Governor’s Task Force on Mental Health

CRISIS FORMULATION GROUP AGENDA AND BACKGROUND

9/9/16

#4222 in Elmer Anderson Building

540 Cedar Street, Saint Paul, MN

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Time	Topic
3:00	Introductions
3:05	High level feedback and vision for crisis services in MN. “Crisis services need to be able to __________.” “I think the biggest obstacle to better crisis response is ______________.”
3:25	Vision about how the task force might be different in its scope or authority than other efforts. Where does the Task Force have the opportunity to have the greatest, best impact on Crisis Services in the near term?
3:45	Background on prior/current work on Crisis Standards and programming
3:55	Presentation and format for time with full taskforce.
4:00	Adjourn

For information on upcoming meetings, see Task Force website: https://mn.gov/dhs/mental-health-tf/

This document is intended to summarize some of the major developments and reports on mental health crisis response services in Minnesota. The group is not bound by any prior work, but it may be helpful in thinking about next steps.

Prior Workgroups/Recommendations[1]

Rural Health Advisory Committee's Report on Mental Health and Primary Care (2005)

- Promote mental health emergency quality improvement projects in Critical Access Hospitals

Mental Health Acute Care Needs Report (2009)

- Create a single treatment plan across all service categories
- Uniform data practices, including release of information
- Standardized intake for IRTS (Intensive Residential Treatment Services) and ACT (Assertive Community Treatment)
- Expand Crisis Intervention Team (CIT) training for law enforcement and dispatch staff to cover all regions of the state and require that CIT be incorporated into day to day operations.
- Streamline barriers and approvals on weekends and nights for short term alternative service assessment at emergency departments regarding risk level, crisis bed access, funds for temporary housing and medications and on-line access to apply for Medicaid.

Offenders with Mental Illness Report (2015)

Recommendation	**Status**
Sustainable payment rate for mobile crisis	Being addressed in current rate study commissioned by 2015 Legislature.
Require private insurance to include crisis response as a benefit	State defined crisis as a potential emergency service, putting it on similar footing with physical emergency care.
Develop uniform service standards and training.	In process. Stakeholder meetings and planning are taking place at a finer level of detail than the formulation group is likely to operate.
Training and protocols for how mobile teams work with law enforcement and other responders.	On the table as part of the standards redesign process.
Single statewide phone number.	Funded in 2015, will be piloted in metro area first. Available technology has limitations in serving both land lines and cell phones.
GPS assisted dispatch for crisis teams and location monitoring.	On the table as part of the standards redesign process.
Implement evaluation/communication tool (BHMS) to facilitate better communication	

[1] Selected recommendations, based on closest relevancy to crisis services.

between law enforcement and health care providers. Provide training for 911 operators on role of crisis services.	
Clarify statute to indicate crisis teams can be dispatched in addition to law enforcement and/or other responders.	On the table as part of the standards redesign process.
Recommendation	**Status**
Address rate issues for room and board in residential crisis.	Will be examined as part of the rate study process this year.
Create sustainable funding for mental health urgent care services. Consider connecting urgent care to existing resources like detox or hospitals.	
Integrate mental health and crisis de-escalation into required annual "use of force" training. Integrate basic education on mental health into educational coursework required for new officers.	
Develop a Peace Officers Standards and Training (POST) model policy for responding to mental health crisis.	
Establish discharge teams in jails (supports for medication access, housing). Improve county social service collaborations with jails, including faster assessment so that diversions can be done in a timely fashion.	

Current Work

Northwestern Mental Health Center

Task Force member Shauna Reitmeier recently presented to a stakeholder workgroup on crisis standards. The focus was on two collaborative models they have established in a very rural area.

Northwest Mental Health Center has sought agreements between community mental health centers and Critical Access Hospitals (CAH.) These are rural, 25 beds or under. Northwestern provides clinic based service, such as outpatient therapy. Many people are already getting their primary care at a clinic that is a part of the CAH. Both providers and clients benefit from ease of accessing multiple kinds of care from a single site. Better care of mutual clients, and opportunities for joint system engagement. In crisis situations, mental health staff are on site, and can offer consultation.

Alternately, the crisis team can develop a telehealth arrangement. Biggest challenge: telehealth can be tricky to implement, and some hospitals have had negative early experiences. Develop a detailed plan and chart out responsibilities: build predictability into the system wherever possible.

- When does the hospital call? How much lead time is needed to get set up and connected?
- Remote clinicians has access to nurse's station/hospital staff to send them back to the room when done working with client, so the person isn't left isolated.
- MH Professional makes recommendations, physician/attending provider on site makes final determination. This complies with federal regs on emergency medicine. In practice, recommendations are adopted and process is very collaborative.

CentraCare

CentraCare is in process to establish telehealth for psychiatric consultation to the emergency rooms of the smaller hospitals in its system. Mental health staff would be based at St. Cloud. Hiring the needed workforce has been a challenge, especially to get 24/7 coverage. CentraCare participates in a regional planning effort, including law enforcement, county health and human services, and Central Minnesota Mental Health, the local community mental health center. They are exploring further improvements, including urgent care for mental health that would be co-located with physical urgent care.

Hennepin County Medical Center

Call scheduled with Megen Cullen to develop short summary of what they are doing, challenges that still remain.

Other Settings?

Are there are projects and programs that the formulation group would like me to research and report on?