



Direct Care and Treatment Overview

Commissioner Jodi Harpstead | Department of Human Services

Direct Care and Treatment



DCT is a highly specialized health care system

Direct Care and Treatment

Impact:

- More than 12,000 civilly committed patients and clients served annually
- Services are delivered at more than 200 sites statewide
- Services are delivered by more than 5,000 employees



Operating Expense Fiscal Year 2022

\$549 Million

Direct Care and Treatment Divisions



**Mental Health &
Substance Abuse
Treatment Services**



Forensic Services



**Community-Based
Services**



**Ambulatory
Services**



**Minnesota Sex Offender
Program**

Mental Health & Substance Abuse Treatment



Acute inpatient psychiatric care

Mental Health & Substance Treatment Services

Includes:

- Anoka-Metro Regional Treatment Center (AMRTC)
- Six Community Behavioral Health Hospitals (CBHHs)
- Child and Adolescent Behavioral Health Hospital (CABHH)
- Community Addiction Recovery Enterprise (C.A.R.E.)
- Minnesota Specialty Health Systems



Operating Expense Fiscal Year 2022

\$155.5 Million

Forensic Services



Safe, effective, secure treatment

2/2/2021

Minnesota Department of Human Services | mn.gov/dhs

7

Forensic Services

Includes:

- Forensic Mental Health Program
- Forensic Nursing Home



Operating Expense Fiscal Year 2022

\$121 Million

Community-Based Services



Helping people live their best lives

2/2/2021

Minnesota Department of Human Services | mn.gov/dhs

Community-Based Services

Includes:

- Residential Services
- Vocational Services
- Community Support Services
- Minnesota Intensive Therapeutic Homes
- Minnesota Life Bridge



Operating Expense Fiscal Year 2022

\$126 Million

Ambulatory Services



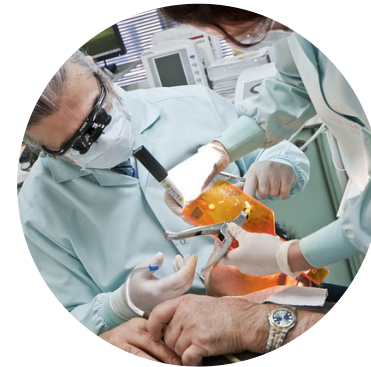
Special care dentistry

Special Care Dental Clinics

Includes:

Five special-care dental clinics located in

- Faribault
- Cambridge
- Willmar
- Fergus Falls
- Brainerd



Operating Expense Fiscal Year 2022

\$5.0 Million

Minnesota Sex Offender Program



Combining treatment and public safety

Minnesota Sex Offender Program

Includes:

- Moose Lake Facility
- St. Peter Facility
- Community Preparation Services
- Reintegration Services



Operating Expense Fiscal Year 2022

\$98.8 Million

Operations Support Services



Policies, Processes, Patient Care, Safety

Operations Support Services

Includes:

- Financial management
- Facility management
- Medical services
- Admissions
- Technology support and health information management services
- Quality and compliance
- Office of Special Investigation



Operating Expense Fiscal Year 2022

\$42.7 Million

Direct Care and Treatment: 2015 - 2016

2015 Budget Challenges → Across the Board Cuts

- Inadequate clinical staffing
- Increased staff injuries
- Use of seclusion/restraints

2016 Anoka Regional Treatment Center's CMS Certification at Stake Violent outbreaks at St. Peter Hospital

2016 Marshall Smith hired to lead DCT & Brings LEAN Six Sigma Quality Control

Direct Care and Treatment: 2020 - 2023

2020 **No headlines**

July 2020 **All patients/clients/individuals COVID-free across the system**

2020 – 2023 **Marshall Smith’s “Biggest Possibility” for DCT:**

DCT will achieve the readiness criteria to be an eligible candidate for the national Malcolm Baldrige Quality Award.

Legislative Investments Made Substantial Impacts

Examples of On-Going Legislative Investment (FY2015 – FY2023):

- Funding for increased capacity for complex needs at Anoka Metro RTC;
- Funding for weekend coverage and clinical oversight at Anoka Metro RTC;
- Funding to eliminate conditional licensing at Forensics;
- Increased funding for staff at Forensics (BMS);
- Funding to increase mental health residential treatment capacity;
- Funding to increase capacity at the Community Behavioral Health Hospitals (CBHHs);
and
- Funding for MSOP Community Preparation Services.

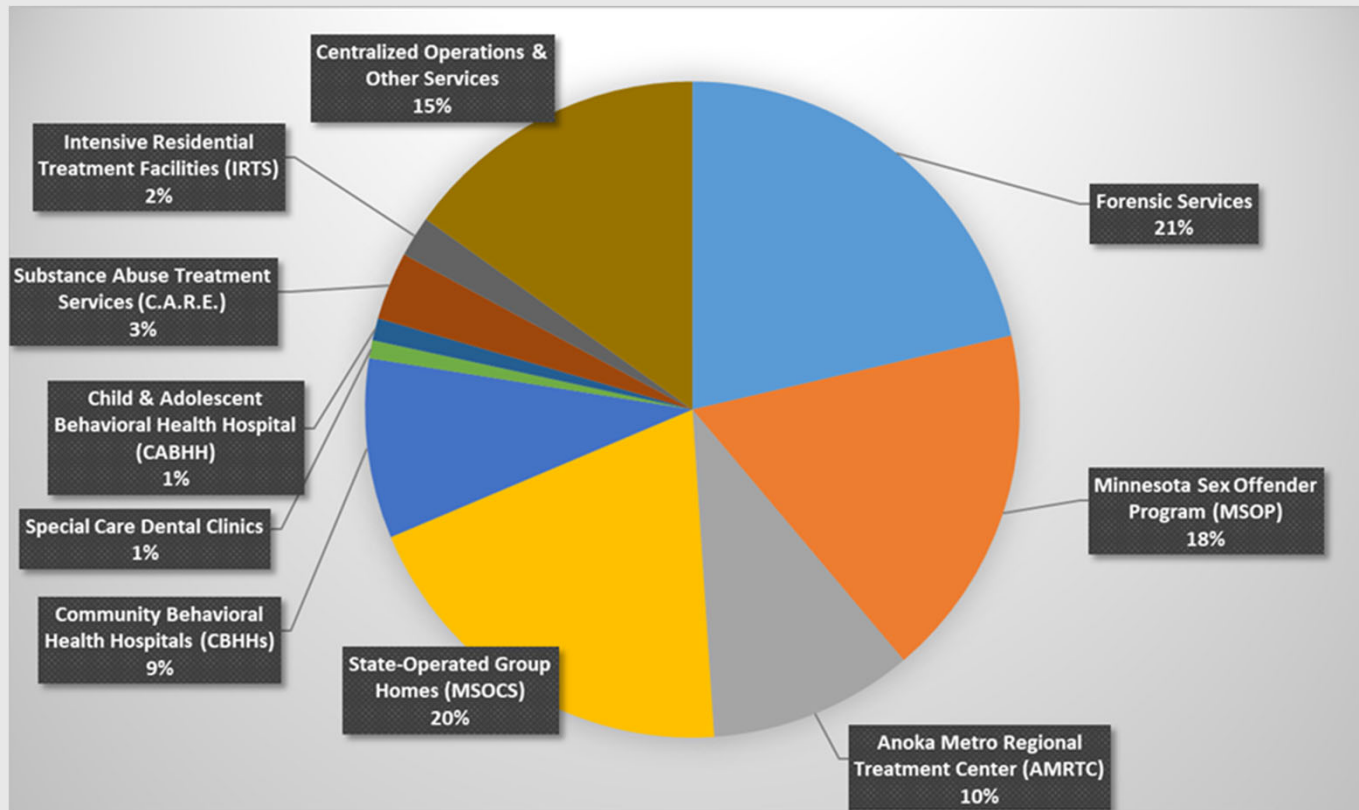
Actions Taken to Address Budget Shortfall in FY2021

- Eliminated Open Positions in Forensic Services
- Accelerated the transitions of group homes to community providers
- Discontinued sex offender treatment programming inside Moose Lake Correctional Facility
- Closed the Como residential mental health program in Saint Paul
- Long-term Savings – “Surplused” entire Cambridge campus
- One-time actions taken to preserve programs and jobs in Greater Minnesota:
 - Reduced DCT administrative costs: *justifications for hiring, cut recruitment and retention budgets, salary savings leave, etc.*

Legislative Investment In Fall 2020

- \$16 million to support ongoing DCT operations
- The Legislature also provided some capital investments for asset preservation and to improve facilities at the Minnesota Sex Offender Program in St. Peter and the Child and Adolescent Behavioral Health Hospital in Willmar.

DCT Projected Costs for Fiscal Year 2022



DCT Operating Adjustment



A \$68 million projected deficit

DCT Operating Adjustment

The causes:

- Steadily rising compensation costs, including negotiated salary and benefits increases.
- Reimbursement rates do not meet the cost of residential and vocational services for a substantial number of clients with disabilities.



Projected Shortfall in SFY 2022-23

\$68.0 Million

Balancing the Budget: Possibilities for Action

Without an operating adjustment, options are very limited:

- Across the board budget reductions, which will impact both capacity and staffing.
- Reduce capacity and/or staffing in core programs, which would impact availability of critical services and may also jeopardize patient and staff safety.

Administrative Reductions Can't Achieve Needed Savings

DCT is unable to simply reduce administrative/support budgets or management staff to close this gap in funding. These staff are critical to maintaining effective operations, overseeing programs – and ensuring compliance issues do not arise.

These were an issue in years past and DCT's progress in eliminating these issues would be erased.

Across the Board Reductions Jeopardize Progress

Across-the-board budget reductions ultimately undermine the integrity, therapeutic effectiveness and safety of the entire system.

Historically, when faced with budgetary constraints, DCT reduced cost across the board, which resulted in many negative issues and led to poor quality, safety and compliance.

In turn, this also impacted the ability to recruit and retain staff. With the work that has been done to improve quality, safety and patient outcomes – this isn't the environment we want to return to.

Reducing Capacity Impacts Communities

Decreasing capacity and/or staffing in core programs reduces the availability of critical services, like those at Anoka Metro Regional Treatment Center or the Community Behavioral Health Hospitals.

Patients will experience substantial delays in admission and be “stuck” in communities hospitals or jails awaiting treatment.

Additionally, DCT would risk being out of compliance with the priority admission statute, or 48-hour rule. Further compliance issues could jeopardize accreditation and DCT’s availability to bill for services.

Counties, who rely on DCT for placement of behaviorally challenged patients, would be greatly impacted by any reduction in capacity.

Direct Care and Treatment

Questions

2/2/2021

