



Overview

In 2011, the Minnesota Security Hospital (MSH) was placed under a conditional license due to overuse of restraint and seclusion and was required to add staff, increase training and make improvements to the physical environment. In August of 2013, an additional order was issued by licensing after determining MSH was not intervening quickly enough to protect patients from harming themselves or potentially harming others. This order required more staff and additional training, as well additional physical improvements. In May of 2014, the conditional license for MSH was extended, requiring a faster move toward filling all of psychiatric provider positions as well as beginning a robust unscheduled observation process on all the treatment environments.

If these requirements are not met, the license may be revoked resulting in the closure of the program. MSH is the only secure facility in the state designed to provide assessment and treatment of individuals with severe mental health disorders who are also considered dangerous. As a result, closure of MSH is not an option.

The Minnesota Department of Human Services (DHS) has been taking meaningful steps to address the conditional license by increasing staffing levels at MSH, increasing training and making improvements to the physical environment. While these steps have gotten MSH closer to removing the conditions on its license, it was not without cost.

Initially DHS believed it could absorb these costs but with the extension of the conditional license in 2014, in addition to other unavoidable increases across the Direct Care and Treatment Administration, this became impossible.

Deficiency: \$10.4M

Detail

- In response to the first conditional license, MSH increased staffing levels, required additional training and made improvements in the physical environment to specifically resolve the conditions of the program's license.
 - MSH added 58.55 FTEs, primarily security counselors. This incurred a cost of **\$8.2 in FY14-15.**

- In response to the second conditional license, which included thirteen new terms, the facility was required to restructure the current organizational structure, to further increase staff presence on the treatment units, to train all staff in person centered thinking, to use person centered coaches on all units, to increase clinical review activity, to perform unscheduled observations, and to make other practice changes.
 - MSH added 18 FTEs, consisting primarily of professional staff with specialized skills in the areas noted above. This incurred a cost of **\$1.2M in FY15**.

- In response to the second conditional license, MSH installed security cameras and closed circuit television to increase safety for clients and staff. This incurred a cost of **\$400K in FY15**.

- In response to the second conditional license, MSH was required to remodel an existing area in MSH to create a temporary unit in allowing for a separation between the admissions and crisis units. While this programmatic and structural change was already part of the bonding package, this change needed to occur immediately as part of the conditional license terms. Once the new facility is open, this unit will be remodeled again to meet client treatment needs. This remodel incurred a cost of **\$600K in FY15**.

- During the same time the increased costs have been occurring in the MSH, Direct Care and Treatment has absorbed many other costs including:
 - Salary increases for bargaining unit staff - \$5.9M
 - Jensen Settlement - \$2.5M
 - Critical upgrades to Avatar patient demographics & billing system - \$1.3M
 - Additional staff at Anoka Metro Regional Treatment Center - \$7.2M
 - Karsjens case—\$0.6M