

Strategic Plan 2014 - 2018

Direct Care and Treatment Administration

Vision:

Minnesotans are healthy, safe and managing their own meaningful lives.

Mission:

We assist the people we serve as they prepare for successful community living.

Values:

We are person-centered with each other and the people we serve.

We provide a safe and therapeutic environment.

We work in partnership – we cannot do it alone.

We are accountable for the quality of results and learn from our experiences.

We practice equity and inclusiveness.

651-431-3676

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB3-0001 (3-13)

ADA1 (12-12)

This information is available in accessible formats for individuals with disabilities by calling 651-431-3676 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Who we are:

Direct Care and Treatment (DCT) provides an array of about 200 geographically dispersed specialized inpatient, residential and treatment programs and services for people with mental illness, intellectual disabilities, chemical dependency, brain injury and civilly-committed sex offenders that other providers do not serve. In fiscal year 2013 (July 2012 – June 2013), about 12,500 clients were served.

Divisions:

■ Community-Based Services:

- Residential:
 - 26 Minnesota Intensive Therapeutic Homes
 - 117 4- and 6-bedroom homes
- Services:
 - 5 dental clinics
 - 2 out-patient psychiatry clinics
 - 20 vocational support facilities
 - Community Support Services
 - Community Partnership Network
 - Minnesota Life Bridge Treatment Program

■ Forensic Services:

- Minnesota Security Hospital
- Competency Restoration Program
- Transition Services
- Forensic Nursing Home
- Forensic Network

■ Mental Health and Substance Abuse Treatment Services:

- Anoka-Metro Regional Treatment Center
- 7 community behavioral health hospitals
- 4 specialized intensive residential treatment centers
- 6 inpatient/outpatient substance abuse treatment centers
- Child and adolescent behavioral health services

■ Minnesota Sex Offender Program:

- Moose Lake facility
- St. Peter facility
- Community Preparation Services
- MSOP Treatment Program in the Department of Corrections facility in Moose Lake

Operations Support:

A number of DCT staff are engaged in work that supports many or all of the DCT divisions



Drivers of change:

Over the past several decades, care for people with intellectual impairments, mental illness, chemical dependency, and sex-offending behavior has been transitioning away from large public institutions to less restrictive and more integrated settings. The Olmstead decision has placed increased emphasis on this transition. While one legislative auditor's report had recommendations on the development of safe treatment alternatives, a recent legislative audit report has recommended the state focus on serving those individuals who cannot be adequately served by other providers. While coverage for mental and chemical health care will be extended to more people with the implementation of the Affordable Care Act in 2014, the need for community-based treatment and services exceeds current capacity.* There is an opportunity to partner with community providers to ensure an appropriate network of services statewide.

*(2007 SAMHSA report: An Action Plan for Behavioral Health Workforce Development).



Our partners:

We work with key partners in providing supports and services: the people we serve, their families, guardians and friends; counties and tribes; social services; supportive housing; insurers; private providers; corrections; courts and county/tribal attorneys; policy makers; other state agencies; advocacy groups; community institutions such as churches, schools, and businesses; media, and the public.

Background and context:

The DCT administration provides an array of services to clients across the state. There has been a considerable shift in where and how care has physically been delivered over the years and more changes are planned. Specifically, the Community Partnership Network program, which has been funded but not supervised by DCT, will be phased out per the recommendation of the Office of the Legislative Auditor (OLA). In addition, the Minnesota Specialty Health System-Cambridge, which provides temporary acute care for persons with intellectual disabilities, will be decentralized across the state. Plans are underway to regionalize and to some extent blend adult mental and chemical health services, which have operated within distinct service categories. A construction project is under review to separate the campuses of the Minnesota Security Hospital from the Minnesota Sex Offender Program in St. Peter. Significant changes in internal processes and structures are also taking place, many of which were triggered by OLA recommendations.

In the midst of all this change, there is an opportunity to reexamine priorities and roles and to identify creative solutions to the extremely complex problems that face the organization. The many components of DCT have long functioned somewhat independently of each other. That is beginning to change – an example is the realignment of the northern and southern regions. The most significant change among all the changes planned is that DCT will work more as an integrated system, with coordination and communication between the DCT divisions.

Purpose of this document:

This document is intended to be a living tool to help guide our organization toward more closely achieving its mission. There are many individual projects and strategies currently underway or in development that are not specifically named in this document, but are none-the-less very important to the overall success of our organization. Likewise, each of the programs within DCT has unique strategies and goals that contribute to the whole. The focus of this plan is to provide system-wide strategies and actions wherever possible that can guide the work of individual components of our complex system.

This strategic plan is intended to be read and understood by a variety of audiences. Although specific goals and strategies are named, a fundamental goal is to articulate a vision and direction for DCT that can be infused into any particular strategy or action.

Over time, it is anticipated that some of the strategies in this document will be modified to reflect changing dynamics that cannot be foreseen today. The expectation is that this strategic plan will be reviewed and updated on a regular basis to ensure that it continues to lead DCT on the path toward more fully assisting the people we serve as they prepare for successful community living.

What will it take to succeed?

Goal 1: We will create a culture that puts the person at the center of wellness, safety, learning and respect.

Results

- Our clients and staff report feeling safe in our facilities.
- Our clients and staff say they feel respected.
- Our former clients report high quality of life after they transition to community.
- Our clients' health improves during their interaction with us.

"We focus on people, not programs."

– Minnesota Department of Human Services value

The small decisions that we make each day help to shape who we are as an organization. Do we treat our clients, our co-workers and our community partners with respect? Do we seek to learn from our failures as well as celebrate and share our successes? Do we and our clients feel safe in the environments we help to create? Do we go beyond addressing the symptoms of disease to truly promote wellness for our client population? Do we discover and act on what is important to (as well as important for) the people we serve?

Strategies and key actions:

A. Develop and implement tools to monitor our organizational culture.

- Implement, monitor and act on system-wide staff satisfaction surveys.
- Implement and monitor tools to track client experience and quality of life.
- Develop processes to seek and follow-up on client and staff suggestions for improvement.
- Develop processes to record and disseminate staff appreciation of co-workers.

B. Continue system-wide implementation of Person-Centered Thinking and other best practices.

- Systematically explore and adopt evidence-based practices with better results than current practice.
- Work in partnership to ensure that the community-based care our former clients receive reflects best practices.
- Develop strategies that minimize seclusion and restraints.
- Develop a forensic educational track for staff, and address forensics issues in policies and procedures.
- Develop internal expertise for trauma-informed care.
- Promote staff engagement and positive interaction with clients.
- Explore specialized training from outside experts.

C. Track the progress of clients using our services.

- Understand and monitor how clients are progressing in their treatment.
- Systematically identify clients who are ready to move to less restrictive or more inclusive settings.

D. Focus on workforce planning to meet current and anticipated needs, including cultural competency.

- Explore ways to attract and retain staff with cultural competence in relation to our clients.
- Explore options for partnering with academic institutions to develop recruitment pipelines, including the incorporation of mental health coursework in the training of physicians and nurse practitioners, and the development of training programs for medical professionals to work with our clients.
- Develop a peer support network to develop our workforce capacity and foster collaboration.
- Develop staff-to-staff mentoring as an approach to share knowledge and build internal capacity.
- Continue optimization of staffing ratios as related to safety and treatment outcomes.

E. Integrate and optimize care.

- Explore staffing models that leverage skills across our system.
- Collaborate with regional providers to develop an integrated care system.
- Continue focus on integrated dual disorders treatment processes throughout the system to concurrently address mental health and chemical dependency issue or other treatment combinations.
- Explore facility options to treat aggressive clients.
- Develop a plan to address how best to expose long-term clients to technological changes that will impact their ability to function effectively in the community.
- Explore client access to the internet to assist with housing search, health/wellness, education, contact with family/friends, and job hunting.

F. Promote health.

- Develop systems and processes that support making the healthy choice the easy choice for clients and staff.
- Develop resources within facilities to promote and maintain health of clients and staff.

Goal 2: We will foster partnerships to improve the experiences and outcomes of clients.

Results

- DHS and community resources are identified and accessible to staff and partners.
- DCT has a strong, extensive, and effective network of peer supports.
- DCT facilities and programs develop and utilize community outreach plans.

“We work in partnership with others; we cannot do it alone.”
– Minnesota Department of Human Services value

As DCT continues to sharpen its focus toward serving those individuals who cannot be adequately served by other providers, there is a growing need to ensure that adequate handoffs and partnerships are in place to support the needs of our former clients when they leave our care. In addition, great benefit and synergy can come from inviting community partners to engage with us and the clients in our facilities.

Strategies and key actions:

A. Continue centralization of the preadmissions process.

- Establish a single point of contact to facilitate movement of clients.
- Standardize the information needed from counties for intake assessments. Develop processes that reduce duplication of work by county partners.

B. Expand use of peer supports, mentors and peer specialists.

- Provide an option for clients to have peer supports available in communities to help them transition. This may also be a way to provide meaningful employment or engagement for our former clients.
- Expand the use of peer specialists within our facilities.

C. Develop partnerships with community providers prior to clients' discharge.

- Invite community providers to meet and get to know clients on a personal level prior to discharge to help pave the way toward better community acceptance of these clients when they are ready to leave our facilities.

D. Continue development and implementation of multidisciplinary aftercare.

- Develop an individually-centered transition planning process for all services to facilitate transfer of information between DCT and community providers and establish ongoing supports for clients.
- Explore collaborative care management through the use of web-based tools.

E. Follow up with former clients.

- Use assessment tools to track ongoing status of our former clients.
- Follow up routinely with high-risk former clients to ensure that they are stable in their communities.

F. Develop partnerships with stakeholders on statewide issues.

- Identify common issues and convene stakeholder discussions.
- Foster the development of community placement options.
- Use technology and information to assist us in collaboration of care that will result in better outcomes for our clients and former clients.

G. Develop community outreach plans.

- Hold an expectation that DCT facilities and programs will develop community outreach plans including meetings/events, fellowships, internships and volunteer opportunities.
- Enhance relationships with private sector organizations and businesses.
- Focus on the development of structures and relationships that will foster county engagement.
- Work collaboratively to develop emergency response plans.

Goal 3: We will be a responsible steward of public resources.

Results

- Full compliance with legislative auditor recommendations.
- Full compliance with Olmstead recommendations.
- Full compliance with regulatory requirements.
- Actionable information for care delivery and management decisions is available in real time.
- Stakeholders can engage in a public discussion regarding the future of care delivery in the state.

“We are accountable for results, first to the people we serve, and ultimately to all Minnesotans.”

– Minnesota Department of Human Services value

Minnesotans deserve to know the taxes they pay go to support services that are efficient, effective and necessary for the public good. Our clients deserve high-quality care, provided in settings that are respectful and individually focused. All stakeholders should have a voice in key discussions regarding how, as a state, we can collaboratively provide the right care in the right setting at the right time.

Strategies and key actions:

A. Comply with all national, state and legal requirements.

- **Comply with the recommendations of the Minnesota Office of the Legislative Auditor (OLA).** The OLA released an evaluation in February, 2013 that listed specific recommendations related to improving oversight and accountability of existing services, narrowing the focus of DCT, developing a legislative plan for the Anoka-Metro Regional Treatment Center and fostering better placement options, as well as reexamining the civil commitment process with a focus on improved communication between the courts and DHS. Work is in progress to meet these recommendations.
- **Comply with the recommendations of the Olmstead Planning Committee.** The Olmstead decision holds that failure to provide care for individuals with disabilities in the most community-integrated setting appropriate to their needs is discrimination. Efforts are underway to model services along Olmstead principles.
- **Comply with regulatory requirements.** The facilities in DCT are subject to a number of licensing and accreditation authorities, as shown in Appendix A.
 - A systematic and automated process for tracking regulatory requirements of licensing and accreditation organizations will be developed and implemented.

B. Invest in information technology (IT) systems and training. DCT is a complex collection of programs and services that have evolved over time to address specific service needs.

- A comprehensive IT plan will be developed and implemented.
- Training will be developed for the dissemination of new technologies throughout the system.

C. Develop a quarterly report system. Detailed information captured at the ground level will be funneled and summarized through management levels into a set of reports to executive leadership.

- A well-functioning quarterly report system is already in use at MSOP.
- Reports will be tied to strategic goals and reflect results-based performance accountability principles.

D. In partnership, research, model and lead public discussion regarding a statewide design for care delivery reflecting Olmstead and Affordable Care Act direction. DCT is a key provider within a complex web of services for persons with cognitive disabilities and mental-and chemical-health needs. As the state continues to narrow its scope toward serving the needs of individuals with complex and co-occurring conditions, the question arises: Does Minnesota have the capacity to serve people in the least restrictive and most integrated settings possible?

- In partnership, initiate research to evaluate the availability and need for psychiatric beds in the state.
- In partnership, engage MN providers and stakeholders regarding the appropriate care mix for the state.

E. Explore processes related to commitments and court-ordered medications and treatments.

- Work collaboratively to develop recommendations regarding legislation, training and process goals.

F. Assess financial processes and systems:

- Promote the development of flexible financial resources to assist former clients to remain in community.
- Explore the use of a flexible contracting system to reduce costs.

