



## Collaborative Resources Education Services Technology

(CREST)

Regional Management Team Agenda

October 10th, 2018

1-3:00 PM

Olmsted County Community Services

2117 Campus Drive SE, Rochester, MN Rm 161 – main floor

1. Welcome/Introductions
2. Meeting Minutes approval
  - a. Motion to approved
  - b. Minutes approved
3. Training reminders
  - a. Good turnout for the CM forum
    - i. Good experience with the trainer. He was engaging and knowledgeable.
    - ii. Can we look at doing something that again next year since it was successful.
    - iii. Suicide topic would be something the group would like to hear more about.
    - iv. Could have done two days on just personality disorders, but happy that he changed topics.
      1. Good feedback overall on the training.
  - b. Mental Health Forum
    - i. November 8<sup>th</sup>
    - ii. Please get participants
  - c. Suicide the Ripple Effect
    - i. Motion to approve
    - ii. Seconded, will get that ordered
4. Commitment Notice
  - a. Language Consideration
  - b. The Ombudsman's office does not have versions in other languages
  - c. No counties have that in other languages
  - d. Should we use AMHI dollars to make these copies

- i. Spanish, Somali, Kareni, Arabic, Hmong, Cambodian, French were identified languages
  - ii. Ombudsman's office not able to fund the copies needed.
  - iii. Not planning to get notices printed unless legislatively required to do so.
  - iv. Conversations happened in 2018 with the taskforce looking to update the statutory language but have the office of the ombudsman has resource limitations.
- 5. Guardianship-DHS letter
  - a. DHS not agreeing to see guardianship as a mh service.
  - b. The legal part of what a guardian
  - c. Some counties have taken this out of the budgets
  - d. What a guardian does is often times supportive to the person, often above and beyond what the functions of a guardianship as outlined. They are
  - e. Brass CODE 434 Asks for a wellness plan and outlines services. These services fits well with what many of our guardians are doing. Perhaps it may be beneficial to outline services above and beyond the legal role of a guardian.
  - f. If you look at guardianship, it may be beneficial to look at the alternatives to guardianship and supportive decision maker options
  - g. There are resources that outline how decisions should be made
  - h. Many guardians already provide detailed invoices that you could find opportunities to utilize AMHI or CSP
  - i. MN has groups around the state such as WINGS are bringing stakeholders including judicial resources together to look at our current process and practices.
  - j. DHS and DSD staff are having discussions with the ombudsman's office about person-centered planning. Ex. Do people have the right to take a survey about services without guardianship approval?
  - k. There are people that are looking at guardianship in a different way. How do we bring in different resources? Progress may not be available to clients, but the work is happening.
  - l. Volunteers of America Guardianship program has been doing good work, but lacks on-going resources to keep the actions moving forward.
  - m. What is the difference in guardianship between individuals living in a nursing home vs. an adult mental health client in the CBHH. The amount of time and functions seem to differ for individuals living with mental illness.
  - n. The disconnect seems to be getting the legal system/judges on the same
  - o.
- 6. DA standards
  - a. Feedback to Ben Ashley-Wartmann
  - b. The DA process can be too cumbersome for getting services started in a timely fashion.
  - c. Elements in the DA are not always asked by providers (hospitals, etc.)

- d. Getting the right language for the recommendation section is at times missed. Supporting statement for services needed is a small missed element that delays services.
  - e. Diagnoses not always fitting the SPMI diagnosis, but limits access for individuals in need of services.
  - f. Seeing issues with quality of Diagnostic Assessments due to the nature of the requirements.
  - g. SCHA has created a DA template to get the correct information, which has seen some success.
  - h. There are issues such as time and reimbursement that may lead to providers being able to produce a quality DA.
  - i. There is little incentive for hospitals or others to produce a quality DA which delays the process of individuals getting services.
  - j. Have others pushed back on medical providers on the federal obligations to do reasonable discharge planning, which may include not solely making referrals? It does not sound like this has happened. It appears that they have been given templates to provide the needed information. There could be complaints made to CMS if necessary. Initially implementation requirement section of discharge planning.
  - k. Can this be streamlined without compromising elements of quality of care? This may be an area of partnership with hospitals.
  - l. Lisa will send some of the language necessary to facilitate discussions with hospitals.
7. Crisis Center Update
- a. RFP published on 9/17 with a responder's conference that was held on 10/10 at 11am.
  - b. Olmsted county is looking at ownership and developing the site between Silver Creek corner and 2117 campus Dr. SE
  - c. The service model has been developed inclusive of rapid access to outpatient services in addition to 16 residential stabilization beds.
  - d. These units are able to serve both adults and children.
8. Budget Update (Candace)
- a. Review of spending
    - i. Update coming out today or tomorrow on to date spending.
    - ii. This is the end of the two-year grant, so we cannot carry over into next year
    - iii. If counties are aware of underspending, please let us know ASAP.
    - iv. Another budget update will be done in December so do not worry how you are spending your dollars.
  - b. Mobile Crisis
    - i. We are behind on billing a little bit

- ii. We are checking with ZV on spending to get all information in.
    - iii. It does not look like we will need county contributions for 2018.
  - c. We are looking at shifting the way we need to prepare counties to respond to the 2021 application.
  - d. We may do site visits a bit differently looking at risk management.
    - i. We are ensuring that our data is matching our spending.
  - e. Risk documents will be hopefully coming out in November
  - f. We are looking at doing a more formal application process for providers. This is proposal at this point. The directors will need to approve the process. It helps identify the needs of the providers and gives a communication tool to counties.
  - g. We are also looking to identify services that are not receiving enough spending to help us prioritize spending.
  - h. If you're a local spend county this may not apply but you could consider doing this for non-grant recipients.
- 9. IRTS Forms
  - a. Do we want to use the placement forms from the IRTS facilities when individuals are on MA and have a funding stream? The language is not correct on the form. An example, it says case management required, which it cannot be.
  - b. Counties have had to supply more information anyway when it is county pay.
  - c. Host county ones have been issued in some counties as well.
  - d. This can be revisited with the IRTS providers to revisit the purpose.
    - i. A signature should be enough on that form for payment
    - ii. Is it necessary for host counties?
    - iii. What should the agreement actually have on the form?
    - iv. Who is liable when a person is not paying the portion?
  - e. Invite Directors to November meeting
    - i. It depends on the agenda and the results of the 10/23<sup>rd</sup> meeting.
- 10. Mobile Crisis Grant
  - a. Grant received
    - i. We asked for 1.2 million over the two years. We received 505,000 for each year.
    - ii. Cut the budget for 120K for each year from the state in 2019-2020.
    - iii. 1<sup>st</sup> proposal for a county ask is 981708 for the two years without cutting any services and just maintaining for growth in callouts
    - iv. 2<sup>nd</sup> proposal will need to cut 101,927 to keep at the 2017 level of service.
    - v. 3<sup>rd</sup> proposal is looking to reduce the budget by 120k with no additional county costs.
    - vi. We need to spend these grant funds prior to accessing other grant funds such as AMHI or CSP.
    - vii. Many county boards are not willing to utilize levy dollars. This is a maximum amount,

- viii. Grant dollars cannot pay for children's services
  - ix. 20% of the services are typically children's services each year.
  - x. Feedback on proposal
    - 1. Outline what is cut in each plan
      - a. Outreach may be cut as an example in proposal 3
  - xi. The middle plan may be the best due to having better outcomes with minimal risk. We may be able to see a cost savings without spending much more.
  - xii. We already made some cost reductions to the program prior to the grant reward.
- b. Update
- i. 350 callouts in the past 3 months.

## 11. County Updates

- a. Houston
  - i. Public health and human services combining
  - ii. Heather Me yre is the new supervisor of PH and disability services
- b. Olmsted
- c. Mower- Couple positions that are open, going to a county administrator.
- d. Fillmore
  - i. Working with a team to do more outreach on mental health services
  - ii. Collaborative is putting on a MH first aide workshop next week for their CJJ team
- e. Goodhue
  - i. Federal award for drug treatment court
  - ii. Make it Ok Campaign providing presentations in the community
  - iii. Preparing for election season
- f. Winona
  - i. Nothing
- g. HVMHC
  - i. New building at the Sarnia Square location is now housing children programs.
  - ii. Others are moving the 9<sup>th</sup> of November
  - iii. Peer Support network might be moving by the end of 2018
  - iv. Majority of HVMHC board and lodge beds are rate 2 now.
- h. Wabasha
  - i. A new adult mental health work has started
  - ii. Currently doing a community health needs assessment
  - iii. Make it Ok campaign presenting
  - iv. Looking at mental health in jail and law enforcement interactions
  - v. Seeing a lack of providers
- i. ZV

- i. Crisis program hiring a new staff in the east hub
  - ii. Starting steering committee again and the information will be sent out soon.
  - iii. Busy with CCBHC and implementation services
  - iv. Multiple positions open at this time and they are getting creative in their recruitment of staff
- j. Ombudsman's office
  - i. Lisa's role is changing by no longer covering SW metro area
  - ii. They are hiring to help cover the metro areas.
- k. Nystrom
  - i. Open house invitation for November 9<sup>th</sup>.
  - ii. Onboarding providers currently
  - iii. Should offer many of their services soon after opening.
  - iv. Opening on 10/29 and have started prescheduling
- l. HRC
  - i. Nothing
- m. SCHA
  - i. Heather Goodwin joined the meetings.
  - ii. Overview-health plan, owned by 5 counties present in this meeting
  - iii. Looking forward to collaborating on MH issues.

*Next meeting scheduled for November 14th, 2018*