

OTTER TAIL COUNTY
Adult Mental Health Services
CY'08-09

A. Overview of Community Support Program Services:

Otter Tail County utilizes more than one provider to deliver Community Support Program Services to adult persons with a serious and persistent mental illness in Otter Tail County. There are no changes planned in regards to the contractual relationship that Otter Tail County has with its contracted providers to deliver Community Support Program Services including the funding level (refer to attached excel budget sheet/Brass codes). These contracted services include the following activities:

- ❑ Supported employment;
- ❑ Skills development related to the activities of daily living;
- ❑ Leisure time activities;
- ❑ Goal planning;
- ❑ Supportive housing;
- ❑ Outreach activities such as home visits, health and wellness checks, and problem solving;
- ❑ Connecting people to resources to meet their basic needs;
- ❑ Benefits assistance, including attaining and maintaining health insurance benefits and applying for state and federal benefits, including supplemental security income, medical assistance, Medicare, general assistance, general assistance medical care, and Minnesota supplemental aid;
- ❑ Fostering social support, including support groups, mentoring, peer support, and other efforts to prevent isolation and promote recovery; and
- ❑ Educating about mental illness, treatment, and recovery.

Lakeland Mental Health Center, Inc. is our primary community mental health provider. Otter Tail County contracts with Lakeland Mental Health Center, Inc. to provide Community Support Program Services to adult persons with a serious and persistent mental illness residing on the west side of Otter Tail County. Access to Community Support services is done through a direct referral to Lakeland Mental Health Center, Inc. Referrals are made by case managers, clinicians and self referrals.

St. William's East Otter Tail CSP/ARMHS provider is also a Community Support Program Service provider for Otter Tail County. Otter Tail County contracts with St. William's East Otter Tail CSP/ARMHS to provide Community Support Program Services to adult persons with a serious and persistent mental illness residing on the East side of Otter Tail County. Referrals are made by case managers, clinicians and self referrals.

REQUEST FOR DAY TREATMENT WAIVER

Statutory Requirement (M.S. 245.4712, Subd.2.)

Day treatment services must be developed as a part of the community support services available to adults with serious and persistent mental illness residing in the county.

Counties May Request a Waiver

DAY TREATMENT WAIVER - County boards may request a waiver from including day treatment services if they can document that:

- (1) an alternative plan of care exists through the county's community support services for clients who would otherwise need day treatment services;
- (2) day treatment, if included, would be duplicative of other components of the community support services; and
- (3) county demographics and geography make the provision of day treatment services cost ineffective and infeasible.

Does your county request a waiver from the provision of adult mental health day treatment services? ____ Yes X No

If you are requesting a waive, review the three criteria described above and attach a brief rationale for your request, based on these criteria

REQUEST FOR EMERGENCY SERVICES WAIVER

Statutory Requirement (M.S.245.469, Subp.2.)

The county board shall require that all service providers of emergency services to adults with mental illness provide immediate direct access to a mental health professional during regular business hours. For evenings, weekends, and holidays, the service may be by direct toll free telephone access to a mental health professional, a mental health practitioner, or until January 1, 1991, a designated person with training in human services who receives clinical supervision from a mental health professional.

Counties May Request a Waiver

EMERGENCY SERVICES WAIVER – (A) The commissioner may waive the requirements that the evening, weekend, and holiday service be provided by a mental health professional or mental health practitioner if the county documents that:

- (1) mental health professionals or mental health practitioners are unavailable to provide this service;
- (2) services are provided by a designated person with training in human services who receives clinical supervision from a mental health professional; and
- (3) the service provider is not also the provider of fire and public safety emergency services.

(B) The commissioner may waive the requirement that the evening, weekend, and holiday service not be provided by the provider of fire and public safety emergency services if:

- (1) every person who will be providing the first telephone contact has received at least eight hours of training on emergency mental health services reviewed by the state advisory council on mental health and then approved by the commissioner;
- (2) every person who will be providing the first telephone contact will annually receive at least four hours of continued training on emergency mental health services reviewed by the state advisory council on mental health and then approved by the commissioner;
- (3) the local social service agency has provided public education about available emergency mental health services and can assure potential users of emergency services that their calls will be handled appropriately;
- (4) the local social service agency agrees to provide the commissioner with accurate data on the number of emergency mental health service calls received;
- (5) the local social service agency agrees to monitor the frequency and quality of emergency services; and
- (6) the local social service agency describes how it will assure that a mental health professional will be available for at least telephone consultation within 30 minutes.

Does your county request a waiver for emergency services for either of the situations described above (A and/or B)? ___ Yes X No

If you are requesting a waiver, review the criteria described in the language provided above and attach a brief rationale for your request.

Community Mental Health Reporting System

Submitting Community Mental Health Reporting System (CMHRS) Reports

For services provided by contracted providers:

Check one of the following:

Contracted providers will send their CMHRS reports directly to DHS

Contracted providers will send their CMHRS reports to us, the county, and we will forward them to DHS

Check one of the following:

County staff will monitor that contracted provider reports for CMHRS are submitted

County staff will not monitor that CMHRS reports by vendors are submitted

Reviewing CMHRS Summaries

Following each semi-annual reporting period, DHS sends summaries of CMHRS submissions to each county. Included is:

- A report by each category of service: how many adults or children each provider gave this type of service to and how much of the service was given*
- A report by each provider: number of clients receiving each category of service from that provider and how much of the category of service was provided*

Hence, you can look at each provider and review how many clients they served, what services were provided, and how much of each service was reported. Also, you can look at any given service category and see which providers gave the service, how many clients each provider gave the service to, and how much of the service a given provider reported.

These reports are for county use in program and contract/grant management and ongoing monitoring of provider reporting to CMHRS. IN ADDITION TO FOLLOWING UP WITH PROVIDERS, COMPLETENESS AND ACCURACY DISCREPANCIES SHOULD BE REPORTED TO DHS.

Who at the county should receive these reports?

Name Jodi Wentland

Title Social Services Supervisor

Phone 218-998-8211

E-mail jwentlan@co.otter-tail.mn.us

Name Leon Anderson

Title Fiscal Supervisor

Phone 218-998-8158

E-mail landerso@co.otter-tail.mn.us

Who will report discrepancies for completeness (all vendors are reporting) and accuracy (reasonably complete reports – number of clients and quantity of each service category) to DHS?

Name Jodi Wentland

Title Social Services Supervisor

Phone 218-998-8211

E-mail jwentland@co.otter-tail.mn.us