



**Douglas County
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Governor's Task Force on Mental Health
Attention: Susan E. Koch
Susan.E.Koch@state.mn.us

September 21, 2016

Dear Susan E. Koch,

Due to the impending crisis that Douglas County is facing on the local mental health front, we are writing to convey our concerns.

Locally, we have formed and support our multi-disciplinary Community Coalition which is our local response to the mental health crisis. They are seeking new legislation and policy changes at the State level and would like to partner with the State of Minnesota to move forward in solving this mental health crisis.

To discuss ways we can mutually address these issues (please see attached information), please feel free to contact any of the Douglas County Commissioners or County Attorney.

Sincerely,

James Stratton
Douglas County Board Chair

PRESENTED BY:
COMMUNITY COALITION

MENTAL ILLNESS IN DOUGLAS COUNTY

What types of things do we have the patience to wait for in our day to day lives that take 25 minutes or less? A Cup of coffee, lunch from a fast-food restaurant, bank drive through, response on someone's text message or email a few things that we all encounter on a regular basis. You can also expect that within 25 minutes of arriving at the Douglas County Emergency Room while exhibiting symptoms of a heart attack you will be on your way to being administered tests, drugs or meeting with a specialist to reduce or reverse the symptoms of your heart attack before you die. There are doctors, nurses and specialists in place at every hospital to take care of you within those 25 minutes if you are having a heart attack because it is a life threatening medical condition. A person presenting to the ER with heart attack symptoms are a top priority. Medically, culturally, and socially we expect that people having a heart attack are treated quickly. Protocols have been developed by the American Heart Association along with committees internally to make sure response times are quick and fine-tuned to be effective.

What situations and services do we find to be acceptable if we have to wait for 6 hours to maybe days? Approval on loan applications, dry cleaning, cable TV installation, receiving online purchases. In 16 hours you can fly to Australia or the Middle East. This is a typical wait for people that have mental health related problems that need emergent care. These patients, also called consumers," are sitting in our hospitals and law enforcement holding areas waiting to be accepted into a mental health treatment facility. It is apparent that our system does not support fast and efficient service for people experiencing a mental health crisis. Mental health and treatment is being treated as a social problem and not a medical condition in the State of Minnesota.

In 2006 a new model of delivery for diagnoses and treatment for people who were homicidal / suicidal. The State of MN closed the state run facilities in areas such as Fergus Falls, Willmar and Brainerd. These facilities were operating under an "Institutional Model". It does not appear that anyone took into account or attempted to recognize the trends that the system may experience when you start educating police officers, nurses, doctors and mental health evaluators. There were grants for police officers to attend trainings in order to better understand and work with consumers. These classes offered education as to what certain disorders are and what to expect, how to safely de-escalate and defuse mental health crisis situations, focusing on safety for consumers and officers. The response to consumers is focused more on empathy rather than control

Along with a new method of delivery, mental health services, and education to public safety, we were given a very methodical process for getting consumers to emergency rooms for diagnosis. At the end of 2006 law enforcement in Douglas County (Alexandria Police Department, Douglas County Sheriff's Office and Osakis Police Department) responded to 152 cases that related to mental health. This includes suicidal situations and escorts to mental health facilities. This was the start of the shift from an institutional model of delivery for consumer to a local, more personal level of service model; keeping

consumers in the regions where they live and work. Initially we were able to place consumers in the Community Behavior Health Hospital (CBHH) in Alexandria. Consumers spent less time waiting in the emergency room and were able to be admitted to CBHH with fewer hurdles.

<u>Year</u>	<u># Mental Health related Cases Law Douglas County Law Enforcement Cases</u>
2006	152
2014	286
2015	299
2016	327 (08-16-16)

What happens when you train public safety and give them tools to deal with people in crisis? They become very efficient with their tools. We now have consumers who are willing to seek treatment rather than being forced by police officers and ER staff into a system because the consumers didn't have a choice. As a matter of fact, public safety employees across our state have seen a significant increase in the number of consumers being brought into the system. The statistics tell the whole story here. In the fall of 2013 the State changed the CBHH system from accepting consumers placed on 72 hour holds to only accepting consumers already under a commitment. We no longer had the ability to have our local consumers suffering from mental health crises and get them to the Alexandria facility. The following reflects the number of Douglas County residents admitted to the Alexandria Community Behaviors Health Hospital. This data was provided by the Alexandria Community Behavioral Health Hospital.

<u>Year</u>	<u>Number of Admissions to the Alexandria CBHH</u>
2012	24
2013	24 (end of year changed to only taking committed consumers)
2014	8
2015	3
2016	1 (beginning of May)

The change that was done affected public safety officials, emergency medical facilities, health and human services, and the court system. These changes were done at the state level and little to no information was provided at the time. Local organizations received no guidance from the state on how to adapt to the new situation. Consumers and those in crisis have shouldered the burden that has been created. These people sit and wait in emergency rooms and police facilities for hours and sometimes days before they can begin receiving the help they need at an appropriate facility. The Alexandria CBHH has a total of sixteen beds but due to budget limitations, only has ten available. In early May, when this group met, I was made aware of over 60 people that were on signed commitments but did not have an

available bed. This does not account for the consumers waiting in emergency rooms across the state waiting for placement on a 72 hour hold.

The chart below reflects Douglas County's Emergency Room's mental health patients since 2012.

Patients with Mental Illness				
Total patients	413	377	465	429
Avg. Length of stay (hours)	2.95	3.23	3.07	3.42
Total Charges	826,526	886,965	1,091,051	1,120,809

Consumers who need services are spending too much time in emergency rooms awaiting placement. We need to consider the potential liability of not taking action. Consumers who are homicidal and/or suicidal are going to be sent home after waiting for hours instead of receiving the treatment they need. Our system is failing the mentally ill. We have already started to see trends that indicate doctors are sending these people home in order to get them out of the ER faster. If they sign them to a hold they take up nursing and security staff time as well as disrupt other patients care. Meanwhile, staff attempts to contact dozens of mental health facilities with limited success. These facilities usually have protocols that won't accept patients that are violent, on probation, under the influence of drugs or alcohol, or have been treated before. Locally, we had a situation in which a person in crisis was in ER for an extended period of time. She became very disruptive and officers finally made the decision to arrest her and bring her to jail. She clearly needed mental health assistance, but due to the broken system she was taken to jail; a decision that brought further challenges with the local jail.

We will start seeing police officers not bringing consumers to ER for evaluations because the doctors are turning them away and sending them home. We have come a long way since 2006 in identifying and working with mental health situations more appropriately. We are on the verge of going backwards because our system is not capable of dealing with the volume of people we are identifying as needing help.

The service providers in Douglas County need your help and support in advocating change at the state level to better help citizens of our communities receive the timely help they need. If we start identifying and prioritizing mental health as a seriously as we take heart attacks we can change people's lives instead of adding to their pain.

Thank you for your support

Community Coalition

Bill Klein	Lakeland Mental Health
Jennifer Westrom	Alexandria Community Behavioral Health Hospital
Kesha Anderson	Region 4 South
Chad Larson	Douglas County Attorney's Office
Michelle Clark	Douglas County Attorney's Office
Carl Vaagenes	Douglas County Hospital
Margaret Kalina	Douglas County Hospital
Lori Rosch	Douglas County Hospital
Linda Vickstrom	Douglas County Hospital
Kelly Helmbrecht	Douglas County Hospital
Rick Wyffels	Alexandria Police Department
Scott Kent	Alexandria Police Department
Troy Wolberson	Douglas County Sheriff's Office
Brad Lake	Douglas County Sheriff's Office
Jackie Notch	Douglas County Sheriff's Office
Laurie Bonds	Douglas County Social Services
Sandy Olson	Douglas County Social Services
Tabitah Krenmin	Douglas County Social Services