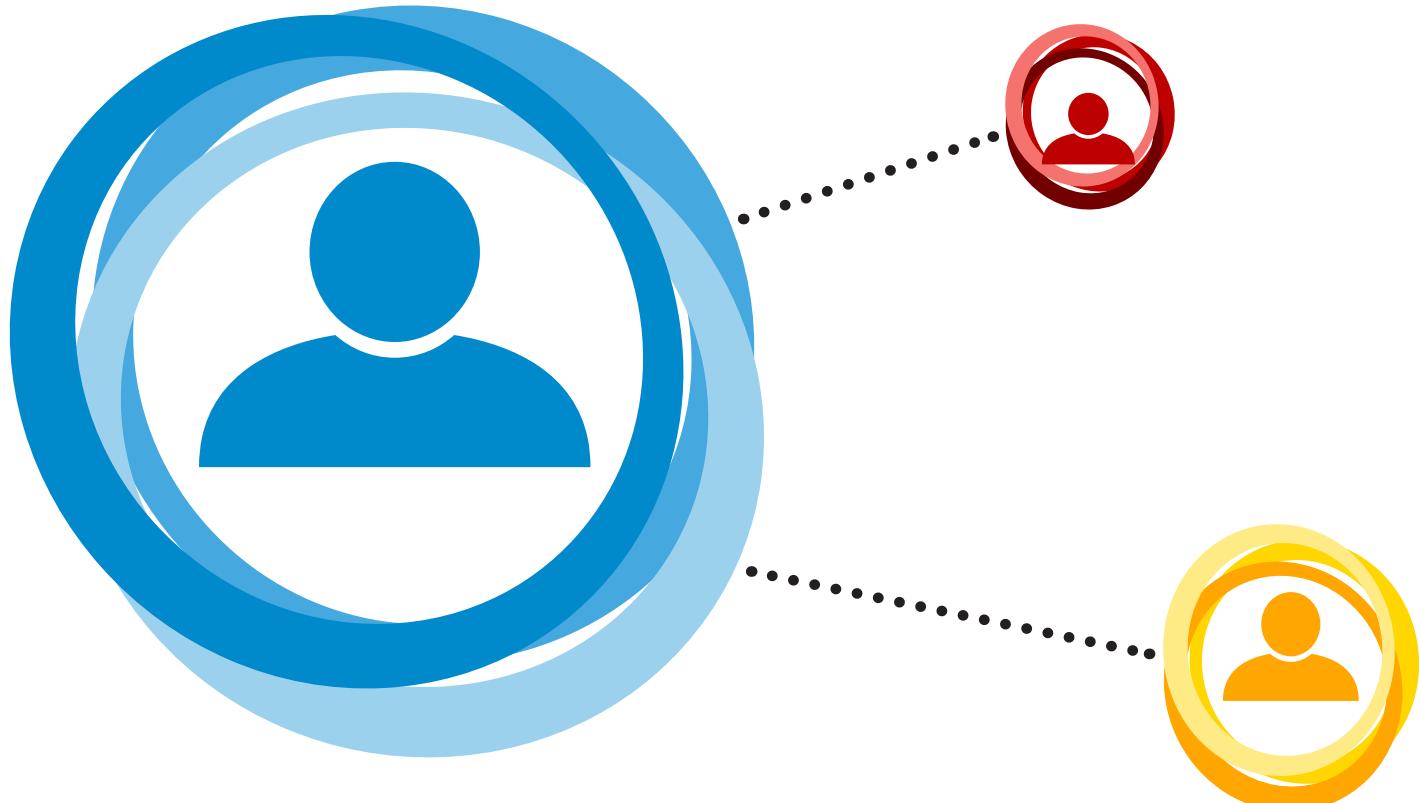


Critical Connections



Perspectives from the
Mental Health Community
Partners Network

When a patient experiencing a mental health crisis

shows up in a typical Minnesota hospital emergency department (ED) a team of care providers works collaboratively to assess, treat and stabilize the patient. Ultimately, the patient may be admitted, transferred or discharged—sometimes with an appointment for follow-up care at a clinic or other outpatient facility.

Experts say whether a patient goes home the same day or is hospitalized for two weeks, a patient's long term recovery from a mental illness can often depend on what happens after discharge.

And that's the driving force behind the [Mental Health Community Partners Network](#) (MHCPN). Borne out of the 2014 RARE (Reducing Avoidable Readmissions Effectively) Campaign's Mental Health Collaborative, five MHCPN meetings held across the state were designed with one simple goal: to help people who care for mental health patients in clinical settings connect with providers from community-based services.

"This is a system in crisis," said Rahul Koranne, MD, MBA, FACP, chief medical officer, Minnesota Hospital Association (MHA). He views the networking events as a step toward a long-term goal of consistently "providing the right care to the right patient in the right setting and (at) the right time."

The 2016 MHCPN initiative was made possible by the MHA Hospital Engagement Network, funded by the Partnership for Patients program of the Centers for Medicare and Medicaid Services.

"Some of the things that hospitals report that they struggle with is patients that are seen repeatedly in the ED and don't need to be hospitalized," said Laura Weber, manager at Crisis Connection. "They show up there because that's what they know. If we can provide other services that better meet their needs, that's a better option for them."

The birth of an idea

[Chris Walker](#), RN, a nursing director of inpatient mental health services at CentraCare Health's St. Cloud Hospital, wanted a better way to ensure her patients would be transitioned to the right community-based services to support their continued recovery.



Chris Walker, RN, is a nursing director of inpatient mental health services at St. Cloud Hospital.

Then she learned more about peer support specialists at an MHCN event—and was impressed.

“When I listened to the peer support specialist talk—how they’ve lived through crisis in their lives and have gone through intensive training, I think they’ll be better able to relate to patients,” she said. “They can share that ‘this is how I did it. You can try this.’ I find that our patients will really be able to benefit from that.” Chris set in motion a plan to hire a peer support specialist to work on her unit.

Hearing about the role peer support specialists can play to help patients navigate the system

also resonated with Tania Daniels, vice president, quality and patient safety at MHA. “They’ve been through the system, they have ideas of what is working and what isn’t. That is the goal—to engage the patient voice and provide seamless coordination of care.”

Jode Freyholtz-London has always been a believer in peer support specialists. As executive director of Wellness in the Woods, an MHCN advisor and certified peer support specialist, she routinely drives 50,000 to 60,000 miles a year advocating for consumers of mental health services. She says peer support specialists, who undergo two weeks of training and self-identify as having received mental health services, are underutilized.

“It would be a benefit to have them in the



Lynn Johnson, RN, is a nurse manager, inpatient adult mental health at North Memorial.

ED,” she said. Along with the clinician, “a peer support specialist can help support the patient and make the plan happen. Often times people may not have a good support network. A peer support specialist will say, ‘hey, let’s go drop in on this service.’”



A pathway for patients

“It’s so critical for patients’ success to have the right resources in place when they go,” said [Lynn Johnson](#), RN, nurse manager, inpatient adult mental health at North Memorial Medical Center. Lynn and his team participated in the RARE Mental Health Collaborative and he found the MHCN meetings a great way to

build new relationships and share successes.

"People are very open to sharing their ideas. Everyone shares that common goal of providing the best care we can to patients. We're part of that continuum in the community and having the best care options benefits everyone."

The MHCN meetings also allowed Lynn to share initiatives that his team has advanced, including improved medication reconciliation processes and reducing length of stays. He met a staff member from Vail Place, who invited

him to come by for a tour. "It just gave me an opportunity and it makes it a little more personal. It helps facilitate that relationship," he said.



Feeling connected

[Richard Whitman](#), 56, needed a place to live after a psychotic episode in 2006. His illness landed him on a locked unit in the VA Hospital. A day treatment program followed.

"I was panicking because I didn't want to be homeless again."



Somebody at the day treatment program called Vail Place, which found him an apartment that did not require a rental history. Richard found a home. And in Vail Place, a home away from home.



Richard Whitman

"I stay on my meds, I listen to my doctors and nurses and I come to Vail Place. This is where I socialize and it's like Cheers—you walk in and people say 'Hi, how's it going?'"

Through a state innovation model (SIM) grant, Vail Place staff have been working collaboratively with hospital and clinic systems to develop new ways to improve care. One example is rapid access case management,



Kathy Lavallee

Erna Janssens-Verbelen, 60, Minneapolis, found socializing and keeping busy at Vail Place helped manage her bipolar disorder and stay well.

"I need to socialize with other people to maintain my health. It's easier to do that with people who understand mental health."

where Vail Place staff assess mental health patients within 24-48 hours of their inpatient admission.

Shelly Zuzek, director of contracting and compliance at Vail Place, found MHCN participants and speakers ready to engage and advance ideas.

"(The participants) are really committed to partnering and learning with each other. (One) speaker talked about a schizophrenia program at the University of Minnesota. I know so much more about it now and have reached out in hopes of gaining more information and sharing resources and efforts."

Kathy Lavallee, 54, was first diagnosed with depression in 1992, although she believes she has struggled with the disease most of her life. She learned about Vail Place through a community support group.

"We have a purpose (here). You're involved with everything and you become part of a team and learn to work together and have fun. It's the best thing I've done for myself in a long time."



Erna Janssens-Verbelen



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