

Chisago County

Region 7E Mental Health Assessment

OVERVIEW: With the closing of a major mental health provider in March 2014, the Region 7E Adult Mental Health Initiative (Chisago, Isanti, Kanabec, Mille Lacs, and Pine Counties) determined there was a need to better understand the current strengths and gaps of the mental health system in the region and explore options to take action. This report summarizes the findings from a needs assessment conducted between August 2014 and May 2015 for Chisago County.

KEY FINDINGS

- There are serious consequences when someone cannot access needed services to support their mental health and other related health needs.
- Meeting immediate needs through psychiatric services and children’s services were identified as the highest priority gaps to address.
- Mental health providers in the region have done a good job of stepping up to fill the void left by Riverwood by developing new services or expanding existing services to other parts of the region.

DEMOGRAPHICS

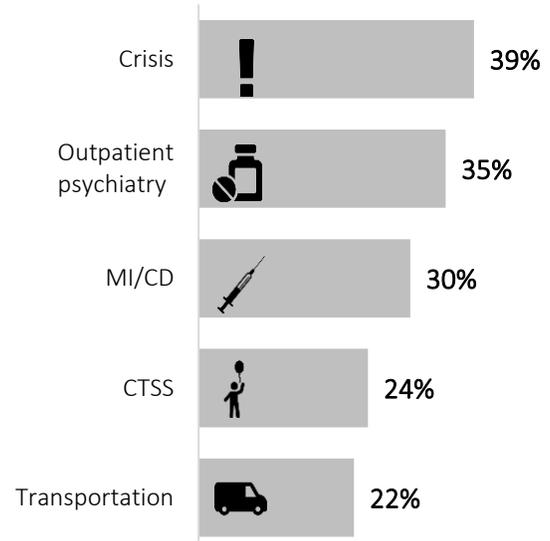
Data ¹	Chisago County
Total Population	53,691
Median Age	39.2
Poverty rate (individual)	7.5%
Median Income (individual)	\$33,800
Total MHCP clients (2010)	1,325
Adult Rule 79 (2010)	330
Child Rule 79 (2010)	124
Mental health providers	57
Provider Ratio	943:1

SERVICES RANKED AS MOST HELPFUL FOR MAINTAINING CONSUMER HEALTH AND SAFETY

Respondent	Key informants ² (n=104)	Healthcare providers (n=52)	Consumers (n=73)
ARMHS	30%	46%	32%
Case management	34%	31%	30%
Crisis services	43%	56%	4%
CTSS	30%	27%	7%
MI/CD	21%	35%	6%
Outpatient Psychiatric	27%	31%	29%
Psychology	32%	13%	66%

**Select up to 3 for key informants and healthcare, select up to 2 for consumers.*

KEY INFORMANTS RESPONDING THAT THE SERVICE GAP IS A PRIORITY TO ADDRESS



¹ ACS 2013 5-year estimates, 2015 County Health Rankings, Minnesota DHS 2010 Mental Health Utilization Tables.

² Key informants are located in or provide services to Chisago County.

Why is this issue important?

The quality of life outcomes for individuals (of any age) who are unable to access needed services and supports can be negative for not only that person, but for their family and community as well.

The list of negative outcomes resulting in unmet mental health needs is long. Adults may be unable to maintain employment or stable housing without appropriate supports. 71% of adults with mental health needs in Minnesota were not in the labor force.³ Adolescents' performance in school can suffer as a result of symptoms. Individuals can experience compromised functioning and ability to manage stress. Physical health and chronic conditions may also suffer without maintenance.

In the most serious situations, unmanaged symptoms may lead to interactions with the criminal justice system. Frequent crisis situations can lead to family disruption and negative experiences with resources available to help. Individuals may be at risk of harming themselves or others. Situations involving immediate threats to health and safety often lead to costly hospitalizations and ER visits which tax limited resources for stakeholders involved including healthcare providers, law enforcement, prisons and jails, and schools.

Mental health services contribute to avoiding costly hospitalizations related to mental and behavioral health.

Psychiatric hospitalization, residential placement, and visiting a hospital emergency room are acute interventions that are more expensive than maintenance services focused on stabilizing symptoms. While these services are essential for meeting the needs of individuals in crisis, they are an extreme on the continuum of care that could be available to the community. Services on the most intensive end of the continuum are reserved for a small number of people with a short-term need. However, when intensive services that fall between recovery and crisis on the continuum are not readily available, demand for acute, inpatient services may be unnecessarily elevated.

What is the current state of things in Region 7E and Chisago County?

What are the strengths of the existing system of mental health services and supports in Region 7E?

Key informants identified the variety of mental health services available and the willingness of providers to develop new services as a key strength of the mental health system in Chisago County. The closure of Riverwood prompted collaboration between mental health providers and the counties to ensure consumers had access to needed services. In particular, several providers have worked to develop new services, including bringing mental health services into schools. Open communication between stakeholders and the willingness of different players to collaborate are keys to the success of these efforts.

The relationships between case managers and providers are also a strength of the county. Many providers and case managers have been in the county for most of their careers, resulting in strong relationships that benefit consumers. While relationships with the schools and some agencies still need improvements, the county is actively working to build those connections.

³ 2013 CMHS Uniform Reporting System (URS) Output Tables.

What should the priorities be for mental health services?

Meeting immediate needs through crisis, psychiatric services, MI/CD, and children's services were identified as the highest priority gaps to address.

Crisis services. Interviewees referenced the closing of Riverwood and loss of mobile crisis and crisis beds as a loss of key options in the continuum of mental health services. Although a crisis phone line is still available, it was not viewed as a sufficient alternative for more intense intervention resources needed to ensure the safety of individuals and their families in certain situations. In particular, the lack of a shorter-term crisis service is viewed as a significant contributing factor to an overreliance on law enforcement and general hospitals to respond to mental health crises.

Adult and children's psychiatry. Outpatient psychiatrists play an important role in helping individuals with a psychiatric illness maintain stability through medication management. However, the provider base is limited in the region. Children's psychiatry, in particular, has limited openings and long waitlists. As a result, patients have to travel significant distances to access care. Mental health providers said the rural setting of the 7E counties makes it difficult to attract and retain psychiatrists. Consumers, especially children, in Chisago County often have to travel to the Twin Cities metro area for medication management.

Dual diagnosis and chemical dependency treatment. Chemical dependency and mental illness are often interdependent and closely linked in complex ways. However, there is a lack of treatment options for adults and children and limited coordination between the two worlds. Consumers with chemical dependency needs are often placed outside of the region for detox or substance abuse treatment, disrupting current mental health services and putting the consumer far away from positive support systems. After treatment, many people come back to the area to be closer to family or work. When they return, they must start over with a new program, which may or may not address ongoing chemical dependency needs. Interviewees said that in order to avoid a cycle of recidivism, more local treatment options are necessary.

Children's services. Specialized services such as children's psychiatry, dialectical behavior therapy (DBT) and CTSS are not readily available in all parts of the region. These services are key to improving outcomes for adults through early identification activities and supporting children and their families. Interviewees emphasized that children's services need to be flexible, accommodating a full-family approach and provided through a variety of settings like in-home, school, in-office, and day treatment. Key informants shared that having comprehensive programs for early identification in schools and behavioral health aide options would be beneficial. However, a particular challenge for developing children's services like DBT is coordinating the timing for groups to accommodate the small number of families required to start a group.

Mental health providers in the region have done a good job of stepping up to fill the void left by Riverwood by developing new services or expanding existing services to other parts of the region. The closure of Riverwood prompted collaboration between mental health providers and the counties to ensure consumers had access to needed services. In particular, several providers have worked to develop new services, including services for children and bringing mobile crisis services back to the region. Open communication between stakeholders and the willingness of different players to collaborate are keys to the success of these efforts. Although some gaps remain, the perception is that access to services, as well as the quality and selection of available services have improved since Riverwood closed. Regional providers and stakeholders are aware of the region's needs and continue to be active in their efforts to bring new services and choice to the area.

Recommendations

Facilitate community collaborations and partnerships across all stakeholders who have a vested interest in the health and well-being of individuals with a mental illness needs.

The Region 7E AMHI is in a position to lead efforts to bring a variety of groups together to communicate shared goals and build awareness of each group's role in the mental health system. Sharing information at regular intervals and establishing formal linkages between organizations, is a starting point to collaborative planning for individual care, as well as larger system improvements. One pathway for sharing information is to initiate an open meeting at regular times (e.g., twice per year or quarterly) to share updates from the AMHI, solicit agenda items from organizations around mental health service development, and seek opportunities for collaboration.

While intentional collaboration requires an investment of time up front, the potential reduction in ad hoc service coordination time and patient hardship can be reduced. Action on regional recommendations to increase availability of information and collaboration between stakeholders could result in a better experience for community members who seek out these services from different entry points.

Provide mental health crisis intervention and de-escalation training for law enforcement, especially for areas with limited access to crisis services.

Law enforcement officers are often the first contact for individuals experiencing a mental health crisis, in rural areas. However, officers often lack appropriate training for intervening in mental health crisis situations. Individuals in crisis who encounter law enforcement are often brought to the emergency room or jail rather than being referred to a more appropriate mental health setting. Officers can call Chisago County Human Services for support in dealing with a mental health crisis. However, because of the on-call schedule, the person at Human Services does not always have the expertise the officer needs. Human Services provides pamphlets and brochures to law enforcement agencies including referral information, but key informants said those materials do not pertain to the police role in addressing an immediate crisis situation.

The Region 7E AMHI should select training providers and seek out funding opportunities to help defray staffing costs associated with the trainings, with Chisago County Human Services working to develop a training plan in conjunction with city and county law enforcement agencies. The trainings should be aimed at better preparing officers to identify mental health components in law enforcement contacts, de-escalating crisis situations, and referring individuals to appropriate services.

The costs associated with law enforcement trainings include overtime costs attached to training time and shift coverage, as well as training fees and materials. However, the benefits include decreased jail and emergency room usage, avoiding crisis situations, and improved relationship between consumers and law enforcement.

Recruit active members to participate on Chisago County's Local Advisory Council (LAC).

The LACs are an important way the county can gather insights and feedback from consumers of mental health services about unmet needs. Consumer groups can help guide priorities for funding services or other supports, and provide a foundation for peer delivered service models like drop-in centers or peer-support groups. A key informant shared that Chisago County had a drop-in center with regular speakers and employment opportunities, but it was financially unsustainable. Currently, Chisago County is in the process of building a stronger LAC and consumer presence by reaching out to providers and the community to provide information and request referrals. Chisago County can also gather suggestions from other Region 7E Counties with well-established groups about ways to boost attendance and engagement in the LAC.