Collaborative Resources Education Services Technology

(CREST)

Regional Management Team Agenda

March 11, 2020

1-3:00 PM

Olmsted County Community Services

2117 Campus Drive SE, Rochester, MN Rm 161

1. Welcome/Introductions
2. Meeting Minutes approval (All)
3. DNMC Discussion with Dr. Ahmed (Jim P.)

Follow up conversation on how folks leave CBHH into outpatient and processes ongoing

Patient DNMC prior to admission to CBHH – remote provisional discharge from current facility

Average day to DNMC is 39 days currently, but variation by individual (Anoka 55 days)

Differing county resources – pressure different from different counties based on desire to move pt back to community

Different practitioners across 6 CBHH, but practitioner sets criteria for DNMC – some variation exists in this criteria, but efforts are made for continuity

Questions:

What functionality domains are CBHH looking at?

Med compliance and history of med compliance in outpatient setting, no danger so self or others, psychosis and mood symptoms are at outpatient manageable levels, history of outpatient setting compliance, ACT and family supports, previous failures in patient’s outpatient history are considered

How long is that historical look? 3-6 months

Is this a quantified assessment tool? – Columbia suicide risk assessment scale at intake (low scores for 7-14 days before consideration to return to community), psychiatrist assessing med compliance, aggression toward self or others in CBHH tracked by unit, requirement of medication changes will impact length of stay in CBHH. Community resources are impacting DNMC status in so far as supports are assessed.

Does CBHH track rehospitalization? – within 30 days is tracked and reviewed

Are discharge plans randomly assessed to determine if they are effective? – try to assess plan elements that may or may not be effective

Utilization Review – County not formally included until Step 5, are there informal ways

in which case managers are being consulted before this?

Treatment team (social worker) connects with case manager at intake and communication established, attempt to give weekly updates

Is there an appeal process possibility for DNMC to wait for a county review? (Question posed by Tim)

Utilization of technology to facilitate county case management and other interactions, up to and including placement sites? Yes

1. Commitment Language (Tim)

LSW and PPS added back into “Health Office Worker” language, Voluntary pilot program for engagement in service to prevent civil commitment. Tim will send out revised language and report on bill as it moves through

1. Uniform Service Standards (Tim)

Restructuring Mental Health Act – currently negotiating with language and how to jacket the bill. Consideration of splitting out policy language and sending that portion forward this year, but holding back on fiscal considerations until next session (budget year). DHS added fiscal note to cover DHS administration costs, but no county/provider fiscal note. Possibility of not proceeding until next session. Need to adequately support agencies in carrying out work. Waiting to see governor’s budget and impact.

Conversation around DNMC dollars back from general fund to support.

Counties need to monetize the need so we can create a legislative ask.

1. Training Updates (All)

First CORE Training - April 7 invites are sent out, CORE training dates will remain the same. Venue may be added if necessary based on attendance.

MIND Training – March 19 (am) registration not required

Housing – March 19 (pm) – registration requested (Tim

* 1. Rule 20 discussion items –Bill Ward May 28, 10am

Please send questions, experiences, and processes to Tim, invite county attorney offices and court admin as relevant

-Houston county workshop on Social Security and employment, will be coming to Winona ”Work Incentives on Social Security Disability”

1. AMHI Reform discussions (Tim)

Re-engaging in those discussions – unclear what that means (use MHIS data to calculate what AMHI spending should look like)

March 23 – statewide meeting, live feed coming, watch for email from Tim

1. Mental Health Awareness Month (All)

Mental Health Day on the Hill, March 12

1. Budget Discussion (Candace)

Candace will be sending out AMHI and Mobile Crisis reports – look at these documents, there is carry over and everything needs to be spent by the end of this year. No ability to carry forward.

April 1 – Mobile Crisis grant application opened

AMHI budget anticipated to stay flat for the next cycle

1. Agency Updates (All)

MNChoice Supervisor position open (Brandon) – MN Prairie

Winona – Transportation – cab company not MA billable status, Winona county to stop being passthrough (issue with insurance policy limits for provider)

Austin Manor – new treatment director, looking for CPSS and practitioners

IMS – Mental Health Walk on Friday

Jim (CBHH) – recruiting for LADC

Wabasha – none

Olmsted – none

Fillmore – none

Christy Hiawatha Valley – 2019 business of the year award from local chamber of commerce, waitlist 10-15

Josh J. – none

Barb (SC Human Relations) – trying to expand staff capacity

Mower – Director will be retiring

NAMI – SafeTalk have been canceled, low registration

NuWay - Co-occurring intensive treatment, PT LADC open, open to community partnerships, no waitlist

SouthCounty Health Allicance – goal to outreach to transitional youth (challenging to reach), interacting at school level

Houston- none

*Next meeting scheduled for April 8th*