



Direct Care and Treatment

Chuck Johnson | Deputy Commissioner

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Direct care and treatment

Most mental health services in Minnesota are provided in the community by a variety of health-care organizations.

But for people who need a higher level of care and cannot be served by other providers, DHS provides safety-net services.

Who we are

Direct Care and Treatment includes:

- Mental Health and Substance Abuse Treatment Services (MHSATS)
- Community-Based Services (CBS)
- Forensic Services
- Minnesota Sex Offender Program (MSOP)



The \$56-million Phase I expansion of the Minnesota Security Hospital in St. Peter is now complete. Funding for a planned \$70.3-million Phase II is included in Governor Dayton's 2017 bonding request.

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Facilities statewide



Community Behavioral Health Hospitals (CBHHs)



Anoka-Metro Regional Treatment Center (AMRTC)



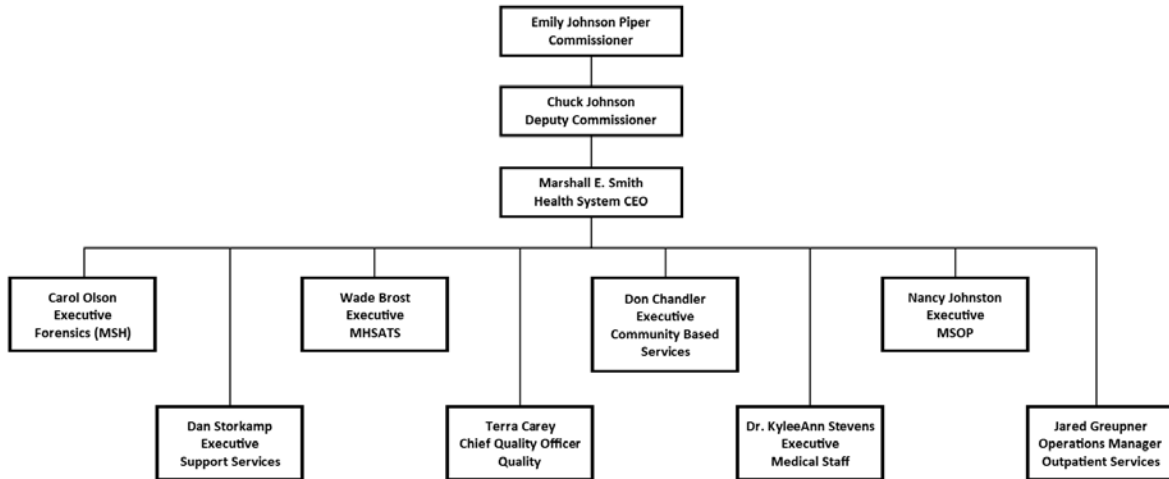
Minnesota Security Hospital (MSH)



Community-Based Services (CBS)

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Organization chart



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Who we serve

- Individuals with complex, co-existing conditions, including:
 - Severe and persistent mental illness
 - Personality disorders
 - Substance abuse disorders
 - Developmental disabilities, traumatic brain injuries and related conditions
 - Other serious illnesses and physical health conditions
- Individuals whose conditions have brought them in contact with the criminal justice system
- Individuals participating in court-ordered sex offender treatment



DCT staff help clients to live and work in the most integrated settings possible.

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Budget narrative pages

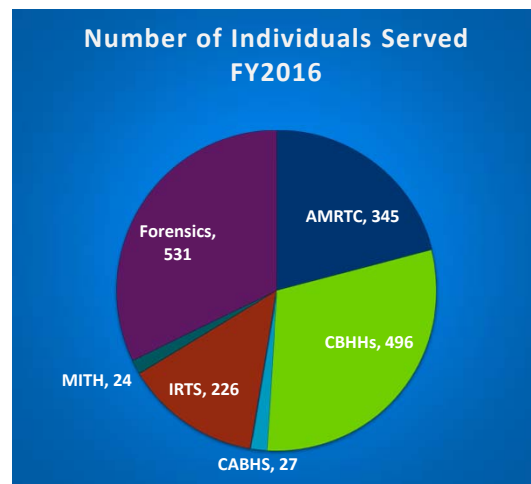
- 82 *Mental Health and Substance Abuse Treatment Services*
- 85 *Community-Based Services*
- 87 *Forensic Services*
- 90 *Minnesota Sex Offender Program*
- 92 *Direct Care and Treatment Operations*

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Mental health services

We provide mental health services in inpatient hospitals and residential settings

- Programs include:
 - Anoka Metro Regional Treatment Center (AMRTC)
 - Community Behavioral Health Hospitals (CBHHs)
 - Child and Adolescent Behavioral Health Services (CABHS)
 - Intensive Residential Treatment Services (IRTS)
 - Minnesota Intensive Therapeutic Homes (MITH)
 - Forensic Services including:
 - MN Security Hospital (MSH)
 - Forensic Transition Services
 - Forensic Nursing Home
 - Competency Restoration Program



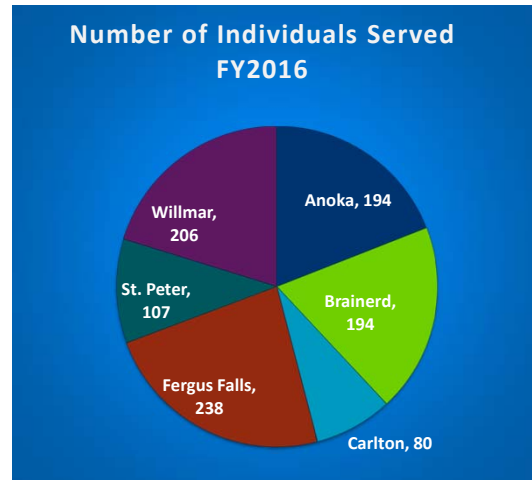
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Substance abuse services

We provide inpatient and outpatient substance abuse treatment across the state

Locations include:

- Anoka
- Brainerd
- Carlton
- Fergus Falls
- St. Peter
- Willmar



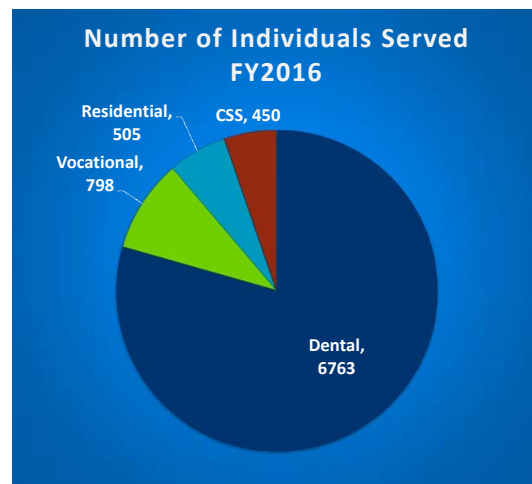
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Community-based services

We provide community-based services for individuals with developmental disabilities

Services include:

- Residential group/individual homes
- Vocational services
- Community Support Services (CSS)
- Dental services



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Sex offender treatment

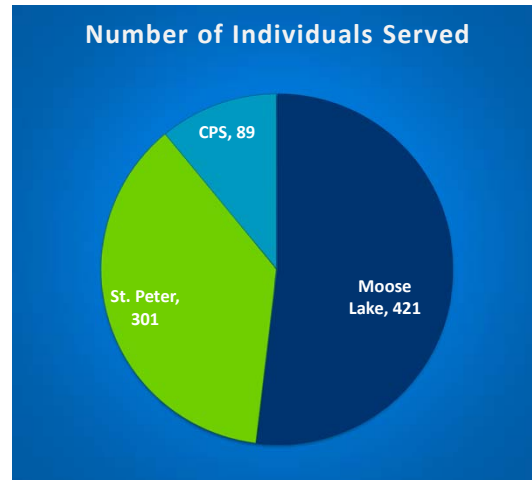
We administer the Minnesota Sex Offender Program

Programs include:

- Secure treatment located at Moose Lake and St. Peter
- Community Preparation Services (CPS) located at St. Peter

Program discharges:

- 7 clients provisionally discharged and living in the community
- 6 clients have provisional discharge orders and are awaiting housing
- 1 client has been fully discharge



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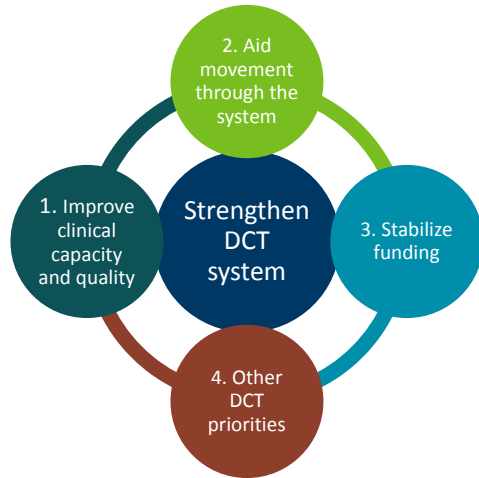
Spending in FY 2016

\$416.1 million

- Mental Health & Substance Abuse Treatment Services - \$103.0 million
- Community Based Services - \$114.6 million
- Minnesota Security Hospital and other Forensic Services - \$82.2 million
- Minnesota Sex Offender Program (MSOP) - \$82.9 million
- DCT Operations - \$33.4 million

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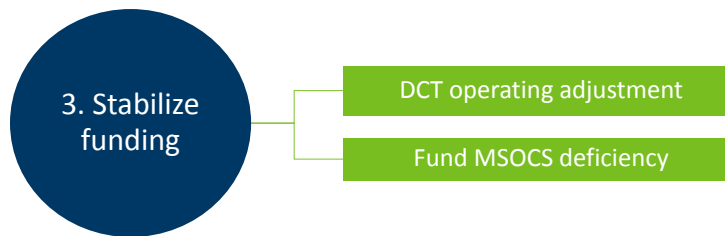
DCT Goals for Funding in the 2016 Session



Improving capacity, quality and movement



Stabilize funding



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Improving capacity, quality and movement

Priority	Requested 2016-17	Received 2016-17	Requested 2018-19	Received 2018-19
More DCT psychiatric beds	\$28.1 million	\$19.8 million	\$64.7 million	\$47.9 million
Improved safety and treatment at MSH	\$22.3 million	-0-	\$76.6 million	-0-
MSOP Reforms	\$4.4 million	-0-	\$3.8 million	-0-
Expand Transitions to Community Initiative	\$1.1 million	-0-	\$6.3 million	-0-
Manage corporate foster care	\$1.7 million	-0-	\$10.7 million	-0-

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Stabilize funding

Priority	Requested 2016-17	Received 2016-17	Requested 2018-19	Received 2018-19
DCT operating adjustments	\$14.9 million	\$14.9 million	\$22.9 million	\$22.9 million
Fund MSOCS deficiency	\$28.0 million	\$28.0 million	-0-	-0-

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Funding request for FY 2018-19



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Progress at MSH

The problem

- Placed on a conditional license on Dec. 22, 2011
- Conditions extended in 2013 and 2014, following other incidents

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Progress at MSH

The progress

- Fully licensed
- New licensing standards
- More patient-centered focus
- Better staff training
- Improved safety for patients and staff

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Progress at AMRTC

The problem

- Out of compliance with federal regulations involving patient, care, safety and hospital operations
- At risk of losing federal funding

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Progress at AMRTC

The progress

- Hired an SIA project manager
- Hired an expert consultant to analyze problems and develop a corrective action plan.
- Hired a compliance consultant to implement the plan and monitor progress

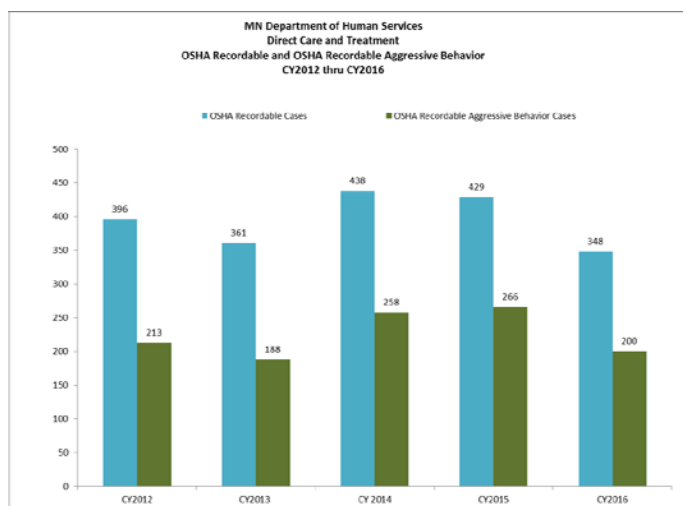
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Progress on capacity and quality

- Staffing six regional CBHHs to maximize bed capacity at 16 beds/CBHH
- Opening new Competency Restoration Program in St. Peter, MN
- Staffing up CABHS facility in Willmar, MN.
- Moving patients to more integrated settings
- Increasing efforts to recruit and retain health-care professionals
- Improving orientation onboarding and ongoing staff training

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Progress on staff safety



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MSOCS funding stability

Operating deficiency for 2016-16: \$28 million

Factors driving budget overruns

- Banded rates cannot be adjusted up or down more than 0.5 percent annually.
- Residential vacancies
- Low vocational services rates

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MSOCS funding stability

Steps we're taking

- Increasing rates residential crisis homes
- Converting intermediate care facilities to adult foster care
- Consolidating group homes
- Consolidating vocational programs
- Targeted discharges

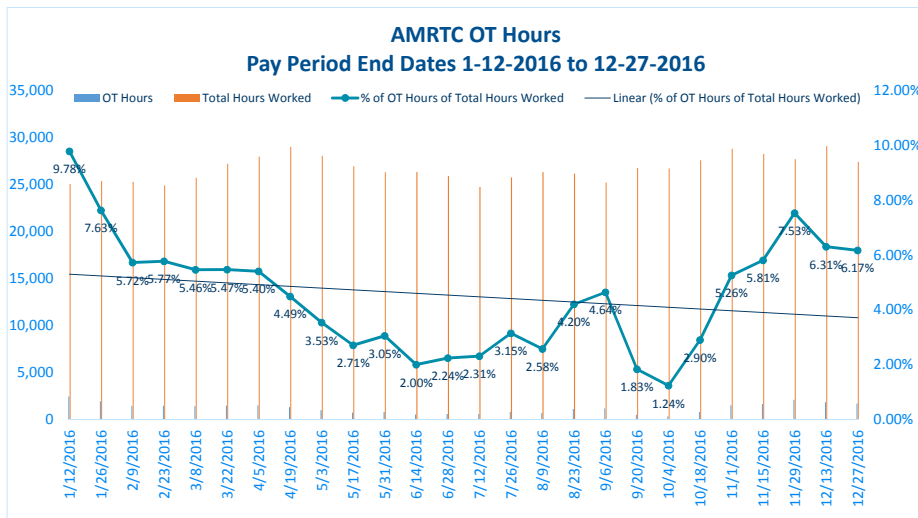
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Fiscal trends, drivers and pressures

- 48-hour law requiring our mental health facilities to accept clients from jail
- Overtime costs system-wide
- Increased Workers Compensation costs system-wide
- Clinician turnover, which results in increased costs for contract staff
- Requirements under Olmstead, Positive Support Rule, Jensen Settlement and three-year review of all individuals civilly committed as mentally ill and dangerous
- Staffing at the Minnesota Security Hospital in St. Peter remains below staffing levels maintained in similar facilities in other states

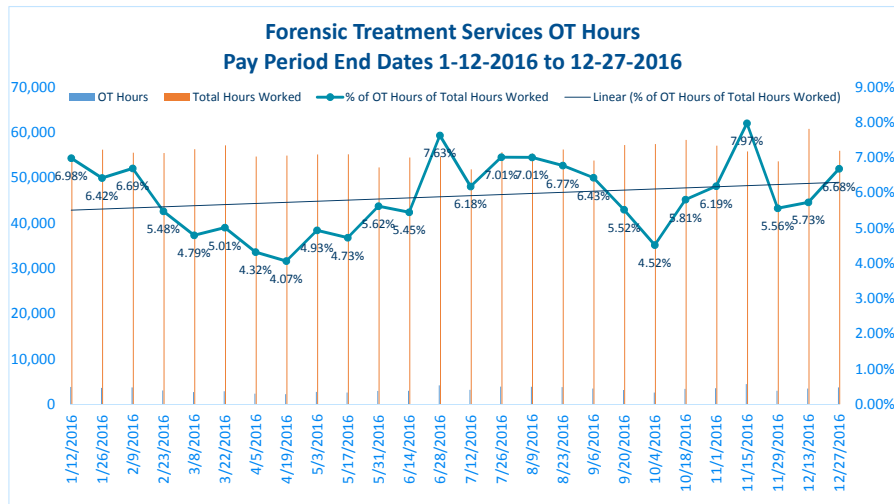
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Overtime AMRTC



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Overtime forensics



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Fiscal trends, drivers and pressures

- Staff recruitment and retention is a persistent problem
- Community Preparation Services program at MSOP requires more staff, bed capacity and placement alternatives to meet steadily growing demand as clients move into the final stages of treatment
- Much-needed security upgrades to facilities
- Phase II bonding projects at MSH and MSOP
- Electronic health records systems upgrades

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Questions?