Focus: Mental Health Issues

- Most aggressive behavior in health care settings is tied to mental health issues
  - Mental illness
  - Chemical dependency
- Many factors in treatment of mental illness
  - Funding and staffing
  - Regulations
  - Interaction with law enforcement
- Focus on contributing factors

Agenda

- Statewide, public policy focus
  - Prosecution of violent offenders in health care settings
  - Adequate funding for mental health & chemical dependency services
  - Improving access to services
- Local work with law enforcement focused on a single group of aggressive patients
  - Coordination with law enforcement
  - Improving continuity of care in jail settings

Progress is being made:

- Identified by hospitals as a top community need. Broad MHA member support.
- Great partnerships with NAMI, DHS and Mental Health Legislative Network.

**MHA strategy: To Be For Something!**

- $48 million to increase access to mental and behavioral health services
  (e.g., child residential treatment, crisis teams, 10-15 additional beds at AMRTC, behavioral health homes and start of "protected transportation")
- Increased inpatient hospital payments to offset projected mental health rate cuts from rebasing
Progress is being made:
2016 legislative efforts to expand Access to Mental Services

- Passed legislation to fund and position Minnesota to become one of eight states to participate in the federal pilot project to create Certified Community Behavioral Health Clinics as part of the Excellence in Mental Health Act.
  - $188,000 in FY 2017 and $6.4 million in FY 2018-19. Goal is to provide more intensive "upstream" services for patients with mental illness and substance abuse disorders.

- Passed legislation for new state funding to more fully staff the Community Behavioral Health Hospitals.
  - $19.815 million in FY 2017 and $547 million in FY 2018-19. Full staffing for 6 locations, which have been operating at about a 10-bed capacity even though they were built to serve 16 patients each.

- Passed legislation which expands competency restoration services for patients. Goal of increased bed availability at Anoka Metro Regional Treatment Center.
  - St. Peter CBHH becomes the location for new competency restoration services. Moves approximately 20 people out of AMRTC and 10 people out of St. Peter Security Hospital. Adds potential for new capacity.

MHA’s PAD study (Study released August 2016)

- Potentially Avoidable Days — mental and behavioral health patients admitted in a community hospital inpatient unit — could have been more appropriately cared for in a different treatment setting.
  - 20 hospitals participated, 19% of bed days were considered avoidable. Translates into 48,000 potentially avoidable days per year, for just these 20 hospitals.
    - 14% due to lack of CBHH beds
    - 11% due to lack of chemical dependency treatment beds
    - 10% due to lack of IRITS beds
    - 8% due to delay of patient’s legal proceedings
    - 7% due to a lack of beds at the Anoka metro RTC.

- Next steps:
  - Include additional hospitals
  - Map out volume of and location of where services are needed

2017 Legislative Update

- Neither the House nor Senate H&HS bills (SF 800) fund the DHS request of $44 million for FY 2018-2019.
  - DHS states they will need to reduce 300 FTEs across DHS, with 210 FTEs from Direct Care & Treatment.

- Both H&HS bills include MHA’s efforts to create mental health innovation grants — advancing collaborative projects with counties, hospitals and community mental health centers.
  - Not the original desired goal of repurposing the county share money for stays at Anoka or the CBHHS that do not meet the hospital level of care criteria.
  - House bill: One time grant allocation of $4 million.
  - Senate bill: $4.1 million for this biennium, $5.1 billion for the 2020-21 biennium, and added to base spending.
  - MN Association of Counties was initially reluctant to partner with MHA.
    1. Aspirational vs. pragmatic
    2. "The mental health authority"

Other mental health funding items

- Senate H&HS bill:
  - Children’s mental health collaborative: $1.2 million

- House H&HS bill:
  - Suicide prevention grants: $657,000
  - Mental health grants: $6 million
  - School linked mental health grants: $4.1 million
  - First Psychotic Episode: $1.5 million
  - Chemical dependency provider rate increase: $7.2 million
Bonding efforts
This is a big deal!

- Personal commitment by Senator David Senjem (R-Rochester). Working on 2 initiatives:
  - SF 2159, heard and laid over for possible inclusion in the bonding bill. Includes:
    - Authorizes housing infrastructure bonds. Implemented by Housing Agency authority.
    - Bonds to be used for permanent supportive housing for people with mental health needs.
    - Up to $50 million allocated.
  - Two Regional Behavioral Health Crisis program facilities authorized. Heard and laid over for possible inclusion in the bonding bill.
    - Bond applicant to be the local mental health authority (Counties)
    - Screen and assess patients at these locations.
    - Up to $30 million allocated.

Public Safety bill

- HF 1481 included in the House version (not the Senate version) of the Omnibus Public Safety bill. (SF 803)
  - Bill eliminates the word “emergency” describing medical personnel.
  - Clarifies that it is a gross misdemeanor to physically harm medical personnel.
  - This applies to any location in a hospital and not just the emergency department.
  - Adds a felony conviction possibility for two actions:
    - If the physical assault inflicts demonstrable bodily harm; or
    - If there is intentional throwing or transfer of bodily fluids or feces.
  - The guilty individual may be sentenced to imprisonment for not more than three years, or to pay a fine of not more than $6,000, or both.
  - Language is supported by the Minnesota Nurses Association.

Intensive Outpatient Treatment Bill

- HF 1139 (Kiell)/SF 836 (Kiffmeyer). The bill calls for assisted outpatient mental health treatment with mandatory weekly patient reporting to treatment provider under court-ordered treatment. Failure to comply, requires hospitalization.
- Was heard in both the House and Senate H&H Committees.
- Did not advance in House Public Safety or Senate Judiciary Committee.
- MHA testified with concerns regarding mandatory hospitalizations for non-compliance with an outpatient treatment program. Simply do NOT have the inpatient capacity and not the best use of limited resources.
- Strongly opposed by NAMI.

Finding the Right Balance
### Work Plan Priorities

1. Document State/Federal laws, administrative rules and payment rules/regulations
2. Develop community standards around **definitions**
3. Identify, develop and disseminate **training** tools
4. Provide model templates for communities to create **regional coalitions** and protocols

### Law Enforcement and Healthcare Scenarios

1. Law enforcement brings patient and person involved in law enforcement to the E.R.
2. Juvenile goes to the ED and it’s determined child protection is needed
3. Person is brought to hospital by law enforcement for behavioral health/chemical dependency issue
4. Collection of evidence requiring medical intervention
5. Use of law enforcement body cameras in healthcare facilities
6. Dismissing concerns/questions raised by care providers
7. Transfer of information and patient between ambulance services and law enforcement
Polling Question from March QPS Webinar

- Do you have a security officer or security department at your hospital?
  1.A. Yes - 48% (11)
  2.B. No - 52% (12)

- Does your hospital or system routinely visit and collaborate with local law enforcement?
  1.A. Yes - 83% (25)
  2.B. No - 17% (5)

Community Mental Health Focus

Improving the care and management of individuals who are mentally ill and prone to aggressive &/or violent behavior across care settings.

AGENDA

- Brief review of past meetings
- Review “Bunts” brought forward in 2016
- Report Out – Work of Sub Group
  - Operational Initiatives
  - Community Mental Health Crisis System
  - Status Update: “Jail Medicine”
- What Next?

Past Meetings - Engagement Partners

- Law Enforcement
  - Area police departments
  - Stearns & Benton County Sheriffs/Jails
- Public Health and Human Services from Stearns & Benton Counties
- CentraCare Health
  - Senior leadership
  - Behavioral Health Leaders
- Payers
Population Focused on by Project

- Mentally ill persons who tend towards violent, aggressive or suicidal behavior.
- Disabled & with inadequate supports.
- High utilizers of services
  - Recurrent Emergency Room visits
  - Recurring welfare calls by police
  - Incarcerated with mental health issues at the core of their behaviors and/or status.

Past Meetings - Response Overview

- We recognize that:
  - The system as it is now is not adequate for patients, inmates or those who care for them
  - We have limited impact on the state and national situations
  - These individuals are a shared responsibility & opportunity for all of us
  - By working together, we can do better.

REVIEW:
WHAT CAN CENTRACARE BRING TO THE TABLE?

There is much to be done, but we need some early victories to build momentum and give us a winning track record. We call these “bunts.”

CentraCare “Bunt #1”

- Provide more training and support to area law enforcement to help them deal more effectively with aggressive/violent mentally ill patients/inmates/citizens
  - Training
  - Telemedicine consult services &/or assistance with vendor
  - Training/implementation and support for new suicide screening tool that CCH is using
  - (Community paramedics for behavioral health)
  - Assist with protocols for law enforcement dealing with mental health issues and protocols
CentraCare “Bunt #2”

- Managing transition from incarceration to community
  - Work with County Public Health & Social Services, to deploy/support staff to follow those discharged from jail (about 35 per year in Stearns) with care plans for mental illness.
  - Mental health trained social worker/CHW for specialized population.
  - Similar in function to Community Health Worker
  - Could be Community Paramedics

CentraCare “Bunt #3+”

- Develop and implement program to supply prescriptions to low income, mentally ill persons that does NOT require a visit to the ER for a drug supply.
  - Refer to primary care
  - Financial assistance for low income uninsured
  - Assistance for enrollment in appropriate health care insurance programs
  - Shift management of mentally ill persons to managed care/primary care to improve access
  - Deploy practitioners at the top of their license

CentraCare “Bunt #4”

- Provision of medical care for patients who should be or are incarcerated.
  - What would it take to make this work?
  - How could services be provided?
  - What services could be provided?

WHERE ARE WE NOW?
<table>
<thead>
<tr>
<th><strong>CentraCare &amp; Community “Bunts”</strong></th>
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<tbody>
<tr>
<td>▪ Real time coordination of Law Enforcement and St. Cloud Hospital Behavioral Access Consultants (3 Teams Implemented)</td>
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<tr>
<td>▪ Transfer Protocols between Central Minnesota Mental Health and Hospital Emergency Trauma Center</td>
</tr>
<tr>
<td>▪ Paynesville Hospital Emergency Trauma Center Tele-Behavioral Health (Pilot completed)</td>
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<tr>
<td>▪ 24/7 Behavioral Access Consultants (Implemented)</td>
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<td>▪ Opened October 2016</td>
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<tr>
<td>▪ Multi-Disciplinary Child Abuse Investigation and Services</td>
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<tr>
<td>▪ St. Cloud Hospital Emergency Trauma Center protocols</td>
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<tr>
<td>▪ Juvenile Sex Trafficking</td>
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<td>▪ Foster Care Physicals</td>
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<tr>
<td>▪ Central Minnesota Mobile Crisis and Crisis Stabilization Coordination with St. Cloud Hospital Emergency Trauma Center.</td>
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<tr>
<td>▪ Hospital In-Reach Service implemented</td>
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<td>▪ Additional Central Minnesota Children’s Response Initiative Worker implemented</td>
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<td>▪ Hearth Connection pilot in process for homeless people with serious mental illness</td>
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<th><strong>Next Steps</strong></th>
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<tr>
<td>▪ Information Sharing and Care for High Utilizers of Law Enforcement Resources – In progress</td>
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<td>▪ Community ACE’s Training</td>
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<td>▪ Over 30 CentraCare and Community Staff completed “Train the Trainer” ACE Interface Certification Training</td>
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<tr>
<td>▪ Mental Health Urgency/Triage Center</td>
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<td>▪ Legislation currently proposed</td>
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Workgroup Members

- Renee Fraudendienst – Director of Public Health – Stearns County
- Sandy Shoberg – Mental Health Supervisor – Benton County
- Chief Dave Bentrud – Waite Park Police Department
- Dr. Rick Lee, PhD – Executive Director – Central Minnesota Mental Health Center
- Commander James Steve – St. Cloud Police Department
- Diane Buschena-Brenna – Section Director Emergency Services – CentraCare
- Dave Hartford – Section Director Behavioral Health Services – CentraCare
- Kelly Wurdelman – RN – CentraCare
- Julie Ellis – Human Services – Stearns County
- Jennifer Rocheleau-Dorholt, PsyD – Central Minnesota Mental Health Center

COMPLEX CARE SERVICE AND JAIL MEDICINE

Who are we serving?

- Top 1%-3% of Medically complex patients
- Co-morbid conditions of chronic disease and mental health issues with high ED/inpatient utilization
- Incarcerated in the jail system with complex or acute healthcare needs

Goals

- Ensure base jail medicine services are available to Benton and Stearns Counties to meet regulations
- Improve services provided to inmates at Benton and Stearns County jails
- Improve sharing of data between the jails and CentraCare Health
- Decrease recidivism rates in the jails
### Phase 1 inclusions other than staffing

- Implement Epic as the electronic medical record in the jail on day one
- Develop infrastructure for Jail Medicine support by the Complex Care Clinic
- Have the Complex Care Clinic assigned to released inmates for follow up as needed

### Phase 2 Service Improvements

- Improve ETOH Protocols
- Expand Medical Services as desired
- Improve Mental Health services within the jails as desired
  - With either in person service or virtual medicine
- Improve addiction/substance abuse services within the jails as desired
  - With either in person service or virtual medicine

### Phase 2 Service Improvements

- Integrate Lab/Radiology with CentraCare if appropriate
- Determine if current medication supply process could go to CentraCare also
- Work together to improve other services as needed

### Financials

- Phase 1 contract payments to CentraCare will remain unchanged from what Benton and Stearns Counties pay their current healthcare provider
- Phase 2 program enhancements may require adjustments to contract payments as new services are approved by each county-open for discussion
Outcome Measures

- Decrease avoidable ER visits
- Improve recidivism rates at jails
- Meet needs set out in MN 2911 Rules
- Meet requirements regarding required policy, procedures and protocols.
- Provide Annual Health Inspection for facilities

Summary

- CentraCare will launch Jail Medicine services on July 1, 2017. Earlier if staffing is in place
- Phase 1 will provide improvements with Epic implementation and 24/7 call center support and BAS support
- Phase 2 enhancements within year one to include more addiction medicine services
- Outcomes measures to be co-defined and reviewed collaboratively to assess opportunities for improvement
- Steering team to continue to meet regularly to oversee and improve program

Next Steps

- Assure this plan meets county needs
- Assure all stakeholder informed
- Enter into agreement
- CentraCare to begin hiring processes
- Counties inform CentraCare if find anything missing
- Make necessary changes to meet goals

Questions and discussion