

m DEPARTMENT OF HUMAN SERVICES

Safety Net, EDs, Bed Capacity & Transitions

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Direct Care and
Treatment

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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

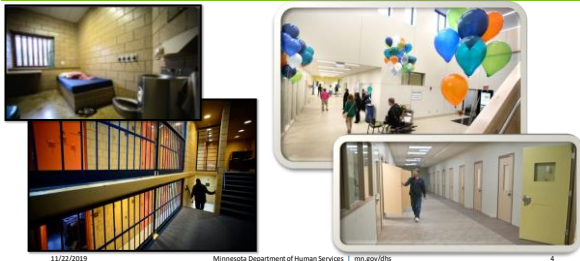
- Mental Health and Substance Abuse Treatment Services (MHSATS)
- Forensic Services (FS)
- Minnesota Sex Offender Program (MSOP)
- Community Based Services (CBS)
- Ambulatory Services



New completed expansion of the Forensic Mental Health Program (Minnesota Security Hospital) in St. Peter.

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Forensic Mental Health Program



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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)

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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 DNMC prior to 2019



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New CABHS Willmar MN



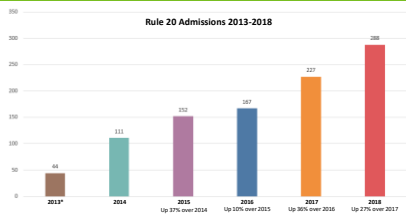
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2013-2018 Rule 20 Admissions



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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.

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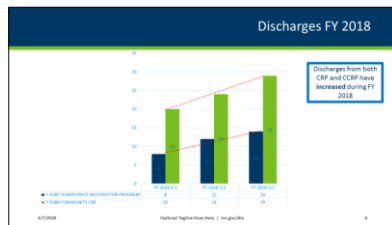
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Increased Patient Flow

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.



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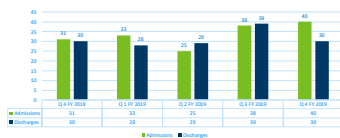
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Increased Patient Flow

- Increased patient flow has continued after the completion of the continuous improvement project.
- AMRTC now has a 16% DNMC rate (down from 40%)



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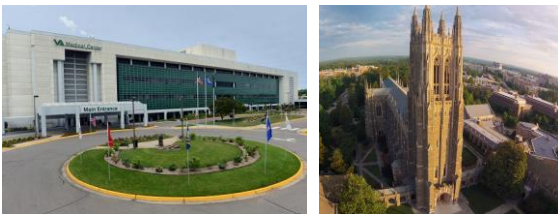
What hasn't changed

- 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.

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A Few Words About Innovation



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Barriers to 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.



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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



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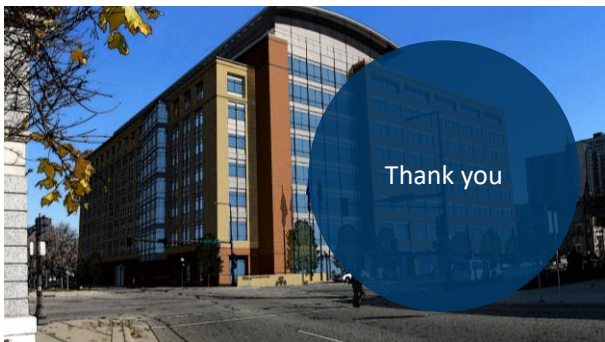
Innovation and CI in DHS

- “Michael’s Game”
- Ligature Mitigation
- Harnessing Potential of EHR



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