



# State-Operated Human Services

## Update to 2013 Evaluation Report

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### Problems Identified

- **Unclear Purpose.** The mission of services directly operated by the Department of Human Services (DHS) was not clearly specified in state law. Also, DHS operated a large number of group homes for individuals with developmental disabilities although it appeared that many of these individuals could be properly served in non-state settings.
- **Mental Health Facility Bottlenecks.** DHS's Anoka-Metro Regional Treatment Center and Minnesota Security Hospital had difficulties finding appropriate community residences for individuals deemed ready for discharge. In addition, state law said that court commitments of persons as mentally ill and dangerous or as developmentally disabled were for indefinite periods, without provisions for judicial review. The lack of discharge options and periodic judicial review likely contributed to some individuals staying in institutions longer than necessary.
- **Weak Oversight and Accountability.** DHS had established a citizen governing board for the services it operated, but such a board diluted accountability and was unnecessary. Also, DHS collected a limited amount of information to evaluate the performance of state-operated services, and some DHS policies for these services were out of date.

### Changes Implemented

- **Governance and Administrative Changes Adopted.** DHS dissolved its citizen governing board for State-Operated Services, replacing it with a board composed of DHS administrators. DHS says that it has updated its State-Operated Services performance measures and policies. DHS also assigned an administrator to oversee the use of restraint and seclusion throughout State-Operated Services, consistent with an OLA recommendation. In response to concerns OLA raised about the amount of therapeutic services provided at the Minnesota Security Hospital, the facility adopted expectations for the hourly amount of services that will be provided each week by various types of staff.

### Action Needed

- **Improve Facility Discharge Options.** DHS has conducted planning in recent months to explore ways to improve placement options for persons ready to leave the Anoka-Metro Regional Treatment Center and Minnesota Security Hospital. Implementation of improvements to placement options is ongoing, and DHS and the Legislature will need to monitor progress and the resulting impacts.
- **Improve Operations of the Minnesota Security Hospital.** This facility has operated with a conditional state license since 2011, due largely to issues involving patient maltreatment. In 2013, DHS Licensing extended through 2014 the period during which the facility will operate under a conditional license, following an instance in which Security Hospital staff

did not intervene to assist a patient who was harming himself. In early 2014, a Security Hospital patient killed another patient, raising further questions about patient safety and supervision. The facility has continued to struggle to recruit and retain a sufficient number of staff psychiatrists. In addition, a 2013 incident in which a resident from the facility was discharged to a homeless shelter raised questions about the adequacy of release planning and supportive services for discharged residents.

- **Reduce the Number of State-Operated Group Homes for Individuals with Developmental Disabilities.** As of Spring 2014, DHS was preparing a plan for reducing the number of homes it operates for individuals with developmental disabilities. A draft of the plan indicated that DHS will implement reductions in the number of homes over a period of several years.
- **Address Security Issues at State-Run Community Behavioral Health Hospitals.** Because some patients at these state hospitals have difficult or aggressive behaviors, DHS is considering whether to divert such patients to the Anoka-Metro Regional Treatment Facility. Alternatively, DHS is considering making incremental security enhancements at each of its community hospitals to enable them to better manage aggressive patients. According to DHS, either approach would require additional resources, and DHS intends to develop requests in its budget proposal for the 2015 Legislature.