CENTRAL MINNESOTA MENTAL HEALTH CENTER...A time to heal, a place to start.

The Healing Times

April 2017

OUR MISSION STATEMENT

Central Minnesota Mental Health Center provides person centered mental health and chemical health services to individuals and families in Benton, Sherburne, Stearns and Wright counties. We inspire hope and recovery, respond to the emerging needs of the community and support each other and our clients through an integrated approach to care.

OUR VISION

To be a recognized leader in community health and recovery services.

OUR VALUES

- We are client driven
- We believe in Trauma Informed Care
- We believe in Integrated care
- We serve all individuals and families regardless of their ability to pay
- We respond to emerging needs in the community
- We acknowledge the value of every individual
- We collaborate
- We inspire hope
- We provide support to each other and our clients
- We believe in recovery

Inside this issue:

Picking Up the Pieces of a Broken Mind: Improving Health Outcomes Through Integrative Care

By Kim Duke, RN, BSN & Nicole Zenk, APRN, CNP

Individuals with severe mental illnesses are dying on an average of 20 years sooner than the matched general populations. These individuals are more likely to have chronic medical problems such as diabetes, hypertension, or heart disease. These individuals are less likely to follow treatment recommendations for their medical needs, more likely to smoke, and more likely to have sedentary lifestyles. They also have more difficulty navigating through the complicated medical care system to attend appointments and follow up with their care as recommended by their providers. People with severe mental illnesses may also be taking medications that can cause significant weight gain and dyslipidemia, which can lead to diabetes and heart disease (Frances, 2014)

Currently approximately 70% of visits to a primary care provider are related to psychosocial issues. One quarter of these adults experience a mental illness in a given year and more than half do not receive treatment. Unfortunately primary care practices lack the tools, resources and expertise to address these issues. A study that was published in 2013 in the British Medical Journal found that when primary care used a care manager such as a social worker, nurse or psychologist to help treat older adults with depression, the patients were 24% less likely to die compared to those in general care. Another benefit of integrating care is the increase in patients' compliance with treatment. As many as 20% of patients with diabetes and coronary heart disease struggle with depression. The patients who suffer from both of these problems are less likely to make lifestyle changes and follow medication regimens. Depression has been shown to increase medical costs by 50% to 70% in patients with these problems. Physician burnout could also be reduced by including mental health services in primary care practices (Olsen, 2014). By integrating behavioral health and primary care services, care providers aim to reduce barriers to care while enhancing patient compliance with preventative care measures and chronic disease management to improve the effectiveness of chronic disease treatment, reduce preventable illness, and help patients improve lifestyle behaviors while being mindful of their mental health status.

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The HealthiestYou program is off to a great start! As of the end of February there had been 22 consultations for CMMHC health plan members. Nearly 80% of these consultations took place after 6pm and over half took place between 10pm and 6am. The most common diagnoses were sinus infection, pink eye and viral infection and prescriptions were provided where appropriate.

HealthiestYou not only provides the convenience of 24/7 access to licensed physicians, but also provides a double financial benefit. First and foremost there is no copayment or deductible to pay when you use the service. Secondly, because HealthiestYou does not bill HealthPartners, the cost of the visits isn't factored into the renewal calculation resulting in better rates in the future. So far this year the program has redirected an estimated $15,900 away from the HealthPartners plan.

Utilization Report

Jan 1 2017 - Feb 28 2017

CENTRAL MINNESOTA MENTAL HEALTH CENTER

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Employees

Total Employees	Avg. Employees
169	171

Consults

This Year
22

Utilization

This Year	Projected
13%	51%

Top 5 Complaints

3	Acute Maxillary Sinusitis, Unspecified	14%
2	Acute Follicular Conjunctivitis, Left Eye	9%
1	Acute Sinusitis, Unspecified	5%
1	Generalized Abdominal Pain	5%
1	Viral Infection, Unspecified	5%

Top 5 Prescriptions

2	Garamycin Ophthalmic 0.3% Ophthalmic Solution	9%
1	Augmentin 875 Mg-125 Mg Oral Tablet	5%
1	Amoxicillin 500 Mg Oral Capsule	5%
1	Maxitrol 1 Mg-3.5 Mg-10000 Units/Ml Ophthalmic Suspension	5%
1	Valtrex 1 G Oral Tablet	5%

Plan Savings

Primary Care	5 consults	@ $125.00
Urgent Care	5 consults	@ $175.00
Emergency Room	12 consults	@ $1,200.00
Total Savings	22 consults	$15,900.00

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(HealthiestYou Continued from Page 2)

If you haven't already, take advantage of this benefit the next time you or your family needs treatment. Install the app today so you are ready to use the service when the need arises (available at your app store or follow the link at www.healthiestyou.com). If you allow the app to access your location it will help you save money by providing a reminder about the service when you enter select medical clinic, pharmacy or emergency room.

TIC Environment Subcommittee Update

By Tracy Lord, Office Manager –Buffalo

In the last edition of "The Healing Times", Jeannette Witham wrote a comprehensive article about the accomplishments of this committee, from its inception, through September 2016. Since that time, there have been a few changes in the makeup of our group. While we lost Amy Anderson, when she resigned from CMMHC; we gained Caleb Mol, and more recently, Jill Udermann. Since Caleb is also a member of the TIC Implementation Team, he now serves as the liaison between our subcommittee and the main committee. Jill serves as a representative for the Elk River site.

As previously mentioned in Jeannette's article, Dr. Lee attended our meeting in September. During his visit, we gave a brief overview of our group, mission, and what we had accomplished thus far. We discussed "road blocks" as well as future plans. Dr. Lee encouraged the members to incorporate group goals into the 2016 Strategic Plan, and then submit them to him for review.

Our fall meetings consisted of following up on Dr. Lee's directives. After realizing the magnitude of addressing our "environment" as a whole, the group decided to streamline the process. We decided to focus on four main areas, under the umbrella of the following Strategic plan goal: "Improve productivity standards throughout the Center to achieve revenue projections". The four areas of focus selected, (based on Staff survey results), are as follows: Physical environment, IT Department, Maintenance, and Safety. Homework was assigned!

When we met again in December and January, we fine-tuned our homework assignments. Steven Loos visited as well, and gave our group hope in regards to achieving our mission, as far as potential funding sources in the future.

As of January, we are striving to finalize our submissions to Dr. Lee. Be assured, we are taking your concerns into consideration and are striving to make improvements in our environment.

CMMHC Organizational Self-Assessment Results: Exploring TIC Progress and Areas for Growth

By Dr. Steven Loos, PSY.D, LP Director of OPMH

As part of the strategic plan CMMHC wanted to evaluate the progress made in our efforts to bring Trauma Informed Care (TIC) to Central Minnesota Mental Health Center. The TIC Team will be creating a series of installments to update staff on progress made to date and areas needed for further attention. This first installment will provide a bit of history and a high level view of our progress to date. The TIC Movement at CMMHC was part of a nine month project in 2013 through the Addressing Health Disparities Leadership Program of the National Council for Behavioral Health. Through this project it was recommended that CMMHC invest in our staff to join the National Council for Behavioral Health Trauma Informed Care Learning Community. The budget had already been set for 2014 and this project could not be initiated without board approval. A special meeting was requested with our Board of Directors requesting an amendment to the 2014 budget allowing CMMHC to participate in the TIC Learning Community. The proposal was based on the belief that staff have directly and indirectly been communicating concerns with organizational trauma and this represented a significant plan to address these concerns. The board unanimously voted to fund this initiative and CMMHC joined the Learning Community in 2014.

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(Health Integration Continued From Page 1)

Patients who have mental illnesses and chronic disease cost 50 percent more than those without mental illness. The American Psychiatric Association estimated that $26 billion to $48 billion could be saved annually by integrating medical and behavioral care, which would decrease the nation's overall healthcare costs 5 to 10% (Floyd, 2016). The Cherokee Health Systems in Tennessee began integrating care early in 1984. This model uses a licensed behavioral health provider on a primary team who then partners with the primary care doctor to help patients manage their stress and depression. Data from this model and other systems suggest that by integrating primary care and mental health it saves 20% in health care costs (Experts call for integrating mental health into primary care, 2012).

Central Minnesota Mental Health Center and CentraCare Health received a 4-year grant from SAMSHA to establish a primary care clinic within their Mental Health Center. The focus of this primary care clinic is to promote increased overall physical health and wellness through preventative services and chronic disease management. This is accomplished through: Creating therapeutic alliances with the client population to decrease stigma and encourage proper use of medical services, providing recovery support and encouraging treatment of co-occurring mental illness/substance addiction through formal and peer-run groups, and creating integrative physical and mental health care through collaboration between medical and mental health care providers. The team of a primary care provider, registered nurse, certified peer wellness specialist, therapist, and dual diagnosis counselor collaborate bi-weekly with a psychiatrist to perform a comprehensive case review. For active patients in the program, individualized treatment plans are created with the client to aid in wellness and recovery.

This primary care clinic also offers the services of a certified peer support specialist. The peer support specialist is an individual who has a lived experience of mental illness and works alongside patients to help keep them engaged in their physical and mental health care by providing one on one support and wellness group facilitation. The wellness groups are an integral part of the program, including support for tobacco cessation, physical activity, dual diagnosis support, and nutrition education. The goals of this clinic are to update and make current all client immunizations, increase completion of annual exams and chronic disease management visits, reduce emergency room visits, reduce tobacco use, improve mental health symptoms and decrease BMI. The measurable indicators that are being monitored are blood pressure, height, weight (BMI), waist circumference, carbon monoxide level (Breath CO), fasting glucose and lipid profiles.

The outcomes that are being measured during this grant period include the number of patients in the mental health system without primary care providers prior to the program compared to those being seen by primary care since program inception, preventative health measures achieved pre and post involvement in the program, number of emergency department visits, change in mental health services and the change in tobacco use pre and post program involvement. Baseline measurements occur at initial start date into the program and every 6 months ongoing. For the first six-month assessment period, data showed promising results. With n=48, 4.2% were no longer at risk for BMI. With n=28, 7.10% for no longer at risk for waist circumference and 10.7% for Breath CO. Initial data was incomplete for several participants due to equipment issues. Data is still being obtained on the first participants in the program due to the program beginning in February.

Reimagining primary and mental health care as a collaboration versus independent silos in healthcare is the driving force behind improving client's physical and mental health. This could help prolong the lives of these particular individuals that experience severe mental illnesses by treating the whole person.

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Frances, A. J. (2014, December 29). Having a Severe Mental Illness Means Dying Young | Psychology Today. Retrieved from https://www.psychologytoday.com/blog/dsm5-in-distress/201412/having-severe-mental-illness-means-dying-young

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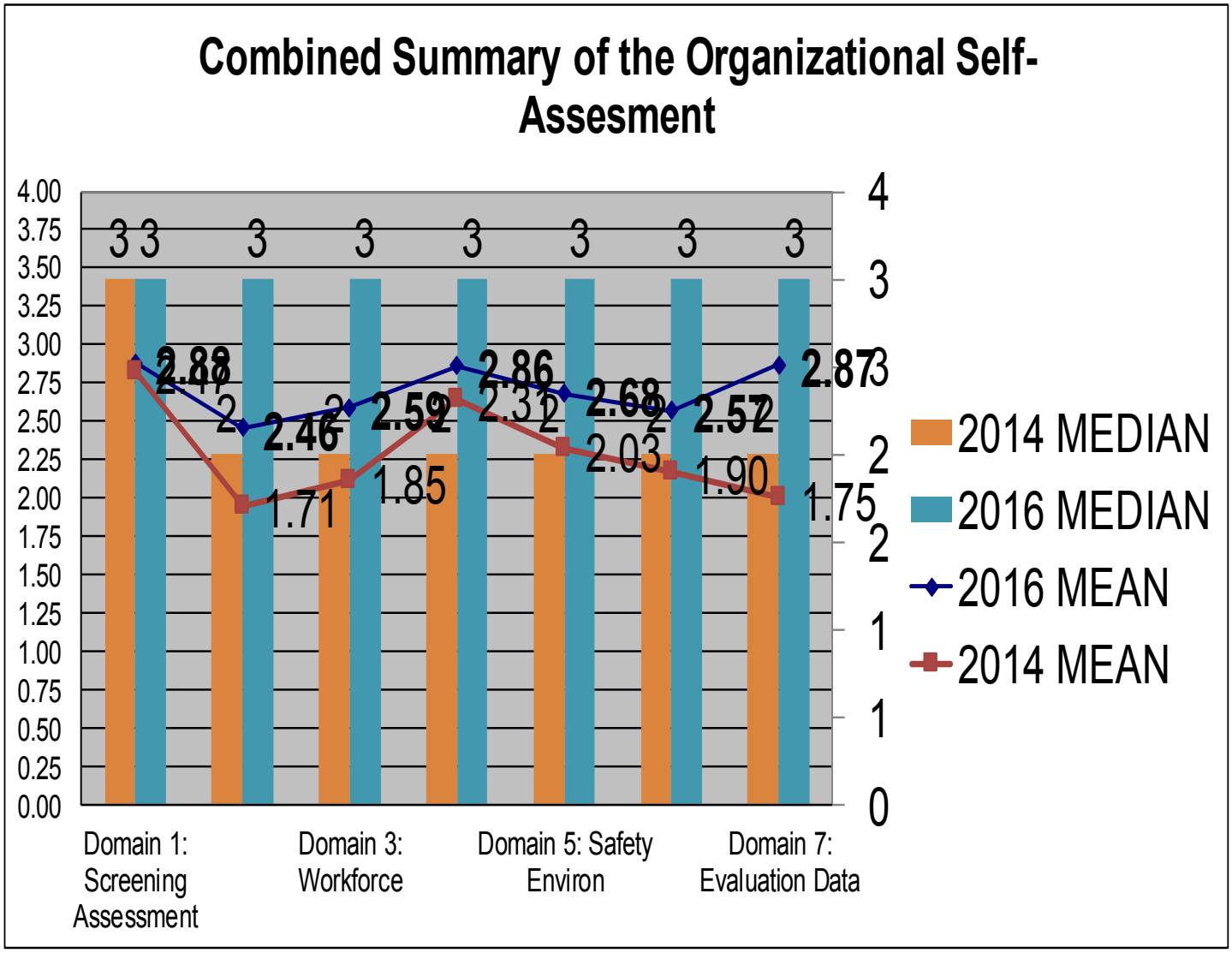
The National Council for Behavioral Health developed an Organizational Self-Assessment (OSA) to evaluate seven domains that make an organization Trauma Informed. As a reminder the 7 domains are: 1. Early Screening and Comprehensive Assessment of Trauma; 2. Consumer Driven Care and Services; 3. Trauma Informed, Educated and Responsive Workforce; 4. Provision of Trauma Informed, Evidenced Based, and Emerging Best Practices; 5. Create Safe and Secure Environments; 6. Engage in Community Outreach and Partnership Building; 7. Ongoing Performance Improvement and Monitoring. Traditionally it is recommended that only the Implementation Team assess the organization, but the CMMHC Implementation Team requested the National Council to allow all staff at CMMHC the opportunity to provide us direct feedback. The National Council loved this idea and now recommends it to large organizations who participate in subsequent learning communities. The OSA in 2014 represents our baseline data for CMMHC and also was used to identify the early directions of the TIC Movement. Using the direct feedback from staff the TIC team developed Subcommittees, based on the results of the OSA, and invited staff to help us work on the solution. The data from the 2016 OSA represents our first formal way of evaluating the progress made to date, beyond the anecdotal feedback we received. The results were powerful: the Mode, Median and Mean for each domain score of TIC at CMMHC improved from 2014 to 2016. Please see the below graph for people that are interested in a visual representation of this. The TIC Team has adopted a motto in terms of interpreting these results: CMMHC must celebrate the healing that we have achieved and hold ourselves accountable to the healing yet to be done. The second installment will focus on areas on our two lowest domains and how we would like your help in addressing them going forward.



Hey Baby I've Been Thinking About You

By Mary J. Linn, MS, LP, Clinical Supervisor Integrative Birth to 5 Mental OPMH Programs

Once upon a time EVERYONE was a child raised by parents or caregivers. And these parents or caregivers were children raised by their parents or caregivers …. And so it goes on. Similarly children who grow up to become adults sometimes have and/or raise children of their own. Integrated Birth-5 OPMH Services is not just about very young children under age five but rather it is equally about the adults who care for them. Many of you may not work directly with very young children, however, you may be working with an adult who cares for them, or as a sibling of your client. You can support your client in being a more sensitive parent/care giver (even an older brother or older sister) by "*keeping the baby in mind*," **it is as simple as that**!

Here at CMMHC we offer an array of services to individuals and families; adults and children (birth to 18) with mental health or chemical concerns. In terms of the clients we serve regardless of where they are along this parent-child spectrum it is important to think about - who they are; what is their mental health and how that influences their ability to be sensitive to the needs of parenting children who are in the early stages of brain development and attachment; or how early childhood mental health concerns may influence the development of the very young child. The more the parent/care giver can be consistent with responses that are in tune with the very young child cues/needs, the more it will foster healthy brain development and healthy attachments for the very young child. We know that the relationship between the parent/caregiver – child is vital. "*There is no such thing as a baby…If you set out to describe a baby you will find you are describing a baby and someone. A baby cannot exist alone, but is essentially a part of a relationship* (Winnicott, 1966)." T Louise Hayes said, "*When we are very little, we learn how to feel about ourselves and about life by the reactions of adults around us*."

You may say, "but I am not trained to work with very young children, would not know what to do." The good news is that you do not have to "be an expert" on the very young child. You can help the parent/care giver be "curious" about how they are addressing their own mental health issues and how their mental health concerns influence their awareness to be sensitive to the needs of their child. In planning how to care for themselves it can also be added, "And what about your child, what is the plan provide care for them while you take care of you." Ask questions to increase knowledge about what support systems do they have in place to give them support as well as to offer support to the needs of their developing child. What family support do they have – is family perceived as a support or a challenge. In the community what support programs are they already involved in or is available that foster positive early childhood healthy development such as ECFE programs, Reach-Up Early Head Start Programs, Daycare programs, even events at public places like the library. Asking about the relationship with their Physician, the child's Pediatrician, or if they are working with a Public Health Nurse may be excellent resources for them. By bringing this up you are asking, "Who is their support team?" We hold the parent/ caregiver as they hold the child.

Sound interesting so far? Stay tuned, in the next newsletter we are going talk more in detail about our Out Patient Mental Health program that focuses on the Integrated Birth to Five Services to families with very young children and parents/care giver. We will share how CMMHC has been building a structure within the agency to train clinicians and providers on how to provide best practice and evidence based relation focused interventions to very young children aged birth to five demonstrating mental health concerns. There are a lot of exciting things happening and we cannot wait to tell you more!

A Word From Your Executive Director

By Dr. Richard G. Lee, Executive Director

Happy Spring!

In looking over my report outs to you last year, among the common themes were "pace of change". By the end of 2016, I was expressing to you my earnest belief the pace would slow down, and I was committed to less "top-down" decision making going forward. I hope you are generally feeling like those things are more or less being borne out. While we must remain nimble in the rapidly changing healthcare environment in which we exist, I am committed to the notion that regardless of where "change" originates we will do a better of job of communicating those changes. More on that later…

The major areas that were both rapidly changing and largely top-down – HR and Compliance (inclusive of HIM) – have mostly been brought to where the needed to be. No question, HR will not be idle going forward (it never is); and while our internal compliance program has lots of ground left to cover, compliance efforts at least in the foreseeable future will be mostly program specific and thus won't reach quite as broadly.

After we all got through the holidays – and thanks to all who used the coupon code toward buying some CMMHC gear – the next big deal on the administrative agenda was the February 8 "Round Table". I thought it was a great day for CMMHC, a view that I understand was broadly shared. Of the many things that came of that event, for me the dominant takeaway was "why didn't we do it sooner?"

It was a lesson well-learned. Going forward, we plan to bring the Middle Management and Leadership Teams together on a quarterly basis (the next one is planned for May 17), and we intend to make sure that the Middle Management Team is actively engaged in our Strategic Planning efforts for 2018 and beyond.

I trust that the outcomes (so far) of the Round Table have been communicated with you, so I won't reiterate them here. We are still finalizing the "Action Steps" emerging from the Round Table outcomes. Those will be coming out to the Middle Management Team ahead of the May 17 quarterly meeting.

A major theme of the Round Table was "communication". Communication is such a conundrum. It seems like we are constantly disseminating information, but that doesn't mean we are "communicating" well. Thus, it is evident that we need to do a better job for staff of separating the wheat from the chaff.

We think we can improve our communication when some sort of decision is being contemplated that will affect staff directly by intentionally asking 3 questions ahead of any broad rollout: "Why are we doing this?", "Who does this affect?", and "Who needs to know?" and using the answers to them to guide the communication strategy. Also, we are soon to begin work on building an "Intranet". The intranet will eventually replace "drives" for storing digital content and making it easily accessible to staff.

Let me shift gears a bit and comment on some bigger picture stuff.

Soon after my arrival at CMMHC it was brought to my attention that the relationships with our county partners were strained. Indeed, I was told directly more than once that my enthusiasm and stated commitment to being a good partner was cute, but that the proof would be in the pudding. Fair enough, I thought. I firmly believe that 15 months later those relationships are generally pretty good and in some cases very good. I have made it a priority to be a positive and meaningful participant with the stakeholder groups I am a part of;

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I have elbowed my way into some stakeholder groups where we had little or no leadership presence; I have encouraged continued or even enhanced staff participation in relevant stakeholder groups in their spheres of influence; etc. In these ways, all of us increase the likelihood that CMMHC will be a desired member of any local and regional behavioral health initiatives, strengthen CMMHC overall and help us as individuals feel like we our making a difference in our community. Isn't that why we all do this work?

At the state level, there are some big things going on. One of the biggest is the Certified Community Behavioral Health Clinic (CCBHC) Demonstration Project. [For detailed information about CCBHCs, click on or copy and paste this link into your browser: https://www.thenationalcouncil.org/topics/certified-community-behavioral-health-clinics/]. Minnesota was selected as one of the 8 "Demonstration States"; I confess to being envious of the agencies involved in the project (Northern Pines Mental Health Center; Northwestern Mental Health Center; Wilder Children and Family Services; People Incorporated; Ramsey County Mental Health Center; and Zumbro Valley Health Center). I am closely watching their progress because if the service delivery and payment models are successful, there is little doubt that CCBHCs are the future of community mental health. My peers at those agencies are not convinced at this juncture that they will be successful, and we won't know for a couple of years, but I am keeping a close eye on the project and will strive to position us accordingly as the results come in.

Last, at the national level, I am keeping a close eye on the ACA "repeal and replace" efforts. This is potentially a very big deal for us as a healthcare provider. For context, it is the "Medicaid expansion" piece that is most important to us. Of the millions of people now insured who weren't before the ACA, about half are newly insured because of Medicaid expansion. No matter your personal politics, the failure of the AHCA was good for CMMHC, and the overwhelming perception is that Congress pulling away from it was the direct result of a grass roots response. This issue is not going away, and lest you think your voices don't matter to your elected officials, these events demonstrate otherwise. Please make them heard.

I was just speaking with another staff person who popped into my office to talk some smack. It struck me again how although my door is usually open when I am in my office, hardly anyone pokes their head in. I know I need to get around the agency more than I do, but please, if you are wandering past my office and the door is open, come on in. I am always looking for an excuse to be distracted from my work.

TTYL

Rick

COMING SOON— HUMAN RESOURECES WILL BE SENDING OUT A SURVEY TO ALL STAFF ASKING WHY THEY WORK AT CENTRAL MN MENTAL HEALTH CENTER AND WHY THEY STAY. SOME OF THE