

AMRTC & Minnesota Security Hospital-St. Peter Cost Shift Discussion Points

Summary:

Individuals under civil commitment who have criminal charges pending, who have been determined incompetent and ordered to receive restoration services are placed at either Anoka Metro Regional Treatment Center or Minnesota Security Hospital- St. Peter to undergo competency restoration services. Upon their admission to either program, they are monitored via two tracks:

- One for level of acuity based on mental health stability and
- One for ability to be restored to competency

Individuals meeting level of acuity are funded by state and federal dollars and at higher rate than those who no longer meet level of acuity and are still in need of restoration to competency. (Rates at the different sites may vary.) When an individual's mental health is stable but still needing restoration to competency, the counties are billed at a significantly higher cost of care rate, hence the cost shift to counties.

Discharge to the community occurs once a person's symptoms have stabilized and they have completed the competency restoration services. However, delays occur as placements and funding mechanisms are not readily available to meet the individual's needs. Community providers can be selective in who they accept and are reluctant to take difficult people as there is no longer an effective safety net for people with mental health needs. Crisis services are limited, particularly in rural areas of Minnesota and placing people in independent settings is difficult due to this population having criminal backgrounds and chemical dependency issues.

Points of Concern:

- The two tracks of evaluation and measurement do not work compatibly with one another. Individuals should remain at a higher level of acuity until **all** services have been completed as they are required to remain inpatient until symptoms have stabilized and they have completed restoration services.
- Once individuals are ready for discharge delays may occur due to lack of resources and community provider's unwillingness to accept challenging people due significantly limited crisis and supportive services available.
- Individuals that are placed in the community generally have an extremely high daily rate to manage their needs which impacts the county's state and federally funded waiver

programs. This is not directly a cost shift to county dollars however is still tax payer dollars that are being accessed.

- The roll out of the competency restoration programming at AMRTC and Minnesota Security Hospital-St. Peter, does not always seem timely and there are concerns over lack of checks and balances regarding timeliness.

Possible Solutions:

- Hiring of the Region V+ Discharge Specialist to assist with coordinating appropriate and timely discharge of regional clients at AMRTC and Minnesota Security Hospital-St. Peter.
- Development of a safety net or crisis services to be available to support providers when individuals are struggling in a new community placement.
- Merging the two track assessment of clients who are placed at Anoka and Minnesota Security Hospital- St. Peter. Acuity remains hospital level until **all** services are completed **or** reduced charges for individuals specifically admitted for stabilization and restoration services.
- Having better checks and balances for individuals placed in the AMRTC and Minnesota Security Hospital-St. Peter to assure appropriate and timely planning is taking place for discharge to the community.
- Development of appropriate community placements for people with mental illness. Currently placements are occurring in corporate foster care settings where people being discharged from Anoka or St. Peter maybe placed with individuals with developmental disabilities or other vulnerable people.
- Look at ways to prevent commitments and placements in Anoka and Minnesota Security Hospital-St. Peter. Support a closer view of the crime being charged and long term effects if crime is charged out. Implement Risk Mitigation strategies to support carefully weighing the charges, risk factors, potential lesser restrictive alternatives, and the potential costs to county and tax payers.

Cost Shift to Counties when Consumers Do Not Meet Level of Care

Who is Involved: Individuals under civil commitment with criminal charges pending, ordered to undergo competency restoration services and Counties.

What is Causing Financial Impact: These individuals are monitored on two tracks.

- Mental Health Stability
- Competency Restoration

Why Cost Increases: Cost shifts to counties occur at a higher rate when mental health stability is met and competency restoration has not been completed.

When Increase is Implemented: Delay in movement through competency restoration completion and difficulty locating adequate and appropriate community placements.

How Situation can be Improved: Consistent communication with counties on individual status and implementation of a dual roll out of both processes (Mental Health Stability and Competency Restoration).

Where Follow Up Support is Received: Development of appropriate and tolerant community placements for individuals being released from ARMTC and MSOP.

Anoka County Human Service Division
State Cost Shift to Counties

Aitkin County Health & Humas Services
State Cost Shifts to Counties

| Economic Assistance | | | | | | | | | Cumulative Total County Share Increase Since Base Year Change | Annual Increased County Share | |
|---|-------------------|------------------------|------------|------------|------------|-------------|--------------|--------------|---|-------------------------------|--------------|
| | | | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | | | |
| MNSure - In Oct 2013 in accordance with the Affordable Care Act, the State implemented its health insurance exchange, MNSure. Expansion of MA eligibility and implementation of Mnsure eligibility system caused an increase of MA cases and consequently changed the counties staffing needs. Aitkin County added 2 staff members (1 in 2014 & 1 in 2015) | Expense Increase | Actual Costs: | \$ 324,132 | \$ 322,667 | \$ 380,904 | \$ 427,297 | \$ 457,797 | \$ 477,735 | \$ 445,740 | 2012 Base Yr | \$ 153,603 |
| | | Change from base year: | \$ - | \$ (1,465) | \$ 56,772 | \$ 103,165 | \$ 133,665 | \$ 153,603 | | | |
| Child Support Enforcement Incentives - In State Fiscal Year (SFY) 2011, the Child Support Enforcement Incentive appropriations were reduced by legislation. In SFY 2012, the appropriations were permanently eliminated through legislation. State incentives continue to be funded with revenue collected from the 2% recovery fee and \$25 federal annual fee. | Revenue Reduction | Actual Revenue: | \$ 33,898 | \$ 32,132 | \$ 33,527 | \$ 38,200 | \$ 41,064 | \$ 42,780 | \$ (18,213) | 2012 Base Yr | \$ (8,882) |
| | | Change from base year: | \$ - | \$ 1,766 | \$ 371 | \$ (4,302) | \$ (7,166) | \$ (8,882) | | | |
| | | | \$ - | \$ 301 | \$ 57,143 | \$ 98,863 | \$ 126,499 | \$ 144,721 | \$ 427,527 | | \$ 144,721 |
| Social Services and Behavioral Health | | | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | | | |
| Regional Treatment Costs - In 2008 legislature changed county share of treatment cost from 10% to 50%. (A delay in implementation from the state caused counties to start recognizing costs in 2010.) The Legislature increased the county share of treatment costs from 50% to 75% in 2013, and to 100% in 2015. | Expense Increase | Actual Costs: | \$ 120,964 | \$ 137,857 | \$ 163,295 | \$ 344,642 | \$ 354,386 | \$ 250,117 | \$ 645,477 | 2012 Base Yr | \$ 129,153 |
| | | Change from base year: | \$ - | \$ 16,893 | \$ 42,331 | \$ 223,678 | \$ 233,422 | \$ 129,153 | | | |
| Out of Home Placement - In 2014 the Department of Human Services directed counties to start screening in a higher number of cases, leading to increased placement numbers. In 2015, Northstar went into effect, raising rates for Kinship Foster Care and Adoption Assistance and greatly expanding the use of Kinship homes. Increased use of Kinship homes led to higher licensing costs and higher OHP costs due to longer stays. | Expense Increase | Actual Costs: | \$ - | \$ 589,421 | \$ 703,011 | \$ 630,734 | \$ 746,084 | \$ 723,764 | \$ 445,909 | 2013 Base Yr | \$ 134,343 |
| | | Change from base year: | \$ - | \$ - | \$ 113,590 | \$ 41,313 | \$ 156,663 | \$ 134,343 | | | |
| Long Term Services & Supports - In 2014 MN Legislature instituted a new Comprehensive Assessment process that takes nearly 12 hours per client to complete. Funding was allocated to cover the additional expense at that time. | Revenue Reduction | Actual Revenue: | | | \$ 152,492 | \$ 229,796 | \$ 327,622 | \$ 345,750 | \$ (445,692) | 2014 Base yr | \$ (193,258) |
| | | Change from base year: | | | | \$ (77,304) | \$ (175,130) | \$ (193,258) | | | |

Anoka County Human Service Division
State Cost Shift to Counties

Aitkin County Health & Humas Services
State Cost Shifts to Counties

| | | | | | | | | Cumulative Total County Share Increase Since Base Year Change | Annual Increased County Share | | |
|--|---------------------------|------------------------|-------------|-------------|-------------|-------------|-------------|---|-------------------------------|----------------|------------|
| Social Services and Behavioral Health Cont. | | | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | | | |
| Adult Mental Health Grant - In 2011 MN Legislative Session reduced the base amount of the grant by 9.67%. This funding was redirected to fund Intensive Residential Treatment Services (IRTS). Subsequent changes have taken money for Housing and Crisis services. | Revenue Reduction | Actual Revenue: | \$ 55,418 | \$ 38,228 | \$ 22,868 | \$ 25,800 | \$ 59,954 | \$ 55,418 | \$ 74,822 | 2012 Base Year | \$ - |
| | | Change from base year: | | \$ 17,190 | \$ 32,550 | \$ 29,618 | \$ (4,536) | \$ - | | | |
| Children's Mental Health Combined Grant - In 2013, legislature repealed the Children's Mental Health Targeted Case Management Grant. | Revenue Reduction | Actual Revenue: | \$ 16,786 | \$ 17,753 | \$ 18,380 | \$ 24,162 | \$ - | \$ - | \$ 23,635 | 2012 Base Yr | \$ 16,786 |
| | | Change from base year: | | \$ (967) | \$ (1,594) | \$ (7,376) | \$ 16,786 | \$ 16,786 | | | |
| | | | \$ - | \$ 33,116 | \$ 186,877 | \$ 209,929 | \$ 227,205 | \$ 87,024 | \$ 744,151 | | \$ 87,024 |
| Community Health & Environmental Services | | | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | | | |
| Maternal Child Health - The federal Title V MCH Block Grant is funding to address concerns for the children and adolescents; children and youth with special health care needs; and pregnant women, mothers, and infants. The allocations to the Counties was reduced by \$465,000 for CY2017 & CY2018. | Federal Revenue Reduction | Actual Revenue: | \$ 22,819 | \$ 22,859 | \$ 19,826 | \$ 25,000 | \$ 25,000 | \$ 23,201 | \$ (382) | 2012 Base yr | \$ (382) |
| | | Change from base year: | | \$ (40) | \$ 2,993 | \$ (2,181) | \$ (2,181) | \$ (382) | | | |
| Public Health Emergency Preparedness - The Office of Emergency Preparedness (OEP) oversees emergency preparedness and response funding to local health departments, tribal agencies, and healthcare organizations as they develop plans and protocols for responding to public health threats. | Federal Revenue Reduction | Actual Revenue: | | \$ 20,000 | \$ 19,000 | \$ 23,000 | \$ 23,268 | \$ 24,559 | \$ (4,559) | 2013 Base yr | \$ (4,559) |
| | | Change from base year: | | | \$ 1,000 | \$ (3,000) | \$ (3,268) | \$ (4,559) | | | |
| | | | \$ 24,831 | \$ 44,832 | \$ 44,833 | \$ 44,834 | \$ (5,449) | \$ (4,941) | \$ (4,941) | | \$ (4,941) |
| | | | \$ 24,831 | \$ 78,249 | \$ 288,853 | \$ 353,626 | \$ 348,255 | \$ 226,804 | \$ 1,166,737 | | \$ 226,804 |