



Ombudsman for Mental Health and Developmental Disabilities

2006/2007
Biennium
Report
to the
Governor



Mission Statement

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.

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Ombudsman's Overview

As I look back over the 06/07 Biennium and reflect on the work of this agency, I am met with mixed emotions. I feel a great sense of purpose and pride when we are able to assist a citizen of Minnesota, to achieve the most appropriate services for their needs as well as promote and protect their human and civil rights. On the other hand, I see the clients' cases we receive becoming more and more complex while the systems to support our clients continue to operate under a great deal of stress. Problems that come to the Ombudsman often make no sense for the client, the system or the taxpayer but they continue to occur.

Walk a Mile in Their Shoes

For those who do not have a disability or live with someone with a disability, I would ask that each of you imagine what it might be like. You want your life to be as full as possible given the limitations of your disability. You want the persons who are paid to provide services to you, to see you first as a person with your own hopes and dreams, rather than just as someone who needs your help. When you must rely upon governmental

support systems, you want others to know that it is not because you want to; it is because your disability makes it difficult for you to survive and thrive without help. If you have a cognitive disability, you soon realize that you may not be viewed as a full participant in your service delivery or in society.

Systems of care are often organized around the needs of the system and not necessarily the person being served. Individuals are sometimes provided the services we have rather than the services they need. We are not willing to abandon services that do not produce results and the system gets locked into a set method that generally goes unchallenged or becomes inflexible. Not only does this not meet the needs of the individual but it is also an incredible waste of precious health care dollars.

In one Ombudsman case, the agency intervened where the client had certain needs for rent assistance for \$600.00 a month. This assistance would have allowed the person to live with a family member who would have cared for the person without other compensation. The system said it

could not provide that assistance but it could provide the client with a personal care attendant at a cost of \$300.00 per day because that service was available. Because the system had always done it that way, it believed there were no other choices and would not even consider researching alternatives. By providing what it had and not what the client needed, it would have cost taxpayers over \$8,000.00 more per month. It also would have required a level of intrusion into the person's life far beyond what non-disabled persons have to endure. Our bureaucracies have become so burdensome that we have lost the ability to be creative and to assist an individual with what they need at the right level, not too little but also not too much. In that case, it was the system that was being served and not the client. The Office of Ombudsman looks to have the system make sense in ways that not only serve the clients who come to us for assistance but also for the taxpayers of Minnesota. Agency staff are often placed in the role of the pragmatic problem solver, and we continue to work toward improvement on how the system provides its scarce resources.

Client Services Overview

The agency has observed a significant decrease in contacts with sexually dangerous persons...

This table represents issues clients raised during conversations with our Regional Ombudsmen.

The Office of Ombudsman for Mental Health and Developmental Disabilities is, like other state agencies, entering a time of planning for staffing changes due to retirements. Part of the review is examining how changes will affect our clients and seeking opportunities to better serve persons with mental disabilities in Minnesota.

During the 06-07 biennium, regional staff continued to keep pace with an ever changing environment for persons with mental disabilities. The agency has observed an increase in requests for assistance for persons with developmental disabilities and a slight decrease in requests for services for those with mental illness. The agency has also observed a significant decrease in contacts with sexually dangerous persons at St. Peter and Moose Lake. Reasons for the decrease might be explained by policy changes within the facilities, increased security measures, complexity, time required to address issues, and a conscious effort to focus on systemic oversight and issues of focusing on individuals who are also being treated for a

mental illness. The category "Other/Not Specified" has decreased this biennium. These are calls for services or information that do not fit into other categories, or information and referral not otherwise noted, and internet or web based inquiries. This category may also be used by staff

who are assisting consumers to advocate on their own behalf.

Issues of child custody, protection, visitation and out of home placement when the parent(s) or child (ren) have a mental disability have consumed an increasing amount of time and effort. During the 06-07

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Type of Issue	FY 06	FY 07	Total Biennium	Percentage
Abuse/Neglect	98	766	864	7%
Child Custody/Protection/Visitation	57	41	98	1%
Civil Commitment	285	238	523	4%
Client Rights	512	443	955	8%
Contracted Social Services Agency	27	20	47	0%
County Social Services	157	115	272	2%
Criminal	69	38	107	1%
Data Privacy/Client Records	37	21	58	0%
Death	546	598	1144	9%
Dignity and Respect	333	341	674	5%
ECT	2	2	4	0%
Education System	18	11	29	0%
Employment	23	20	43	0%
Financial	173	157	330	3%
Guardianship/Conservatorship/Rep Payee	56	64	120	1%
Housing	58	46	104	1%
Information	67	48	115	1%
Insurance	22	17	39	0%
Legal	81	65	146	1%
Managed Care	23	27	50	0%
Medical Issues	197	156	353	3%
Placement	274	197	471	4%
Psychotropic Meds	72	48	120	1%
Public Benefits	58	38	96	1%
Public Policy	21	22	43	0%
Referral	7	3	10	0%
Restraint/Seclusion/Rule 40	57	57	114	1%
Restrictions	57	45	102	1%
Serious Injury	1243	1255	2498	20%
Special Review Board	89	112	201	2%
Staff/Professional	797	754	1551	12%
Training	8	7	15	0%
Transportation	7	14	21	0%
Treatment Issues	222	140	362	3%
Violations of Rule or Law	176	214	390	3%
Waivered Services	17	20	37	0%
Other	235	127	362	3%
Total	6181	6287	12468	100%

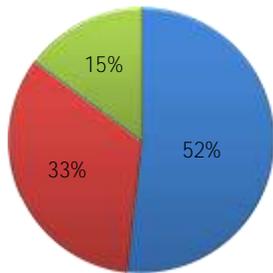
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biennium, the agency reviewed 98 such cases. Often the issues present themselves in single parent households which may be at or under the government poverty level and unable or unlikely to find legal counsel, leaving them vulnerable to the power of the system.

During the biennium, the agency had a 50% increase in contact with social services agencies. Contacts with county social services remained steady at nearly 300 contacts. The agency strives to provide quality consultative and information services for Minnesota's social services system. The agency also

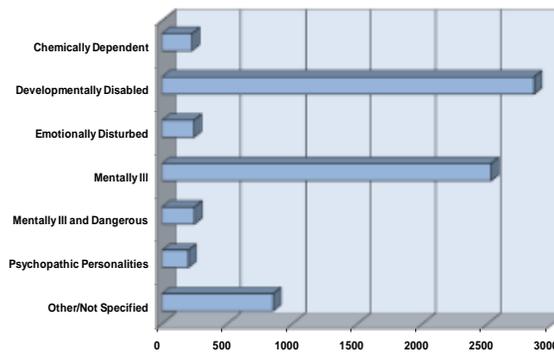
saw two percent increases in contacts with staff and professionals from many settings, both private and public. Agency information sharing and consultative services with agency, program, and facility staff/professionals totaled 14% of the biennial contacts.

Contacts by Type for Biennium



■ Client Contacts ■ Serious Injuries ■ Death Reviews

Contacts by Disability for Biennium



Total client contacts for the biennium was 7,169.

Civil Commitment Training and Resource Center

During the '06-07 biennium the Civil Commitment Training and Resource Center (CCTRC) was very active. The CCTRC continued to get requests for training on the MN Civil Commitment and Treatment Act. There was an increase in requests from groups receiving training for the first time.

In the past, most of the trainings were for county social service staff and other professionals involved in the commitment process.

In this biennium, the CCTRC started receiving training requests from providers. Training was also provided for a number of private hospitals and the new DHS Community Behavioral Health Hospitals. These included hospital emergency room and hospital mental health unit staff. The emergency room staff sought training on the use of emergency hold orders for patients who are mentally ill and in danger of harming self or others.

The mental health units requested training on the full commitment act because they were now accepting committed patients. The office continued to provide training throughout the state for social service agencies. The attendees were social workers, physicians, court examiners, and some county and defense attorneys. The CCTRC also provided CORE training statewide for DHS done via ITV for approximately 200 people statewide.

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The Center provides civil commitment information and referral, consultation and advocacy services.

Medical Review Unit

Total number of reported deaths for the biennium was 1069.

The Medical Review Unit (MRU) is comprised of three staff people: 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 includes volunteer members of the Ombudsman's Advisory Committee and is empowered under Minn. Stat. 245.97, Sub. 5.

The MRS met eight times during FY 06 and six times during FY 07 to review the deaths and serious injuries of clients that met its established guidelines. During FY 06, the MRS reviewed and closed 14 full reviews and 29 limited reviews. During FY 07, the MRS reviewed and closed 12 full reviews and 22 limited reviews.

There were 517 deaths reported to the Medical Review Coordinator in FY 06 and 552 deaths reported in FY 07. This total of 1069 deaths compares with the total of 1025 deaths reported in the previous biennium. Most death reports are closed by the

MRC upon report when the information provided is complete or after the collection and review of additional records.

Type of Death	FY 06	FY 07	Biennium Total	Percentage
Accident	63	46	109	10%
Homicide	4	3	7	1%
Natural	408	444	852	80%
Suicide	34	41	75	7%
Undetermined	8	18	26	2%
TOTAL	517	552	1069	100%

complete or after the collection and review of additional records.

There were 2498 serious injuries reported in the 2006/2007 biennium. This compares with 2550 serious injury reports during the previous biennium, which represents a small decline in serious injury reports since the 2004/2005 biennium.

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 Facilities Complaints and DHS-Licensing, which perform detailed investigations and

have sanction authority. If the MRU finds a situation that needs that type of investigation, referrals are made to the appropriate agencies or licensing boards.

The MRU works collaboratively with other agencies or boards but avoids duplication of their work.

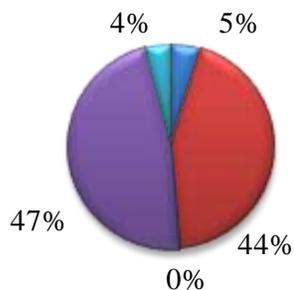
In addition to site visits by the medical reviewer in the course of full reviews, both the Medical Review Coordinator and the nurse evaluator are available for tailored presentations at conferences and meetings throughout the state. Recent presentations have included "Death and Serious Injury Reporting" and "Suicide Prevention Education for Clients and Families."

During the 2006/2007 Biennium, the Medical Review Unit (MRU) has

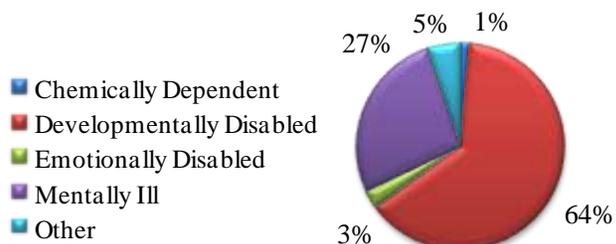
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These pie charts represent the Deaths and Serious Injuries reported to our office for this Biennium.

Death by Disability for Biennium



Serious Injury by Disability for Biennium



(Continued from page 4)

used the Ombudsman’s website to improve its communication with providers and clients and to make more efficient use of technology. Editable Death Report and Serious Injury Report forms were made available on the Ombudsman’s website in October 2006. Providers, clients, families, and other interested people are encouraged to sign up for the Ombudsman’s Medical Alerts E-Mail List Service, which sends an e-mail notification to subscribers when new information is available on the website.

The MRC produces a series of Summer and Winter Alerts, which are updated and released each year. These are available on the Ombudsman’s website. The Summer Alerts – *Summer Alert, Heat Stroke, Water Safety, & Insect Sting Alerts* – are typically released in May of each year, while the Winter Alerts – *Winter Alert, Frostbite, Hypothermia, & Wind Chill Alerts* – are typically released annually in November. In addition, the MRC provides a cover letter that highlights recent FDA MedWatch warnings and that encourages providers to routinely visit the FDA’s MedWatch website: <http://www.fda.gov/medwatch/>.

While seeking 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

Medical Updates are available at the website:
<http://www.ombudmhdd.state.mn.us/alerts/default.htm>

make recommendations focused on the care delivery system. These recommendations may come in the form of a letter to a provider or agency, a Medical Update, an Alert, a recommendation for a systemic review by the Ombudsman, or the development of educational tools such as our brochure entitled *Information for Individuals and Families about Suicide Prevention*, which, beginning in late FY 08, will be available in a Spanish language version. In addition to the Summer and Winter Alerts, the following Medical Alerts have been created during the 2006/2007 biennium and are available on the website:

- *Behavioral Side Effects of Benzodiazepine Medications in People with Mental Retardation* (August 2006).
- *Medical Alert - Unexpected Deaths Following Recent Outpatient Dental Surgery* (November 2005).
- *Provisional Discharge Revocation Alert* (November 2005).
- *Medical Alert - Client Residence Information for Health Care Providers* (November 2005).

The Medical Review Unit thanks you for your interest in and cooperation with the agency’s serious injury and death reporting process.

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Type of Serious Injury	FY 06	FY 07	Biennium Total	Percentage
Burns - 2nd or 3rd degree	46	69	115	4.60%
Complication of Medical Treatment	15	19	34	1.36%
Complication of Previous Injury	24	25	49	1.96%
Dental Injury	24	30	54	2.16%
Dislocation	6	10	16	0.64%
Eye Injury	12	20	32	1.28%
Frostbite - 2nd or 3rd degree	1	1	2	0.08%
Head Injury with Loss of Consciousness	36	22	58	2.32%
Heat Exhaustion/Sun Stroke	3	3	6	0.24%
Ingestion of Harmful Substance	34	37	71	2.84%
Internal Injury	11	14	25	1.00%
Laceration + muscle/tendon/nerve damage	45	54	99	3.96%
Major Fractures	190	155	345	13.81%
Minor Fractures	410	390	800	32.03%
Multiple Fractures	47	48	95	3.80%
Near Drowning	0	0	0	0.00%
Other	340	357	697	27.90%
Total	1244	1254	2498	100.00%

(Continued from page 3 - CCTRC)

State of Minnesota

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The CCTRC also started receiving requests that training include commitments of mentally ill and dangerous (MI & D), sexually dangerous persons and sexual psychopathic personalities. The counties were interested in these areas since they are now dealing with them in increasing numbers.

The coordinator participated in five presentations on the new Active Community Treatment (ACT) teams in the southwestern portion of the state, presenting on commitments to community-based treatment providers. Persons attending were social workers, examiners, court administration, judges, county and defense attorneys, hospital staff, and mental health providers.

The coordinator participated in presentations about the DHS SOS Forensic Community Services teams that work with persons committed as MI & D who are in the community. He presented on the commitment process and provisional discharges. This training started at the end of the 06/07 biennium, was done in three places in the state, and will expand in the 08/09 biennium.

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 1-651-757-1800 Voice or 711 TTY and ask.

The coordinator participated in a meeting with a representative of DHS' Mental Health Division and some supervisors from metro area counties on the process used for commitments in the metro area. It is a little different than in greater Minnesota. It also included issues of billing for emergency holds and transportation to the metro area when the patient is discharged. This is the first of several meetings that will take place regionally throughout the state.

The coordinator also participated in meetings regarding the increase in transportation of metro area patients to greater Minnesota and out-of state facilities. One meeting was specific to an individual county that was concerned about the increased cost of transportation. The other was part of an Emergency Medical Services Regulatory Board workgroup that focused on ambulance services statewide. This also started at the end of the biennium

and will continue into the next biennium.

The CCTRC has handled many calls from a variety of service providers for clarification of the commitment act or technical assistance. These are areas that continue to increase in requests for assistance, in part due to state services moving into the communities. There are providers who now take people who are committed, that never took committed patients before.

The CCTRC also started fielding requests for technical assistance regarding the Inter-State Contract Law (MS 245.50). This was due to the fact that the law was new and many counties had not dealt with their residents being transferred to a treatment facility in a bordering state. Most of the questions involved the legality of someone being held in a bordering state and if a person can be committed if they are brought to an out-of-state facility.

"Giving voice to those seldom heard."