

**SCCBI
JOINT POWERS BOARD MEETING**

November 17, 2017

Present: Kathy Werner, Angie Youngerberg, Tom Henderson, Mark Shaw, John Glisczinski, Sue Rynda, Phil Claussen, Joan Tesdahl, Brian Buhmann, Naomi Ochsendorf

Others Present: Jamie Grohman, Amy Haas, Noelle Bruender

The meeting was called to order.

Approval of the Minutes – Brian Buhmann made a motion to approve the minutes of October 20, 2017. Naomi Ochsendorf 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. Tom Henderson seconded the motion.

Additions made to the agenda include:

- Add the RMT report – Amy Haas
- LSS opening adolescent mental health treatment center in St. Peter – Joan Tesdahl

All members were in favor.

Public Comment – None

DHS Update – Jen McNertney sent a report of the following:

- Interviewing is occurring for the regional consultant position that Faye Bernstein held
- DHS has hired Amanda Calmbacher in the Innovation Grant position
- An RFP for the innovation grant should be released by year end

RMT Update – Amy Haas reported the following:

- In order to hold a Peer Specialist training, a minimum of 14 participants are needed. The cost is over \$2,000 per person. The Initiative will forego the training at this time unless there are employers invested in hiring to follow.
- The RMT watched the Yellow Line Project video with good reviews
- The Pharmacist, Patrick Smith, who spoke at the brown bag lunch received high reviews
- 34 consumers have asked to give their testimonies at the Stakeholders meetings. Amy is trying to find other avenues to allow them all to speak.
- Retreat recap:
 - Reviewed accomplishments
 - Set goals for next year:
 - Person centeredness
 - Better communication between State and County
 - Crisis Services structure
 - Budget recommendations
 - Use of technology

AMHI and Crisis Grant Vendor Reports – The vendor expenses for October were reviewed.

Brian Buhmann made a motion to approve the vendor reports for October, 2017. John Glisczinski seconded the motion and all members were in favor.

Verizon Wireless Center Contract – The contract pertains to reservations at the Verizon Wireless Center meeting rooms for the 2018 Stakeholders meeting being held on April 18 and September 5.

Attorney, Ann Goering, was asked to review the contract. She has yet to respond. It was suggested to have the County Attorney review the contract before the next JPB meeting as an Attorney should review contracts before the JPB approves them/signs off on them.

In order for the contracts to carry the name of the SCCBI, a tax ID number and a vendor number needs to be applied for and established. This is a step for the JPB to become “the entity”.

Brian Buhmann made a motion to pursue securing the tax ID # and vendor #. This is contingent if there’s any issues from the side of the Fiscal Host. If so, the matter will be brought back to the JPB for discussion. Phil Claussen seconded the motion and all members were in favor.

The Verizon Wireless Center contract was tabled until December 15th.

Crisis Grant providing Mobile Crisis Services – The mobile crisis grant will see a cut of 21%, (\$178,000). A priority setting discussion was held as follows:

SCCBI JPB Crisis Services Discussion, November 2017

Strengths Noted:

Horizon Homes is a well-marketed, visible presence in our communities, available 24/7. They are one of our larger mental health employers, with qualified staff. We have a current system in place, and have maintained, one contact number for crisis services. Horizon Homes has been an acting regional resource. We have been able to institute Urgent Care, particularly in the area of Children’s Mental Health, where we don’t have any service of this nature.

Weaknesses Noted:

Due to the size of our region, response time is delayed. With the structure as it currently stands, staff cannot multitask, and must spend down time sitting and waiting for a call to come in. The crisis programs are structured in silos, as is the supervisory structure. There is an inequitable response regionally. Emergency Departments and Law Enforcement are not in the practice of utilizing the service. Engagement of the service is not optimal. There is not a seamless transition throughout all crisis services (crisis line to crisis center, for example). The communication structure between parties needs improvement. The crisis committee is not performing the necessary functions. We have been managing from a level of what is mandated by DHS, not by what is best for our region.

Threats/Areas of Vulnerability

Our resources are limited, financially, and there are increasing expectations (paperwork requirements, for example). We are experiencing constant changes with DHS regarding policies, and policy limitations. DHS supports the silo structure in licensing, which limits are vision for ideal service structure and provision of services, making it challenging for us to see services from a first person perspective. Stigma plays a role in accessing crisis services. We are not tracking untreated time (similar to the tracking of untreated bed days/hours in other crisis services). This is the time from initial contact to appropriate service level provision.

Opportunities

We have the opportunity to follow up with DHS with a structural proposal that reduces the red tape and blends best practices into its model. The integration of services structure cross trains staff and increases efficiencies across the spectrum of crisis services. We have interest with Law Enforcement at this time, with the opportunity to enhance our relationship with both the Emergency Departments and Law Enforcement. We can support training for people who are working in these fields. We have the Yellow Line Project within our region, and can build upon its philosophies and interest in expansion. We are looking at ways to intervene sooner and faster, including the use of technology. Mobile Crisis services provided via telepresence is an MA

billable service. We are working toward an improved communication structure, from the provider level up through DHS.

The Future of Crisis Services

Top Must-Haves in the new model

- Consistency-streamlined standards of practice, documents, and access to services. There is no wrong door.
- Prioritization of Service Provision-Our provider must be able to triage and place priority on emergencies and emergency service providers.
- Fully utilized crisis services-We need to fully utilize the staff that provide crisis services, and gather data to support this (do it and prove it), to support its further development.
- We need to maintain our structure of the DHS/JPB relationship, and allow our vendor to be a service provider, in which we support in working toward ideal service provision.

Quarterly Budget Reports – AMHI Base and Crisis \$600K – The quarter 3 budget was reviewed. The AMHI grant this year is expected to be 97% spent by year end. Underspending will carry into 2018.

The Crisis Grant projection for year-end spending is at 86%. This leaves an anticipated amount of \$84,488 underspent for 2017.

Crisis Underspending Funding Requests – The 2017 crisis funding requests to the SCCBI were reviewed as follows:

- Freeborn County
 - Clinic staff person - \$5,760 (2018)
 - Clinic Supervisor - \$31,680 (2018)
 - Carelogic User Fees - \$4,320 (roll into rate)
 - Crisis Transportation Expenses – \$3,396
 - Mental Health Center Materials – \$500
 - Clubhouse Materials - \$375
 - Total = \$46,031
- Horizon Homes
 - Mobile Overspending - \$25,000
 - Crisis Residential - \$10,000
 - Program Materials/Trainings - \$2,000
 - Total = \$37,000
- Blue Earth County
 - Fisher Wallace Stimulator - \$15,500
 - Seasonal Affective Disorder Light - \$4,5000
 - Total = \$20,000
- Sioux Trails Mental Health Center
 - DBT Crisis Line for 2018 - \$5,200
 - Clinic Crisis Line for 2018 - \$5,200
 - Total = \$10,000
- SCCBI Regional Telepresence
 - iPad for Regional Manager - \$350
 - Cameras (22 total) – 2,200
 - Total = \$2,550

Pared down expenditures of the above list that will be immediately taken into consideration include:

- Freeborn County
 - Crisis Transportation Expenses – \$3,396
 - Mental Health Center Materials – \$500
 - Clubhouse Materials - \$375Total = \$4,271

- Blue Earth County
 - Fisher Wallace Stimulator - \$15,500
 - Seasonal Affective Disorder Light - \$4,5000Total = \$20,000

- SCCBI Regional Telepresence
 - iPad for Regional Manager - \$350
 - Cameras (22 total) – 2,200Total = \$2,550

Brian Buhmann made a motion to approve the pared down expenditures. Kathy Werner seconded the motion and all members were in favor.

The remaining amount of underspending is anticipated at \$56,667.

Psych Allocation – The 3rd quarter review shows the clinic current usage of their allocations as follows:

- Sioux Trails – 53.19%
- Blue Earth County – 63.09%
- Freeborn County – 59.66%

2018 Psych Formula – The psych formula has 3 recommended changes in 2018:

1. FTE changes within each clinic
2. Slots per hour for MD's to 2 per hour
3. Urgent care percentages adjusted to current actuals for each

The uncompensated care rate will see an increase of 9.21%, \$66.54 to \$72.67.

Anticipated outcomes for the 2018 psych formula include:

- Full utilization of the 2018 psych formula
- Support to clinics with the new data reporting requirements
- A decrease of \$24,372 (4.12%) of urgent care funding in the Crisis Appropriation
- Discontinuation of PIPs

Kathy Werner made a motion to approve the 2018 psych formula and abstain from PIPs in 2018. Joan Tesdahl seconded the motion and all members were in favor with Brian Buhmann abstaining from the vote.

Crisis Services Report for Q3 – The Crisis Center continues to see a high number of referrals.

- At quarter 3 end, the Crisis Center is serving an average of 7.94 people per day. More people could be provided for if single rooms were an option.
- There was a total of 316 admits in 3rd quarter
- The Crisis Line 2017 call statistics:

- Mental Health – 807 calls
- Basic Needs – 119 calls
- Suicide – 98 calls
- Relationships – 56 calls
- Medical – 46 calls
- Rapid Access Psychiatry (Urgent Care) – The demographics of urgent care users are 86% Caucasian, 58% female and majority of users at 18 – 39 years old.

Fall Conference Outcomes – The fall conference was very well received. The budget was as follows:

- Expenditures - \$20,285
- Revenues - \$17,850
- Outcomes – approximately \$9.37 per person in grant funding paid for 260 CEU's for professionals who attended

Leo A Hoffman Center – Joan Tesdahl reported that the adolescent mental health treatment center is planning for a 16-bed facility in St. Peter.

Adjourn.