

NW8 Adult Mental Health Initiative Board Meeting
Minutes
9:00 am – 12:00 pm * May 10th, 2023
Sanford BH Education Room & Zoom

Invited: Kathy Johnson, Chris Kujava, Julie Sjostrand, Miranda Solem, Shannon Abrahamson, Leon Flack, Brenda Pauley-Colter, Shauna Reitmeier, Nancy Rhen, Dawn Baumgartner, Karen Warmack, Jane Wilka-Pauly, Jason Russell, Victor Obisakin, Renee Sandvick, Randy Beggs, Steffane Prestidge, Karla Langaas, Larry Laudon, Heather Bregier, Julie Hanson, Danielle Jeffrey, Jode Freyholtz-London, Molly Paulsrud, Lynell Popowski, Sheila Fontaine & Denise Gudvangen

Attended: Kathy Johnson, Chris Kujava, Julie Sjostrand, Miranda Solem, Shannon Abrahamson, Leon Flack, Brenda Pauley-Colter, Shauna Reitmeier, Nancy Rhen, Karen Warmack, Jane Wilka-Pauly Victor Obisakin, Renee Sandvick, Randy Beggs, Karla Langaas & Danielle Jeffrey

Agenda Topic	Discussion Points	Actions/Discussion	Whom
Agenda	<ul style="list-style-type: none"> Review and Approve 3.8.2023 minutes & 5.10.2023 agenda. 	Chris made a motion to approve minutes and agenda, Karla seconded, all aye-motion carries.	All
Budget	<ul style="list-style-type: none"> Review 2023 budget 	On track with the budget to date. No real concerns currently.	All
Bridges	<ul style="list-style-type: none"> Bridges funding update 	Through the 5 th of May \$15,000 out of \$29,000 has been spent in Bridges. We will look at this line item when the group meets for the midyear budget review. Shannon will set up a meeting for June to discuss budget. Randy will be out the 13 th -16 th . Shannon will schedule around Randy's vacation. Both Providers, Directors, and Coordinator will meet to review budget and reporting requirements.	Brenda P.
Open Forum	<ul style="list-style-type: none"> Public Open Forum 	No one from the public present	Public
Crisis	<ul style="list-style-type: none"> Review Crisis definition & data Leadership updates Activations & Stabilization services review <p>Crisis definition from contract and rule:</p> <ul style="list-style-type: none"> Provider and Agency agree that the below definitions of mental health crisis/emergency are appropriate for a response by Provider's crisis team. Provider may respond to situations that do not specifically align with either of the below definitions. Each such situation will be evaluated for appropriateness of response. 	<p>Reviewed Crisis definition and received feedback from each Director on how services are going in their county.</p> <p>Marshall County- LEC, SS and Sanford all met and resolved a frequent flyer situation. They were able to resolve a high conflict case working together and collaborating. Sanford and Social Services manager/supervisors worked together to resolve the crisis.</p> <p>Norman County- Nothing to report.</p>	Brenda P Miranda S

	<ul style="list-style-type: none"> • Mental health crisis - a situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function (behavior is in serious deviation of baseline level of functioning), or is otherwise agitated and unable to be calmed (e.g. crying uncontrollably for an extended period of time), and whose current condition is not related to the influence of intoxicating or illicit substances. • Mental health emergency - a life threatening situation in which an individual is imminently threatening harm to self or others, severely disorientated or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control, and whose current condition is not related to the influence of intoxicating or illicit substances. 	<p>Pennington County- meet quarterly with LEC, Social Services and Sanford. They feel they work well together.</p> <p>Roseau County- started receiving a list of Crisis activations which has been very helpful to get the full picture of what is occurring in the county.</p> <p>We need to offer more trainings to staff and community partners about Crisis services.</p> <p>Kittson county- needs more clarification when the Crisis process ends and when it gets transferred to the Case manager.</p> <p>Do we take frequent consumers into consideration when determining whether it is a crisis? When is it considered an emergency/crisis- Kathy would like providers and social services to train staff on how to handle situations that are not a 'true' Crisis.</p> <p>Crisis is a preventative service- If a client is active in services they will review if they are utilizing Crisis- if they are- the provider will do a deep dive on what needs to be done- coordination- working together. Looking to have a community care plan.</p> <p><u>Polk County has a Community Action Team</u>-Karen created a uniform ROI and could share with the other counties to help them implement in their counties. Crisis, SS, PD, Sheriff, Hospital, Corrections, Public Health (?), and Care Coordinator @ Alluma have a standing meeting- to identify people that LE intersects frequently with or are in jail that are released. Crisis clients that have been seen multiple times. What is the care plan for this client if this happens again? Uniform release is prior to the client being in a Crisis. Get all the community players at the table that intersect with the client in the community. Roseau county would be interested in implementing something similar. Pennington county is doing something similar. Smaller counties need to be sensitive to this. Karla wants to be careful about discussing specific cases. She would be fine with high level process conversations. A lot of the times the cases that are discussed are the high acuity and coming from the sheriff or jail as that is public information.</p> <p>We also need to normalize this to reduce the stigma within our communities. If we are scared to discuss mental health the stigma will never go away within our communities.</p>	
--	---	--	--

Different levels- high acuity cases being discussed or high-level discussion on basic cases with no names just examples. Frequent, chronic, public nuisance situations.

Crisis stats:

Alluma 361 calls 171 activations- 48% conversion rate.

Sanford 314 calls 240 activations- 76% conversion rate.

Stabilization- Anyone can be recommended for stabilization. Even if a patient is admitted to inpatient, they can provide stabilization after the stay. Outpatient clients- a majority are recommended stabilization unless they receive another service such as ARMHS or CTSS. The crisis team will call client the next day or business day after seen for crisis services to set up stabilization visits. 1st visit- stabilization plan (5-7 visits) (developing and implementing coping skill strategies at school, in home, and in the community) a lot of their stabilization folks are referred to ARMHS or CTSS services. A warm handoff when they are a client of social services would be helpful.

Leadership updates- Alluma moved to different technology system for their Crisis line and had a glitch in their system which caused several calls not to go through. A level 3 incident report has been filed.

Meeting has been set up with Norman County to start working on a Community action plan

Corrections care coordinator is doing great work. Have seen a total of 280 inmates from Nov 1, 2022- May 1, 2023.

Alluma has decided not to move forward as a call center as it is too much of a lift.

Sanford- Assessed 64 individuals in the jail since they started in December. Probation is happy with them being there as talking about mental health with jail staff has helped significantly.

Social Service, LE, Jail, Sanford & Probation sits on the re-entry team. They are currently meeting monthly.

Workgroups	<ul style="list-style-type: none"> Mobile Crisis Grant Formula workgroup (June/July 2023) <ul style="list-style-type: none"> Kathy Johnson Shauna Reitmeier AMHI Reform workgroup (June/July 2023) <ul style="list-style-type: none"> Need 1-2 Reps from NW8 AMHI Implement formula January 2024 (2025-2026 grant year) Statewide meeting- June 15th 1:00-3:00 	<p>Karla- LOW SS director- was part of the conversation with the railroad to put up 988 information at all railroad crossings in LOW county.</p> <p>AMHI History document- Shannon will update and send out to the group.</p> <p>Kathy and Shauna will sit in on the Crisis grant formula workgroup</p> <p>AMHI reform workgroup- Shauna will advocate on expanding funding to include SMI. Shannon will connect with Brenda/Shaina once more information is released about the reform workgroup. Nancy Rhen will represent the Counties on the reform workgroup and if they allow a 3rd person to sit on the workgroup, Shannon will also be involved.</p>	All
MA Renewal	<ul style="list-style-type: none"> MA Enrollment 	https://mn.gov/dhs/renewmycoverage/ web site for renewal application. June 30 is deadline. Clients to receive a letter informing them to renew.	Shauna/Kathy
Updates	<ul style="list-style-type: none"> Round Robin Update from Attending Agencies <ul style="list-style-type: none"> CBHH Sanford Alluma Life Care Ucare BCBS LAC NWRTCC WITW Medica BH Social Services AMHI Coordinator Coordinator- Statewide meeting- 988 marketing CTL mini grant \$5000, childrens LAC- Directors. Ipad grant- FMAP/ARPA 	<p>Should we take CBHH off? Kathy will call Larry to see if he will join us by Zoom to give updates.</p> <p>There were recently some commitment changes that the judges are concerned about. Miranda will find the information and bring an update to the next meeting.</p> <p>Sanford- Old building is coming down smoothly, they closed CBS group room and won't be back open until October A Developer bought the building and is tearing it down so she has no idea what the future plans are for that spot. They have had success on hiring at the SUD program and staff is currently training at NL. Lots of Providers out on maternity leave and open positions. Med management schedule is good, but therapy has a huge wait list. The parenting group for their diversion parenting program- Love and Logic has been a great success. Marshall County Schools reached out and want to implement in their ECFE program.</p> <p>Alluma- Federal emergency ended May 11th- pushing for more face to face. To help with their waitlist, they are increasing their groups and will start offering standalone Peer services. They are going to move towards Peer services to help alleviate with workforce shortages. Homeless groups have always been grant supported. Hopefully in June will start ARMHS services at the Care and</p>	All

	<p>share to help bring some revenue into the homeless program. It will be ARHMS billable service.</p> <p>SAMSHA grant is ending September 30th- SAMSHA has asked ALLUMA to write up their transition plan and present it to congress. Part of their grant covers employee wellbeing items, Wellbeing apps, store with items, etc.</p> <p>Ada clinic opened- soft week, have not been able to find a professional yet, the receptionist will be running that office. Early childhood will be there once a week. The staff likes having multiple clinic locations. They recently hired a NP that will be coming on board that lives in Crookston.</p> <p>Big push around harm reduction. Mn passed that fentanyl test strips are no longer considered paraphernalia-they have Narcan available... Xylazine will interfere with Narcan so now they are being told to do chest compressions. They did get word from DHS that they will be reentering the CCBHC federal program. SAMSHA has entered the new criteria that they can use evaluations from other providers. This will be implemented in July 2024.</p> <p>LifeCare- not present</p> <p>Ucare- The foundation issued a grant opportunity for 501c3 nonprofits- 93 applications from Mental Health arena. Awards will be announced mid-summer.</p> <p>BCBS-MA enrollment Blue ride is offering rides to the county for renewal purposes. Danielle will email directors the access code for their county.</p> <p>Medica- Pre purchase psych appointments- can be long term relationships throughout the state- Medica members in our area would be telehealth- suboxone. There are not Intensive community-based services in our area. This is a 6–9-month program- patient needs more intensive support. Weekly/Daily/ monthly. The provider identifies individuals that need the service and fax in a referral to Medica. DA is not required- MH dx and someone struggling that could use extra support. Once the first meeting is complete- then they give the provider an auth number. Jane will reach out to the Providers in our area to see if that are interested in this.</p> <p>WITW- They had their Gala last week.. Victor has been offered the Cultural Director position. Have seen an increase in VPSN services. They have a meeting scheduled with DHS to discuss peer services in more depth. September conference in Staples but will have a hybrid option.</p> <p>AMHI Coordinator- We were contacted by the State about our Children's and Adult LAC's. Shannon responded to the State about the Adult but needs to know who to contact about the children. Brenda Dale can give Shannon</p>	
--	--	--

		<p>Maureen H. TVOC contact information to connect with her about the children's LAC as TVOC used to oversee coordinating those meetings.</p> <p>Norman- Has an Adult Mental Health Social Worker position open again.</p> <p>Marshall- no updates</p> <p>Roseau- no updates</p> <p>Pennington- building project is going well. Projected move in date is August 2023.</p>	
Adjourn	<ul style="list-style-type: none"> • Mid-year Budget review meeting: TBD • AMHI Board Meeting: 7.12.2023, 9:00-12:00 Sanford Behavioral Health & Via Zoom 		All