

ADULT  
MENTAL HEALTH  
GRANTS  
Application  
*Becker, Clay, Otter Tail & Wilkin County  
Adult Mental Health Initiative*

(CY'08 & 09)

## Adult Mental Health Initiative Grant Application

### IV. Adult Mental Health Initiative Funding

#### A. Please provide the following information:

**1. Accomplishments** - Describe your use of AMHI, SOS vacancy funding and CADI slots awarded during CY'06-07. What services have been established and what client outcomes were achieved.

Refer to attached 4-County LAC Needs Assessment.

Additional accomplishments also include a partnership with Clay County HRA to add additional housing units. This relationship resulted in the purchase of two 8-plex buildings. As persons vacate, open units will be offered to adults with SPMI.

A partnership was developed with Churches United Transitional Housing Program through the disbursement of funds to provide supportive services to adults with SPMI.

One-time funds were allocated to support supportive housing resources throughout Becker, Clay, Otter Tail and Wilkin Counties. These resources include funding to support a board and lodge facility in Fergus Falls, permanent supportive housing weekend staff support and remodeling at the Highway 34 home in Detroit Lakes to expand capacity.

Becker, Clay, Otter Tail and Wilkin County Adult Mental Health Initiative continues to expand mental health resources in local libraries through the purchase of DVD's and books which are made available to all persons in the four counties. In addition, the "Hearing Voices" curriculum and CD was purchased for use throughout Becker, Clay, Otter Tail and Wilkin Counties.

All CADI slots are fully utilized. Most of persons served through these slots were discharged from long term placements at the Regional Treatment Center. These CADI slots primarily support persons residing in a structured corporate foster care setting, however, these CADI funds have also been utilized to wrap the support systems around a person in their own home.

SOS Vacancy Funding-see below.

**2. State Staff Resources Plan** - Each Adult Mental Health Initiative submitted a plan related to the future use of state staff resources. Please confirm whether or not your AMHI still intends to carry out its plan to either contract with SOS, to hire non-state staff, or to use the funds in a different manner. Describe any changes to your plan.

Becker, Clay, Otter Tail and Wilkin Counties continue to support the current SOS positions placed in our Adult Mental Health Initiative. When vacancies occur, it will be reviewed on an individual basis to determine the availability of resources and to match the needs identified as to whether to continue to purchase through SOS or purchase/contract positions in order to meet the needs of adult person with SPMI.

There have been 3 vacancies of SOS staff within this past year. As a result of the individual assessment of needs for each of the program it was determined to hire privately for the vacant positions. Therefore, SOS funds were transferred via contractually to providers to allow for the expansion of staff to support the needs of consumers served by those programs.

**3. Future AMHI Efforts** - How does the AMHI plan to use its CY'08 AMHI funding? Describe the services that will be purchased and who will be the provider of the services. Who is the target population to be served and what specific outcomes do you hope to achieve. Include implementation timelines for newly proposed services.

Tentative 2008 Budget includes the following:

Corporate Adult Foster Care:

Funding provided to St. William's Annex to provide enhanced mental health services to serve persons 65 years of age or older with SPMI.

A Place to Belong:

Funding provided to support the social club in Fergus Falls and Detroit Lakes.

Bridges:

Funding provided to enhance the Minnesota Housing Finance Agency Bridges program which serves up to 35 to 45 persons dependent upon costs.

Supportive Employment:

Funds provided to Tran\$ Em to provide supportive employment services in all four counties. We anticipate that these funds will enhance Tran\$ Em's transition to Evidences Based Supportive Employment practices.

Flexible Funding:

Becker, Clay, Otter Tail and Wilkin Counties provide immediate funds to assist in unmet needs to serve specific clients. These needs include housing, medications, utilities, transportation, and other barriers that may impact a person's mental health needs.

Steering Committee:

Funds used to help support participation of consumers and family members of BCOW activities.

CSN Training:

Funds provided to support the provision of psycho-education for consumers, family members and professionals.

Enhanced Direct Care Services:

Funds are made available directly to each County to support direct client services when no other funding source is available due to un or under-insured persons and/or other funding gaps that may arise.

Administrative:

Funds provided to support fiscal host (Otter Tail County) responsibilities of the Adult Mental Health Initiative.

Crisis Services:

Funds provided to support the Crisis Responder Program as well as planning for future crisis services development. Becker, Clay, Otter Tail and Wilkin Counties are currently in the planning process to submit a Crisis Grant application to enhance our current Crisis services.

Transitional Apartment Program:

Funds provided to support transitional apartments in three of the four counties. Consumers that utilize these apartments are typically coming out of a CBHH or IRTS and/or have been unable to obtain housing due to poor or no rental history associated to their mental health symptoms as well as serving persons who may have minimal independent living skills. Intensive supportive services are provided to persons residing in these apartments.

Conference Stipends:

Funds provided to support attendance of consumers and family members at various conferences to enhance their advocacy role in the local planning of mental health services.

Education Committee:

Funds provided to support public education various mental health issues. Spring and Fall workshops are held each year and made available to consumers, family members and professionals. The Education Committee also manages the purchase, distribution and resource list of DVD's and books made available throughout our public library system.

A Place for Friends:

Funds provided to support the social club in Wilkin County.

Enhanced CSP St. William's:

Funds provided to support enhanced Community Support Services for Adults with SPMI on the east side of Otter Tail County.

The Social Connexion:

Funds provided to support the social club in Clay County.

Permanent Supported Housing-Moorhead Public Housing and Lakeland Mental Health Center, Inc.:

Funds provided for both housing and service support for all four counties. Support services are provided by Lakeland Mental Health Center, Inc. while the housing assistance/subsidies are managed by Moorhead Public Housing.

IRTS-Gull Harbour:

Funds provided to support treatment costs for un or underinsured persons receiving Intensive Residential Treatment Services in Gull Harbour.

Supplies for County LAC Needs Assessment/Annual meeting:

Funds provided to support 4 County LAC needs assessment planning as well as annual coordination amongst LAC's.

SOS Office Space Rental:

Funds provided to support office space for After Workers.

**4. State Staff Revenues** - It is likely that revenues will be generated from staff hired through the SOS transfer funding. How will the AMHI use these revenues?

Yes.

There are State Staff positions throughout Becker, Clay, Otter Tail and Wilkin Counties that are able to bill Adult Mental Health Targeted Case Management for persons served on their caseload. These revenues are recovered by each the Counties assigned to the SOS position and are then returned minus administrative costs including mental health professional supervision expenses to the AMHI budget. Due to the unpredictability of this budget which is based upon caseload health care coverage eligibility these funds are treated as one-time funds to support or enhance current AMHI projects.

**B. Ongoing Unmet Needs** – describe any areas of unmet need and service gaps that still remain in your AMHI region. Include information about the number of clients impacted by unmet needs and service gaps.

Refer to attached 4-County LAC Needs Assessment.

Additional Unmet needs include 24-7 Crisis Responder Program, Mental Health Professional resources at a level that is adequate to meet the 24-7 program, lack of psychiatric resources in which some local psychiatrists are unable to take on new

clients and wait time for a psychiatric appointment is between 6 to 12 weeks and a lack of integrated treatment/services for co-occurring persons. Becker, Clay, Otter Tail and Wilkin Counties are currently working on submitting a Crisis Grant application in attempt to address these unmet needs.

**C. Stakeholder Involvement** - describe the involvement of mental health consumers, families, advocates, local advisory councils, local and state providers, representatives of state and local public employee bargaining units, and Department of Human Services staff in the development of services by the AMHI.

Refer to attached 4-County LAC Needs Assessment.

**D. Technical Assistance** - Indicate what technical assistance you would like to receive from the Department to support your efforts:

**1. Core Training Topics** - suggest topics in the area of mental health that you would like to see covered in the upcoming Core training sessions that are offered the 2nd Monday of each month; and

How to develop an effective individualized crisis plan for case managers, CSP and ARMHS workers.

**2. Other Technical Assistance Needed** - identify other technical assistance needs you may have.

Crisis services development assistance. It would be helpful to hear from various providers regarding the types of crisis services that are available throughout the State and how these programs were developed.

**E. Projected Expenditures by Brass Code** – Complete the AMHI portion of the MH1 form, see attached.

**2008 Rate Setting Application for  
Assertive Community Treatment and Intensive Residential Treatment**

**Intensive Residential Treatment Services  
Program Specific Information**

Intensive Residential Treatment Services - Program Specific Information					
<b>MA Enrolled Provider - Name</b> Gull Harbour					
<b>MA Provider #</b> 904659300					
<b>Address</b> 1704 Belsly Blvd					
Moorhead, MN 56560					
<b>Name of Administrative Contact</b> Del Sands/Jeff Bradley					
<b>Phone</b> 612-385-7857		<b>Email</b> <a href="mailto:jeff.bradley@mindspring.com">jeff.bradley@mindspring.com</a>		<b>Fax</b> 763-783-3677	
<b>Name of Team Leader</b> Shirley Stenerson					
<b>Phone</b> 218-233-8068		<b>Email</b> <a href="mailto:GullHrbr@aol.com">GullHrbr@aol.com</a>		<b>Fax</b> 218-287-0581	
<b>County/AMHI Contact Person</b> Becker, Clay, Otter Tail & Wilkin County Jodi Wentland-Otter Tail County-fiscal host					
<b>Address</b> 530 Fir Avenue West					
Fergus Falls, MN 56537					
<b>Phone</b> 218-998-8211		<b>Email</b> <a href="mailto:jwentlan@co.otter-tail.mn.us">jwentlan@co.otter-tail.mn.us</a>		<b>Fax</b> 218-998-8213	

1) General Description of IRTS Program – Please provide general information about this program, including:

a. geographic area served;

**The BCOW area is given priority which is Becker, Clay, Otter Tail, and Wilkin Counties. Other counties are served based on bed availability.**

b. target population;

**Adults 18 years old or older unless a waiver is obtained from the Department of Human Services. The individual must have a diagnosis of severe and persistent mental illness (SPMI).**

c. how referrals are made to the facility;

**Referrals are usually made to the facility by county case managers, or social workers in community hospitals or regional treatment centers. The referral can also be made by a private psychiatric hospital, Active Community Treatment Teams, a family member, or a probation officer. Referrals must have approval of the county of responsibility unless the referral is going to privately pay or has other insurance.**

- d. admission and discharge criteria, in your response indicate who you are able to serve and those you are unable to serve. Since becoming an IRTS, to what degree have you had to turn away clients and for what reasons?

**Admission Criteria:**

- **The individual must have a diagnosis of severe and persistent mental illness (SPMI).**
- **An applicant must have 3 or more functional limitations as measured by the Functional Assessment Scale rated 4 or higher or 5 limitations rated 3 or higher.**
- **The applicant must be in the written opinion of a licensed mental health professional facing a behavioral, psychiatric or situational crisis which cannot be resolved by available community-based services.**
- **Applicant must have behavior that can be safely managed without the use of seclusion and/or restraint.**
- **The applicant must possess basic self care skills such as toileting, eating independently, and completing personal hygiene.**
- **The applicant must be ambulatory and capable of self-preservation in an emergency.**
- **The individual have current physicians' orders for medications.**
- **Applicants who have been identified as having Hepatitis, Aids, or the HIV antibody will be considered for admission if all other admission criteria are met.**
- **Applicants who have chemical abuse or dependency issues will be considered for admission.**
- **Applicants who also have a low intellectual capacity who can provide legal consent or who have a legal guardian willing to provide legal consent will be considered for admission.**
- **Individuals who carry a diagnosis of MI&D or have significant fire starting history need to be approved for admission by the administrator.**
- **The individual has an assigned case manager.**

**Discharge Criteria:**

- **Completion of program**
- **A change in the client's status that no longer meets the admission criteria**
- **Client develops symptoms which indicate a more structured or intensive psychiatric placement is needed**
- **A program which is more appropriate has become available**
- **Repeated ore serious violation of program rules or the infringement on others' rights**
- **Behavior interpreted to be dangerous to self or others**
- **For clients who carry blood borne pathogens (Hepatitis B, HIV), discharge would be considered if the client's health care needs cannot be appropriately met in the facility, or if the individual's behavior poses a danger to others (biting, cutting). The decision to discharge would be made by the interdisciplinary team.**
- **Prolonged or insufficient ability or unwillingness to participate in the program requiring re-assessment to be moved to a more or less restrictive setting.**
- **Requirement of a more restrictive environment e.g. hospital.**
- **The client chooses to leave the program.**

**Individuals would be turned away due to failure to meet admission criteria, have serious medical concerns requiring skilled nursing, would endanger the health of others, or require medical services that cannot reasonably be provided, sex offenders, and individuals with a recent history of fire-setting. Individuals are put on a waiting list if the facility is full. Since becoming an IRTS approximately 5% of referrals have been turned away.**

- e. Describe your efforts to provide individualize treatment within the program, especially in situations where the client is ambivalent and resists group activities.

**Treatment plans are developed on an individual basis and based on the recommendations of the client's diagnostic assessment and the recommendations of each client's case manager. The treatment plans reflect motivation toward completion of the program, independent living skills, mental health symptoms, medication compliance, and obstacles interfering with treatment and help define a plan for behavior modification techniques, sensory integration techniques, and learning style modifications to enhance the client's ability to learn and process.. Treatment goals are developed around the individual needs of the client with a rewards system in place for achievement of the goal. If individuals find a group setting troubling, information can be presented via 1 on 1 interaction with primary mental health practitioners supervised by mental health professionals to work through obstacles interfering with treatment while working towards integration back to group activities. With respect to ambivalent clients resisting group activities, the utilization of positive reinforcements (i.e. pet visits, computers, 1 on 1 special outings) to increase the client motivation and response to programming as well as merit programs where recipients can earn points for extra privileges.**

2) Service Development and Utilization – Please describe:

- a. to what degree has the program implemented evidence-based practices such as Integrated Dual Diagnosis Treatment, Illness Management and Recovery and engaged families through outreach and education

**Evidence-based practices are fully implemented including:**

- A. Client supervision and direction**
- B. Individualized assessment and treatment planning**
- C. Living skills development, which includes the following areas:**
  - 1) Self-administered medication program**
  - 2) Household management**
  - 3) Cooking and nutrition**
  - 4) Money management**
  - 5) Use of transportation**
  - 6) Healthy living**
- D. Illness management and recovery**
- E. Integrated dual diagnosis treatment**
- F. Family education**
- G. Crisis assistance and crisis prevention plans**
- H. Development of health care directives**

- I. Nursing services**
- J. Inter-agency case coordination**
- K. Other services if the client's need is indicated by the diagnostic or functional assessment**
- L. Client transition and discharge planning**

Upon admission the client is asked to sign a release of information indicating whether or not they would like family participation. An informational packet is sent to families once the client indicates that they want family involvement. Families are invited to meet with a Mental Health Practitioner and their family member in addition to being invited to the client's treatment reviews and various activities during treatment. Information regarding community support services is also provided.

Illness Management and Recovery groups as well as Integrated Dual Diagnosis Treatment groups are conducted several times throughout the week, both during day and evening hours. Mental Health Practitioner's assist clients in completing individual assignments or provide individual assistance as necessary. Transportation is provided to outside required services e.g. AA, NA, or other medical appointments. All groups and contact with residents attempt to introduce the resident to mental illness/chemical dependency awareness and recovery. The goal of the groups and direction provided is to prepare the resident for independent community living.

- b. what efforts are being made by the program to enter into service agreements with PMAP plans?

We are nearing completion of a contract with Blue Cross / Blue Shield of Minnesota and have started contracting with United Behavioral Health (UBH)/Medica. We will be contacting any other PMAPs within the county/AMHI to enroll as contracted providers as well.

3) Describe the training and technical assistance needs identified by this program.

- **Training regarding documentation requirements and examples, treatment planning, etc.**
- **Continued IDDT information and training**
- **Regular information updates about Mental Illness and treatment**
- **Updated videos/DVD's about mental illness/chemical dependency**
- **Web sites at DHS about the above information**