Implementing a Multi-System Approach to Mental Health

Association of Minnesota Counties Annual Conference
December 6, 2016
Role of Public Health

Renee Frauendienst, Stearns County Human Services-
Public Health Division Director

December 6, 2016
Agenda

I. Role of Public Health - Renee Frauendienst, Stearns County Human Services-Public Health Division Director

II. Implications for Counties - Mark Sizer, Stearns County Human Services Administrator

III. Impacts to the Court and Solutions - Judge Kris Davick-Halfen, Seventh Judicial District Court

IV. Mental Health - A Community Provider Perspective - David Hartford, CentraCare

V. Key issues to consider

VI. Questions
Two Roles for Public Health

• Planning

• Connecting
Background Information

• Chapter 145A requires comprehensive community assessment by all Community Health Boards

• Every 5 years

• Includes
  • Data review
  • Community input
Community Health Improvement Plan (CHIP)

- Based on assessment need to develop:
  - Top 10 priorities
    - Community Health Assessment
    - Community Input
    - Other resources in community
  - CHIP
    - Includes supporting data
    - Strategies
    - Time lines
    - Possible other partners
    - Outcomes/measurements
Planning Process

1. Assessment
2. Plan development
3. Plan Implementation
4. Monitoring of Plan
5. Evaluation of Plan
Current cycle

- Continues from 2015-2019

- In Minnesota:
  - Mental Health as a priority
Mental Health High Priority

Minneapolis’s Most Important Community Health Issues

In Spring 2015, Minnesota’s 48 community health boards (CHBs) identified the 10 most important community health issues in their CHBs, based on their community health assessment. A community health assessment provides the foundation for improving and promoting the health of the community; it identifies and describes: (1) the health status of the community, (2) the factors that contribute to health challenges, and (3) existing community assets and resources that the community can mobilize to improve the health status of its residents.

REGIONAL HEALTH ISSUES
Community health issues most frequently identified as most important in each region

- NORTHWEST: Obesity
- WEST CENTRAL (tied): Chronic disease, Parenting-family systems, Access to mental health services, Income/poverty
- CENTRAL: Mental health/wellbeing
- METRO: Mental health/wellbeing
- SOUTHEAST: Mental health/wellbeing
- SOUTH CENTRAL: Obesity

STATEWIDE HEALTH ISSUES
Community health issues most frequently identified as most important by Minnesota’s 48 CHBs

- Obesity: 40
- Mental health/wellbeing: 37
- Chronic disease: 28
- Physical activity: 26
- Alcohol: 21
- Parenting-family systems: 20
- Tobacco and secondhand smoke: 19
- Income/poverty: 18
- Eating habits: 17
- Access to mental health services: 17

More information: MDH Health Partnerships Division, Public Health Practice Section | www.health.state.mn.us/phap | 651-201-3880
Collaboration

• Also requirement for non-profit hospitals to complete a community needs assessment and develop an action plan

• Provides unique opportunity to establish partnerships and develop coordinated priorities in the community
Convener

- Neutral
- Bringing people together
- Skilled in community organizing
Implications for Counties

Mark Sizer, Stearns County Human Services Administrator
December 6, 2016
Mental Health and Cost Shifts

- Community Behavioral Health Hospitals (CBHH) – MN Statute 246.54: 100% of each day when the facility determines it is clinically appropriate for the client to be discharged. This is a new cost shift to counties. Based on the last three years of CBHH costs that would meet this criteria our average would have been $659/day.

- MN Security Hospital – MN Statute 246.54: Counties pay 10% of the daily cost at Saint Peter

- Forensic Nursing Home – MN Statute 246.54: Counties have paid 10% of daily cost.

- Competency Restoration Program (Inpatient):
  - 20% for each day client is in need of restoration services
  - 50% for each day once examiner determines the client no longer needs restoration services
  - 100% for each day once charges have been resolved or dropped
Mental Health and Cost Shifts

• Anoka-Metro Regional Treatment Center (MN Statute 246.54)

1) Zero percent for the first 30 days;

2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate for the client;

3) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged.
## Case Examples of Anoka Metro Regional Treatment Center (AMRTC) Stay

<table>
<thead>
<tr>
<th>Client A:</th>
<th>Client B:</th>
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</thead>
<tbody>
<tr>
<td>Entered AMRTC 9/2014</td>
<td>Entered AMRTC 9/20/2014</td>
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<tr>
<td>No longer met criteria 10/10/2014</td>
<td>No longer met criteria 10/14/2014</td>
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<tr>
<td>Placed in corporate foster care 3/13/2016</td>
<td>Placed in corporate foster care 8/25/2015</td>
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<td>82 days in 2014</td>
<td>78 days in 2014</td>
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<td>365 days in 2015</td>
<td>238 days in 2015</td>
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<td>73 days in 2016</td>
<td>316 Total Days</td>
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<td>520 Total Days</td>
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<td>Total Cost for Placement at AMRTC at $1,309/day</td>
<td>Total Cost for Placement at AMRTC at $1,309/day</td>
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<tr>
<td>$680,680</td>
<td>$413,644</td>
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</tbody>
</table>

Total cost for placement of 2 clients = $1,094,324
## Increased Costs for Civil Commitments

<table>
<thead>
<tr>
<th>Years</th>
<th>Actual Dollars Expended</th>
<th>Increased Expenditures Per Year</th>
</tr>
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<tbody>
<tr>
<td>2013</td>
<td>$443,087</td>
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<tr>
<td>2014</td>
<td>$997,072</td>
<td>$553,984</td>
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<tr>
<td>2015</td>
<td>$1,615,492</td>
<td>$618,421</td>
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<tr>
<td>2016–Budgeted Amount</td>
<td>$1,400,000</td>
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<tr>
<td>2016–Spent through 11/30/16</td>
<td>$1,887,111</td>
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At the current rate, it is anticipated the total 2016 projected costs will meet or exceed $2,249,400* which would be an increase of $633,908 from 2015. The cost has increased more than a half million dollars each year for the past few years. DHS Bulletin #16-77-01 announced effective 7/1/16 AMRTC rates increased from $1,309/day to $1,375/day.
Increase Anoka Metro Regional Treatment Center (AMRTC)

*DHS Bulletin #16-77-01 announced effective 7/1/16 AMRTC rates increased from $1,309/day to $1,375/day
Jail Numbers

• 1st Quarter of 2016 Jail medical had:
  • 3202 Inmate encounters
  • 163 Chemical withdrawal encounters
  • 17 Mental Health Issues addressed by a Doctor
  • 185 Inmates required mental health services.
  • 321 Jail days worth of inmates on close observation / suicide watch
This is a snapshot of one day at Stearns County Community Corrections Division:

- There are 1044 Medium to High Risk Offenders (Probation/Supervised Release)
- Of those 1044 offenders, 507 have a verified or known mental illness diagnosis (49%)
- Of the 507 offenders with a mental illness diagnosis, 128 have a verified Serious and Persistent Mental Illness (12%)
Impacts to the Court and Solutions

Judge Kris Davick-Halfen, Seventh Judicial District Court

December 6, 2016
Veterans Services and Mental Health Concerns Committee Members

- Judges
- Administrator of Human Services
- Public Health
- Probation
- Law Enforcement
- Jail
- Prosecutors
- Public Defenders
- VA Representative
- Veterans Service Office
- Central MN Mental Health Center Director
- Court Administration
- Child Protection Supervisor
- County Mental Health Dept. Sup.
- Veterans Mentor
- CentraCare Health Systems
John Doe’s Charges & Commitment Petitions 1989-1993

- **July 12, 1989 Incident**
  Charges: 4 CTs of DWI

- **March 29, 1990 Incident**
  Charge: FEL Terroristic Threats

- **June 10, 1990 Incident**
  Charge: FEL First Degree Burglary

- **February 22, 1992 Incident**
  Charge: FEL Burglary in Third Degree

- **February 26, 1992**
  Commitment – Chemically Dependent - Petition Filed

- **April 22, 1992**
  Commitment – Multiple Types– Petition Filed

- **February 9, 1993**
  Incident
  Charge: FEL Terroristic Threats

- **December 24, 1990**
  Incident
  Charge: FEL Theft
John Doe’s Court Outcomes
1989-1993

July 12, 1989 Incident
MAR. 9, 1990: ALL 4 DWI COUNTS DISMISSED

March 29, 1990 Incident
JAN. 9, 1991: CONVICTED OF FEL Terroristic Threats, SENT. TO 12 MOS. 1 DAY

June 10, 1990 Incident
JAN. 9, 1991: FEL First Degree Burglary DISMISSED

February 26, 1992 Incident
SEPT. 13, 1993: CONVICTED OF FEL Burglary in Third Degree, SENT. TO 18 MOS. STAYED 5 YRS, PAY RESTITUTION
STAY VACATED FURLOUGH TO TX FROM JAIL

April 22, 1992 Incident
APR. 27, 1992: ORDER DISMISSING COMMIT.

February 9, 1993 Incident
APR. 12, 1993: FEL Terroristic Threats DISMISSED
John Doe’s Charges & Commitment Petitions 1994-2002

June 15, 1994 Incident
Charges: 2 CTs of FEL Terroristic Threats, 1 CT of Attempted Terroristic Threats, and 1 CT of 4th Degree Criminal Damage to Property

August 22, 1994 Incident
Commitment - Mentally Ill - Petition Filed

August 22, 1998 Incident
Charges: FEL Terroristic Threats, 5th Degree Assault, and Theft-Property

June 10, 2002 Incident
Charge: MSD Disorderly Conduct

August 4, 1995 Incident
Charges: FEL Theft, GMD Obstruct Legal Process, GMD 5th Deg. Assault

July 2, 1996 Incident
Charge: FEL Assault in the 2nd Degree

October 5, 2002 Incident
Charge: FEL Terroristic Threats, Trespass

June 21, 1996 Incident
Charge: MSD Disorderly Conduct
John Doe’s Court Outcomes
1994-2002

June 15, 1994 Incident
AUG. 8, 1994: CONVICTED OF Attempted Terroristic Threats, OTHERS DISMISSED, SENT. TO 1 YR AND 1 DAY

August 22, 1998 Incident
OCT. 23, 1998: CONVICTED OF FEL Terroristic Threats, OTHER CHARGES DISMISSED, SENT. TO 30 MOS. STAYED FOR 5 YRS, 6 MOS IN JAIL, FEES/FINE, ABSTAIN

August 4, 1995 Incident
AUG. 18, 1995: FEL Theft DISMISSED, CONVICTED ON GMD Obstruct Legal Process & GMD 5th Deg. Assault, SENT. TO 120 DAYS 90 DAYS STAYED 2 YRS AND 90 DAYS 60 DAYS STAYED FOR 1 YR

JUNE 29, 1994: LETTER FROM CTY ATTY DISMISSING, ORDER TERMINATING COMMIT.

July 2, 1996 Incident
AUG. 16, 1996: CONVICTED OF FEL Assault in the 2nd Degree, SENT. TO 24 MOS.

June 10, 2002 Incident
SEPT. 10, 2002: CONVICTED OF MSD Disorderly Conduct, SENT. TO 45 DAYS, 44 DAYS STAYED FOR 1 YR, FEES/FINE

August 22, 1994 Incident
JUNE 29, 1994: LETTER FROM CTY ATTY DISMISSING, ORDER TERMINATING COMMIT.

June 21, 1996 Incident
OCT. 14, 1996: MSD Disorderly Conduct DISMISSED

October 5, 2002 Incident
DEC. 11, 2002: FEL Terroristic Threats, Trespass DISMISSED
John Doe’s Charges & Commitment Petitions 2003-2013

August 3, 2003 Incident
Charge: MSD Disorderly Conduct

May 14, 2006 Incident
Charge: MSD Public Nuisance

July 14, 2006 Incident
Charge: FEL Terroristic Threats, MSD Disorderly Conduct

August 10, 2009 Incident
Charges: 2 CTs of FEL Terroristic Threats, 1 CT Disorderly Conduct

July 12, 2009 Incident
Charge: GMD Criminal Damage to Property

September 25, 2006 Incident
Charge: FEL Terroristic Threats

April 19, 2011
Petition – Mentally Ill & Chemically Dependent Filed

July 4, 2013 Incident
Charges: MSD Theft & MSD Disorderly Conduct
John Doe’s Court Outcomes
2003-2013

August 3, 2003 Incident
SEPT. 15, 2003: MSD Disorderly Conduct DISMISSED

May 14, 2006 Incident
MAY 30, 2006: MSD Public Nuisance DISMISSED

July 14, 2006 Incident
APR. 17, 2008: FEL Terroristic Threats DISMISSED, CONVICTED OF MSD Disorderly Conduct, SENT. TO 90 DAYS CREDIT FOR TIME SERVED

August 10, 2009 Incident
NOV. 1, 2010: CONV. 1 CT TERR. THR., OTHERS DISMISSED, SENT. TO 12 MOS 1 DAY STAY FOR 4 YRS, 47 DAYS JAIL, FEES/FINE, PAY RESTITUTION, ABSTAIN, RANDOM TEST, NO BARS/LIQUOR ST., MED COMPLY, NO THREATS OF VIOL., 3 PVH BEFORE DISCHARGED


July 12, 2009 Incident
NOV. 1, 2010: CONVICTED OF GMD Criminal Damage to Property, SENT. TO 90 DAYS, 43 DAYS STAYED FOR 1 YR, FEES/FINE

July 4, 2013 Incident
JULY 15, 2013: MSD Theft & MSD Disorderly Conduct DISMISSED

September 25, 2006 Incident
JAN. 3, 2007: CONVICTED OF FEL Terroristic Threats, SENT TO 26 MOS., FEES/FINES, CREDIT FOR 100 DAYS
John Doe’s Charges & Commitment Petitions 2014-2016

March 29, 2014
Charge: FEL 4th Degree Assault against Peace Officer Throw Transfer Bodily Fluids or Feces

April 25, 2014
Petition – Mentally Ill & Chemically Dependent Filed

November 3, 2015 Incident
Charges: 2 CTs of Terroristic Threats, GMD Obstructing Legal Process, MSD Disorderly Conduct

November 2, 2016
Order to Apprehend and Hold – Judicial Commitment

June 23, 2016 Incident
Charge: FEL Terroristic Threats – Reckless Disregard Risk

January 14, 2016
Petition – Mentally Ill- Filed
John Doe’s Court Outcomes 2014-2016

March 29, 2014 Incident
- APR. 4, 2014: RULE 20 ORDERED
- APR. 14, 2014: FOUND INCOMPETENT
- JUL. 21, 2014: TREAT TO COMPET. RPT.
- JAN. 20, 2015: TREAT TO COMPET. RPT
- NOV. 4, 2015: FEL 4th Deg. Asslt - DISMISSED

November 3, 2015 Incident
- NOV. 20, 2015: RULE 20 ORDERED
- JAN. 6, 2016: RULE 20 RPT COMPL.
- JAN. 11, 2016: FOUND INCOMPETENT
- FAIL TO APEAR AT MULTIPLE HRGS

April 25, 2014
- MAY 8, 2014: CD & MI COMMIT.
- OCT. 20, 2014: CON’T COMMIT.
- NOV. 17, 2015: TERM. OF JX

November 2, 2016
- NOV. 15, 2016: COMMITTED FOR 6 MOS.

June 23, 2016 Incident
- JULY 28, 2016: RULE 20 ORDERED
- SEPT. 26, 2016: RULE 20 RPT. COMPLETED
- NOV. 2, 2016: FOUND INCOMPETENT, COMMIT. PET. ORDERED/STARTED

January 14, 2016
- FEB. 2, 2016: COMMITTED
- MAY 12, 2016: PROVISIONAL DISCHARGE
Mental Health System in Crisis

Minnesota Hospital Association’s “#1 Priority”

Dave Hartford, MSM, Section Director – Behavioral Health
CentraCare Health Systems

December 6, 2016
<table>
<thead>
<tr>
<th>Adult Mental Health Service</th>
<th>Statewide Capacity</th>
<th>Anoka</th>
<th>BCDW</th>
<th>Carver Scott</th>
<th>Community</th>
<th>CREST</th>
<th>Dakota</th>
<th>Hennepin</th>
<th>NW II</th>
<th>Ramsey-Washington</th>
<th>Region 2</th>
<th>Region 3</th>
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<td>Assertive Community Treatment (ACT)</td>
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<td>Permanent Supportive Housing</td>
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<td>Partial Hospitalization</td>
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<td>Residential Crisis Services</td>
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<td>Adult Rehabilitative MH Services (ARMHS)</td>
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<td>Case Management- MHTCM</td>
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- **Service Meets Demand**
- **Limited Service Availability**
- **No Provider is located in this area**
Mental Health Discharge Delays in Minnesota Hospitals

Results from the Minnesota Hospital Association Mental and Behavioral Health Data Collection Pilot

Rates of Potentially Avoidable Days

Of the 32,520 possible bed days in the 20 participating hospitals, 6,052 were potentially avoidable.

19% of Bed Days were Potentially Avoidable

Top 8 Reasons for Potentially Avoidable Days

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of days</th>
<th>Percent of PADs</th>
</tr>
</thead>
<tbody>
<tr>
<td>State psychiatric hospital bed unavailable at a Community Behavioral Health Hospital (CBHH)</td>
<td>836</td>
<td>14%</td>
</tr>
<tr>
<td>Chemical dependency treatment bed not available</td>
<td>681</td>
<td>11%</td>
</tr>
<tr>
<td>Intensive Residential Treatment Services (IRTS) bed not available</td>
<td>639</td>
<td>10%</td>
</tr>
<tr>
<td>Delay due to patient legal involvement, including civil commitment</td>
<td>476</td>
<td>8%</td>
</tr>
<tr>
<td>State psychiatric hospital bed unavailable at Anoka Metro Regional Treatment Center (AMRTC)</td>
<td>445</td>
<td>7%</td>
</tr>
<tr>
<td>Group home bed not available</td>
<td>424</td>
<td>7%</td>
</tr>
<tr>
<td>Awaiting Community Access for Disability Inclusion (CADI) Waiver approval</td>
<td>343</td>
<td>6%</td>
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<tr>
<td>Waiting for a social service or government agency to identify an IRTS placement</td>
<td>338</td>
<td>6%</td>
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</table>
Two Buckets of Work

Health Care Funding Parity

Local System Improvement
Local Collaborative Projects
(CentraCare Health, Law Enforcement, Community Mental Health, Human Services, Public Health, Criminal Justice)

- Law Enforcement Mental Health Training and Consultation
- Community Care Coordination Protocols
- Child Advocacy Center
- Integrated Mental Health Center/Medical Care Clinic
- Community Paramedic
- Adverse Childhood Experiences (ACE’s) Collaborative
Governor’s Mental Health Task Force
Recommendations

• Creating a comprehensive mental health continuum of care
• Redesigning governance of Minnesota’s mental health system
• Using a cultural lens to reduce mental health disparities
• Developing the mental health workforce
• Achieving parity
Governor’s Mental Health Task Force Recommendations

- Promoting mental health and preventing mental illness
- Achieving housing stability
- Implementing short-term improvements to acute care capacity
- Implementing short-term solutions to improve crisis response
Key Issues to Consider

• CHIP and Action Plans can establish a starting point for communities to begin
• Improved communication between partners
• Triage/Urgent Care Walk-in Services
• Leadership
• Stars are aligning
• Needs to be locally created and managed
Questions?
Contact Information

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• Mark Sizer, Stearns County Human Services Administrator
  Email: mark.sizer@co.stearns.mn.us  Phone: 320 656-6469

• Judge Kris Davick-Halfen, Seventh Judicial District Court
  Email: Kris.Davickhalfen@courts.state.mn.us  Phone: 320 656-3664

• Dave Hartford, MSM, Section Director – Behavioral Health
  Email: David.Hartford@CentraCare.com  Phone: 651 246-8875