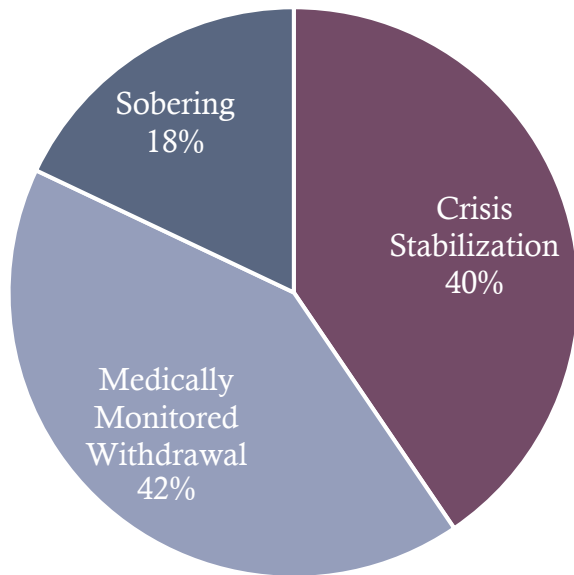


- **Number of Intakes**
 - October: 69
 - November: 72
 - December: 68

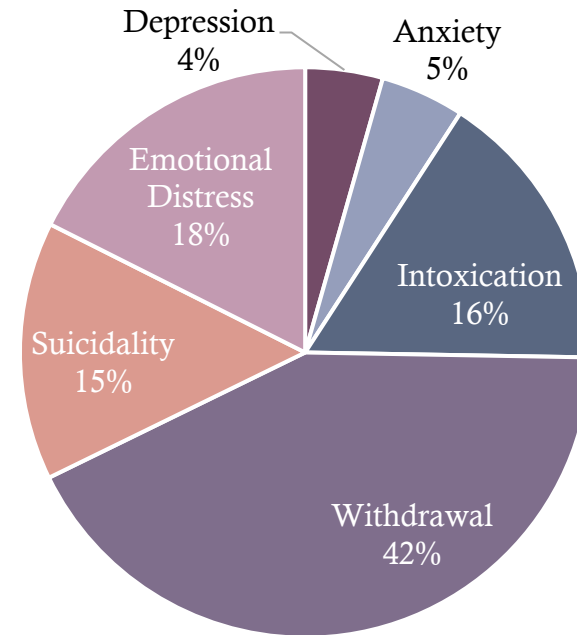
 - **Average length of intake: 41 minutes**
-

DEMOGRAPHICS: PRESENTING AT GUIDELINK CENTER OCTOBER-DECEMBER 2021

Seeking Services For:



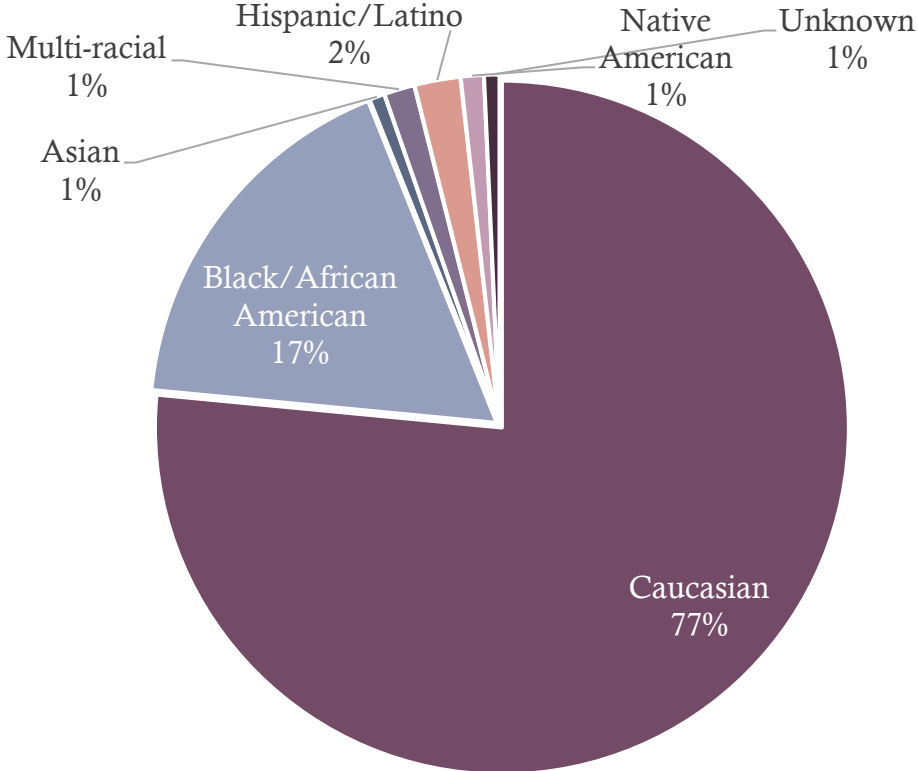
Presenting Complaints:



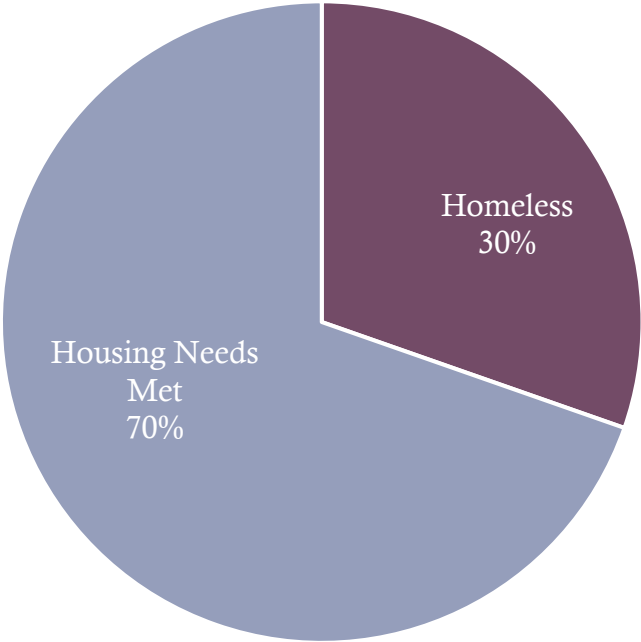
DEMOGRAPHICS: RACE & LIVING STATUS

OCTOBER-DECEMBER 2021

Race & Ethnicity



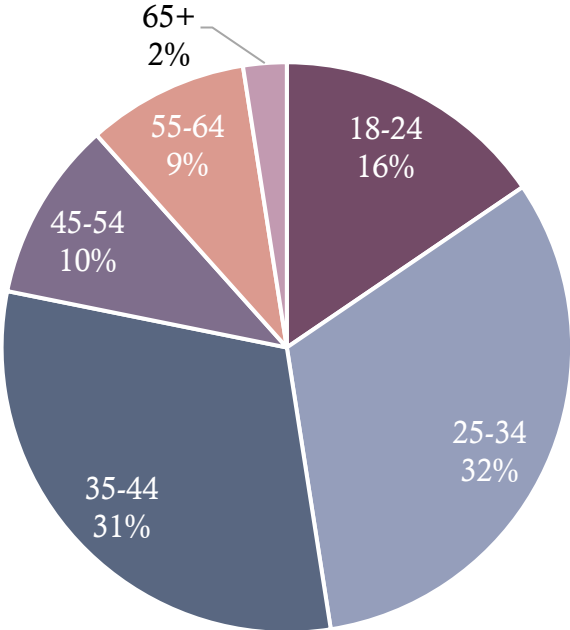
Living Status



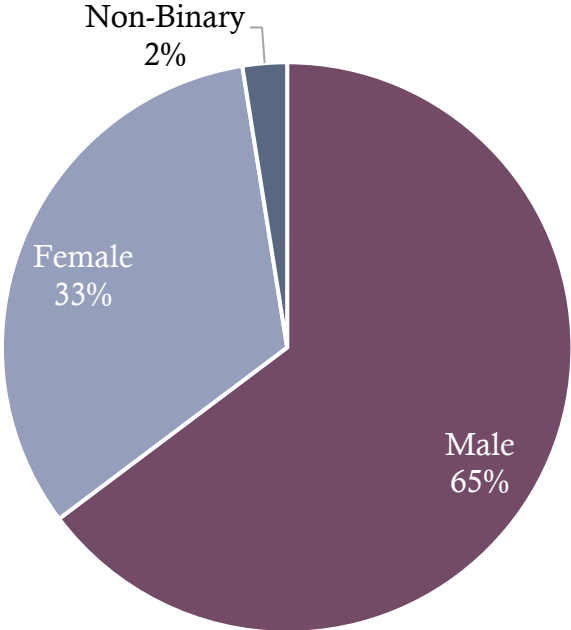
DEMOGRAPHICS: AGE & GENDER

OCTOBER-DECEMBER 2021

Age



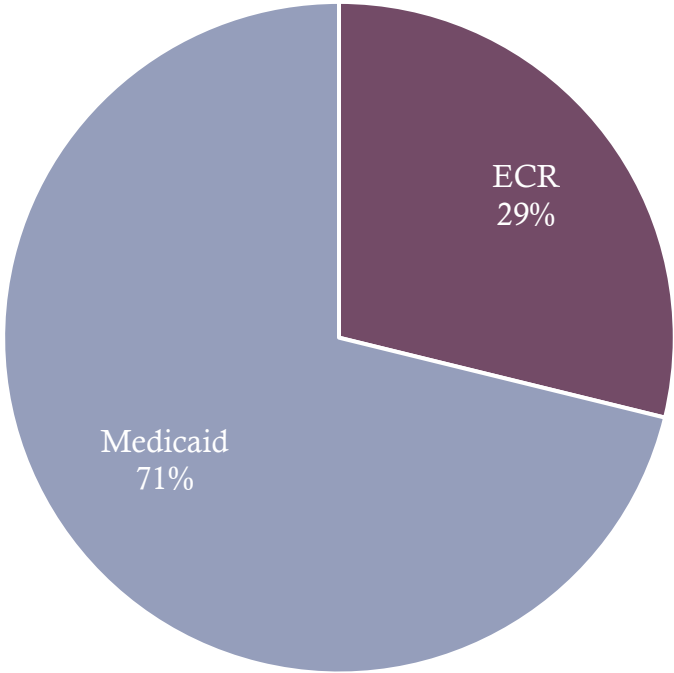
Gender Identity



DEMOGRAPHICS: PAYOR SOURCE

OCTOBER-DECEMBER 2021

Crisis Stabilization Only



LAW ENFORCEMENT REFERRALS

OCTOBER-DECEMBER 2021

There was a total of **39 Law Enforcement Referrals** for GuideLink Center services

26 Iowa City PD

9 Coralville PD

2 UIHC

2 Johnson County
Sheriff's Office

30 Admitted to Programming

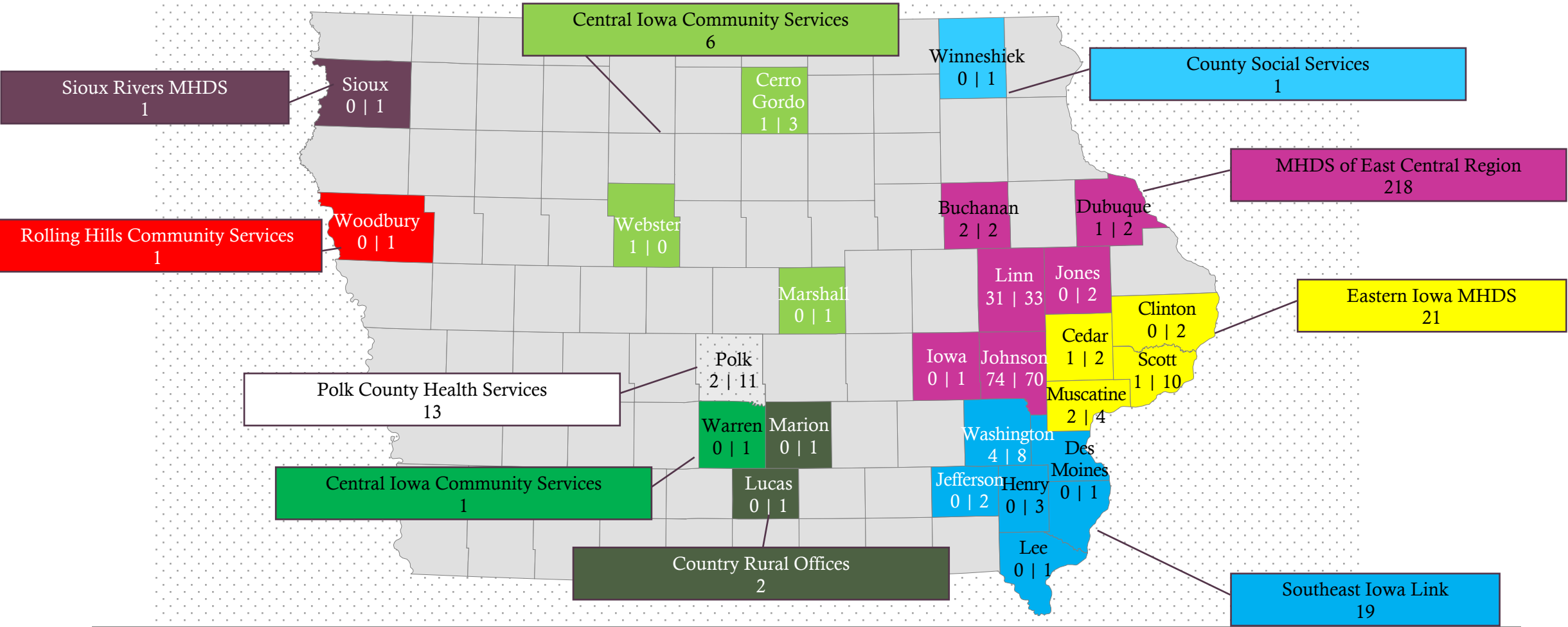
- 9 Crisis Stabilization
- 21 Sobering

9 Not Admitted to Programming

- Reasons include; not meeting program criteria, client wanting higher level of services or different services, or all beds were at capacity.
-

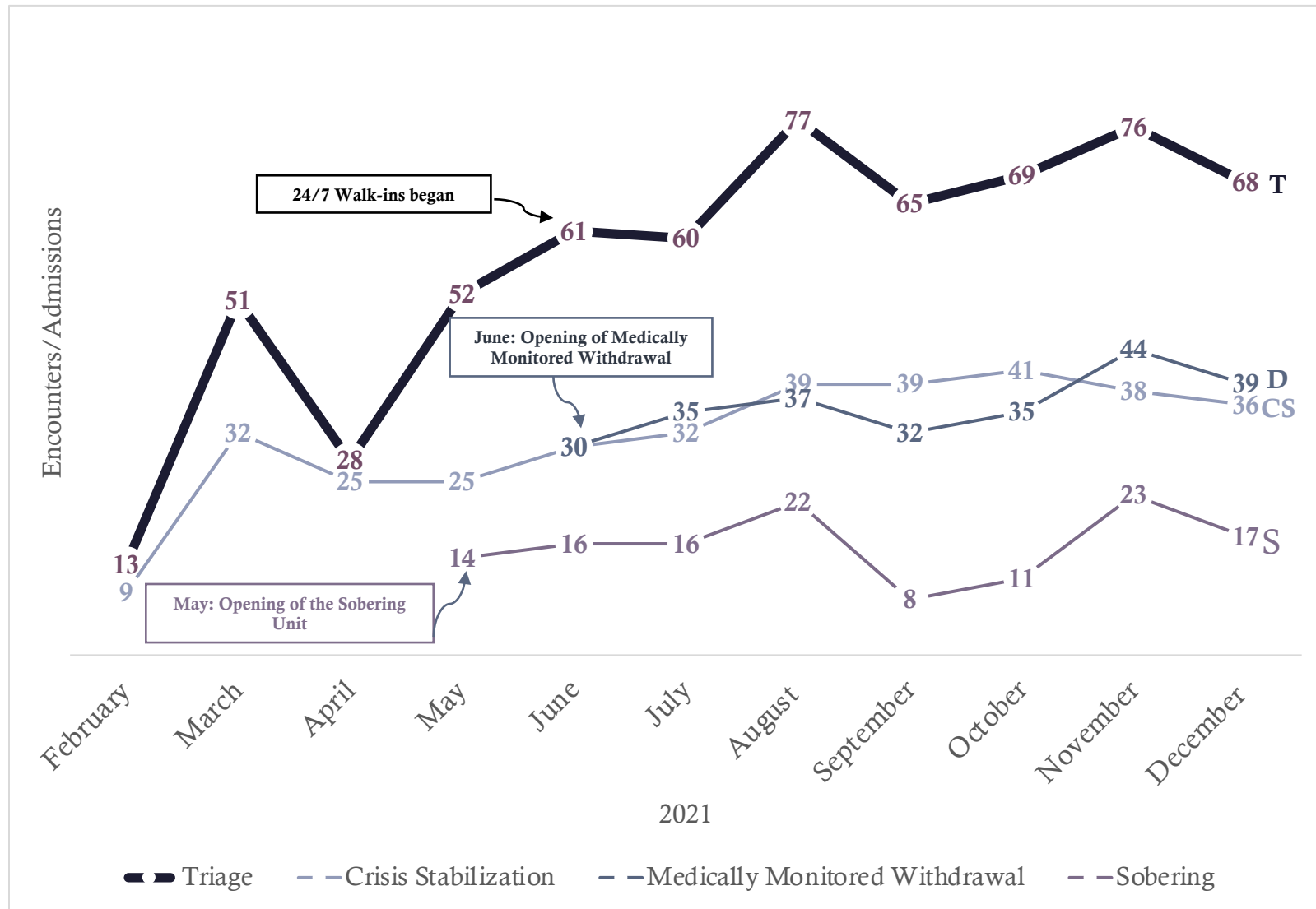
DEMOGRAPHICS- COUNTIES SERVED OCTOBER-DECEMBER 2021

of Mental Health | # of Substance Use



GUIDELINK CENTER
YEAR-END COMPREHENSIVE SUMMARY
FEBRUARY 15TH (OPENING) – DECEMBER 2021

Comprehensive Report: February (Opening) – December 2021



915 encounters with 725 leading to admissions into a GuideLink Center Program

- **Triage: 620 encounters**
- **Crisis Stabilization: 346 admissions**
- **Sobering: 127 admissions**
- **Medically Monitored Withdrawal: 252 admission**

GuideLink Center has had 915 Encounters which have led to:

Admissions

346 Crisis Stabilization

252 Medically Monitored Withdrawal

127 Sobering

Internal Transfers

22 To Crisis Stabilization

20 To Medically Monitored Withdrawal

Length of Stay

Crisis Stabilization: 3 Days

Medically Monitored Withdrawal: 3.5 Days

Sobering: 6 Hours

392 Walk-Ins

227 Health Care Providers Referrals (Typically local ERs)

150 Law Enforcement Referrals

110 Mobile Crisis Referrals

30 Community Support Services Referrals

4 County Jail Referrals

1 Immediate Custody Order

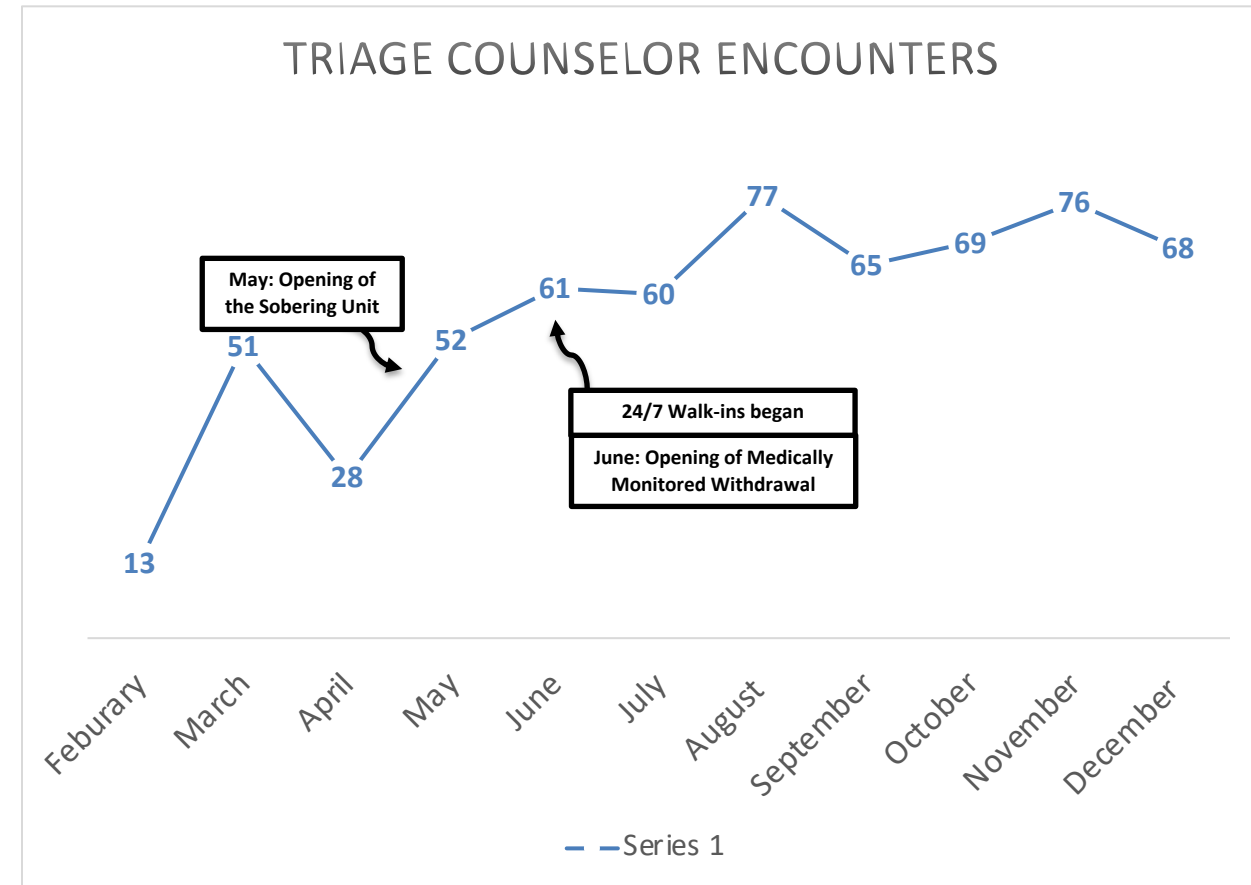
1 Linn County Mental Health Liaison

COMMUNITY CRISIS SERVICES AT GUIDELINK CENTER

February – December 2021

Triage Counselors completed a total of **620 screenings**.

- Spent a total of **21,857 minutes** completing screenings, providing crisis counseling and assisting with resources.
- They spent on average **38 minutes** completing one or more of these tasks.
- Triage had most admissions occurring on **Tuesdays between the hours of 4pm and 8pm**. Most referrals and presentations to GuideLink Center occur during 2pm-8pm throughout the week.



ABBE MENTAL HEALTH CENTER AT GUIDELINK CENTER

February – December 2021

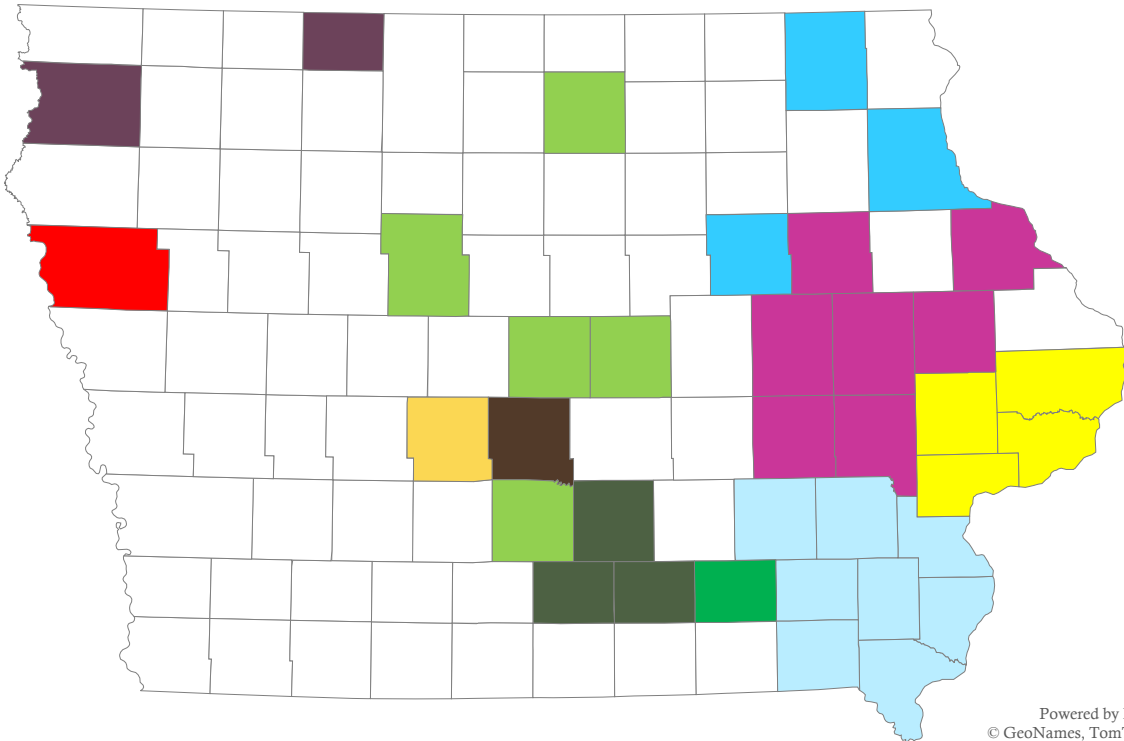
- **Dr. Monika Jindal**

- Completed 48 Psychiatric Evaluations
 - **Anne Gentil-Archer, ARNP**
- Completed 79 Psychiatric Evaluations

- Dr. Jindal splits time between the Medical Director role (AbbeHealth) and the Prescriber role (Abbe Mental Health Center) and is on site 2 days per week.
- Anne Gentil-Archer is contracted through Abbe Mental Health Center for an additional Prescriber role at GuideLink Center and is on-site 3 days per week.
- Both provide consultation to Triage, Sobering, Medically Monitored Withdrawal and Crisis Stabilization.
- Both prescribe medications and complete follow-up appointments with potential referrals to the Abbe Mental Health Center and other agencies
- Both provide patient education and consultation including primary care needs
 - Expansion of ARNP role and addition of Comprehensive Care Coordinator (peer) role

DEMOGRAPHICS- COUNTIES SERVED (FEB- DEC 2021)

County Name
of Mental Health | # of Substance Use



554 MHDS of East Central Region

Johnson **247** | 158 Jones **1** | 6
Linn **52** | 66 Dubuque: **5** | 2
Buchanan **2** | 2
Benton **1** | 6
Iowa **4** | 2

8 Central Iowa Community Services

Cerro Gordo **1** | 3 Marshall **0** | 1
Webster **1** | 0 Warren **0** | 1
Story **0** | 1

3 Country Rural Offices

Marion **0** | 1 Monroe **0** | 1
Lucas **0** | 1

1 Heart of Iowa Community Services

Dallas **0** | 1

22 Polk County Region

Polk **3** | 19

46 Southeast Iowa Link

Des Moines **3** | 3 Louisa **1** | 2
Henry **1** | 4 Van Buren **0** | 1
Jefferson **0** | 3 Washington **5** | 14
Lee **1** | 3 Keokuk **2** | 3

3 County Social Services

Winneshiek **0** | 1 Black Hawk **0** | 1
Clayton **1** | 0

50 Eastern Iowa MHDS

Clinton **0** | 5 Scott **4** | 22
Cedar **2** | 5 Muscatine **6** | 6

2 Sioux Rivers MHDS

Sioux **0** | 1 Emmet **1** | 0

1 South Central Behavioral Health

Wapello **1** | 0

1 Rolling Hills Community Services

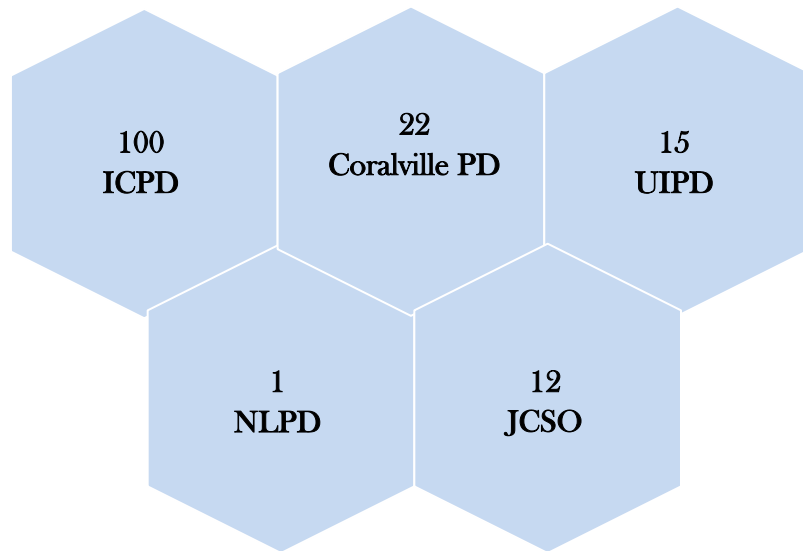
Woodbury **0** | 1

Did Not Disclose 24

Out of State 10

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150 Law Enforcement Referrals



102 Admitted to Programming

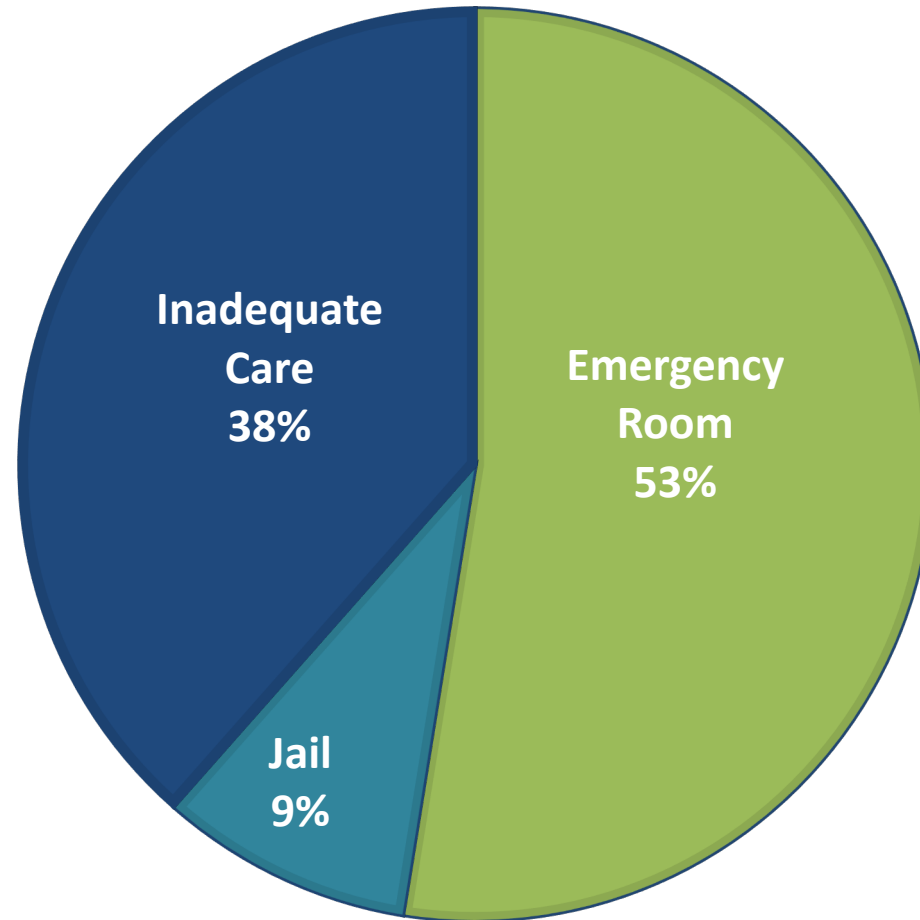
(Other referrals received crisis counseling, resources and safety planning but either chose not to be admitted or did not meet program criteria)

- 44 Crisis Stabilization
- 54 Sobering
- 4 Medically Monitored Withdrawal

❖ *As of December 2021, the average wait time for an officer is 5 minutes*

Diversion February - December 2021

DIVERSION



Survey Results & Comments February - December 2021

Treatment Relevancy to Concerns

97% felt treatment was relevant to their concerns.

3% were neutral on the topic.

Satisfaction with Treatment

94% were satisfied with their treatment at GuideLink Center.

3% were not satisfied with their treatment at GuideLink Center.

3% were neutral on the topic

Felt Welcomed & Heard

95% felt welcomed and listened to while at GuideLink Center.

5% were neutral on the topic.

Felt Informed About Care Plan

95% felt informed about their care plan.

5% were neutral on the topic.

Felt Involved with Discharge Planning

95% felt that they were involved in their discharge planning.

5% were neutral on the topic.

Likely to Recommend GuideLink Center

97% were likely to recommend GuideLink Center.

3% were neutral on the topic.

You treated me like a human being. I was paid respect and time. Everyone played a role in preparing me for recovering. I cannot thank everyone enough. I will recommend this greatly to others.

Staff performed amazingly...this is the most I have gotten out of a Crisis Stabilization Unit. I did not feel like a prisoner at all and everyone made sure clients were well taken care of whether (or not) they were assigned to them.

133 Surveys were completed

GuideLink is a very important and needed addition to our community."

I required intervention, but treatment centers have been filled...this facility is very much needed in getting addicts who are seeking treatment. I needed a place between hospital and treatment facility. GuideLink was so necessary, and it was wonderful to be here.

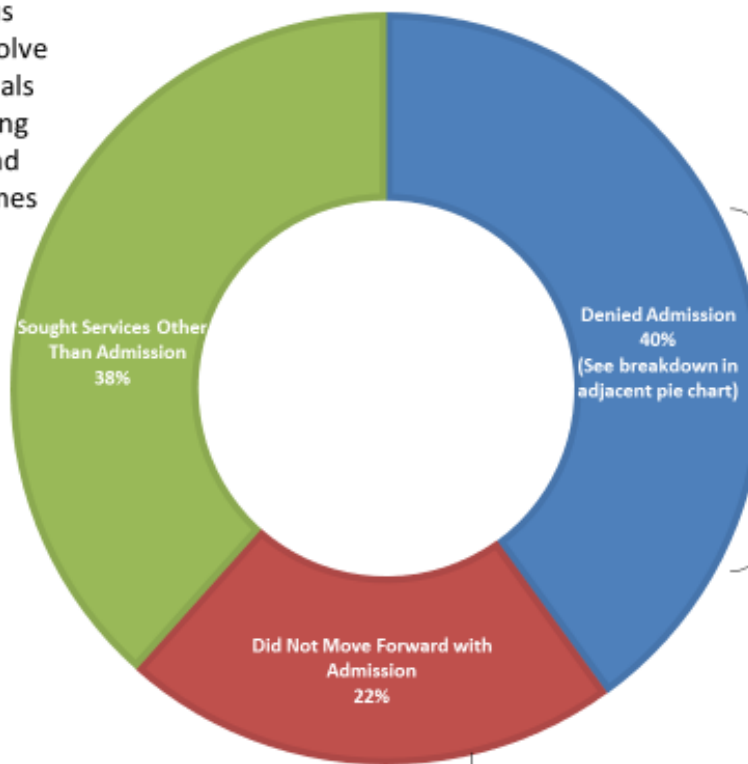
I went to Mercy on 12/7 and they referred me to GuideLink and I am thoroughly glad they did. Nurses and doctors did their job exceptionally well. A lot of care, fun and love in this place. Also, the place is extremely clean."

GuideLink Center Services—Service Challenges

There were 190 individuals that did not get admitted into a program.

These services include Crisis Counseling, assistance with resources, meeting a medical provider or miscellaneous encounters that did not involve counseling. These individuals were not interested in being admitted to a program and sought only the above-named services.

ENCOUNTER BUT NO ADMISSION

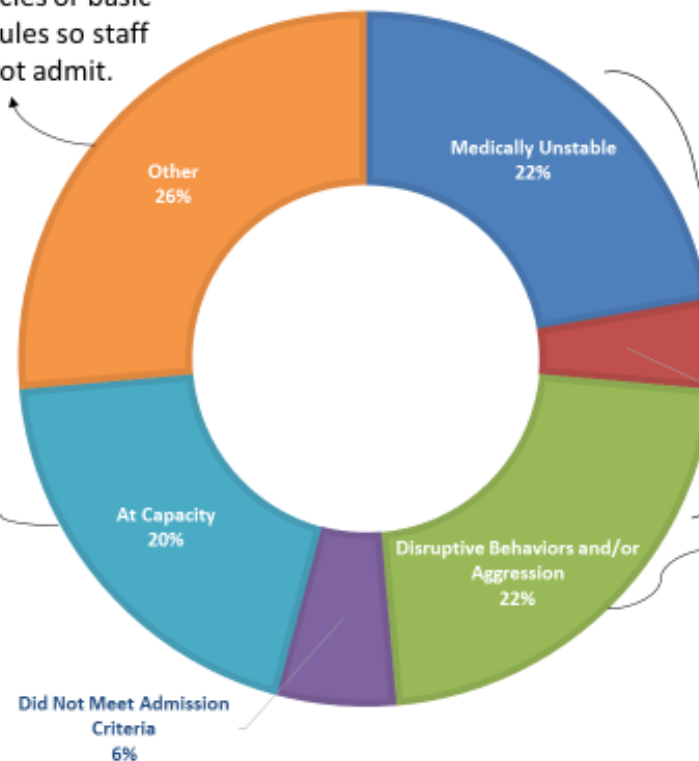


GLC Staff-Directed Denial

REASONING FOR STAFF-DIRECTED ADMISSION DENIALS

Did not agree with safety policies or basic program rules so staff could not admit.

Additional staffing would result in additional capacity



48% of individual who meet the criteria for "complex needs" often fall into these three categories. (76 people)

Psychiatrically Unstable 4%

This was most often attributed to untreated or undertreated substance use or mental illness or denial of shelter-only

These are individuals were interested in being admitted but changed their decision at some point during the admission process. Prior to leaving GuideLink Center, the person and the Triage Counselor made a safety plan and ensured that they were prepared with resources before they left.

Complex Needs at GuideLink Center

The Complexities of Caring: A Glimpse into Systemic Limitations, Transformations, & Recommendations to Better Support Clients with Complex Needs

Sarah Hugee, B.A. Clinical Mental Health Counseling Research Project

Clinical Mental Health Counseling Program, University of Iowa, Iowa City, IA

Abstract

Throughout the history of mental health in the United States, complex need clients have fallen through the cracks found in the established systems. It is evident that people who experience mental health issues combined with other conditions struggle to locate, access, and navigate the limited resources in place which lead to further issues such as exacerbation of symptoms, financial strain, homelessness, hospitalization, incarceration, and social isolation. Places such as GuideLink Access Center are beginning to address the systemic gaps that perpetuate people with complex needs frequently bouncing around to different services without tangible and sustainable progress. However, GuideLink Access Center still sees and identifies a need for more specialized, attainable support for certain complex needs clients in which it is unable to support at this time. In this report, ten complex needs clients are highlighted in individual case conceptualizations which discuss, but not limited to, topics such as their presenting problem(s), diagnoses, services provided, and reasoning for discharge.

Conclusion

People with complex needs are suffocated by obstacles and struggle to find ways to alleviate these struggles because of many mental health resources being unaffordable, inaccessible, unavailable, and inadequately staffed. This often leads to their situation and symptoms being exacerbated and puts them at risk of incarceration, homelessness, hospitalization, and/or social isolation. GuideLink Access Center (GLC) is one of few mental health services that begin to bridge the gaps in order to support clients holistically. Creating, implementing, and funding more services like GLC will break down stigmas and barriers clients face, instilling hope in people that having a happy and healthy life is truly achievable.

“COMPLEX NEEDS” INCLUDE INDIVIDUALS WITH ONE OR MORE OF THE FOLLOWING THAT CAUSE TREATMENT RESISTANCE, POOR ACCESS TO TREATMENT OR POOR OUTCOMES FOLLOWING TREATMENT:

Chronic and untreated/undertreated mental illness or substance use disorder, intellectual or developmental disability including spectrum disorders, traumatic brain injury, few (or unhealthy) natural supports or support network, behavioral and/or impulse control issues, significant medical conditions, physical disabilities, vision or hearing impaired, language barriers, criminal history, sex offender status, lack of financial resources or homelessness.

Linn County Mental Health Access Center and GuideLink Center

Challenges and Barriers to Expand Services, Increase Capacities and Consistently Provide High-Quality Care

- **Staffing Shortages**
 - **COVID**
 - **National Staffing Shortages**
 - **Issues Specific to the Healthcare Field**
 - Nurses, Nursing Assistants, Direct Care Staff, Licensed Counselors and Social Workers
 - **Issues Specific to Community-Based Services**
 - Everything named above plus:
 - Recruiting and retaining staff who see the value in community-based work and are willing to work with individuals with complex mental health and substance use needs
 - Recruiting and retaining staff who willing to work for lower wages (wages based on funding and reimbursement rates) than their private practice or hospital/clinic peers, or willing to work for lower wages than for-profit competitors in other fields.
 - Recruiting and retaining staff who have the experience and skills to work in a crisis care environment and provide high-quality care
 - Recruiting and retaining staff that can manage and tolerate the overwhelming and distracting documentation requirements while still providing high-quality care in a crisis environment
 - Clients with Complex Needs
 - Transportation

Advocating for Resources to Address These Issues

- Recommendations and Solutions