

**Minnesota Department of Human Services Proposal:
Modernizing Minnesota's Health Facility System**

BACKGROUND

The Minnesota Department of Human Services currently operates eight regional treatment centers and two nursing homes to care for the elderly and people who are developmentally disabled, mentally ill, or chemically dependent.

The regional treatment centers are located in Anoka, Brainerd, Cambridge, Faribault, Fergus Falls, Moose Lake, St. Peter and Willmar. Ah-Gwah-Ching Nursing Home is located near Walker, and Oak Terrace Nursing Home is located in Minnetonka.

As with other health care facilities, improvements in treatment procedures and the development of community alternatives have deferred admissions and shortened the length of stays. As a result, the number of people residing in the RTC system has declined since its peak in 1965, when the state operated 11 centers with an average daily population of 13,000 residents. Today, the system has fewer than 3,000 residents.

This decline in occupancy has required the system to confront some fundamental issues of change". Prior attempts to change the system were criticized for being fragmented, uncoordinated, insensitive to client needs, and ignoring communities, employees and other stakeholders in the system.

In 1988, the Department took a fresh approach: It requested that client advocates, employees, counties and communities participate in planning for change by taking part in an ongoing negotiations process designed to culminate in a consensus among all interested parties.

Out of these negotiations, the Department has developed its current proposal, the primary goals of which are to meet the care and treatment needs of people now being served by the regional centers and to build a stable health care system that will meet Minnesota's health care needs into the 21st century.

To achieve these goals, the Department has proposed a multi-year modernization and reorganization of its health facility system with the follow objectives:

- o Providing active treatment to persons with major mental illness, enhancing staffing ratios, developing community treatment capacity, and recapitalizing the state's psychiatric hospitals;
- o Continuing to downsize its large congregate care settings for people with developmental disabilities and creating a state-operated community system of residential and day habilitation services;

- o Reallocating and recapitalizing the state's institutional capacity to serve the elderly, especially those who have major mental illness;
- o Continuing regional provision of services to persons who are chemically dependent or have substance abuse problems.

Summaries of several of the plan's components are provided below.

COMPONENTS OF THE PLAN

Mental Health

Regional treatment center services would be integrated into an array of services and would provide individualized treatment in accordance with contemporary professional standards.

The Department is committed to providing active psychiatric treatment to patients of the regional treatment centers that will enable their return to their communities.

To that end, the Department proposes to increase the professional psychiatric staff, provide continued training for all staff, and upgrade or reconstruct the physical facilities at Moose Lake, Fergus Falls and Anoka. In addition, it would increase the size of the Minnesota Security Hospital at St. Peter and run smaller units (to be located off the regional treatment center campuses) for individuals who require extended treatment.

Developmentally Disabled

Currently, approximately 1/400 people with developmental disabilities reside in seven regional treatment centers. The Department proposes to move nearly all of these residents into small community homes over a six-year period.

The Faribault and St. Peter Regional Treatment Centers would retain small programs on campus to serve people with developmental disabilities whose behavior or medical needs precludes placement in the community.

The Department would continue to serve approximately 610 people with developmental disabilities through 105 regionally administered and community based residential facilities and day habilitation programs. The balance of about 695 people would be served by private providers.

The state would also operate regionally based staff teams to provide information, technical assistance and crisis services to state and privately operated community services throughout the state.

Long-Term Care for the Elderly

The state would continue serving elderly people who are unable to find placement in private nursing homes due to medical or behavioral challenges.

Because of the physical deterioration of Oak Terrace Nursing Home in Minnetonka, it would be closed as soon as a reasonable plan for relocation of its residents can be safely implemented, which would be no later than July 1, 1992. Relocation will take into account resident needs, personal choices, family and community ties, and capacity in community nursing homes.

Additional nursing home beds would be allocated to the Faribault, Fergus Falls and Brainerd Regional Treatment Centers. Depending on individual patient assessments and licensing requirements, other nursing home beds may be assigned to Moose Lake, St. Peter, Willmar and Anoka.

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mically Dependent

The Department of Human Services would continue to operate its chemical dependency treatment programs at the regional treatment centers on a competitive basis with private providers.

As Minnesota's largest chemical dependency treatment provider, the regional treatment centers will continue to provide excellent treatment programs and staff, including a number of specialized programs targeted at small populations with special needs.

Additional Services

For all of the groups being served, the Department's plan includes proposals for enhanced quality assurance measures, services to families, and case management services.

Employees

In accordance with a Memorandum of Understanding between the representatives for the several unions involved in the negotiations process, the Department of Human Services, and the Department of Employee Relations, no employee of a state-operated treatment center or nursing home (except a temporary or emergency employee) will suffer a reduction in pay or be involuntarily laid off.

A number of options will be offered to employees whose positions will be eliminated by implementation of the Department's plan, including job and training opportunities, normal separation including recall rights, and enhanced separation options.

The enhanced separation options include retirement, with employer paid insurance benefits as negotiated under Chapter 605 (1988 Session Laws); or, in addition to benefits provided under collective bargaining agreements, a one-time enhanced payment, not to exceed \$7/500; or, in lieu of the one-time enhanced payment, tuition, fees, books, travel expenses, career guidance, and related expenses at a public institution of post-secondary education, up to the amount of the enhanced payment to which the employee would be entitled.

The agreement is subject to ratification by the members of the various unions.

Communities

For the first time in many years, Minnesota communities that host regional treatment centers would have a plan for the future delivery of services to the elderly and to persons with developmental disabilities, chemical dependency, and mental illness.

The Department's plan provides for significant capital investments to revitalize physical plants, demonstrating the state's commitment to the regional treatment center communities.

In addition, the Department, in cooperation with affected communities and facilities, is assisting in developing alternative uses for available staff and facilities. The expansion of the State Community College System in Cambridge and the Vocational Technical Institute in Faribault are currently under consideration. The Minnesota Department of Corrections is conducting preliminary studies related to their increasing needs for space and the availability at existing state facilities.

Current unmet needs for specialized care related to traumatic head injuries may also provide alternate uses of RTC facilities.

Affected communities also have available a variety of resources through the Minnesota Department of Trade and Economic Development. Technical resources such as "Industrial Site Selection Assistance," "Economic Capacity Building" and the "Star Cities" program can be combined with financial assistance in various grant and loan programs to provide incentives for job creation or retention.

REGIONAL TREATMENT CENTER NEGOTIATIONS
OVERVIEW OF 1990-91 BUDGET PROPOSAL

Millions)	(In
Total Request of	\$21.004
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Includes funding for:	
**Case Management--to strengthen county case management efforts to accommodate increased number of discharges for people with developmental disabilities (DD)	4,866
**Semi Independent Living Services--for counties to purchase SILS for 50 more persons with DD to curtail future demands for RTC and ICF/MR services	580
**Family Subsidy Program Grants--to provide in-home care options for 25 additional families with children with DD to control future demands for RTC and ICF/MR services	198
**Staff Training--to meet training needs arising from a reconfiguration of the state operated service delivery system and the transition of staff from RTCs to community services	1,416
**Quality of Community Care--to assess and improve the quality of community-based services for persons with DD or mental illness (MI) upon leaving the RTCs, including reviews of community placements and services, improved supervision of people under state guardianship, and provisions of volunteer services to involve family and community members in the planning, delivery and monitoring of community services	1,723
**Community Groups--for a new grant program to support community groups in each community that has an RTC serving people with DD to advise the department and local agencies regarding community service development options acceptable to all concerned	245
**Ombudsman--for additional staffing in the Office of Ombudsman to provide external monitoring of expanded state-operated community services to assure that standards are consistently applied and enforced	308
**Licensing and ICF/MR Certification--to add to the contract with Minnesota Department of Health to license and certify facilities for persons with DD and MI to assure the health and safety of persons leaving the RTCs	154
**Targeting Waiver--to utilize the medical assistance home and community based services waiver to facilitate relocation of 20 difficult to serve persons with DD from the RTCs and allow them to receive specialized foster care or in-home services	171

- **Personnel Mitigation—to prevent displacement of RTC employees by offering either continued employment options in the RTC or SOCS systems or suitable severance alternatives for employees who choose to leave state service 3,207
- **Community Treatment Services—to enhance staff ratios for persons with DD served on RTC campuses, increase the number and variety of state operated community based services, including more community based residential sites, day service sites, and residential crisis services, as well as increasing the availability of staff to provide technical/professional services and crisis intervention/management services to persons with disabilities, their families, private providers and county human service agencies 6,603
- **DP Program Management—to increase staff to assure proper administration per federal requirements of the home and community based waivers, carry out the need determination and redetermination process in a timely manner, provide policy expertise for day program and supported employment services, and provide information management, supervisory and clerical support 774
- **Rate Setting/Auditing—to increase staff to establish payment rates, conduct on-site audits and insure compliance with state and federal requirements 425
- **Social Service Appeals—to increase staff to handle social service appeals relating to the delivery of social community-based services to persons leaving the RTCs so that the department can continue to meet the statutory 60-day limit on case management appeals 192
- **Licensing of new Community Facilities and Programs—to add staff to license additional private and public community-based day and residential programs for persons with DD and MI leaving the RTCs 451
- **Reduction for Oak Terrace—to reduce operating funds and positions due to implementation of the plan to gradually phase out the operation of the Oak Terrace Nursing Home (309)

Department of Human Services'
 1989-95 Capital Budget Six-Year Plan-Summary
 Dollars in Thousands (137,522=138.0)

<u>Biennium</u> (Facility)	<u>1989-91</u>	<u>1992-93</u>	<u>1994-95</u>	Total Preliminary Six-Year Plan
A-MRTC	35,255.0	2,208.0	2,064.0	39,527.0
BRHSC	5,200.0	5,163.0	2,130.0	12,493.0
CRHSC	12,342.0	4,698.0	-0-	17,040.0
FRC	4,533.0	6,982.0	3,728.0	15,243.0
FFRTC	5,863.0	2,649.0	15,748.0	24,260.0
MLRTC	4,917.0	1,270.0	18,280.0	24,467.0
SPRTC	4,962.0	4,166.0	1,506.0	10,634.0
WRTC	3,520.0	3,852.0	1,611.0	8,983.0
TOTAL RTC'S	<u>76,592.0</u>	<u>30,988.0</u>	<u>45,067.0</u>	<u>152,647.0</u>
AGCH	3,180.0	1,400.0	1,005.0	5,585.0
OTNH	487.0	-0-	-0-	487.0
TOTAL NH'S	<u>3,667.0</u>	<u>1,400.0</u>	<u>1,005.0</u>	<u>6,072.0</u>
TOTAL	<u>80,259.0</u>	<u>32,388.0</u>	<u>46,072.0</u>	<u>158,719.0</u>