

**Report and Minutes from the  
Final Mental Health Case Flow Subcommittee meeting  
October 1st, 2008**

Kensington Building, Winona, 2:30 to 4:00 p.m.

**During this last meeting:**

**Those present:** Judy Gilow, Anne Yakle, Nancy Valentine, Julie Hanson, Steve Buswell, Rena' Patterson, Mary Bronk, and Mary Kopp.

**Those absent:** Judge Thompson, Tom Gort, Paul Bostrack, Carrie Bailey, Barb Klink

**Background:**

*The task for this group originally was to look at the process flow of mentally ill cases in Winona County cases. These cases would typically end up in the jail, in court, or in a community based intervention program. There was some concern that some cases in Winona County were not consistently or properly being processed through the system and as a result, public safety was compromised and individual client achievement in addressing mental health concerns were being impacted by a dysfunctional process.*

*While the group did complete a "Process Case Flow Chart" (attached), after some early group discussion, they decided to modify their task to rather act as "process examiners" . This changed the focus of the group from identification of the entry and exit points in the system and the data and factors used in determining movement, to a more sophisticated position of examining the process and recommending areas for potential modification.*

*The group recognized that system policy and procedures will translate to prevention or intervention program areas in many cases. There is a lot of cross over between policy, procedures and program areas. Programs may or may not be in existence to address many of the needs the group identified and discussed. The group's mission then became to identify policy and procedure pinch points in the system, which would typically result in unsatisfactory outcomes for both the individual client and the system.*

*The group met a total of 4 times, and did a significant amount of "homework" in between several of the meetings. Case samples and scenarios were used as part of the issue identification exercises. The following represents the recommendations of their work. It is recognized that ongoing work in many of these areas will need to be done if others agree to*

*follow the recommendations. It is also recognized that many of the issues this group discussed are already being addressed through different work groups under the umbrella of the CJCC.*

## Needs and System Pinch Points:

**To improve the efficiencies and outcomes of a mental health case processed through Winona County, the Mental Health Case flow Subcommittee identified several areas of concern. These will be forwarded to other work groups in the future, and next steps will be determined by those groups. These system “pinch points” were described in generalized terms and placed into policy or procedure areas that impact programs. The pinch points were described as the following:**

1. The forms and process for a mental health client to receive aid are too cumbersome and often times confusing. Clients may not have the ability to complete these required forms or comply with the bureaucratic process due to the client’s limitations or health status.
2. There is a need to improve communication between involved agencies, from the basic information that a client is already involved with the agency to more comprehensive case planning and coordination.
3. Client motivation is often times lacking and client motivation is difficult to secure or maintain.
4. There is a need for specialized case loads or developed expertise in a number of offices. These could include the offices of the Courts, County Attorney, defense attorney, probation, and Human Services.
5. There is a need for increased training and cross training of all line staff.
6. There needs to be discharge plans from the jail, for the mentally ill inmate.
7. There is a lack of transitional or supportive housing for clients released from jail or those clients in a state of early deterioration.
8. There is a need to coordinate the case management responsibility of cases that are appearing in court and may not be involved with probation. There is a drop off of case management after the client leaves the jail.
9. There can be better coordination and use of the community based medication program administered through the Health Department or Hiawatha Valley Mental Health

**Recommendations to specific groups to be considered and reviewed in Program, Policy and Procedural areas:**

### **I. Recommended Program Areas to be addressed are:**

- A. The Early Intervention Court Process listed in MN Stat. 253.b is not used at all in Winona. Possible reasons for lack of use could be: unfamiliar with it, clients may not meet criteria, there may be a lack of screening or assessment resources for it, or there is a fear of change of practice. Recommend the Courts Committee explore the potential for use. Attached for review is MN Statute 253.(b)
- B. There are good programs, but often time's there is limited availability of space or long wait lists for services. This may mean that there are adequate programs available to meet most needs, but programs are either under-utilized or under- funded. Recommend the Jail and Jail Alternative Committee and the County Board explore this area of concern.
- C. Client motivation to participate can be a problem, especially when they are ill. Recommend the Dept. of Human Services, Public Health Dept., and/or the Jail and Jail Alternative Committee explore resources and training to improve the client and service staff understanding and addressing of this area of concern.
- D. Community Meds Distribution Program at Public Health and Hiawatha Valley Mental Health does not get a lot of coordination or referral from justice system sources, or may have limited authority or ability to assist. Recommend the Public Health Dept., private providers and the Jail and Jail Alternative Committee explore resources and address the related process and procedure areas. Community based meds monitoring and meds distribution may provide significant support for the client.
- E. Early discharge planning must occur upon admission to the jail. This should include the placement of a social worker or case manager in the jail on a regular basis. This person should also assist with the application process for client financial and social service aid. The Jail , Jail and Jail Alternative Committee, Health Department, County Board and CJCC should evaluate the staff need.
- F. There should be additional client housing services developed. This should include transitional housing from jail, temporary community housing for community based clients, a "Safe House" or facility designed for early intervention, assessment and support, and long term housing needs. There should be a concentrated effort to engage community based agencies, groups or volunteers in this process, such as the Housing Authority, Catholic Charities, Lutheran Social Services, the Salvation Army, Hiawatha Valley Mental Health, Winona Health, etc. The Jail and Jail Alternative Committee should lead this exploratory effort.

- G. There should be consideration for specialized court programs or caseloads that will ensure consistency and coordinated case management. Options discussed include a “Unified Court” or a “Mental Health Court” where all pending legal actions against a mentally ill client are addressed in a single court, and by the same legal team of the judge, defense attorney and county attorney. Any pending action against the person will be addressed and resolved by the same legal authority parties; (i.e.; civil, criminal, juvenile, mental health commitments, etc.) There may not be an ability to develop a full scale Mental Health Problem Solving Court, but this should be a consideration. Having the specialized case loads will be a positive first step in the problem solving process regardless of the development of a specialized court program. The CJCC and Courts Committee should consider this recommendation.
- H. In follow up or as part of section “G” above, it is recommended that specialized case loads be developed in the following offices; Courts (judges) , County Attorney, Dept. of Corrections, Public Defenders Office. Staff should receive specialized training and then have targeted cases directed for their involvement in the case processing. The CJCC should discuss this option and refer to the appropriate committee for investigation and recommendations.
- I. In all areas, improvement of the screening and assessment tools and establishing best practices for case processing is being recommended.

## **II. Recommended Policy Areas to be addressed are:**

- A. Early Intervention Court, MN 253.b, should be explored, as outline in Program area “A” above
- B. Lack of communication protocols or lack of consistent use of established protocols is problematic. The examples cited include different judges or county attorneys being assigned to the same individual that was appearing for both criminal charges and unrelated or related civil proceedings. Could a unified court (Or mental health type court program), eliminate this issue? These policy areas are outlined in Program areas “G and H” above. Also, HIPPA challenges impact staff willingness to communicate and are often times a barrier. The CJCC, Courts and Release of Information Sub-committee should take on these issues.
- C. Confidentiality (HIPPA) Challenges. General lack of knowledge about who can communicate with whom and at what point. It is acknowledged there is a specific work group already addressing these challenges and their efforts are considered an important part of addressing overall issues with this area of concern on this type of case. (More specific than “B” above).

- D. Funding sources and funding decisions, at both the state and county levels. Not enough money to go around, or not in the “right places”. The State Legislature, County Board, CJCC and Cultural Outreach and Diversity Committee should address this funding and allocation issue. There should be additional financial support for programs that address the needs of the mentally ill including treatment, medications, housing, and ongoing community support.
- E. Jail vs. Hospitalization. Other than the State Statute, which does not seem to meet the need or go far enough, there is no standard of expectation or operating procedures in place to assist in client/inmate/patient placement. Can an objective risk and needs instrument be developed and agreed upon that would assist with client placement during crisis situations (from jail to hospital, etc)? A Winona County developed instrument, with an agreed upon set of established criteria that sets forth a local standard for hospitalization or jail for clients referred from the jail or law enforcement, is the goal. The Mental Health Committee, along with community based providers, should take the lead on this instrument development and policy and procedure area.
- F. Can Probation be reinstated pending a revocation action where the PO can continue to case manage the individual, without jeopardizing the revocation action? There is a lack of case management with these types of cases and the individual (defendant/client) usually continues to digress while awaiting disposition. Who or what agency can take case responsibility? The Mental Health Committee or the Courts Committee should consider this area of need.

### **III. Recommended Procedural areas to be addressed are:**

- A. Release of Information concerns. Who gets the releases and how often? It is suspected this area of concern may be receiving attention by the Release of Information work group. Recommendation is to consider their work in addressing this need.
- B. Not using enough technology to assist in case management. Examples cited involved use of automated calendaring systems as reminders for ROI, appointments, communication, medication schedules, etc. The Information System Dept, and the CJCC Information/Data committee should review.
- C. Lack of communication or knowledge of or with; other care providers involved with the case. Jail and Jail Alternative Committee and the Release of Information workgroup should address.
- D. No community discharge plan to those leaving jail. “Pushing them out of the plane without a parachute”. Public Health or Human Services may be a source for assistance that is underutilized. Social Work or Case Manger presence in the

jail may be the key. The Mental Health Subcommittee should address this area of concern.

- E. Simplification of the state aid applications is needed (CALF, SS, SSDI, etc). The State Dept of Human Services and State Legislature need to become informed and the Community Outreach and Diversity group should develop and lead an action plan on this concern.
- F. There should be automated electronic or other processes established to notify others in the system when a client is in custody or has regressed to a point of concern where some other community intervention is warranted or inevitable. The Mental Health Sub Committee and the Release of Information groups may already be addressing this area.
- G. Increase in the content and frequency of mental health training areas for staff. Department heads, CJCC, and the Mental Health Subcommittee should address this area of need.

#### **IV. Next steps for the group:**

- A. This group will prepare a list of recommendations to forward to CJCC, MH Subcommittee and the Jail and Jail Alternative Committee. Included with the recommendations will be the Flow Chart Map and a copy of the relevant Minnesota Statutes.
- B. The group will then disband until further notice or work assignments or directions are provided by the oversight groups.

Tom Weber

Recorder