Behavioral and Mental Health Issues in Minnesota — Are We Heading for a Crisis

Speakers: Jennifer DeCubellis
Friday, March 6
10:20 – 11 a.m.
Jennifer DeCubellis

Jennifer DeCubellis is assistant commissioner of the Community Supports Administration at the Minnesota Department of Human Services (DHS). The administration includes mental health services for children and adults, alcohol and drug abuse services, services for people with disabilities and HIV/AIDS and housing.

DeCubellis began working at DHS in January 2015, and most recently had served as assistant county administrator for health at Hennepin County, where she has been responsible for health reform efforts and integration initiatives.
# 2015 Mental Health Reform

## Community Supports Administration
Assistant Commissioner Jennifer DeCubellis

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## 2015 Mental Health Reform

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<th>The Problem</th>
<th>The Solution</th>
<th>The Impact</th>
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| Minnesota’s mental health infrastructure is insufficient with too many gaps, poor measurement, and insufficient service availability. | A continuum of care that includes:  
- Mental health promotion and mental illness prevention  
- Clinical service stability and quality  
- Community supports | More than 230,000 adults and 75,000 children with mental illness and their families will have the services available they need. |
Challenges that still exist

- **Existing community capacity does not meet needs** - Anoka Metro Regional Treatment Center has a waiting list of 77
- **Some children's services are not available in Minnesota** - We have between 300-400 children each year who would be best served in Psychiatric Residential Treatment Facilities
- **Rates are often insufficient to cover the cost of services** - Riverwood Centers, which served some 3,000 clients, closed suddenly in 2014
- **Lack of treatment services for the most acute children and adults** - The system does not have adequate resources for the most aggressive clients
- **We have work force issues** - Most of Minnesota is designated as a Mental Health Professional Shortage Area
- **Focus has been on treatment and interventions, leaving prevention and early interventions behind**

Why is mental health a top priority?

Nearly 30 years after passage of the state’s Comprehensive Mental Health Act, the vision of a state-wide system of adult mental health services is far from complete.
Why is mental health a top priority?

25 years after passage of the state’s Comprehensive Mental Health Act, the vision of a state-wide system of children’s mental health services is even less developed.

Mental Health Continuum of Services—Adult

Mental Health Continuum of Services—Children

Critical Supports: Housing, Employment, Supportive Housing, Targeted Case Management, Community Support Programs, Behavioral Health Homes, PCA/CFS, CADI Waiver, Respite Care, School-Linked Mental Health Services

ARMHS: Adult Rehabilitative Mental Health Services
ACT: Assertive Community Treatment
IRTS: Intensive Residential Treatment Services
Solid Foundation of Prevention and Early Intervention

- Mental Health Consultation for Early Childhood Providers
- School-Based Diversion Pilot for Students w/Co-Occurring Disorders
- Services and Supports for First Episode Psychosis
- Mental Health Crisis Services
- ACEs/Children’s Mental Health & Family Services Collaboratives
Reform Minnesota’s Mental Health Treatment System

- Stabilize and Reform Mental Health Services Payment Structure
- Certify Behavioral Health Clinics
- Behavioral Health Homes

Expand Care for Children & Adults with Complex Needs

- Establish Psychiatric Residential Treatment Facilities
- Residential Services for People with Complex Conditions
- Minnesota Security Hospital Conditional Licensure
- Psychiatric Residency Program
Promote and Support Recovery

- Supportive Housing for Adults with Serious Mental Illness
- Expansion of Respite Care
- Assertive Community Treatment (ACT) Quality and Expansion
- Increase Flexibility for Transitions to Community Initiative

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