

SCCBI
JOINT POWERS BOARD MEETING
October 21, 2016

Present: Kathy Werner, Tom Henderson, Sue Rynda, Jamie Grohman, Mark Shaw, Vicki Stock, Angie Youngerberg, Joan Tesdahl, Naomi Ochsendorf, Phil Claussen

Others Present: Noelle Bruender, Amy Haas, Wade Brost, Dr. Steven Pratt (via conference phone)

The meeting was called to order.

Introductions were made.

Action Items:

Approval of the Minutes – Joan Tesdahl made a motion to approve the minutes of September 16, 2016. Sue Rynda seconded the motion and all members were in favor.

Approval of Agenda – Sue Rynda made a motion to approve the agenda for today’s meeting. Joan Tesdahl seconded the motion.

The following items were added to today’s agenda:

1. Fall Conference
2. Bridges Rental Assistance Application

All members were in favor of the modified agenda.

Public Comment – None

RMT Report: Amy Haas reported the following:

- MHIS report was presented by Faye Bernstein, the new reporting requirement for case management will begin July 1, 2017
- Housing – A needs assessment will be sent to local case managers to complete
- In the near future Blossom Hill will no longer be able to accept CADI funding, which will be fully in effect as of 2018. Therefore, most of their consumers will need to find other housing options.
- IRTS is currently over budget for 2016
- House of Lights is having transportation reimbursement issues. Brown County will assist with that.
- Canvas Health – Started crisis line services 10/12/16, no change to the phone number.
- Clubhouse reports are due on November 1, 2016 – reporting on goals and purposes
- Mobile Crisis - willing to pay stipend, but not mileage. This will be reviewed at the next meeting.
- The Retreat is scheduled for November 9, 2016, at Gustavus

Discussion on “Does Not Meet Criteria”: Wade Brost, DHS Executive Director of Mental Health, Substance Abuse Treatment and Direct Care and Treatment, appeared in person. Dr. Steven Pratt, DHS Medical Director, appeared via conference phone.

“Does not meet criteria”, was described by Dr. Pratt as a patient who no longer needs hospital level of care and does not require inpatient psychiatric treatment.

The hospital will sometimes claim that the patient does not meet criteria, but will not discharge. The client has the right to submit a formal appeal on the DNMC standpoint of the hospital. The counties do not have a formal way to appeal decisions on “does not meet criteria”, shifting the \$1,800 per day stay of the patient to the county of origination.

Dr. Pratt gave some history of the Anoka Hospital. DHS moved to a model of acute care 10 years ago. This made changes to the level of care provided. At that time, long term high level care was lost. Therefore, gaps and serious flaws in the system have occurred. Also missing is a level of residential care, longer term care. IRTS provides a higher level of care, but is time limited. There is now a gap between IRTS care and hospital level of care, which no one provides.

Wade Brost would like to implement the following:

1. Data – Create data information for counties
 - a. What services were utilized?
 - b. How many patients?
 - c. How many days?
 - d. What is the total cost to counties?
2. Best Practices – The Governor’s Mental Health Task Force/Kitchen Cabinet is working on Best Practices
3. Return Services – DHS does not have a way to track re-admittance to other community and state facilities.

Wade Brost is trying to change the culture at AMRTC as to working with county case management. Hope to work together to find placement for the patient.

The county case managers should be participating in their consumer’s program at AMRTC. If the county case manager is not active in the case while the consumer is at AMRTC, Wade Brost will contact the county director.

Dr. Pratt is developing a letter that says what they anticipate from the hospital perspective of the care that will be given to the patient during their stay at AMRTC. The letter will be sent to the county case manager and the county director as well as the letter regarding does not meet criteria (DNMC).

Communication has been a problem and needs improvement between AMRTC and the Counties.

Admission – The central preadmission staff is to find out who the county contact person is and connect with them.

Discharge – Wade Brost will ask Dr. Pratt to put together criteria of discharge information and distribute to counties.

Operational Policy for Treatment Plan – AMRTC’s operations policy was discussed.

Transition to Community Program – More beds and more services are needed in the system. Service needs are flow and bed capacity.

CBHH’s – Can the CBHH’s that are closing be considered to turn into non-Rule20 operations in order to fill the gaps? The Rochester CBHH was discussed in particular.

Wade Brost said that he agreed to have a CBHH staff person return to the JPB meetings on a regular basis.

Regional MH Updates:

- Eide Bailly – The performance reviews of the Initiative counties were presented. Currently, only ½ of the funding allotted for Eide Bailly has been spent.

Tom Henderson made a motion to permit Eide Bailly to continue with audits of Horizon Homes and the three psych clinics. Phil Claussen seconded the motion and all members were in favor.

- Crisis Center Grant Proposal – A draft form document was presented. The amount of \$600,000 goes to the operations of the crisis center, the crisis line and urgent care psychiatry. The breakdown of these funds were discussed.

Sue Rynda made a motion to approve the crisis grant proposal. Vicki Stock seconded the motion. All members were in favor.

Mobile Budget: Discussion regarding \$200,000 of underspending, \$50,000 of which is earmarked for psychiatry. New Ulm Medical Center has expressed interest in providing urgent care psychiatry in the future. James or Mark will be the negotiators.

AMHI Budget: The 2017/2018 budget was reviewed.

Tom Henderson made a motion to approve the 2017/2018 budget with a change of \$30,657 being allocated from the crisis grant for urgent care psychiatry. Kathy Werner seconded the motion and all members were in favor.

Psychiatric Allocation: The psychiatric allocation was discussed. The numbers after 2nd quarter were used to predict the actuals for 2016.

- There is room to grow in urgent care funding, but not in the general fund
- The psych allocation actuals should be \$743,604 at this time
- The sites are using the number of staff they expect to have in 2017, versus actuals, causing sites to overestimate and underperform each year.
- There are 11,175 slots at \$66.54 per slot
- Discussed need for urgent care and availability to fund in this area. Discussed options for this.

Kathy Werner made a motion to keep the psych formula the same in 2017 as it is in 2016. Joan Tesdahl seconded the motion and all member were in favor.

PIP: The implementation of a performance improvement plan was considered.

Phil Claussen made a motion to enter into a PIP process such as underperformance and urgent care productivity. Tom Henderson seconded the motion and all members were in favor.

Fall Conference: The conference welcomed 255 attendees. The conference cost was \$17,786.51 with a projected revenue of \$15,939.00. The audience gave suggested topics for next year's conference. Also discussed how to break even with the conference in the future.

Bridges Rental Assistance Application: The application is through the Minnesota Housing Finance Agency (MHFA). Rice County is pursuing this agreement. This is a funding gap for people who have immediate housing needs.

Informational: Mark Shaw and Brian Buhmann attended a meeting at Hiawatha Bluffs in Winona. This is a living facility for people with serious mental illness who are in need of a stable living community. There was a discussion of how to build facilities like this in the local region. The housing needs survey will provide more information related to housing needs.

Adjourn: Joan Tesdahl made a motion to adjourn. Naomi Ochsendorf seconded the motion and all members were in favor.