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**Study of the Transfer of Funds to
Counties for State Registered Nurses
Employed in Community Mental Health Pilot Projects
as part of Assertive Community Treatment Teams**

Department of Human Services Report
to the
2008 Minnesota Legislature

January 2008

Mandated by Minnesota Session Laws, 2007,
Chapter 147, Article 8, Section 33



Minnesota Department of **Human Services**

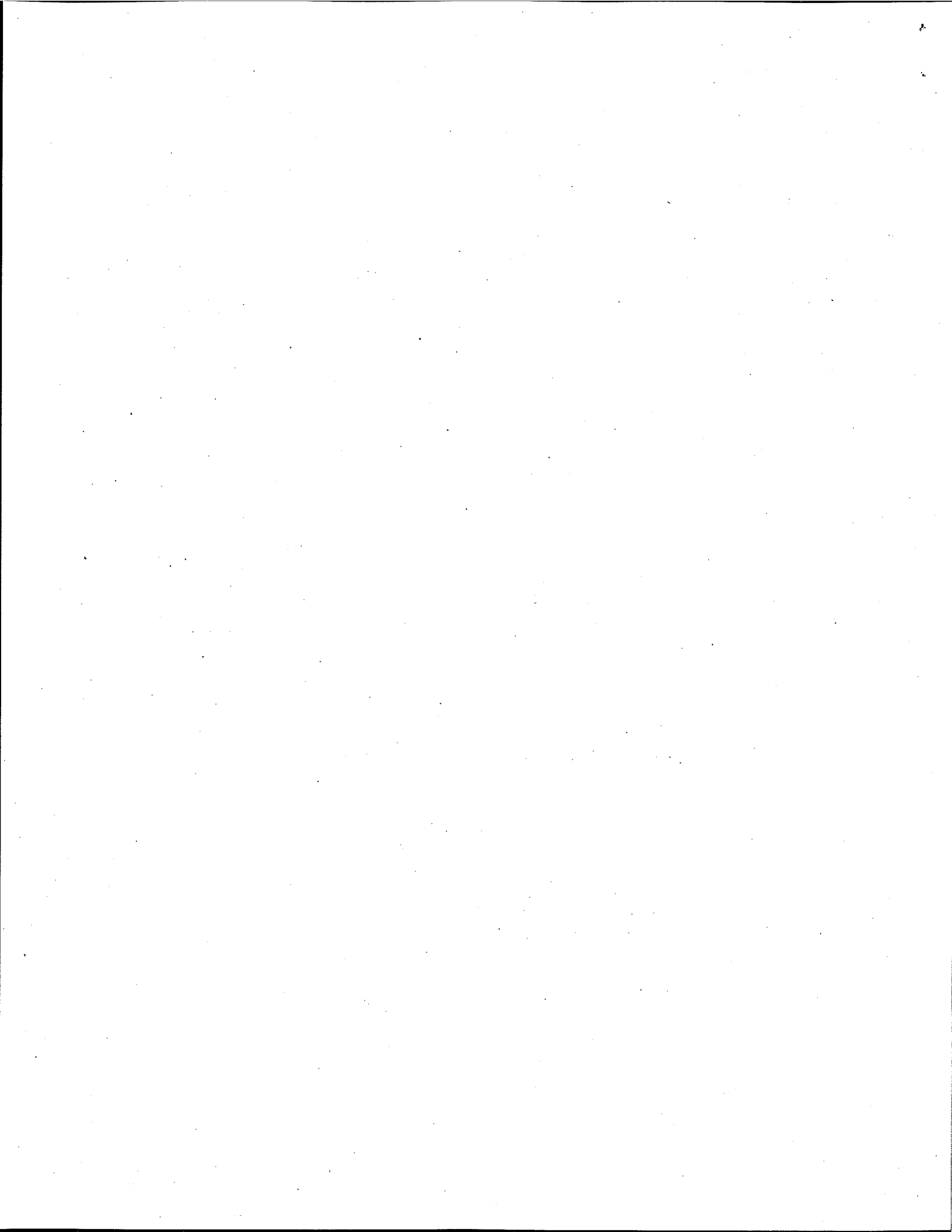
**Per requirement of M.S. 3.197, the cost of preparing this report was under
\$10,000**

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I. BACKGROUND

During calendar year 2007, at the request of the Department of Human Services (DHS), counties began working within guidelines provided by the department to develop an implementation plan to reallocate resources for a total of approximately 240.41 filled positions, worth approximately \$15 million, associated with the adult mental health pilot projects--described under Minnesota Statutes, section 245.4661. The reallocation plan provided a variety of options for the county, including:

- The ability to use funding with greater flexibility; and
- The ability to deliver direct services where necessary to meet the needs of the client population.

In order to achieve these outcomes, county social service agencies were awarded mental health grants on January 1, 2008 to develop needed mental health services.

During the 2007 session, The Minnesota State Legislature directed (see Attachment I) the Department of Human Services (DHS) to make a report to the 2008 Legislature regarding the transfer of funds to counties for state registered nurses employed in community mental health pilot projects as part of the assertive community treatment teams under Minnesota Statutes, section 245.4661. The report is to address the impact of the nursing shortage on:

- (1) replacing these positions;
- (2) continuity of patient care if these positions cannot be filled; and
- (3) ways to maintain state registered nurses in these positions until the nurse retires or leaves employment.

No funds for currently filled state registered nurse positions referenced in this section may be transferred before the report date.

II. Conclusion

Of the 240.41 FTE's, 11.8 were represented by the Minnesota Nurses Association (MNA) and executing duties as part of an Assertive Community Treatment (ACT) team. To maintain compliance with the 2007 legislation 8 FTE's working on ACT teams were not included in the transfer of funds to county social service agencies made on January 1, 2008 to develop needed mental health services within that county.

As of the date of this report, 3.8 of the total 11.8 positions have been vacated through routine attrition. The funds associated with the 3.8 positions have been transferred to the counties in accordance with the law. Counties have expressed an interest in receiving the funds for the remaining 8 positions. For 5 of these positions, Counties have decided to hire, through a contract arrangement with State Operated Services, for the continued placement of the nurse in the existing position. The remaining 3 nurses work within the metro region and have job offers available to them at the Anoka-Metro Regional Treatment Center (AMRTC).

Net effects:

(1) Replacing these positions:

The nursing shortage continues to affect the ability to recruit in all SOS positions, not just those nursing positions associated with ACT teams in the Adult Mental Health Initiatives. Since no funding for positions has been transferred to the county for the remaining 8 positions, the department is unable to comment on the exact effects. If funds had been allowed to be transferred to the county social service agencies, the county social service agency would likely have contracted with SOS for the nurse to continue working within the ACT team in the Adult Mental Health Initiatives. SOS is committed to ensuring continuity of patient care when necessary. Nurses play an integral and necessary role in the provision of care within SOS and as a result, SOS would continue to employ nurses within the system. Since funds for these positions were not transferred, the department is unable to conduct an analysis of the continuity of patient care.

However, State Operated Services employs approximately 375.1 Nurses represented by the Minnesota Nurses Association across all its service lines. Nurses play an integral and necessary role in the provision of care within SOS. Recruitment and retention of nurses is an ongoing priority for SOS. In FY2007 State Operated Services experienced a 25% turnover rate in nursing positions. SOS was able to fill vacated nursing positions as they occurred and hired 94 individuals in FY2007 into nursing positions.

(2) Continuity of patients care if these positions can not be filled:

Vacant Nursing positions in the Adult Mental Health Initiatives are temporarily covered by overtime, temporary assignments of other nurses, or temporary assignment of patient care to other qualified team members.

(3) Ways to maintain state registered nurses in these positions until the nurse retires or leaves employment:

In order to maintain state registered nurses in these positions until the nurse retires or leaves employment, State Operated Services has developed a contracting process by which a county can contract with SOS for a nurse to work within the ACT teams in the Adult Mental Health Initiatives.

III. Attachment I

Laws of Minnesota, Chapter 147, Article 8, Section 33 states:

REPORT.

The commissioner shall make a report to the legislature by January 15, 2008, regarding the transfer of funds to counties for state registered nurses employed in community mental health pilot projects as part of the assertive community treatment teams under Minnesota Statutes, section 245.4661. The report shall address the impact of the nursing shortage on replacing these positions, continuity of patient care if these positions cannot be filled, and ways to maintain state registered nurses in these positions until the nurse retires or leaves employment. No funds for state registered nurse positions referenced in this section may be transferred before the report date. This section does not apply to positions vacated by routine attrition.