

Legislative Report

Comprehensive Mental Health Program in Beltrami County

Mental Health Division

January 2018

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I. Legislation

Minnesota Session Law 2015, Chapter 71, Article 2, Section 41;

COMPREHENSIVE MENTAL HEALTH PROGRAM IN BELTRAMI COUNTY.

(a) The commissioner of human services shall award a grant to Beltrami County to fund the planning and development of a comprehensive mental health program contingent upon Beltrami County providing to the commissioner of human services a formal commitment and plan to fund, operate, and sustain the program and services after the onetime state grant is expended. The county must provide evidence of the funding stream or mechanism, and a sufficient local funding commitment, that will ensure that the onetime state investment in the program will result in a sustainable program without future state grants. The funding stream may include state funding for programs and services for which the individuals served under this section may be eligible. The grant under this section cannot be used for any purpose that could be funded with state bond proceeds. This is a onetime appropriation.

(b) The planning and development of the program by the county must include an integrated care model for the provision of mental health and substance use disorder treatment for the individuals served under paragraph (c), in collaboration with existing services. The model may include mobile crisis services, crisis residential services, outpatient services, and community-based services. The model must be patient-centered, culturally competent, and based on evidence-based practices.

(c) The comprehensive mental health program will serve individuals who are:

(1) under arrest or subject to arrest who are experiencing a mental health crisis;

(2) under a transport hold under Minnesota Statutes, section 253B.05, subdivision 2; or

(3) in immediate need of mental health crisis services.

(d) The commissioner of human services may encourage the commissioners of the Minnesota Housing Finance Agency, corrections, and health to provide technical assistance and support in the planning and development of the mental health program under paragraph (a). The commissioners of the Minnesota Housing Finance Agency and human services may explore a plan to develop shortterm and long-term housing for individuals served by the program, and the possibility of using existing appropriations available in the housing finance budget for low-income housing or homelessness.

(e) The commissioner of human services, in consultation with Beltrami County, shall report to the senate and house of representatives committees having jurisdiction over mental health issues the status of the planning and development of the mental health program, and the plan to financially support the program and services after the state grant is expended, by November 1, 2017.

II. Introduction

This report is submitted to the Minnesota Legislature pursuant to Minnesota Session Law 2015, Chapter 71, Article 2, Section 41. This report was prepared by the Department of Human Services' Mental Health Division in consultation with Beltrami County. The language directs Beltrami County to plan and develop a comprehensive mental health program that is patient-centered, culturally competent, and based on evidence-based practices and which will serve individuals under arrest or subject to arrest who are experiencing a mental health crisis, individuals under a transport hold under Minnesota Statutes, section 253B.05, subdivision 2, and individuals in immediate need of mental health crisis services.

Beltrami County recognized the lack of local services available for persons with a mental illness, including those who become involved in the criminal justice system. In response to this need, the 2015 legislature appropriated Beltrami County \$2,000,000 in grant funding to design and develop a sustainable and comprehensive mental health program.

To support this work, Beltrami County organized a Jail Diversion Pilot Project Committee composed of community stakeholders that include representatives from county, law enforcement, local mental health providers, and tribes. The committee originally focused on how to serve those who were under arrest or subject to arrest and found that there was a lack of locally available resources to help individuals experiencing a mental health crisis and little community resources to help individuals from ending up in the criminal justice system. Other than a Crisis Response Team provided by Upper Mississippi Mental Health Center (now Sanford Behavioral Health), the Bemidji area had no services in the community that could provide a person in a mental health crisis the services they needed.

The committee determined they needed to build a system that would provide a continuum of care for people in the community. Building these additional services will create the capacity to divert people from potential arrest and provide services that will give people the best chance of remaining healthy, reducing their initial entry into the criminal justice system and reduce recidivism for those who had previous encounters with the criminal justice system

Information included in this report has come from submissions from Beltrami County, the Northwest Indian Community Development Center (NWICDC), and the Mental Health Division of the Minnesota Department of Human Services. This report will reflect on the programs that the grant dollars funded and their sustainability.

III. Beltrami County Mental Health Grant Funding

Outlined in this section are the programs and initiatives that the county has funded or will be funding with the \$2,000,000 appropriation from the legislature to provide local resources to those experiencing a mental health need. All dollar amounts listed below are funds that have been spent to date. Work is on-going, DHS is working with Beltrami County to create a plan to spend the remaining funds within the next calendar year.

A. Assertive Community Treatment (ACT) Team Start-up Funds: \$266,650

Assertive Community Treatment (ACT) is an intensive, comprehensive, non-residential rehabilitative mental health service team model. ACT services are:

- Provided by multidisciplinary, qualified staff who have the capacity to provide most mental health services necessary to meet the recipient's needs, using a total team approach,
- Directed to recipients with a serious mental illness who require intensive services
- Offered on a time-unlimited basis and are available to recipients 24 hours per day, 7 days per week, and 365 days per year.

The team promptly and appropriately responds to emergent needs and makes necessary staffing adjustments to assure the health and safety of recipients. Eligible recipients for ACT services are 18 year or older (individuals ages 16 and 17 may be eligible upon approval by the commissioner), have a primary diagnosis of schizophrenia, schizoaffective disorder, major depressive disorder with psychotic features, other psychotic disorders or bipolar disorder, and have a significant functional impairment.

ACT start-up funds were used to fund the new program while the client base was reaching self-sustainability. Due to the challenges in hiring the professionals necessary to reach full staff, the ACT team was able to save in budgeted costs and saw positive cash flow in November 2016 with 13 clients.

The start-up funds were used for staffing purposes, purchasing equipment, providing program training, and purchasing supplies to outfit a leased space. The Beltrami ACT team was evaluated by DHS on July 10, 2017. The evaluation found that the team met a moderate fidelity score, served 27 clients, and at the time was fully staffed. ACT team services are financially sustainable through Medical Assistance (MA).

The ACT Team provides Native American specific programming and is equipped to address other cultures if there is a need. With the significant percentage of Native Americans living in the service area, the Beltrami ACT Team employs a Cultural Coordinator. The Cultural Coordinator meets with the client and discusses cultural ideas and needs.

The ACT Team builds and maintain relationships with stakeholders, including staff, families, health care providers, cultural leaders and community members. The Cultural Coordinator assists in the development of cultural competence programs and policies and procedures for clients. The coordinator works collaboratively with the rest of the ACT team to integrate evaluation criteria and evaluation instruments related to the

assessment outcomes. The coordinator works to ensure that providers and stakeholders are trained in culturally specific responses when needed.

B. Native American Jail Diversion Sub-Grant: \$150,000

Beltrami County appropriated \$150,000 to the Northwest Indian Community Development Center (NWICDC) to develop curriculum for the jail that would provide an intertribal approach to jail diversion, jail in-reach, and create a culturally competent referral process. The NWICDC developed curriculum to bring into the Beltrami County Jail that addressed the needs of Native American inmates who make up 57.52% of the jail's population.

NWICDC hired a coordinator who worked with NWICDC staff and Tribal Providers to identify current mental health services available in Red Lake Nation, Leech Lake Band of Ojibwe, White Earth Band of Ojibwe, Minnesota Chippewa Tribe Administrative Offices, and the NWICDC. NWICDC began a jail pre-release case management program with the Beltrami County Jail.

NWICDC hired two staff to work in the Beltrami County Jail three times per week with American Indian inmates. A third care coordinator staff from the Adult Basic Education program participated to triangulate data collection, pre-release needs and release stabilization plans addressing basics needs, and education and workforce development. Typically, the first visit as a part of the curriculum is to provide Anishinaabe Reclamation teachings and education. The second and third visit intakes were conducted seeking basic information on post-release service needs of inmates.

NWICDC continues to work with the jail administration and the county to create policies and procedures and a sustainable plan for this program.

C. Park Place Supportive Housing: \$75,000

Bemidji Park Place, managed by Center City Housing, will offer 60 units of affordable permanent housing in downtown Bemidji, Minnesota. The program will include 40 single room occupancy units for people with substance use disorder and 20 efficiency units for people that have experienced chronic homelessness. The property was be developed to bring housing and supportive services under one roof to help overcome the causes of persistent homelessness.

Services incorporated into the project, via a partnership with Sanford Behavioral Health, include tenancy support, mental health treatment, and alcohol dependency recovery for low income and/or homeless individuals. The apartments opened in late October 2017 and will be managed by Center City Housing.

Beltrami County provided a \$75,000 commitment to Park Place to provide supportive services. Services in Park Place are sustainable through funding from Housing with Supports for Adults with Serious Mental Illness (HSAHMI) grants. In addition, local law enforcement will partner with the project and if someone is subject to arrest for a misdemeanor, local law enforcement will return that individual back to their supportive housing versus placing them in the jail if they are currently residing in Park Place. The Chief of Police and the County Sheriff have been involved in the planning and building of Park Place. Based on the experiences of the other communities that have had Center City Housing build similar units, they have seen an 80-85% reduction in Police contact in the first year of a person moving into one of the buildings. These settings have created positive interactions for the police and the tenants. Staff work with tenants who have to go to court and/or have fines. Park Place will help people set up payments, make those payments and respond to any court orders to help get those legal issues resolved.

D. Residential Crisis Services, Intensive Residential Treatment Services and Withdrawal Management Facility Start-up: Future Planning

Currently, in Beltrami County when emergency rooms or hospitals need to find a safe discharge for a person experiencing a mental health crisis, it often means a transfer to facilities hours away. This makes it difficult for an individual to receive family support and create a smooth transition back into a community setting. The committee members of the Beltrami County Jail Diversion Pilot Project Committee identified that the community would benefit from an Intensive Residential Treatment Services and Residential Crisis Services Facility, with the possibility of incorporating withdrawal management services.

Intensive residential treatment services (IRTS) are time-limited mental health services provided in a residential setting. Recipients of IRTS are in need of structure and assistance from 24-hour mental health staff and at risk of significant functional deterioration if they do not receive these services. Services are designed to help with stability, personal and emotional adjustment, self-sufficiency, and skills and strategies for living as independently as possible. IRTS provides:

- Illness management and recovery education about mental illness and treatment including symptoms and early warning signs of relapse, managing stress and developing relapse prevention plans, developing coping skills and strategies for coping with symptoms, developing social skills, and identifying therapeutic and rehabilitative options available
- Family education opportunities
- Treatment team staff on site 24/7
- Individualized assessment and treatment planning
- Crisis assistance, development of health care directives and crisis prevention plans
- Nursing services
- Inter-agency service coordination
- Transition and discharge planning assistance
- Assessment and services for co-occurring substance abuse and disorders
- Living skills development.

Residential Crisis Stabilization (RCS) services are mental health services, provided after crisis intervention, to help the recipient return his/her functioning to the level it was before the crisis. These services are provided in the community and are based on the crisis assessment and intervention treatment plan. Services included in RCS are:

• Providing supportive counseling

Comprehensive Mental Health Program in Beltrami County

- Conducting skills training
- Collaborating with other service providers in the community
- Providing education to the recipient's family and significant others regarding mental illness and how to support the recipient

All staff must have immediate access to a qualified mental health professional or practitioner, 24-hours per day and a qualified mental health professional or practitioner must provide face-to-face contact with the recipient every day.

Funding for IRTS/RCS services, once started, are financially sustainable through Medical Assistance (MA). The county is also looking at the possibility of including two withdrawal management beds, which will be billable to MA in 2019 pending federal approval. Beltrami County plans to coordinate with Prime West and Sanford Health on this initiative.

To coordinate these efforts, Beltrami County will use part of its funding to hire a Project Lead. The lead will work with stakeholders to assure the facility will meet licensing standards as well as the needs of the clients. The county is continuing to assess options and formalize plans to identify a facility, invest in the services while they reach full capacity and address issues such as the workforce shortage by offering scholarships or loan forgiveness as recruitment tools.

IV. Appendix

Please see attached documentation:

- 1. List of Committee Members
- 2. Beltrami County's Sustainability Plan
- 3. Beltrami County Jail Data Reports 2011-2017
- 4. ACT Team Start-up Budget
- 5. Northwest Indian Community Development Center Grant Budget
- 6. Beltrami County Resolution

Beltrami County Jail Diversion Pilot Project Committee Membership:

Kay Mack, Beltrami County Administrator Trish Hanson, DOC Regional Supervisor Phil Hodapp, Beltrami County Sheriff Jeff Lind, County Social Services Director Patrick Plemel, UMMHC Program Manager Nate Mathews, Bemidji City Manager Mary Thompson, HRDC Housing Specialist Mary Ringhand, Red Lake Tribal Judge

Becky Secore, Beltrami Human Services Director Joy Johnson, Sanford Health Operations V.P. Ken Washington, Leech Lake Paul Nistler, UM Mental Health Center Director Richard Anderson, Beltrami County Commissioner Mike Mastin, City of Bemidji Chief of Police

Sustainability Plan

Submitted to Minnesota Department of Human Services By Beltrami County, Minnesota March 2016

Beltrami County in partnership with Region 2 Adult Mental Health Initiative intends to develop a comprehensive mental health program with reimbursable behavioral health treatment services for Minnesota Health Care Program (MHCP) recipients. Planning and development of the program design is intended to be consistent with chemical and mental health treatment services reimbursable under MHCP as well as additional third party payers in the region.

Once enrolled with MHCP, the program and services developed are expected to have a long term funding stream to support ongoing service provision both through state plan services and billing of private pay health plans. Following the development of needed mental health treatment services, Beltrami County expects savings related to health care, county jail and public safety services, as well as fewer expenses related to nonhospital bed days at Anoka Metro Regional Treatment Center (AMRTC). Potential cost savings to Beltrami County after mental health services reimbursable through MHCP are developed and implemented could be used to provide additional support for uncompensated mental health treatment services or for service components that are not reimbursed through MHCP.

Beltrami County intends to continue to be responsible for costs associated with detox services. However, if and when withdrawal management becomes a State plan option, the program model of Beltrami County will be prepared to further develop newly approved withdrawal management services.

2014 Census and enrollment data

Beltrami County, population: 45,664

Surrounding Counties (Region 2 Adult Mental Health Initiative), population:

Hubbard: 20,573, Clearwater: 8,791, Lake of the Woods: 3,918

Total Region 2 Adult Mental Health Initiative (AMHI) Population: 78,946

Serious Mental Illness (SMI) Census (based on Federal 5.4%) for Region 2 AMHI: 4,263

Summary of MHCP Enrollment data for Region 2 AMHI

Persons every eligible for Medical Assistance during 2014 in Region 2 AMHI

- All Families and children: 16,504
- Disabled: 2,466
- Elderly: 1,377
- Adults with no children: 4.252

Total Persons ever eligible for Medical Assistance during 2014 in Region 2 AMHI: 24,599

Average monthly number of persons eligible for Medical Assistance during 2014 in Region 2 AMHI: 21,366

Persons ever eligible for miscellaneous medical programs during 2014 in Beltrami County

- Institutions for Mental Disease(IMD): 174
- SCHIP(State Children's Health Insurance Program) Unborn: 9
- Non-Citizen Medical Assistance (State only): 4

<u>Total Persons ever eligible for miscellaneous medical programs during 2014 in</u> <u>Region 2 AMHI: 187</u>

Minnesota Care (MNCARE)

- Families with children: 916
- Adults with no children: 1015

Total Minnesota Care recipients in 2014 in Region 2 AMHI: 1,931

Two Services to be Created

The Region 2 Adult Mental Health Initiative in conjunction with the Beltrami County Jail Diversion Pilot Project plans to create two programs: Assertive Community Treatment (ACT) and Intensive Residential Treatment Service (IRTS).

Geographic Service Area

The geographic service area is Beltrami, Clearwater, Lake of the Woods, and Hubbard counties and parts of Polk, Itasca and Cass counties, including all of the Red Lake Indian Reservation, part of the Leech Lake Indian Reservation and part of the White Earth Reservation.

People Served

The ACT program will serve those individuals with serious mental illness with LOCUS scores of 4 in the above-mentioned region. The IRTS will serve those individuals with serious mental illness with LOCUS scores of 5 in the same region.

Poverty Rate of Service Area

The individual poverty rate of Beltrami (22%), Clearwater (17%), and Hubbard County (13%) are higher than the 12% statewide rate while Lake of the Woods County's is the lowest at 8%.

Race and Ethnicity of Service Area

The predominant racial/ethnic demographic of Region 2 is white; however, the area encompasses all of the reservation land of the Red Lake Band of Chippewa, and part of the land of the White Earth Nation and the Leech Lake Band of Ojibwe. Beltrami County has the highest population identifying as American Indian in the State of Minnesota with the Red Lake Reservation located almost entirely in Beltrami County with a small part located in the northernmost part of Clearwater County.

Race/Ethnicity for Region 2 Counties (2013 ACS 5-year estimates)

	White	e/ Black/	' American I	ndian/Other
Beltrami	75%	<1%	20%	5%
Clearwater	87%	< 1%	9%	4%
Hubbard	95%	< 1%	2%	3%
Lake of the Woods	95%	1%	<1%	3%

Areas with high levels of poverty have higher rates of participating in Medical Assistance (MA), a public health care program for very low income individuals and families eligible for coverage. MA funding covers federally mandated services and therefore providers must accept and provide services to those on the MA program.

Unemployment Rate of Service Area

Beltrami County also has the highest unemployment rate in Region 2 at 7%, followed by Hubbard (5%), Clearwater (4%), and Lake of the Woods (4%).

Homeless in Service Area

The numbers of people who are homeless is growing in the Region 2 AMHI area. Based on State-wide Homeless Survey results, the numbers of people identified as homeless in the non-reservation areas of the 12-County NW region grew 170% from 2009 to 2012. The total number identified as homeless in 2012 was 666. The number of children identified as homeless in the Bemidji School District increased from 234 in 2008-2009 to 262 in 2011-2012.

How Needs of Underserved People Will Be Addressed

There are a large number of single homeless adults without children. These individuals have many barriers to accessing community resources. Homeless adults without children in the NW region increased by 195% from 2009 to 2012 in the State-wide Homeless Survey. Over half (211 adults) had been homeless for over a year and 43% (179 adults) have a chronic health condition.

American Indian individuals and families are over-represented in the homeless populations. Racial disparities are persistent in the Minnesota homeless population, and in Greater Minnesota, especially with people who are American Indian. This is also true in the Bemidji area, because of the proximity of the reservations of the Red Lake Nation, Leech Lake Band, and White Earth Nation, and because of high poverty levels in Beltrami County and on the reservations. While the population in Beltrami County is 20.3% American Indian or Alaska Native5, the State-wide Homeless Survey found that 37% of the homeless people in the non-reservation areas of the 12-county NW Region were American Indian. (*information in above two paragraphs from Needs Assessment of Homeless Persons in the Bemidji Area, April 2014, Center City Housing Corporation, Duluth, Minnesota)

The needs of American Indians will be served by developing both ACT and IRTS that are culturallysensitive. The IRTS program will most likely be located in Bemidji since it has the highest population concentration. The location of an IRTS facility will serve American Indians because Bemidji is 33 miles south of the Red Lake Indian Reservation, 23 miles west of Cass Lake on the Leech Lake Indian Reservation and 74 miles north east of White Earth on the White Earth Indian Reservation.

The Beltrami County Sheriff's Office reported 111 total mental commitments transported in 2015. In July 2015, Dr. Todd Leonard, MD and president of MEnD Correctional Care that provides medical services to Beltrami County Jail reported the following:

Our Beltrami medical staff broke down a good sample of bookings and health assessments, and then looked at the percentage of new incarcerated inmates who had a mental health illness, chemical dependency, and both as patients with a dual diagnosis.

What we found is that between the booking questions and the subsequent health assessment you have over 50% alone having mental health illness discovered as they arrived to the facility. You have approximately 70% having one or the other, or both, of these diagnosis.

Once inmates have been in custody and have had a chance to acclimate to the facility, and have received any subsequent mental health assessment by our staff, the percentage of inmates with mental health diagnoses increased to almost 70%.

Both IRTS and ACT programs will affect the incarcerated population. Both of these programs work with individuals so that a crisis will not arise and necessitate law enforcement involvement. An ACT team will provide ongoing support for individuals with mental illness so that it is less likely that they will have a mental health crisis. An IRTS will offer a place for individuals with behavioral issues to live for up to 90 days and have time to stabilize before they are placed back in a community setting.

Description of Service Continuum and How ACT and IRTS Programs Fit into Service Continuum

Common mental health services that are reimbursable by Medical Assistance are Assertive Community Treatment (ACT), Adult Day Treatment, Adult Rehabilitative Mental Health Services (ARMHS), Intensive Residential Treatment Services (IRTS) and Residential Crisis Services (RCS). Of these five services, the four counties in the Region 2 AMHI only have one service established: ARMHS.

The Regional Mental Health Needs Assessment of Region 2 Adult Mental Health Initiative published in September 2015 reported the following about ARMHS in Region 2 AMHI:

Adult Rehabilitative Mental Health Services (ARMHS) ARMHS was identified by consumers and key informants as one of the most helpful services for keeping individuals safe and stable in their

communities. Interviewees throughout the region indicated that area has well-established ARMHS programs that are extremely beneficial to consumers. Interviewees said they look at these programs as an extension of case management. ARMHS workers having the ability to closely monitor consumers with more frequent and consistent visits and are able to focus on specific goals and skills that consumers would like to work on. Case managers in the region generally have high caseloads and additional county responsibilities, so ARMHS workers provide another layer of support in conjunction with regular county case management services. Clearwater County and Lake of the Woods Counties, for example, contracts with Sanford Health in Thief River Falls to provide community based services and ARMHS. Hope House, which offers ARMHS services, was mentioned by several interviewees as being incredibly valuable to the Bemidji area and beyond in Region 2. Hubbard County staff work closely with ARMHS workers from Lake Country Associates and hold biweekly meetings to connect about shared clients.

Lake of the Woods Beltrami Hubbard Clearwater Total County County County County Number of ARMHS clients 275 143 100 20 12 Number of CSP clients 32 25 0 6 63 125 Total ARMHS & CSP clients 175 20 18 338

Listed below is ARMHS and Community Support (CSP) data from Region 2 Adult Mental Health Initiative.

*These numbers do not include Cass County, Red Lake Indian Reservation, Leech Lake Reservation or people that present at an Emergency Room and don't have case management through a County.

ARMHS serves individuals with a serious mental illness with a LOCUS score of either 2 or 3. Those individuals with a serious mental illness with a LOCUS score of 4 or 5 are not being served locally. Therefore, in order to develop a comprehensive mental health program in the Region 2 AMHI, programs need to be established that address the needs of individuals with serious mental illness with LOCUS scores of 4 and 5. Two services that are reimbursed by MA that serve these populations are ACT and IRTS.

One way to identify potential gaps is a continuum of services and supports. The most restrictive services are acute and inpatient hospitalization. The least restrictive are outreach and education. In between are intensive outpatient, residential, partial hospitalization, rehabilitation and ongoing community supports.

As reported in the Regional Mental Health Needs Assessment of Region 2 AMHI, services on the most restrictive end of the continuum are reserved for a small number of people with a short-term need. However, when services that fall between rehabilitation and crisis on the continuum are not readily available, demand for acute, inpatient services may be unnecessarily elevated.

The ability for consumers to access mental health services and supports when they are needed plays a significant role in consumer outcomes. In cases when a consumer is unable to access the level of services needed to remain in the least restrictive environment, especially when experiencing a mental health crisis, the alternatives are often more expensive or are not appropriate.

The success of a continuum of care model is dependent upon the ability for individuals to enter the system at a level appropriate to their needs and then either step up or step down treatment intensity if their situation changes.

In Region 2 AMHI, intensive outpatient services are lacking. ACT will address this continuum gap. Crisis and residential services are also lacking. IRTS will address this continuum gap.

Potential barriers to accessing ACT and IRTS

There are some potential barriers to accessing mental services provided by ACT. ACT services are provided in the clients' home so one barrier will be eliminated. Tele-medicine can be used to be provide psychiatric services to ACT clients so transportation will be needed to transport the client to the facility that provides the tele-medicine.

The IRTS will most likely be located in the largest city with Region 2 AMHI which is Bemidji. The Mobile Crisis Team provided by Upper Mississippi Health Center in Bemidji will transport many of the clients that will use the IRTS. Transportation barriers may still exist for those outside of the Mobile Crisis Team service area.

Number and Characteristics of Individuals who are unserved or underserved

Number of people on waiting list

There are no people on a waiting list of ARMHS services in Region 2 AMHI.

Number of people diverted to other services

Below is a summary of the 2015 Mobile Crisis Team data. The Mobile Crisis Team Serves Region 2 AMHI.

Hospitalization/72 hold	107
Crisis Stabilization	59
Mental Health Therapy	120
Phone Consultation	39
Psychiatrist/Psychologist	25
Medication Management	10
Contract for Safety	6
Other	10
Total	386

Anecdotally, Upper Mississippi Mental Health Staff commented that they think some of those individuals transferred to acute behavioral health hospital care could have been instead transferred to an IRTS if one was located in Bemidji.

Oran Beaulieu, Director of Comprehensive Health Services, Red Lake Nation, released the following information for 2015 which was compiled by Casey McDougall, Ph.D., Director of Behavioral Health Department, Red Lake.

Placed in acute psychiatric hospitals	65
Transferred to the local detention center	2
Completed suicide	1
Total adults presented to Red Lake ER	68

Beltrami County Social Services case managers reported that in 2015 25 individuals would have been referred to an IRTS if one would have been located in Bemidji.

Listed below is estimated IRTS use data from Region 2 Adult Mental Health Initiative.

	Beltrami County	Hubbard County	Lake of the Woods County	Clearwater County	Total
Number of clients that would have used an IRTS if it was located in	25	10	4	5	44
Bemidji					

Distance needed to travel to receive proposed service

ACT services are provided in the client's home so there shouldn't be any transportation issues other than the when a client need psychiatric services which will mean the individual will have to travel to a site to see a psychiatrist in person or travel to a site in order to access a site that can accommodate telemedicine.

The most ideal place for an IRTS to be located in order to serve the region is in Bemidji, the largest population center in north central Minnesota as well as the largest population center in Region 2 AMHI. Listed below are the driving distances to Bemidji from some communities in Region 2 AMHI as well as Cass Lake which is on the Leech Lake Indian Reservation, White Earth which is on the White Earth Indian Reservation and Walker which is in Cass County.

Cass Lake to Bemidji	17 miles
White Earth to Bemidji	74 miles
Bagley to Bemidji	25 miles
Park Rapids to Bemidji	47 miles
Baudette to Bemidji	101 miles
Red Lake to Bemidji	33 miles
Walker to Bemidji	35 miles

At the present time, the closest IRTS facility in Minnesota to the above-mentioned communities are located in Wadena, Virginia and Thief River Falls.

	IRTS located in Wadena	IRTS located in Virginia	IRTS located in Thief River Falls
Cass Lake to	84	112	107
White Earth to	68	193	79
Bagley to	87	154	65
Park Rapids to	35	144	117
Baudette to	184	162	121
Red Lake to	114	141	65
Walker to	63	119	125
Bemidji	82	129	90

In summary, if an IRTS were located in Bemidji, it would 67 miles closer for individuals living in Cass Lake to travel to Bemidji than to the closest IRTS, 40 miles closer for individuals living in Bagley, 20 miles closer for individuals living in Baudette, 32 miles closer for individuals living in Red Lake, and 28 miles closer for individuals living in Walker. Bemidji residents now travel 82 miles to an IRTS in Wadena, 129 miles to an IRTS in Virginia, and 90 miles to an IRTS located in Thief River Falls. However, an IRTS in Bemidji would not be the closest location for those individuals living in White Earth and Park Rapids. White Earth is 68 driving miles from Wadena and 74 miles from Bemidji. Park Rapids is 35 driving miles from Wadena and 47 driving miles from Bemidji.

Number of Individuals that will use ACT and IRTS on a yearly basis

Paul Nistler, Director of Upper Mississippi Mental Health Center, in Bemidji, Minnesota met with DHS staff on February 24, 2016 to discuss the establishment of an ACT program in the Beltrami County area. DHS staff and Paul Nistler estimate that a small ACT team will be established by July 2016 and by July 2017 the ACT team will serve 50 individuals. Mr. Nistler estimates that within one or two years, the ACT team will be a large team, serving over 75 individuals.

DHS provided the information below.

LOCUS Level for Clients over 18 Residing in Beltrami, Clearwater, and Hubbard Counties based on reported diagnostic code in the Mental Health Information System (MHIS) for CY 2014.

LOCUS Level	Number of Unique Service Recipients
1	5
2	63
3	106
4	53
5	25
6	1
Blank	74
Total	327

Based on data provided by the Social Services Directors in the Region 2 AMHI, data provided by the Comprehensive Health Services of Red Lake, and the fact that Bemidji is located close to the Leech Lake Reservation, it is estimated that an IRTS located in Bemidji will serve at least 50 individuals per year.

Housing Information

In the fall Of 2017, Park Place Apartments will open in Bemidji. The facility will be built and staffed by Center City Housing Corporation that has its headquarters in Duluth, Minnesota. The facility will be a 60unit apartment building with 20 efficiency units for single homeless adults and 40 single room units for single adult chronic inebriates. The 20 efficiency units will each have a small kitchenette. The single rooms for chronic inebriates will not have a kitchenette. Center City Housing Corporation staff will provide three meals a day which will be served in a common area and snacks will always be available. Services are based on "Housing First/Harm Reduction" principles. The following services will be provided by Center City Housing Corporation:

- Medication safekeeping
- Case management and connections to outside services
- Health monitoring, information and education
- Advocacy
- Money management
- Sober activities
- Palliative care and end of life support
- Meals program (for chronic inebriate residents only)
- Nursing services

Number of clients estimated to be diverted from jail once Park Place Apartments are open

In the 2014 Needs Assessment of Homeless Persons in the Bemidji Area compiled by Center City Housing Corporation, the report states "If they get arrested, we end up with them in jail 2 times. It is more common to get arrested in the winter. There are about 15 different chronic inebriates/month in jail." The Needs Assessment documented that between January 2012 and January 2014, the Bemidji Police Department received calls for 37 individuals identified as homeless chronic inebriates. Eight women and 29 men were identified. These 37 men and women were responsible for 1,652 police calls in a two year period (January 1, 2012 – January 13, 2014). This is an average of 45 calls/person. One third of the police calls were for disorderly conduct (558 calls). Twelve percent of the police calls were for welfare checks (197 calls). These 37 people had a total of 188 jail bookings. There were 114 calls for medical reasons. This is 7% of all calls.

It is estimated that up to forty individuals may be diverted from jail once Park Place Apartments open.

Facility Admittance By Race, Gender, Adult/Juvenile

Minnesota Department of Corrections - Detention Information System Reporting Period 1/1/2011 - 12/31/2011 11:59:59 PM Printed Date: 5/26/2016 2:59:19 PM

Race	<u>Gender</u>	Adult /Juvenile	<u>Number</u>	<u>%</u>
American Indian or Alaskan Native			1595	56.46
	Female	Adult	558	19.75
	Female	Juvenile	2	0.07
	Male	Adult	1027	36.35
	Male	Juvenile	7	0.25
	Unknown	Adult	1	0.04
Asian or Pacific Islander			7	0.25
	Female	Adult	1	0.04
	Male	Adult	6	0.21
Black			67	2.37
	Female	Adult	9	0.32
	Male	Adult	56	1.98
	Male	Juvenile	2	0.07
Unknown			40	1.42
	Female	Adult	9	0.32
	Male	Adult	31	1.10
White			1116	39.50
	Female	Adult	209	7.40
	Male	Adult	907	32.11
Total:			2825	100%

Facility Admittance By Race, Gender, Adult/Juvenile

Minnesota Department of Corrections - Detention Information System Reporting Period 1/1/2012 - 12/31/2012 11:59:59 PM Printed Date: 5/26/2016 2:58:38 PM

Race	<u>Gender</u>	Adult /Juvenile	<u>Number</u>	<u>%</u>
American Indian or Alaskan Native			1479	52.82
	Female	Adult	538	19.21
	Female	Juvenile	1	0.04
	Male	Adult	940	33.57
Asian or Pacific Islander			12	0.43
	Female	Adult	1	0.04
	Male	Adult	11	0.39
Black			78	2.79
	Female	Adult	10	0.36
	Male	Adult	68	2.43
Unknown			40	1.43
	Female	Adult	10	0.36
	Male	Adult	30	1.07
White			1191	42.54
	Female	Adult	285	10.18
	Male	Adult	906	32.36
Total:			2800	100%

Facility Admittance By Race, Gender, Adult/Juvenile

Minnesota Department of Corrections - Detention Information System Reporting Period 1/1/2013 - 12/31/2013 11:59:59 PM Printed Date: 5/26/2016 2:58:12 PM

Race	<u>Gender</u>	Adult /Juvenile	Number	<u>%</u>
American Indian or Alaskan Native			1423	53.66
	Female	Adult	530	19.98
	Male	Adult	893	33.67
Asian or Pacific Islander			15	0.57
	Female	Adult	5	0.19
	Male	Adult	10	0.38
Black			97	3.66
	Female	Adult	14	0.53
	Male	Adult	83	3.13
Unknown			22	0.83
	Female	Adult	2	0.08
	Male	Adult	20	0.75
White			1095	41.29
	Female	Adult	249	9.39
	Male	Adult	846	31.90
Total:			2652	100%

Facility Admittance By Race, Gender, Adult/Juvenile Minnesota Department of Corrections - Detention Information System Reporting Period 1/1/2014 - 12/31/2014 11:59:59 PM Printed Date: 5/26/2016 2:57:50 PM

Race	<u>Gender</u>	Adult /Juvenile	Number	<u>%</u>
American Indian or Alaskan Native			1539	53.81
	Female	Adult	610	21.33
	Male	Adult	929	32.48
Asian or Pacific Islander			13	0.45
	Female	Adult	1	0.03
	Male	Adult	12	0.42
Black			132	4.62
	Female	Adult	28	0.98
	Male	Adult	104	3.64
Unknown			30	1.05
	Female	Adult	10	0.35
	Male	Adult	20	0.70
White			1146	40.07
	Female	Adult	292	10.21
	Male	Adult	854	29.86
Total:			2860	100%

Facility Admittance By Race, Gender, Adult/Juvenile Minnesota Department of Corrections - Detention Information System Reporting Period 1/1/2015 - 12/31/2015 11:59:59 PM Printed Date: 5/26/2016 2:56:39 PM

Race	<u>Gender</u>	Adult /Juvenile	Number	<u>%</u>
American Indian or Alaskan Native			1540	56.43
	Female	Adult	664	24.33
	Male	Adult	876	32.10
Asian or Pacific Islander			13	0.48
	Female	Adult	4	0.15
	Male	Adult	9	0.33
Black			105	3.85
	Female	Adult	15	0.55
	Male	Adult	90	3.30
Unknown			52	1.91
	Female	Adult	16	0.59
	Male	Adult	36	1.32
White			1019	37.34
	Female	Adult	243	8.90
	Male	Adult	776	28.44
Total:			2729	100%

Facility Admittance By Race, Gender, Adult/Juvenile

Minnesota Department of Corrections - Detention Information System Reporting Period 1/1/2016 - 12/31/2016 11:59:59 PM Printed Date: 9/12/2017 10:55:31 AM

Race	<u>Gender</u>	Adult /Juvenile	Number	<u>%</u>
American Indian or Alaskan Native			1775	57.52
	Female	Adult	746	24.17
	Male	Adult	1029	33.34
Asian or Pacific Islander			16	0.52
	Female	Adult	3	0.10
	Male	Adult	13	0.42
Black			110	3.56
	Female	Adult	14	0.45
	Male	Adult	96	3.11
Unknown			66	2.14
	Female	Adult	18	0.58
	Male	Adult	48	1.56
White			1119	36.26
	Female	Adult	293	9.49
	Male	Adult	826	26.77
Total:			3086	100%

Beltrami County ACT Start Up Funds

255,000

Start Up Costs - May - November 2016

Personnel Costs		
Direct Service Salaries	157,841	
Program Assistant	13,507	
Payroll Taxes and Benefits	19,034	
Total Personnel Costs		190,382
Contracted APRN		16,470
Direct Service Travel		10,889
Client Expenses		1,438
Training		2,008
Total Start Up Personnel and Direct Costs		221,187
Facility Rent		5,700
Telephone (System and Service)		16,574
Computers and Software		14,275
Advertising/Outreach		4,081
Professional Licenses		664
Office Furniture/Supplies		4,169
Total Start Up Facilities and Supplies Costs		45,463
Total Start Up Costs		266,650

Start Up Funds were used to fund the ACT program while the client base was building to reach self-sustainability projected at 22 clients to be attained by March 2017. Due to the challenges in hiring the professionals necessary to reach full staff we were able to save in budgeted costs and saw positive cash flow in November 2016 with 13 clients.

The start up funds were used for staffing purposes as well as to purchase equipment, provide program training, and purchase supplies to outfit a leased space downtown.

	Sep 1, '16 - Sep 29, 17
Ordinary Income/Expense Income	
Revenue & Support 4700 · Program Service Fees	150,000.00
Total Revenue & Support	150,000.00
Total Income	150,000.00
Gross Profit	150,000.00
Expense Expenses	
6000 · Salaries & Wages	67,900.00
6100 · Payroll Expenses	17,792.70
7200 · Program Supplies	22,906.33
7600 · Training and Travel	20,160.54
Total Expenses	128,759.57
Total Expense	128,759.57
Net Ordinary Income	21,240.43
Net Income	21,240.43

BOARD OF COUNTY COMMISSIONERS BELTRAMI COUNTY, MINNESOTA

DATE: 03-01-2016

RESOLUTION # 16-03-15

MOTION OF COMMISSIONER: Lucachick

SECONDED BY COMMISSIONER: Sumner

THE BOARD, BY ADOPTION OF ITS CONSENT AGENDA, APPROVED THE MENTAL HEALTH GRANT RESOLUTION

WHEREAS, Beltrami County was provided two million dollars from the 2015 Legislature in a bill labeled Comprehensive Mental Health Program in Beltrami County, to provide planning money to develop a comprehensive mental health program; and

WHEREAS, the planning and development of the program must include an integrated care model for the provision of mental health and substance use disorder treatment for individuals who are under arrest or subject to arrest, under a transport hold under MS 263B.05 or are in immediate need of mental health services; and

WHEREAS, the planning will be done in cooperation with existing services, along with the development of new services, and will be patient centered, culturally competent, and will be based on evidence-based practices, and

WHEREAS, Planning and development of the program design is intended to be consistent with chemical and mental health treatment services reimbursable under MHCP as well as additional third party payers in this region, and

WHEREAS, Beltrami County expects savings related to health care, county jail and public safety services, as well as fewer expenses related to nonhospital bed days at AMRTC and that potential cost savings at the county level could be used to provide additional support for uncompensated services or for service components that are not reimbursed through MHCP.

WHEREAS, Beltrami County is aware that the planning process will require evidence that the programs and projects will be sustainable without the need for similar future state grants; and

WHEREAS, Beltrami County is aware that the grant is a onetime appropriation and cannot be used for any purpose that could be funded with state bond proceeds; and

THEREFORE BE IT RESOLVED, the Beltrami County Board of Commissioners hereby formally commits to the planning, program development, and county financial participation to services that address the identified needs and are sustainable into the future.

BE IT FURTHER RESOLVED, that Beltrami County Board assures that the planning for services and programs, and the sustainability formula for said services and programs, will be in place before the grant expiration period of November 1, 2017.

	<u>YES</u>	NO	
Winger	X		
Vene	Х		
Anderson	Х		
Sumner	Х		
Lucachick	Х		

STATE OF MINNESOTA)

) ss.

COUNTY OF BELTRAMI)

I, Kay Mack, County Administrator, Beltrami County, State of Minnesota, do hereby certify that I have compared the foregoing copy of a resolution with the original minutes of the proceedings of the Board of County Commissioners, Beltrami County, Minnesota, at their regular session held on March 1, 2016, now on file in my office and have found the same to be a true and correct copy thereof.

Kay Mack, County Administrator

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