



Invest in direct care services to improve quality, increase safety and help people move through the system more quickly

Issue:

- DHS Direct Care and Treatment programs provide care to about 12,000 people each year at nearly 200 sites across the state. This includes people with mental illnesses, chemical dependency, people with developmental disabilities, and those who may be a danger to themselves or others.
- In the past several years, these services have come under growing stress as funding and staffing levels have failed to keep up with an increasingly volatile client population. This has contributed to staff and client injuries, increased overtime and high staff turnover.
- State and federal standards for care are not being met, putting facilities at risk of losing federal reimbursement through Medicare and Medicaid.
- Waiting lists exist for high demand state psychiatric beds, while people who no longer need this level of care continue to occupy these beds as they wait for appropriate treatment in the community.

Proposals:

Last year, the Legislature invested an historic \$46 million in community mental health. This year Gov. Mark Dayton has requested \$104.7 million over the biennium for our safety net services in Direct Care and Treatment, including more than 490 full-time equivalent positions in fiscal year 2017. This is in addition to \$87 million in bonding to replace or improve facilities. These investments will:

- **Increase inpatient psychiatric beds.** This proposal would increase beds at Anoka by moving one component of care — Competency Restoration Services — to a building that now houses the St. Peter C.A.R.E. (chemical dependency) facility. C.A.R.E. would then move to the site of the Community Behavioral Health Hospital in St. Peter. While this would mean a loss of beds at the St. Peter CBHH site, the other six CBHH sites in Greater Minnesota will be staffed at their 16-bed capacity, for a net gain of beds systemwide.
- **Improved client care and safety at Minnesota Security Hospital (MSH).** This proposal would add employees based on recommendations from staff across all disciplines at Minnesota Security Hospital and align with what similar hospitals across the country maintain for a full staffing complement. This proposal grew out of a unique partnership between leadership and staff facilitated by the Bureau of Mediation Services to develop long-term solutions to issues at the facility.
- **Address the structural deficit in Minnesota State Operated Community Services (MSOCS).** MSOCS, which provides residential and vocational support services for people with disabilities throughout the state, has an annual projected operating deficit of \$14 million. This funding stabilizes MSOCS through FY 2017 and ensures clients and their families will continue to receive quality care as we look to longer term solutions.

Other proposals:

Other proposals for Direct Care and Treatment in the governor's supplemental budget would:

- **Transition the Community Addiction Recovery Enterprise Brainerd Program.** The C.A.R.E. program, known for its culturally specific treatment to American Indian adults with chemical addiction, would transition to a tribal provider.
- **Expand the Transitions to Community Initiative.** This proposal would focus on serving people on the waiting list for Anoka-Metro Regional Treatment Center who could be successfully served in the community.
- **Close the Child and Adolescent Behavioral Health Services program.** The Willmar facility, which is poorly suited to the needs of this population, would close by the end of June 2017 and DHS would contract for this level of care with a private provider. A grant program would fund the transition of clients who no longer need hospital care to the next appropriate level of care.
- **Better support people with mental illness involved in the criminal justice system.** This includes community programming for those found not competent to stand trial and community teams to work with those at risk of involvement with the criminal justice system.
- **Make several reforms to the Minnesota Sex Offender Program.** This includes biannual evaluations of each client every two years and restructuring the appeals process.

Benefits:

Together with \$87 million in facilities investments in the capital budget, these proposals will help provide safe, therapeutic environments for clients and staff in our direct care programs.

Fiscal impact:

- FY 2016: \$5.8 million
- FY 2017: \$98.9 million
- FY 2018: \$86.4 million
- FY 2019: \$98.4 million

Number of people affected:

- Anoka-Metro Regional Treatment Center current clients: approximately 102
- Minnesota Security Hospital current clients: approximately 355
- Direct Care and Treatment current employees: approximately 3,500

Related information:

- Governor's Supplemental Budget Proposal, [Minnesota Management & Budget website, http://www.mn.gov/mmb/images/16-17-supplemental-agency-item.pdf](http://www.mn.gov/mmb/images/16-17-supplemental-agency-item.pdf)
- Information about [Direct Care and Treatment on the DHS website, http://mn.gov/dhs/people-we-serve/adults/services/direct-care-treatment/](http://mn.gov/dhs/people-we-serve/adults/services/direct-care-treatment/)

DHS Communications: March 2016