



# Rolling Hills

## Community Services Region

Buena Vista \* Calhoun \* Carroll \* Cherokee \* Crawford \* Humboldt \* Ida \*  
Pocahontas \* Sac \* Woodbury

### Children's Behavioral Health Advisory Committee Agenda

Meeting will be held via Zoom

May 16, 2022

2:30 p.m.

#### 1. Welcome and Introductions

Dawn Mentzer, CEO; Kelsey Allen, Administrative Assistant; Jean Heiden, Crawford County; Louise Galbraith, Lisa Bringle, Caylyn McCormick, Theresa Jocum, Julie Albright, Coordinators; Melissa Drey, PAMHC; Nicolle Eaton, SMHC; Rachel Wurth, Rosecrance; Joan Hansen, Prairie Lakes AEA

#### 2. Community Based Crisis Stabilization Update - Nicolle Eaton and Melissa Drey

Melissa Drey, PAMHC, states the policies have been approved by state for CBCS; MCAT calls being able to provide Crisis Stabilization in the persons home; triage with MCAT works well with sick kids or kids that can't leave the home/refuses to leave their home, we are able to go to their home, work 3-5 days in their home with therapy and the ability to reach psych. Meeting on Thursday with SMHC at 1pm to do marketing to different entities in the region – MCAT kids utilizing within schools, in summer hopefully won't have as many kids.

Nicolle Eaton, SMHC states that she has reached out to daycare providers to let them know this is out there, issues during summer at daycares; CBCS has great resources for kids to adults, comfort of being in their home over a facility.

#### 3. Mobile Crisis for Children Update - Nicolle Eaton and Melissa Drey

Included with above.

#### 4. Rosecrance Subacute/Crisis Service Presentation – Rachel Wurth, Rosecrance

Rachel Wurth, Director CSU – There is currently a COVID outbreak in womens/childrens center.

Rosecrance Jackson Centers – Adolescent stabilization and assessment unit (ASAU), substance abuse residential treatment, mental health stabilization, transitional housing, outpatient services, onsite telehealth, prevention and education – sub-acute unit – higher level of care, kids that need a little more than sub-acute when possible, medically driven unit, safety-focused, initial and ongoing assessment – 24-hour unit, most of the time they are a risk to themselves and/or others, some parents aren't sure what is wrong but something has changed – 24/7 admissions, most come overnight/evenings, average stay around 5 days. The staff includes an RN, nurse manager, team lead, specialists, case manager, mental health therapist, psychiatrist, medical director and advisory support team. The admission criteria includes kids ages 11-17, medically stable, non-violent, acute crisis, no hospitalization needed. Most referrals come from hospitals; NO WALK IN ADMISSIONS.

Melissa Drey asks - Do you have a form or do we just call if we feel we have a child that meets the criteria, in mobile crisis standpoint?

Rachel Wurth responds - If families call, 9/10 will be referred to ER or professional, rarely can manage call-ins. Need referrals to know if they are violent, meet criteria – have a form and will send those out, or call and the nurse will help – need to make sure they are not violent and their IQ is high enough – verify insurance, BLOCK grant for substance abuse but does not apply to mental health program, Amerigroup does not pay for their services along with some others -

Melissa Drey states she needs the form to be put in the referrals.

Rachel Wurth states they prefer not to hear from families as a referral unless been assessed by a provider.

Melissa Drey states that MCAT tries to keep them so they do not need a higher level of care

Rachel Wurth states that getting into the home could help benefit the referrals, prioritize this 1/3 side of the state compared to the rest, capacity of 10, try to get local referrals first

Dawn Mentzer states we need clarification, program CSRBS licensed as sub-acute, 3.7 is sub-acute but also have keystone, same for residential kids – SUB-ACUTE RESIDENTAL STABILIZATION (crisis stabilization residential based services and sub-acute)

**Next Meeting: June 27, 2022 2:30**