

DATE: July 14, 2015

LEADER: Ben Maas

TIME: 4:00-6:00 p.m.

RECORDER: Lisa Gjerde

COUNCIL MEMBERS			LIAISON MEMBERS			GUESTS
Name	P	A	Name	P	A	Name
Caroline Beise	√		Alene Chelman		√	Melanie Warm, Crisis Team Supr.
Sam Deweese	√		Melissa Hanson		√	
Lisa Gjerde	√		Gary Norman		√	
Lisa Inman	√					
Sue Kunitz		√				
Ben Maas	√					
Rod Sawtell	√					
Twyla Sawtell	√					
Becky Sorenson	√					
Eddie Tipton	√					
Virginia Wright		√				

Agenda	Activity/Discussion	Decision/Action/Conclusion
Call to Order	Ben called the meeting to order.	Approved by consensus.
Approve July agenda	Our new member, Becky Maas, was unable to attend. Ben made the motion to approve the agenda; Becky S. seconded.	Approved by consensus.
Approve June minutes	Ben made the motion to approve the June minutes; Sam seconded.	Approved by consensus.

**Guest Speaker,
Melanie Warm,
Crisis Team
Supervisor**

1. The Crisis Team is a collaborative between Carver and Scott Counties. It's been mobile for 30 years, and it has contracted with local hospitals for 22 years. Someone answers the phone 24/7, and a mental health professional is on duty all the time. The phone person can page the mobile team member to respond at the home; it's hardly ever necessary to call the police to intervene.
2. The mobile Crisis Team goes into schools, jails, homes, mental health centers, and hospitals. They do risk assessments, diagnostic assessments, brief interventions, and, when necessary, direct admissions to hospital psychiatric units. They are connected with a few residential stabilization locations (Insurance will cover this); this is a voluntary placement with some observation and support. A person can stay up to 10 days. Crisis also works with doctors to put people on 72-hour holds, when applicable.
3. Fifteen percent of the Crisis Team's budget is covered by state grants. They also can bill clients for mobile crisis services (those with insurance).
4. The Crisis Team provides stabilization services, which act as a bridge from a crisis episode into ongoing services. The question was asked if Crisis can help out-of-state students who are studying in Minnesota – yes. Crisis can work with other crisis teams in the state to help the person.
5. The Crisis staff is made up primarily of mental health professionals, a requirement of the hospitals that contract with them. Because of this, Crisis can bill the insurance companies; approximately 50% of the budget comes from billing. There are 22 employees on the Team. Crisis staff work with case managers by providing them with documentation of clients' calls.
6. The Team has a Healthcare Navigator, a member who reaches out to clients in need by helping them apply for insurance (or a sliding fee scale), and she can attend appointments with clients, too.
7. Rapid Access Psychiatry (RAP) provides funding for 5 emergency appointments per week. Unfortunately, of the 3 appointments slotted for Carver, only 1 can be filled due to a shortage of psychiatric hours.

<p>Guest Speaker cont.</p>	<ol style="list-style-type: none">8. The question was raised regarding the need for clinical oversight. Because the Crisis Team has independent practitioners, oversight isn't needed, but the Team does have weekly staff meetings. There are 8 full-time staff; the rest are intermittent, working three days a week or one day per month. There is usually only one phone person and one mobile person, although times do overlap.9. Melanie said her "dream" is to have a Mental Health Urgent Care in the county.10. Beginning July 1st, Crisis discontinued its contract with St. Francis, as they were tapped out for resources. Unfortunately, this involves a \$200,000 loss in revenue, so Crisis is trying hard to keep its staff numbers. It also needs to find a neutral location in Scott County for office space in which mobile staff can meet with clients.11. Crisis Team staff have to have 5 years of post-degree experience, and they go through an extensive training period in which they don't work alone for 3-4 months.12. Carver County emergency social services are now part of Crisis. There are mobile crisis teams in almost every county in Minnesota now. Medical Assistance will cover crisis services, but Medicare will not reimburse certain health professionals.13. What criteria are used to determine whether the client should receive phone or mobile support? Level of risk is considered – if the client is bleeding, has overdosed, or is intoxicated, he/she will go the Emergency Room. Admission to the hospital is strenuous, however; a client must have suicidal ideations and not agree to a safety plan.14. Another question asked for what percentage of clients is Crisis their initial contact with mental health services? Melanie said about 60% are new presentations, partly because 30-35% of callers are children, often being seen for the first time.15. Finally, Crisis will also do "welfare checks" with clients – outreach calls referred by case managers and outpatient therapists.	
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<p>LAC Handbook and Worksheet</p>	<p>Lisa G. distributed the LAC Handbook and provided everyone with a worksheet from that conference.</p>	<p>Members were asked to read through the handbook and complete the worksheet prior to the August meeting, at which time we will discuss our responses.</p>
<p>Upcoming Consumer Listening Session</p>	<p>Our consumer listening session has been rescheduled for August 11th, from 5:00-7:00 p.m. We plan to hold it in the reception area of First Street Center, Waconia. Ben wrote an article for the newspapers, inviting people of interest in mental health issues to attend. Ben made the motion to have the listening session from 5-7 p.m. on August 11th; Eddie seconded. It was suggested to send a specific invitation to the Commissioners. Becky S. asked if we can meet with attendees individually (if so requested); yes, we can do this by dividing our LAC members accordingly. Ben made the motion to approve revisions to the article; Eddie seconded.</p>	<p>Caroline will submit the article to the local newspapers. Ben will be the contact person, in case interested persons have questions. Ben will email the article to the LAC so we can send it to any contacts we may have.</p>
<p>Roundtable Discussion</p>	<ol style="list-style-type: none"> 1. Ben discussed the status of funding for 5 regional treatment centers. There is currently a discussion for additional beds, but not all of these will be given to patients with mental health needs. There would be approximately 150 new psychiatric beds (30 per site) by July 2018. These are not crisis beds, but long-term residential, and thus the crisis bed issue will not be resolved. Also, there will be no additional funding for current crisis teams, but only for those counties without crisis teams. 2. Eddie will provide us with more information in August regarding Minnesota's rural mental health annual conference. He would also like to discuss the American Psychological Association's exposé in September regarding torture during the Bush administration. Finally, Eddie wanted us to be aware that September is the national month for Hoarding Awareness. 	
<p>Adjourn</p>	<p>Ben made the motion to adjourn.</p>	<p>Approved by consensus.</p>