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| **SERCC Executive Team Meeting****Date and Time: January 27th, 2022, 3:30pm-5:00pm****Location: TEAMS**  |

**Agenda**

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| **Time CDT**  | **Topic** | **Proponent(s)** | **Attachment** |
| 3:30 pm  | Welcome | Chair-Dr. Sutor |  |
| 3:35 pm | Executive Committee Vision Check | Dr. Sutor |  |
| 3:45 pm | Datao Census o County of residence | Nicole |  |
| 4:00pm | Budget and Finance |  Margaret/Nicole |  |
| 4:20 pm | Staffing o Team wellness and care delivery o Turnovero Applicant Pool o Census impact (Are we running at capacity) | Nicole/Tim |  |
| 4:35 pm | Governance Discussion  | Amy |  |
| 4:50 pm | Mental Health Bill Language | Tim |  |
| 5:00pm  | Adjourn  | All |  |

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| Attendance: **Must have quorum to vote** |

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| **Member** |  | **Member** |  | **Voting Member** |  |
| Amy Becker |  |  |  | Dr. Sutor |  |
| Tim Hunter |  |  |  | Nina Arneson |  |
| Nicole Mucheck |  |  |  | Courtney Lawson |  |
| Mika Baer |  |  |  | Amy Thompson |  |
| Jennifer Jiang |  |  |  | Erin Sexton (part-time) |  |
| Margaret Vimont |  |  |  |  |  |
| Jamie Swift |  |  |  |  |  |

X= attending; 0 = absent

Minutes of the January 27, 2022, SERCC Executive Board meeting.

Meeting opened at 3:35 pm as an informational meeting due to lack of quorum.

Minutes from the December 14th meeting were tabled until the next meeting.

Executive Board check-in – Dr. Sutor does think that participation has been good, and the Ex. Board has been working well. Tim Hunter does want to mention that looking back at the numbers prior to SERCC and now with SERCC notes that the consumers being seen has increased and thinking back to our original idea of access for consumers is good and should be recognized by the whole. Nina thinks that overall the spirit is right, and the partnership is good – we do need to address the lack of quorum at some meetings. Reminders will be sent two weeks before subsequent meetings to hopefully ensure a quorum of voting members going forward. Nicole has appreciated the welcome and guidance from members of the Ex. Board as she joined SERCC.

Data Update – presented an overview of the 2021 data. The residential number flex a lot during the day due to discharge and intake. So far in 2022 we saw an increase for the past 2 weeks but are now seeing decreases due to discharges. In 2021 there were three times that the adult residential was full and now once in 2022 the youth residential has been full. Reviewed the referral source of consumers accessing SERCC with self-referrals still the most, followed by family/friends and then hospitals/ED. Question was asked about referrals made out from SERCC; Nicole will incorporate that into future data reports. Dr. Sutor would like to see a population equation included for the per County data to accurately reflect numbers in comparison to county populations. Nina mentioned including the mobile crisis numbers to also reflect non-Olmsted usage numbers accurately.

Finance update – Nexus is still closing out year end but has analyzed the 2021 expenses and revenues; which illustrates that the residential census specifically adult residential drives the financial health of SERCC. The implications of this financial prospective and how we can work to embed SERCC in the community better – SERCC is needed and not over-built – but are there gaps in communication strategies or target connections that need to be made. What is the perception in the community? Is the standard track (sent to ED) just too easy and thus not wanting to change and send referrals to SERCC? How can we get ED consumers to come to SERCC instead of ED? Mika Baer shared consumer feedback - consumer admitted herself and that a nurse was not on staff for an assessment, did received an hour of DBT and then discharged herself. Mika went on to ask how are referrals made out or are there staffing concerns that contributed to this consumers experience? Nicole mentioned that SERCC is looking at process and procedures in place and what updates may need to be made. What about other community partners – are they sending consumers to SERCC? Courtney from NAMI mentioned that she has heard confusion around if SERCC is right for you. Maybe instead of marketing SERCC services we should just market this as a one stop shop, so come in and seek an assessment. Are we over marketing SERCC residential and not SERCC Clinic? Turned away may just mean that you weren’t admitted to residential, but you did receive services/referrals from SERCC Clinic. SERCC and partners should begin working reframing messaging regarding the SERCC Clinical. There are two separate issues here the messaging regarding SERCC Clinical and the financial success which is largely due to SERCC Residential. There is a sense of urgency around the financial health of SERCC and what are the next steps. Will be gathering feedback through the Steering Committee. Will look into gathering more information about why referrals are not coming into SERCC – create a survey so that all partners are asking the same questions and collect comparable data. Nicole and Margaret are working on drafting a survey, would like feedback from partners on survey and connect with the data committee. Maybe intentional outreach to the various therapy agencies for referrals.

Staffing update – currently there are 5 FTEs and the child psychiatrist 16 hours still open. Nicole admits there has been some turnover since opening, which was anticipated. 75 have been hired and 19 have left; which does include the in-kind peer support. Current staff does feel supported, and Nicole does think the staff as a whole is getting better including staff who this has been their first job in the mental health field. Working on training that will assist with stress and tools when SERCC is at capacity. Overall moral is good but the increase in census has increased the staff stress levels somewhat due to the group dynamic swings in SERCC Residential based on admissions and discharges. Has staffing impacted census? Over the holiday staff was impacted by COVID in SERCC Residential and may have had to delay an admission on one side of Residential but SERCC Clinic was not closed, and no one was turned away. Admission delays and sleeping in the Clinic has and can happen.

Mental Health Bill Language – working to address adding a Medicaid benefit for child residential services similar to adult residential services. Tim has met with MN legislature and DHS regarding the bill language so there will be changes coming to the draft language. Youth residential stabilization is the service that will hopefully be addressed by the bill. The billing will change possibly to looking at a separate per diem or cost based instead of comparing to like facilities in the area as child residential has been in the past.

Meeting ended at 4:55pm.