

## Human Services

### FY16-17 Biennial Budget Change Item

#### Change Item: Assertive Community Treatment Quality Improvement and Expansion

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	571	751	760	750
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	571	751	760	750
FTEs	1.0	1.0	1.0	1.0

#### Recommendation:

Effective July 1, 2015, the Governor recommends improving the current quality of Assertive Community Treatment services, improving data analysis of Assertive Community Treatment, and expanding access to Assertive Community Treatment services associated with the state's Olmstead Plan. The net state cost of this proposal is \$1.3 million in the FY2016-17 biennium and \$1.5 million in the following biennium.

#### Rationale/Background:

As part of the Jensen Settlement Agreement, the state committed to adopting and implementing an Olmstead Plan to allow persons with disabilities attain the fullest feasible level community participation. The plan is uniquely comprehensive when compared to Olmstead initiatives in other states and outlines a vision where:

- People with disabilities will experience an inclusive education system at all levels and lifelong learning opportunities that enable the full development of individual talents, interests, creativity, and mental and physical abilities.
- People with disabilities of all ages will experience meaningful, inclusive, and integrated lives in their communities, supported by an array of services and supports appropriate to their needs and that they choose.
- People with disabilities, regardless of their age, type of disability, or place of residence, will have access to a coordinated system of health services that meets individual needs, supports good health, prevents secondary conditions, and ensures the opportunity for a satisfying and meaningful life.
- People with disabilities will have choices for competitive, meaningful, and sustained employment in the most integrated setting.

In order to achieve these goals, the State's Olmstead Plan requires service expansion and quality improvements to support persons with mental illness in the community.

Assertive Community Treatment allows a person with mental illness to receive services in the most integrated community setting, staying out of the hospital and supports competitive employment, and independent community living. Several states under Olmstead enforcement are now required to improve access to and the quality of existing Assertive Community Treatment services for individuals at risk of institutionalization and improve the integration of individuals who have been institutionalized to a more integrated community setting.

#### Proposal:

Effective July 1, 2015 this proposal recommends funding to (1) improve the quality of current Assertive Community Services through statewide fidelity<sup>1</sup> (high quality) measurement and the provision of technical assistance and education to current providers; (2) analyze the need to expand high quality Assertive Community Treatment across Minnesota; and, (3) create collaborative services that support high quality Assertive Community Treatment to fill identified systems' gaps.

<sup>1</sup> Program fidelity is defined as the extent to which a program adheres to the intended model, both including features that are deemed essential to achieving the aspired outcomes and excluding those that would interfere (Waltz, Addis, Koerner, & Jacobson, 1993; Monroe-DeVita, Teague, & Moser, 2011).

This proposal would fund a total of 1.0 FTE and additional contracted support that would:

- Facilitate the improvement in the quality of current services;
- Analyze the need to expand high quality Assertive Community Treatment;
- Create collaborative services that support high quality Assertive Community Treatment.

This proposal also expands grants in order to enhance the quality of current Assertive Community Treatment services and continue to expand the service. Grants will also allow for the development of a specialized Forensic Assertive Community Treatment team by June 2017 to support people with serious mental illnesses who are exiting the correctional system. Beginning in July 2017, grants will support the development of two Assertive Community Treatment teams each year to continue the expansion of Assertive Community Treatment services throughout Minnesota, and address systems barriers to offering high quality Assertive Community Treatment Services to our most vulnerable adults with severe mental illness

This proposal improves access to services for Minnesotans with severe mental illness by doing a well-designed evaluation of the need for expansion, especially in our rural areas where individuals do not have access to an Assertive Community Treatment team, and by better understanding how to do this expansion without compromising high fidelity/quality services. The proposal impacts the community as well, and will engage multiple community stakeholders (e.g., National Alliance for Mental Illness, police officers, community hospitals, academic institutions) through education and partnerships to provide collaborative but non-duplicative services for Assertive Community Treatment clients. DHS has sought the opinions of ACT Team Leaders and a sample of county and agency providers regarding a larger strategic plan for Assertive Community Treatment. Some of that input provided information for this proposal. As part of this proposal, continued input with stakeholders will be sought.

#### **Results:**

This proposal supports the following strategies in the DHS Framework for the Future: 2014:

- Serves more people in their own homes, communities and integrated workplaces
- Integrates primary care, behavioral health, and long-term care
- Reduces the gap in access and outcomes for health care in cultural and racial communities

This proposal also supports the Adult Mental Health Division's internal and external dashboard measures by:

- Increasing the number of adults in Assertive Community Treatment receiving preventative exams (public measure)
- Increasing the number of adults served by Assertive Community Treatment teams (internal measure)

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	The number of adults served in Assertive Community Treatment services	1964	1991	2012 vs. 2013
Quality	The percent of adults in Assertive Community Treatment who receive an annual comprehensive preventative physical exam.	26.5%	27.8%	2012 vs. 2013

New accountable results based data will be collected via the Tool for the Measurement of Assertive Community Treatment (TMACT). This tool reviews both the quantity and quality of Assertive Community Treatment services. As part of the measure, information is collected from individuals served by Assertive Community Treatment teams and surveys if quality of life and recovery has improved. This data will be collected by trained reviewers (both inside and outside of DHS) and will be communicated back to individual programs, stakeholders, and aggregated for statewide comparisons.

#### **Statutory Change(s):**

MS § 256B.0622

# DHS Fiscal Detail for Budget Tracking

Net Impact by Fund (dollars in thousands)			FY 15	FY 16	FY 17	FY 16-17	FY 18	FY 19	FY 18-19
General Fund				571	751	1,322	760	750	1,510
HCAF									
Federal TANF									
Other Fund									
Total All Funds			\$0	571	751	1,322	760	750	1,510
Fund	BACT #	Description	FY 15	FY 16	FY 17	FY 16-17	FY 18	FY 19	FY 18-19
GF	57	Adult MH Grants		250	500	750	500	500	1,000
GF	15	Adult MH Division		494	386	880	400	385	755
GF	Rev 1	FFP @ 35%		(173)	(135)	(308)	(140)	(135)	(275)
Requested FTE's									
GF	15	Adult MH Division		1.0	1.0		1.0	1.0	