



Aitkin County Health & Human Services

204 FIRST STREET NW
AITKIN, MINNESOTA 56431-1291
PHONE 1-800-328-3744 or 1-218-927-7200
FAX # 1-218-927-7210

Contract

Interlocal Cooperative Agreement for the Regional Transition Specialist Position.

Objective

To establish a working agreement between Sourcewell and Region V+ Adult Mental Health Initiative in support of the Regional Transition Specialist Position.

Opportunity

The Regional Transition Specialist will work with Region V+ residents who are placed in state institutions to appropriately and timely transition back to their communities.

Existing or New Contract

This is a new cooperative agreement for a position that has been operational since May 1, 2018. The agreement span runs from May 1, 2018-December 31, 2018 with plans to extend the agreement with a separate written agreement through December 31, 2019.

Changes to Existing Contract

No changes as this is a new cooperative agreement.

Timeline for Execution

May 1, 2018-December 31, 2018

Conclusion

We are requesting that the County Board of Commissioners support this agreement.

Interlocal Cooperative Agreement Regional Transition Specialist

The Parties to this Interlocal Cooperative Agreement (hereinafter ‘Agreement’) include Sourcewell, a public agency, and Region V+ Adult Mental Health Initiative members, comprised of the Leech Lake Band and Mille Lacs Band of Ojibwe and Aitkin, Cass, Crow Wing, Morrison, Todd, and Wadena counties (collectively referred to herein as “Region V+ members”), agree to the following:

Article 1. Authority and Purpose

This Agreement is entered pursuant to Minnesota Statutes, § 471.59. The purpose of this Agreement is to clarify the roles and services provided by Sourcewell to Region V+ members, and Sourcewell’s role in hosting the Regional Transition Specialist (RTS) position.

Article 2. Scope of Services and Specific Duties

The RTS will work under the direction of Region V+ and is expected to provide:

2.1 Pre-Admission Services:

- County of Financial Responsibility must notify Transition Specialist of a request for Transitional Services.
- Transition Specialist will provide consultation to the assigned case manager to alleviate the need for commitment, hospitalization, or alternative placement.
- Transition Specialist will assist with commitment process if necessary.
- Transition Specialist will assist with admission process to facilities identified by the case manager or facilities the Transition Specialist identifies as being a potential resource for the client.

2.2 Post-Admission Services:

- Lead efforts in proactive and timely planning for discharge.
- Make contact as needed, no less than weekly, with the Anoka Metro Regional Treatment Center or Community Behavioral Health Hospital care coordination team, county case manager and/or individual receiving care to discuss status and potential options for discharge.
- Determine who should be on the client’s treatment team (involved parties) for case consultation and discharge planning purposes.
- Be responsible for assuring completion of shared planning documentation, and that all treatment team members receive updated information.
- Attend bi-weekly staff meetings at Anoka Metro Regional Treatment Center or Community Behavioral Health Hospital or via ITV to collaboratively discuss the course of treatment of individuals and process potential discharge ideas. County case manager or designee will also participate in the meeting either in person or via ITV.
- Identify resources available for discharge in the “home” community and across the

state, for potential options for discharge.

- Work to develop individualized services needed, but not yet available.
- Work to build knowledge and relationships with placing facilities to have a wide range of options available for case management consults.
- Complete all documentation, assessments, goal plan, discharge plan and make referrals as needed.
- Work collaboratively with the county case manager and anticipated providers to assure smooth transition and ongoing ability to provide appropriate level of care.

2.3 Post-Discharge Services:

- Provide coordination duties for up to two weeks following discharge from the hospital.
- Continue collaborative communication with involved parties.

2.4 Prioritization Guidelines:

The Transition Specialist is available to assist all counties and tribes in Region V+ to ensure resources are applied in the most appropriate way cases shall be prioritized in the following way regardless of county or tribe of referral.

- 2.4.1 Clients currently in a state operated facility and has received a DNMC (Does Not Meet Criteria) determination. Transition Specialist will provide reports to the CFR at least weekly for these clients.
- 2.4.2 Clients currently in a facility but in need of a different level of care than they are currently receiving. Transition Specialist will provide reports to the CFR at least every other week on these clients.
- 2.4.3 Case Manager consults to share knowledge regarding resources that could benefit specific clients.
- 2.4.4 Assist Case Managers with the commitment process when needed/necessary.

Article 3. Responsibilities of the Parties

- 3.1 Crow Wing County is the fiscal agent for Region V+. Sourcewell will invoice Crow Wing County, on behalf of Region V+ members, for the amount stated in Article 4 below. Payments must be received by Sourcewell no later than December 31, 2018.
- 3.2 Sourcewell and Region V + members shall comply with the Minnesota Government Data Practices Act at Minnesota Statutes, Chapter 13, as it applies to all data collected, created, received, maintained, or disseminated by Sourcewell and Region V+ pursuant to this Agreement. Further, in performing the duties of this Agreement, Sourcewell and the Region V+ members shall act in compliance with all applicable federal and state laws and regulations.

Article 4. Cost Allocation

- 4.1 Region V+ members agree to pay Sourcewell \$73,333.33 to host this position for 2018 (May 1, 2018 – December 31, 2018).

Article 5. Performance Measures and Goals

- 5.1 Performance Measures:

Regional Transition Specialist shall submit reports to the Region V+ Adult Mental Health Initiative Coordinator and counties or tribes. The reports shall contain the following information.

5.1.1. Report quarterly to the Region V+ Adult Mental Health Initiative Coordinator the number of clients served, under what status those clients are served and frequency of contacts with County of Financial Responsibility. Client data shall be separated by county.

5.1.2. Report weekly to the County of Financial Responsibility or tribe the DNMC (Does Not Meet Criteria) clients served by Transition Specialist and their status toward discharge. Client data shall be separated by county.

- 5.2 Goals and Outcomes. Regional Transition Specialist shall strive for the outcomes identified below.

5.2.1. Decrease number of and duration of DNMC (Does Not Meet Criteria) days by 25% year over year.

5.2.2. When notification of DNMC (Does Not Meet Criteria) status is received, 75% of DNMC (Does Not Meet Criteria) clients will be transitioned to an appropriate location within five days.

5.2.3. Initial contact with placement location will occur within 24 hours of receipt of the referral for 90% of referrals.

5.2.4. County case managers receive communication at the defined level in 90% of cases.

5.2.5. Satisfaction of services provided is at 80% per survey results.

Article 6. Duration and Extension

- 6.1 This Memorandum of Understanding is effective from the date signed through December 31st, 2018. This Agreement may be extended until December 31st, 2019 by separate written agreement signed by all Parties.

Article 7. Authority to Execute; Counterparts

- 7.1 By signing this Agreement, the undersigned individuals represent that they have actual authority to execute this Agreement and to bind the respective entities to its terms and conditions.
- 7.2 This Agreement may be executed in one or more counterparts and each such counterpart so executed is deemed one and the same instrument.

COUNTY OF AITKIN

x _____
Chair, County Board

Date _____

ATTEST:

x _____
County Auditor

Date _____

APPROVED AS TO FORM AND EXECUTION:

x _____
County Attorney

Date _____

COUNTY OF CASS

x _____
Chair, County Board

Date _____

ATTEST:

x _____
County Auditor

Date _____

APPROVED AS TO FORM AND EXECUTION:

x _____
County Attorney

Date _____

COUNTY OF CROW WING

x _____
Chair, County Board

Date _____

ATTEST:

x _____
County Auditor

Date _____

APPROVED AS TO FORM AND EXECUTION:

x _____
County Attorney

Date _____

COUNTY OF MORRISON

x _____
Chair, County Board

Date _____

ATTEST:

x _____
County Auditor

Date _____

APPROVED AS TO FORM AND EXECUTION:

x _____
County Attorney

Date _____

COUNTY OF TODD

x _____
Chair, County Board

Date _____

ATTEST:

x _____
County Auditor

Date _____

APPROVED AS TO FORM AND EXECUTION:

x _____
County Attorney

Date _____

COUNTY OF WADENA

x _____
Chair, County Board

Date _____

ATTEST:

x _____
County Auditor

Date _____

APPROVED AS TO FORM AND EXECUTION:

x _____
County Attorney

Date _____

LEECH LAKE BAND OF OJIBWE

x _____

Date _____

Title: _____

ATTEST:

x _____

Date _____

Title: _____

MILLE LACS BAND OF OJIBWE

x _____

Date _____

Title: _____

ATTEST:

x _____

Date _____

Title: _____