# Southern St. Louis County LAC

## Meeting Minutes

March 18, 2021

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| Present: | Andrea Rose, Carly Hiti, Jacquelyn Hanson-Hietala, Justin England-Sullivan, Liz Strohmayer, MaKenzie Johnson, Moira Villiard, Nathan Glockle, Roger Raymond, Sonja Wildwood\*, Tawna Schilling, Traci Laughlin, Gena Bossert (guest), Diane Holiday-Welsh (guest), Dawn Martinson (guest)  \*- Facilitator |
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1. Welcome and brief check-in
2. Clarity Project- Gena Bossert, Diane Holiday-Welsh

* Clarity is a group with organizations including St. Louis County, St. Luke’s, and Essentia as well as mental health providers, law enforcement, SUD providers, board commissioners, and coming together to determine how best to serve people. Mission is still in progress
* 5 million dollars in funding has been provided by funding through bonding funds from the Department of Human Services to build Clarity has received funding to build a Clarity Center for Wellbeing (Clarity Project) which will provide patient-centered, holistic support and care
* The facility will serve children and adults and have a regional component. The building will be in located in Duluth (location TBD) but will have telehealth available to help individuals outside of area
* They envision a 12-hour day with a variety of services to be available sometime in 2022
* The county must own the building, but they will not be providing all the services within the building
* To receive the bonding funds, the project must sustain itself over time
* The center will be structured as a CCBHC (Certified Community Behavioral Health Clinic)- a “one stop” mental health and substance use hub with urgent care/immediate care/stabilization services along with care navigation, and support for individuals
* The intended population is children, adolescents, and adults with acute onset or exacerbation of mental or behavioral health issues. Populations excluded would be conditions in which emergent and/or immediate medical attention is necessary (withdrawal risk, suicide attempt, overdose, airway risk, medically unstable)
* Ideal vision for customer experience is to have initial intake with medical screening (in order to rule out a medical event), access to a scope of services, assessment of current issues/concerns, identify and explanation of recommendations for treatment plan to sustain health maintenance
* Care Coordination and Care Navigation will be available to ensure follow-through with referrals and adherence of treatment plan as well as address social determinants of health
* Clarity would like the facility to be a resource center with education, training, advocacy for patients, families, care partners, residential living staff, and more.
* Onsite outpatient psychiatry and psychotherapy services will be available including Rule 25s, DA’s (Diagnostic Assessments), MAT, outpatient withdrawal management, social work, nursing, care navigation teams, ARMHS, lab techs, and pharmacy services
* They plan to have patient consent and contractual agreements with emergency departments, SUD programs, inpatient, partial hospitalization programs, intensive out treatment programs, primary care, and possibly dental to allow seamless referral and timely/non-fragmented access to care

Facility Considerations

* Space that allows separation of children, adolescents, and adults
* Signage/patient education that is inclusive and reflective of culture, literacy, and linguistic preferences
* Consideration for separation of patients based on sex offender or criminal history
* Designed to meet CMS-Medicare and Medicaid (MN & WI) and Commercial payer guidelines
* Meet compliance requirements as outlined by CARF (Commission on Accreditation of Rehabilitation Facilities) standards
* Projecting 5,400 individuals per year in the Duluth area alone and 10,800-16,200 visits per year
* Hub clinical staffing model
* 24/7 crisis response team
* Next day psychiatry and/or psychotherapy appointments for established patients

Next Steps

* Continue to learn from programs in Stearns and Olmstead Counties
* Gain understanding and interest and access “asks” for the continuum of care from community partners
* Continue development of and refinement of care delivery model
* Clarity is assembling a group who will be culturally responsive and work with architect to help design the building
* Requesting any feedback: What does the LAC think? What should the Clarity Project consider?

Send any responses or questions to Gena: [BossertG@stlouiscountymn.gov](mailto:BossertG@stlouiscountymn.gov)

1. Birch Tree Center- Dawn Martinson (Treatment Director at Birch Tree Center)

* Two programs at Birch Tree: Residential Program and Crisis Response Team

Residential Program

* For individuals who are in acute crisis in need of stabilization services that are unable to do inpatient care but are not stable enough to be at home
* Main goal is to keep people safe and help them stabilize
* Most guests stay between 3-5 days and cannot stay more than 10 days per MN statute
* Birch Tree works with people on three main things: Coping skills, coordination of care, and nursing (they have a 24/7 RN to help ensure residents are taking medications as prescribed)
* They do not do any therapy, but help with coping and practical skills (i.e., if an individual is experiencing panic attacks, what they can do to help with that)
* 12 beds, all individual rooms with individual bathrooms
* Services are for 18 and older
* Beds are typically first come first serve, but they tend to be full. They have a waitlist and do call people on the list. If a bed is not available for someone seeking care, Birch Tree will follow-up with them to connect them to resources
* In order to receive services, an individual must have commercial insurance, Minnesota State insurance, or be a MN resident (their grant is specific to MN residents and they do not accept WI state insurance)
* Individuals must have medications in original bottles in order for RN to distribute
* A Nurse Practitioner is available on site for individuals who may need a med adjustment and a psychiatrist is not available for a few months
* The NP is also available for rapid-access psychiatry (when individuals need to see a psychiatrist, but do not need stabilization) by appointment. Appointments are usually within 2-3 days and the NP can adjust an individual’s meds as needed until they are able to see their psychiatrist. If they do not have insurance, the cost is $150

Crisis Response Team

* Pre-COVID they had a Day Team of five people in office until 8pm who answered phones, took walk-ins, and went out into the community to do crisis assessment. They also had a full overnight (5pm-8am) team of about 10 people that included health practitioners and mental health workers who would make referrals
* With COVID, the overnight portion of the program was (temporarily) shut down
* With COVID, they saw the number of individuals seeking Birch Tree Services go down, but crisis response call volume increased significantly
* Currently they have the Day Team responding to crisis phone calls available Monday-Friday 8am-8pm; this team can complete a crisis assessment, look at available resources, and determine if an individual needs to go to a higher level of care and what that level of care would be (ER, Inpatient, Treatment, Birch Tree referral, etc.)
* The crisis response team will always offer an assessment, even if the caller does not want to go anywhere or do anything
* Last month the Day team had about 800 phone calls
* The do not have anyone doing assessments between 8pm-8am on weekdays or on weekends. However, they are now receiving more referrals to the residential program from mental health professionals in the community than through the crisis response team
* If an individual calls the crisis response number during off hours, they will speak with the residential staff who will do their best to connect them with someone who can help, but not a complete crisis assessment. Crisis response follows-up on the next business day.
* They are currently in the process of hiring people for extended hours; they have practitioners but need professions.
* In the long term they would like to bring back the whole crisis response team, but for now they will still not be doing mobile crisis response, only telehealth.
* They are having a hard time finding professionals interested in taking calls in the middle of the night
* Noted that the use of a text crisis line for teenagers who are more comfortable but hesitant to reach out

Question: What do you feel like is missing as far as services from a crisis response perspective?

* Many people are being referred who are experiencing homelessness (eviction or chronic homelessness) and not a mental health crisis which is a separate issue. There is a distinct need for people that may have had housing and are now going to experience homelessness for the first time or people got kicked out of CHUM and do not have the resources others may have
* Birch Tree was designed as a step down from the hospital. Sometimes individuals are behaviorally not suitable for their program (threatening or aggressive) but are also not candidates for staying at the hospital
* If anyone has any questions, they can email Dawn directly

Comments from LAC members: who was previously on the Birch Tree Crisis response team:

* From a member who was previously on the Birch Tree Crisis team: The members of the overnight crisis response team did not have a problem with going out to see members in the community, in person, and knew there would be a high need with COVID
* A member of the team asked for PPE and the whole team received an email later that day informing them they had been disbanded. All of them were shocked that their positions had been ended, especially in a time when many people needed crisis response
* The members of the team still stay and touch and want to go back to what they were doing
* Recently an LICSW who was on the team applied for one of the current openings but was told she would not be eligible for rehire
* Not having crisis response in-person as a resource is frustrating. It was a good way to de-escalate without needing to involve law enforcement
* Crisis response is really needed with places like CHUM and with mental health providers; they are frustrated because they feel they have taken on more of a crisis-response role which is different than being a mental health provider
* The crisis response team would often hear from the same clients regularly, they would go out to them and they just needed someone to come and did not end up in jail
* Group decision made to bring up this topic next week with Patty Whelan (Social Worker embedded with the Duluth Police Department)

4. Review and amendment of bylaws

* Since last meeting, language in the bylaws adjusted to clarify that report to county board can be shared with the public and ensure the report and monthly minutes will be available on the St. Louis County website
* Bylaws approved by consensus

**5. LAC co-chair position- Moira Villiard**

* Moira will be stepping down as co-chair
* Bylaws state that co-facilitators are nominated and approved annually by the membership
* Discussion had regarding nominations- decision made to have confidential nominations in order to avoid unintended pressure on a nominated candidate but also have a way to encourage members who may not feel comfortable speaking up with the whole group
* Members with an interest in being co-chair or who would like to nominate someone will email Rochelle by April 2nd.
* Sonja will reach out to nominated candidates and if there are multiple, council will decide on who will take over co-chairing with Sonja via a vote at the next meeting

6. Check-out and Action Items for Next Meeting:

* Group is excited about Clarity project and to learn about rapid-access psychiatry through Birch Tree

Action items:

* Send nominations and interests to Rochelle by April 2nd
* Select new co-chair at next meeting

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| **Next meeting:** | **April 15, 2021 - 4:30p.m.- 6:00p.m., via Zoom** |