



Behavioral Health Business Proposal

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Cover Letter

Dear Mr. Chairman and Council Members,

Thank you for your time to meet with Martha and I today to consider staff restructure and retention within the Behavioral Health Division. This proposal is intended to reorganize the current Behavioral Health Division in order to better serve the needs of our people. The Behavioral Health Division provides a wide variety of services to not only tribal members, but to anyone who desires these services. Nevertheless, in recent events, the M.A.T and MOMS programs have been severely impacted by the new directive from the Department of Human Services stating take homes can no longer be reimbursed. Moreover, to ensure high quality care is being rendered Behavioral Health has developed quality controls and conducted internal audits that shined light within the Mental Health programming.

Due to the unforeseen circumstances, sustainability is what the Behavioral Health Division fears during these trying times. The Behavioral Health Division is always striving for improvement and continuous high-quality care. Moving forward transparency and restructure will allow the opportunity to build Behavioral Health's foundation on the Reservation and ensure high quality care is being provided to our people. Once the foundation is strong, standardization of the services rendered will ensure that the quality of care will not be compromised.

Thank you,

Martha Williams Interim Behavioral Health Director

Danielle Stevens Assistant Behavioral Health Director

Dosing Services

Behavioral Health is continuously seeking innovative ways to ensure programs sustain and continue helping our people throughout their sobriety journey. It is a fact that Behavioral Health dosing services have been impacted due to not being able to bill for take homes. Furthermore, the revenue loss fiscal year 2018 to fiscal year 2020 have totaled an approximate 44.81% billing loss for all our dosing services at this time, however these losses will always fluctuate.

As to date there has been no direction from the state on what is and what is not appropriate to bill out for these services, per the May 01, 2019 letter. These revenue changes were unforeseen, and the obstacles Behavioral Health faces is not only affecting dosing programming, but affects clients, Behavioral Health Division, and White Earth Nation as a whole. With a strong team and support Behavioral Health will be able to focus in on a bigger vision built off the demands of our people. The services rendered will be supported from a concrete foundation that will be client-focused, driven off a united effort even bigger than the Behavioral Health Division itself. As a team, the daily operations will be in accordance with the mission and goals of the dosing program. It is the Division`s duty to provide continuous standardized care throughout all the dosing locations. This will not only decrease guesswork and ambiguity, but can advance productivity, guarantee quality, finalize patient care and increased employee morale.

Identified Concerns:

- *Revenue Loss*
- *Expenditure*
- *Budget*
- *Staff Accountability*
- *Programmatic infrastructure*

Proposed Solutions:

Due to the lack of multiple program budgets produced by past administration, current Behavioral Health administration worked closely with Finance to create a cohesive budget from the ground up. Furthermore, review and possible restructure of titles and wages of staff throughout all programs and locations are being conducted to ensure the appropriate tasks assigned are within the scope hired for.

It is a fact that the revenue loss across all dosing locations have impacted dosing programming, it is the intention to build one Dosing Program by combining all current M.A.T and MOMS programs. Take home doses are not only a privilege, but a milestone throughout the clients` sobriety journey. This is the most cost-effective approach for not only revenue, but for staff restructure and retention purposes.

Behavioral Health is rising to this challenge and continuously seeking out of the box solutions to build revenue. For instance, building peer support staff on and off the Reservation is a great way for those seeking long-term interest in CD to grow and obtain other requirements for other jobs. A strong Peer Support staff will better serve the needs of the clients by reaching out and going to the clients versus expecting them to come to in. Maximizing this position will provide support for upward mobility and maximization of claims due to take home revenue loss. Furthermore, Treatment Coordinators will be tasked to focus on case management, housing, working with legal, childcare and all other life “resources” for the counselors.

Reducing grandfathered in clients who receive 13 day take homes and recommend that the maximum allowable take homes go back to 6. This will not only better engage clients into the

programming, but it also enables two extra billable encounters a month per client (depending on insurance qualifications).

Standardization of care across Behavioral Health will start with initiating blood draws in the Urban offices which is also a billable service in conjunction with providing education. This will allow for maximization of claims as well as producing more revenue for Urban WESA. It should also be pointed out that our Urban area needs more innovative ways to outreach to our people in order to provide them the services they need.

Transportation is an issue considering the geographical location of many dosing sites. This process has been started and vehicles and drivers are following all MN D.O.T processes/procedures to create billable encounters. We live in a rural area, providing a midpoint to dose will alleviate stress regarding travel and/or time constraints with clients.

Revenue for dosing programs have reduced, and expenditures should as well. Several Omnicell's were purchased by past administration approximately 2 years ago but have not been set up or taken advantage of, rather wasting away. This project has been initiated in order to utilize the Omnicell's, which will allow the dosing programs to buy medication in bulk and is the most effective and cost-savings approach for the dosing programs.

Other ways to cut programming costs across Behavioral Health dosing programs would be to cut back and/or cut snacks altogether at all dosing sites, reducing and/or eliminating incentives, and explore reducing from two active EHR systems, down to one. Not only is this the most cost saving approach, but this will ensure data standardization and quality of care standards are being met.

Mental Health

Clinic-Based Site:

Mental Health is currently conducting internal audits, it has been discovered that inadequate billing procedures were initiated due to lack of oversight by past Behavioral Health Administration. Although Behavioral Health is in the preliminary stages of the Mental Health audits it is recommended that two million dollars be set aside in case paybacks to Department of Human Services is needed. The current clinic-based outpatient services are provided by five therapists at the IHS Clinic. There is one psychiatrist, utilizing telehealth services, and one part-time on-site psychiatrist. Two administrative assistants, medication providers and reiki practitioner located on-site.

Identified Concerns:

- *No tracking of referrals for clients requesting services at the clinic site.*
- *Limited psychiatric services for clients.*
- *Complaints have been received regarding providers not completing diagnostic assessments and other documentation in a timely manner. Documentation errors are causing takeback payments and billing indicates some services are missing timely file deadlines to receive payment, costing the program revenue.*
- *Clients experience delays in services for urgent needs with court ordered diagnostic assessments and scheduled crisis appointment times.*
- *High rates of clients are not maintaining scheduled appointments, with clinic-based providers.*
- *Productivity rates are historically low for the clinic-based therapists. Productivity rates for most clinic-based therapists are comparable to or lower than community-based providers.*

Proposed Solutions:

The clinic-based site will provide crisis services, medication management, time sensitive diagnostic assessments, intensive case management, and therapy services. Clinic-based services

can also utilize telehealth to assist in providing therapy services, expanding psychiatric services, and assisting with diagnostic assessments.

All referrals for mental health services will be tracked, as part of the revised referral/intake process. Intake specialists and administrative assistants will be able to assist in tracking and managing client care. Tracking referrals will also assist in identifying staffing and service needs.

All staff will have a defined caseload that meets productivity standards. Additional quality assurance measures will be implemented to improve client care, address provider performance concerns, and monitor productivity. White Earth Mental Health services will be client-centered, and providers will be focused on delivering high quality services to the clients on their defined caseloads.

Productivity rates of clinic-based providers do not exceed community-based providers, so there will be no difference in current billing revenue.

Psychiatric services will increase by adding staff via telehealth. Therapists at the clinic-based site can function as community-based providers and will be in communities that currently have unmet mental health needs. Staff will be more responsive to community needs, as they are able to travel to client's homes, eliminating transportation barriers and improving the client's ability to maintain scheduled appointments. The clinic-based site will be an identified pillar in the community for anyone experiencing a mental health crisis. A "safe haven", an identified place that can provide assistance and support while creating a space that is as normal as going to the doctor's office.

Dream Catcher Homes Child Care:

White Earth Mental Health is operating a child care within the supportive housing complex. The child care was initially described as a therapeutic child care that was utilized for children involved with ICW. It was later placed under a mental health manager that was housed at Dream Catcher Homes (DCH) and has continued to be operated by mental health staff. The child care has been operating as a regular child care center.

Identified Concerns:

- *There are no policies or procedures in place for the DCH child care, as it is not under White Earth Child Care.*
- *It is not a therapeutic child care. Staff do not provide any therapeutic interventions and do not follow any treatment plans. They are not trained or certified in any therapeutic programming, it is a regular child care facility.*
- *Efforts to transition the program to an Early Head Start Site were pursued but were not feasible within Head Start at this time.*
- *Implementing therapeutic training and programming into the child care site would create significant additional costs to the mental health program.*

Proposed Solutions:

The management and oversight of the child care located in supportive housing (DCH) will be shifted to White Earth Child Care, where it will be efficiently managed and staffed.

Under White Earth Child Care, when there are staff shortages with the DCH child care, other White Earth Child Care providers can be shifted to cover those needs. Current DCH child care staff will be able to transfer to the White Earth Child Care Program.

Policies and procedures would be provided under White Earth Child Care. Mental health services are currently provided within child care centers, schools, Head Start Centers, etc. for children with identified mental health or behavioral concerns. Those same services are available for the DCH child care for children who are identified as needing additional support, without additional programming.

Urban Sites:

White Earth Mental Health has one satellite office in Minneapolis and one in Duluth. Mental health services offered in Minneapolis include, case management and therapy.

Identified Concerns:

- *Issues regarding financial deficits in Duluth and Minneapolis were identified*
- *In Duluth, the White Earth office is operating within the Fond-du-Lac service area. Fond-du-Lac has expressed concerns with other agencies serving clients in their service area.*
- *Both urban sites have struggled financially to cover programming costs and generate revenue, due to low referral rates/low productivity and high space costs.*
- *Staff in the Minneapolis area are not bound by a service area, but referrals have been historically low compared to the number of staff hired by the previous administration for that area.*
- *In Minneapolis, concerns were noted with staff and building costs creating funding deficits. Lease agreements were entered by previous administration and will need to be evaluated by the legal department.*

Proposed Solutions:

Provide the best quality mental health services possible, while working to increase revenue and manage financial deficits. In order to be good partners with Fond-du-Lac, while also serving the needs of White Earth members living in Duluth, Behavioral Health will work closely with Fond-du-Lac to resolve these concerns and create a mutual plan regarding mental health services moving forward. The administrative team met with Fond-du-Lac leadership. A MOU will need to be developed between Fond-du-Lac and White Earth, if mental health services are to continue in Duluth. If White Earth would prefer to discontinue services in Duluth, full-time therapy staff can be utilized to increase services in White Earth via telehealth and clients could be transferred to Fond-du-Lac providers.

Office rentals in Minneapolis was secured by a lease that is under review by the White Earth Legal Department to determine if the agreement can be altered. Relocating staff to other urban office spaces to decrease rental costs will be pursued, if changes are able to be made to the lease. Another option could be determining the possibility of another White Earth program/division taking over the lease. One urban therapist has started to provide therapy services to Naytahwaush clients in the MOMS Program via telehealth. Additional expansion of telehealth therapy services to communities will occur as office space is available and equipment is obtained.

First Thunderbeing/Oshki-Manidoo-Youth Programs-Dual Diagnosis Center

Identified Concerns:

- *Housing is currently cumbersome at Oshki-Manidoo, the environment is small and houses both males and females together.*
- *Lack of ability to expand*
- *Lack of community*

Proposed Solutions:

Relocating the Oshki-Manidoo adolescent program to the Christian Retreat under one adolescent program will give us the opportunity to provide a true Circle Back Program.

Potential to be innovators as this would be one of the first Native American focused Dual Diagnosis programs in Minnesota and would be the first phase of creating the Family Treatment Center.

This program would benefit significantly by having more availability to White Earth's cultural activities such as Sweat Lodge, Ricing, Leeching, White Earth Elders for Story Telling, traditional songs, games, beading and regalia etc.

The Cathedral in the Christian Retreat allows us to host our own celebrations, ceremonies, pow wows, and sober youth events, (sober dances, sober holiday events) etc. This would not only cut down on our budgets, but significantly reduces travel costs and contracts taking clients off campus to engage in these activities that are already being provided to our Circle Back program.

The youth boys can be housed at the Halleluiah Hut which will provide more room, with minimal work and the current care takers house at the Retreat can house the youth girls which these housing units will provide a maximum capacity of 19 occupants rather than the current 13.

Moreover, the care takers house can also be utilized as a family visiting house to offer controlled visits with family providing the opportunity to spend the weekends with their children.

Additionally, housing the adolescent outpatient services and aftercare at the Christian Retreat grounds will provide more room for staff and treatment groups that are held. The transition would be seamless between low to high intensity services in a more efficient turnaround time; placement is secured. With these changes we anticipate increased revenue and more job opportunities with the center.

White Earth Substance Abuse

White Earth Substance Abuse is wide spread throughout the Reservation and expands to Minneapolis and Duluth sites which are all overseen by a manager and assistant manager located in White Earth. The only site that is not overseen by the current manager and assistant manager is Minneapolis site. Urban White Earth Substance Abuse manager position is currently vacant, it is in the best interest of Behavioral Health to have the current White Earth Substance Abuse manager and assistant manager to take over all Substance Abuse programs.

Conclusion

In conclusion, this proposal to combine the M.A.T and MOMS dosing locations is not only practical, but cost saving. The division has jump-started new ideas to generate billable encounters such as, transportation billing, build up Peer Support positions, and explore client specific groups to engage more clients and maximize claims. Furthermore, there is room to reduce or simply cut unnecessary expenditures such as, snacks, buying medical supplies in bulk, incentives, and cutdown from two Electronic Health Records (EHR) to one etc. Although Behavioral Health`s dosing programs have been in the spotlight, Mental Health programming also needs to be brought to light.

Mental Health is currently facing approximately a two million dollar take back on services rendered within the last year due to past administration oversight. Areas of concern within Mental Health have been identified as lack of documentation, referral process, staff productivity, and lack of policies/procedures etc. Moving forward, Behavioral Health ensures to provide the best quality Mental Health services possible, while working to increase revenue and manage the financial deficits within the programming. Furthermore, our youth are lacking a sense of community and ability to expand within their own programming.

The current Behavioral Health Youth programming is a cumbersome, small environment in which it is in the best interest of youth to have the Oshki-Manidoo adolescent program move to the Christian Retreat under one adolescent program. This will better engage the youth into cultural activities such as Sweat Lodge, Ricing, Leeching, White Earth Elders for Story Telling, traditional songs, games, beading and regalia etc. Additionally, this would be one of the first Native American focused Dual Diagnosis programs in Minnesota and would be the first phase of creating the Family Treatment Center. Lastly, having all White Earth Substance Abuse

employees under one management team is not only cost effective, but the Urban White Earth Substance Abuse currently has no leadership and would benefit having the same managers and direction as the rest of the Substance Abuse programs.

This proposal has been carefully put together to not only structure the Behavioral Health programs but allows for expandability and flexibility to better provide for our people as we continue to grow. Behavioral Health programs have supported clients while they maintained sobriety, improved outcomes, regained and maintained custody of their children. Some are even employed with our programs to give back and provide support to others in their sobriety journey. Sustainability is what we fear, but the obstacles we face are nothing out of reach when it comes to saving our people.

Despite the fact the obstacles might seem vast, this proposal has provided insight on how this restructure/retention plan will create organizational structure, sustainability, and a practical approach to continue high-quality care for our people. Moving forward, transparency and restructure, with your support, Behavioral Health is confident that all programs can effectively continue to provide services to those in need.

Thank you,

Martha Williams Interim Behavioral Health Director

Danielle Stevens Assistant Behavioral Health Director

