Safety Net, EDs, Bed Capacity & Transitions

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MN Department of Human Services
Direct Care and Treatment

• Direct Care & Treatment programs aim to provide services that are:
  • Not accessible by some members of the community
  • Not available in the community
  • Mental Health and Substance Abuse Treatment Services (MHSATS)
  • Forensic Services (F5)
  • Minnesota Sex Offender Program (MSOP)
  • Community Based Services (CBS)
  • Ambulatory Services
Forensic Mental Health Program

Mental Health & Substance Abuse Treatment Services

- Anoka Metro Regional Treatment Center (AMRTC)
- 6 Community Behavioral Health Hospitals (CBHHs)
- 5 Community Addiction Recovery Enterprise programs (CARE)
- Child & Adolescent Behavioral Health Services (CABHS)
- 4 Minnesota Specialty Health System programs (MSHS)

Anoka Metro Regional Treatment Center

- ~96 bed capacity.
- Adult patients, civilly committed to CHS.
- Acute inpatient psychiatric care to patients with severe and persistent mental illnesses and other co-morbid diagnoses.
- Influx of jail admissions since 2014
  - Priority Admission Statute
  - Displaced many other patients
  - 40% at any time DNAC prior to 2019
New CABHS Willmar MN

Addressing Increased Demand

2013-2018 Rule 20 Admissions

*Admissions reflect six months of admissions.
Overview of the Continuous Improvement Project

- A Continuous Improvement (CI) Project was initiated in November 2017 to increase the number of patients the program was able to serve.
- Competency was shifted to not be a barrier to discharge when a patient is appropriate for the next level of care.
- The ultimate goal of the CI project was to increase the number of patients the program was able to serve.

Increased Patient Flow

During the seven month time frame for this project the program saw a 26% increase in admissions and a 32% increase in discharges. These increases allowed for more patients to be served.

Increased Patient Flow

- Increased patient flow has continued after the completion of the continuous improvement project.
- AMRTC now has a 16% DNMC rate (down from 40%)
What hasn’t changed

- DHS continues to admit patients who have been civilly committed as mentally ill and deemed incompetent.
  - Patients continue to receive treatment appropriate for their mental illnesses for as long as it takes to stabilize their psychiatric conditions.
  - During that time, patients also continue to receive competency restoration services.
  - More often than not, patients are competent at discharge.

A Few Words About Innovation

- Most systems are profit driven.
  - "No money, no mission."

- "Multiple Buckets Problem"
  - You’re buying a bond, but you don’t know for whom.
Fostering Innovation

- Lean Six-Sigma Training
  - Adds organizational and systems acumen with clinical expertise
  - Clinician-led initiatives
- Clinical Practices Committees
  - "Pipeline" between ANYONE and executive medical committees
  - "Front-line" driven innovation

Innovation and CI in DHS

- "Michael's Game"
- Ligature Mitigation
- Harnessing Potential of EHR

Thank you