

Office of the Ombudsman for Mental Health and Mental Retardation

2002 / 2003 Biennium Report to the Governor on Agency Activities

05 - 0418

Ombudsman Overview of Activities

The greatest contributions the staff of this agency make do not make headlines or even rate a feature mention in our Biennial Reports. But the day to day interactions with clients and families helping them to resolve problems with the complex social, medical and legal systems that comprise our mental disability service programs are the core of the agency's most important work. These daily interactions helping direct citizens to appropriate resources, answer questions, interpret professional jargon, investigate complaints and cut through red tape and bureaucratic indifference are where we are at our best. Sometimes the most helpful thing we can do for a client, family member or citizen is to respectfully and sincerely listen.

We can not expect to change the world with a single effort, but we can always work at moving forward. Our mission of... promoting the highest attainable standards of treatment, competence, efficiency and justice... is done both individually and across the entire system. ***Our work with clients is always about respecting their dignity.***

The pie chart on the right represents the four categories of calls we handle. Simple Assists represent callers who contact us for information and referral. Client Reviews represent in depth cases. Serious Injury and Death Reviews represent serious injuries and deaths reported to our agency.

At the beginning of FY2003 the agency was given the added powers and duties of the Crime Victim Oversight Act. The goal was to assure the continuation of Crime Victim Oversight services to citizens with continuity and integrity. This reorganization continued until the end of Fiscal Year 2003, when the Crime Victim Oversight Act was dissolved.

The Office planned for a State shutdown at the end of Fiscal Year 2002 due to non-appropriated funds for Fiscal Year 2003. During the planning stage, agency staff were deemed essential workers because state employees would be relocated into new positions and our clients could be cared for by untrained staff.

The Office released a public report entitled "A Review of Conditions at South Center Manor an Intermediate Care Facility for Mental Retardation in Center City." The initial review of South Center Manor revealed serious concerns. The Office contacted other agencies involved and began working cooperatively with the Minnesota Department of Health and the Department of Human Services regulatory divisions. As a result of this cooperative effort, South Center Manor entered into a voluntary closure agreement with the Department of Human Services, Disability Services Division and Chisago County. All residents were transitioned to more suitable placements.

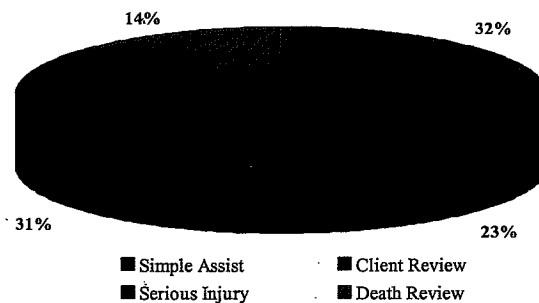
The Office also worked with the Attorney General's Office regarding Minnesota's inpatient psychiatric bed crisis. This was one indicator of a system beginning to fall apart and in desperate need of fundamental reform. This work resulted in a position paper written by the Office.

Medical Review Unit Update

During the 2002/2003 Biennium, the Medical Review Unit (MRU) continued to improve its functioning by implementing many of the recommendations from the report on the "Medical Review Function" issued in November, 2000. The review was done, at the request of the Ombudsman, by the Management Analysis Division of the Minnesota Department of Administration. As a result of that report, a "Back to Basics" work plan was developed to focus on the following key areas: 1) case backlog, 2) streamline intake, 3) case triage and assessment, 4) communications, and 5) use of technology.

During 2002/2003, the MRU made significant progress on its work plan. The case backlog has been reduced. The intake process has been streamlined, and case triage has been simplified. Communication has been improved between licensing agencies and the Ombudsman's Office. The Ombudsman's website has been increasingly utilized both to improve communication with providers and clients and to make more efficient use of technology. Please see the Medical Review Unit section of the report for additional information.

Contacts by Type for Biennium



Mission

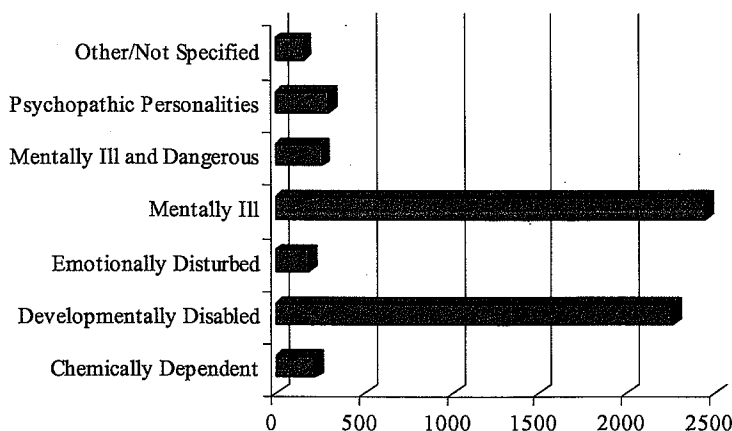
... Promoting the highest attainable standards of treatment, competence, efficiency and justice for persons receiving services for mental health, developmental disabilities, chemical dependency, or emotional disturbance.

Client Services Overview

During the biennium, our regional staff has kept pace during a time of change, with mental disabilities particularly, in the social services system. Our contact service percentage between persons with developmental disabilities and mental illness remains almost even, totaling over 80% of our work.

Compared to the previous biennium, we are seeing an increase in service requests to those who are committed as mentally ill and dangerous and those who are sex offenders and committed as psychopathic personalities. Committed sex offenders are a challenging group to work with. We must

Contacts by Disability Groups for Biennium



Types of Issues Raised *

Type of Issue	FY 02	FY 03	Biennium Total	Percentage
Abuse/Neglect	288	413	701	5%
Child Custody/Protection/Visitation	64	37	101	1%
Civil Commitment	313	474	787	6%
Client Rights	785	691	1476	11%
County Social Services	274	243	517	4%
Criminal	79	64	143	1%
Data Privacy/Client Records	102	88	190	1%
Death	531	527	1058	8%
Dignity and Respect	290	313	603	4%
ECT	9	5	14	0%
Education System	38	66	104	1%
Employment	43	29	72	1%
Financial	143	151	294	2%
Guardianship/Conservatorship/Rep Payee	75	94	169	1%
Housing	94	57	151	1%
Information	122	86	208	2%
Insurance	27	22	49	0%
Legal	94	116	210	2%
Managed Care	63	20	83	1%
Medical Issues	258	198	456	3%
Placement	379	355	734	5%
Psychotropic Meds	158	110	268	2%
Public Benefits	46	42	88	1%
Public Policy	19	13	32	0%
Referral	4	9	13	0%
Restraint/Seclusion/Rule 40	55	36	91	1%
Restrictions	135	148	283	2%
Serious Injury	1023	1154	2177	16%
Special Review Board	12	214	226	2%
Staff/Professional	351	552	903	7%
Training	41	28	69	1%
Transportation	20	24	44	0%
Treatment Issues	470	294	764	6%
Violations of Rule or Law	107	202	309	2%
Waivered Services	25	28	53	0%
Other	174	161	335	2%
Totals	6711	7064	13775	100%

keep a balance between neutral fact finder and advocate, and also between assuring respectful quality care and treatment while protecting the public from potential harm. We expect the number of contacts on these issues to increase in the next biennium.

We are also experiencing an increase in issues involving children who are mentally disabled, or have a parent with a mental disability and are entangled with child protection and/or corrections. These cases tend to be complicated and require a great deal of time and effort to resolve. We also expect the number of these issues to increase in the next biennium.

During the biennium 32% of the services that our regional ombudsman provided consisted of direct assistance to consumers and their families. An additional 23% of the request for service required extensive time and effort to resolve issues. Thirty six percent of the issues involve treatment, including general medical issues, placement, psychotropic medications, restrictions and treatment issues. Forty percent of our cases involve abuse/neglect, dignity/respect and client rights.

Issue areas that have increased significantly during the biennium are: abuse/neglect, civil commitment, client rights, guardianship/conservatorship, special review board, staff/professional, and violation of law or rule.

* Percentage exceeds 100% because some clients have more than one disability. Percentage is based on 6,711 Contacts during the Biennium.

Medical Review Unit

The Medical Review Unit (MRU) includes the Medical Review Coordinator (MRC), a nursing evaluator, and a full-time reviewer. The MRU serves as a support to the Medical Review Subcommittee (MRS), which is empowered under Minn. Stat. 245.97, Sub. 5. The MRS meets on a regular basis throughout the year to review the deaths and serious injuries of clients that meet established guidelines.

There were 509 deaths reported to the Medical Review Coordinator in FY 02 and 481 deaths reported in FY 03. This total of 990 deaths compares with the total of 886 deaths reported in the previous biennium. There were 2,145 serious injuries reported in the 2002/2003 biennium. This compares with 1,877 serious injury reports from the previous biennium. The continued increase in reported death and serious injury reports is in part due to increased outreach by the Office and improved compliance with mandatory reporting requirements by providers.

The purpose of the Ombudsman's death review process is to seek opportunities to improve the care delivery system for the living. The MRS has a quality-improvement focus, and, by statute, avoids duplication of the work of agencies such as the Office of Health Facility Complaints and DHS-Licens-

Type of Death	Biennium			
	FY 02	FY 03	Total	Percentage
Accident	41	41	82	4.18%
Homicide	3	6	9	0.68%
Natural	413	390	803	81.58%
Suicide	42	32	74	5.88%
Undetermined	10	12	22	7.68%
TOTAL	509	481	990	100.00%

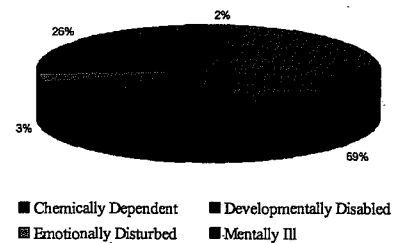
ing that do detailed investigations and have sanction authority. If the MRU finds a situation that needs that type of investigation, a referral is made to the appropriate agencies or licensing boards. The MRU works collaboratively with the agency or board but avoids duplication of its work.

In looking for opportunities to improve the care delivery system, the MRS looks at not only individual cases but also for patterns and trends. When it identifies patterns or trends, the MRS uses that opportunity to make recommendations to the delivery system. These recommendations may come in the form of a Medical Update. Medical Updates are available at the website: <http://www.ombudmhmr.state.mn.us>

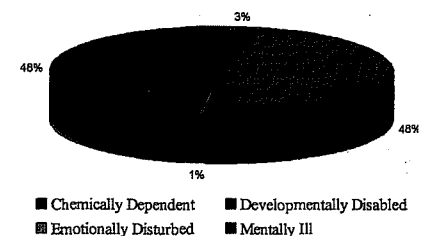
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Type of Serious Injury	FY 02	FY 03	Total	Percentage
Burns	59	78	137	6.39%
Complication of Medical Treatment	9	6	15	0.70%
Complication of Previous Treatment	12	15	27	1.26%
Dental Injury	24	24	48	2.24%
Dislocation	19	8	27	1.26%
Eye Injury	17	16	33	1.54%
Frostbite	2	2	4	0.19%
Head Injury	29	32	61	2.84%
Heat Exhaustion/Sun Stroke	5	3	8	0.37%
Ingestion of Harmful Substance	32	20	52	2.42%
Internal Injury	7	7	14	0.65%
Laceration	46	47	93	4.34%
Major Fractures	208	179	387	18.04%
Minor Fractures	334	376	710	33.10%
Multiple Fractures	39	48	87	4.06%
Near Drowning	2	1	3	0.14%
Other	173	266	439	20.47%
Total	1017	1128	2145	100.00%

Serious Injury by Disability for Biennium



Death by Disability for Biennium



Civil Commitment Training and Resource Center

Current Activities:

The Office established the resource center component of the training and resource center within the agency. The Center provides civil commitment information and referral, consultation, and advocacy services. In this biennium, the Resource Center has received over 200 contacts and has provided information, consultation and advocacy on over 336 civil commitment issues. The Resource Center has also developed fact sheets on various civil commitment topics, including:

- Early Intervention
- Effective Representation in the Commitment Process
- Emergency Holds and Judicial Holds
- Patient Bill of Rights
- The Civil Commitment Process
- The Cost of Treatment

Future Directions - Training

The Office of Ombudsman will continue to provide interdisciplinary training on the civil commitment process to interested groups. In addition, the Center will develop specific, specialized training in two new areas. First, training will be developed for defense attorneys who represent persons in the civil commitment system. The hope is the training will not only focus on the commitment law, but provide specific

trial strategies and techniques and strategies for pre- and post-trial matters, such as trial preparation.

The other area of need for training is on alternatives to commitment. The Civil Commitment and Treatment Act places a significant emphasis on using the least restrictive alternative available. The training will focus on alternatives such as guardianship and conservatorship, advance directives, utilization of community services, stays of commitment and continuances for dismissal and other topics.

Resource Center

The Resource Center will continue to provide information and referral, consultation and advocacy services to agency clientele and the general public on civil commitment issues.

The Office plans to establish an on-going informal advisory committee of stakeholders to advise the Center on civil commitment issues. This interdisciplinary committee will consist of mental health case managers, county attorneys, defense attorneys, judges, consumers, community residential and non-residential staff, hospital staff and other interested persons. The purpose of the group is to advise the Center on current "hot" topics, gaps and/or problems, and training and resource needs in the civil commitment system.



(MRU - Continued from Page Three)

The MRU produces a series of Summer and Winter Alerts, which are updated and released each year. These, too, are available on the Ombudsman's website. The Ombudsman's Office shares what it has learned through the death review and serious injury review process in an attempt to inform providers, so that they can avoid similar problems.

In addition to the Summer and Winter Alerts, the following new Medical Alerts have been distributed:

- Suicide Prevention Alert, February 2002
- Gun/Firearm Alert, February 2002
- Seizure Alert, May 2002
- Restraint Alert, November 2002
- Current Issues in Seclusion and Restraint, November 2002

Equal Opportunity Statement

The Ombudsman Office does not discriminate on the basis of age, sex, race, color, creed, religion, national origin, marital status or status with regard to public assistance, sexual orientation, membership in a local human rights commission or disability in employment or the provision of services.

This material can be given to you in different forms, like large print, Braille or on a tape, if you call 1-651-296-3848 Voice or 711 TTY and ask.

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