

Table of Contents

**2016-17 Biennial Budget, Ombudsman for Mental Health and
Developmental Disabilities**

Agency Profile - Ombudsman for Mental Health and Developmental Disabilities.....	1
Expenditures Overview.....	3
Financing by Fund.....	4
Change Item: Operating Adjustment.....	5
Change Item: Jensen Settlement / Olmstead Plan Implementation.....	6

<http://mn.gov/omhdd/>

AT A GLANCE

- The OMHDD operates in seven offices throughout Minnesota with fewer than 20 staff
- We oversee more than 16,000 agencies, facilities and programs providing services to more than 300,000 Minnesotans with mental, developmental, chemical and emotional disabilities
- Staff responds to more than 4,500 requests for assistance and reviews more than 1,500 reports of serious injuries and approximately 700 reports of death annually
- The OMHDD was established as an independent agency in 1987 as a result of the federal Welsh Consent Decree
- 100% of the agency budget comes from the General Fund
- Historically over 90% of our budget is for compensation

PURPOSE

The OMHDD works to resolve client complaints (concerns) regarding treatment related issues, reviews serious injury and death reports, and provides civil commitment and other training in an effort to improve the care delivery system for some of Minnesota's most vulnerable residents.

We promote the highest attainable standards for treatment, competence, efficiency, and justice for person receiving care and treatment for mental illness (MI), developmental disabilities (DD), chemical dependency (CD), and emotional disturbance (ED).

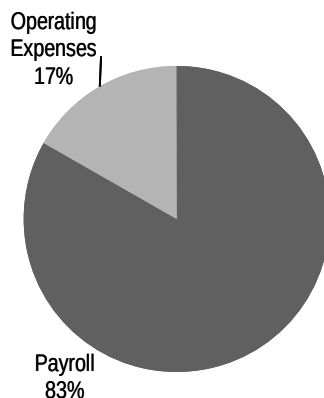
We act as a monitor over our clients' rights and services, providing education and intervention that aligns client treatment needs with service provision.

Using shared experiences and lessons learned from death and serious injury reviews we are able to offer providers treatment options and service delivery improvements often with no or little additional cost.

OMHDD contributes to the statewide outcomes that all Minnesotans have optimal health and efficient and accountable government services.

BUDGET

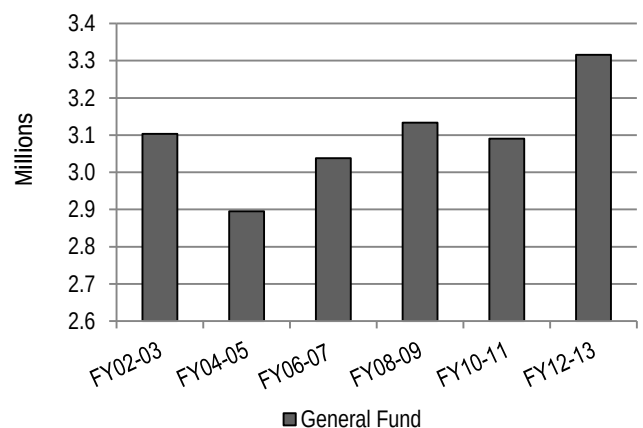
Spending by Program
FY 13 Actual



Normally payroll is 90+ percent of spending. We implemented a new client database in FY13-14, increasing operating expenses.

Source: SWIFT

Historical Spending



FY13 trended higher due to the implementation of a new case management system and increased staffing.

Source: Consolidated Fund Statement

STRATEGIES

The OMHDD monitors client cases not only for individual client needs but also for systemic issues in all areas of the MI, DD, CD and ED service systems. When we see issues occurring in multiple areas of the state we can quickly share information to providers on how we have seen and helped others deal with those issues without reinventing the wheel. Medical Review staff produces timely and topical Medical Alerts which focus on issues that impact client safety. These alerts are shared electronically via the state list service to licensed providers statewide. Staff provides civil commitment education to stakeholders in an effort to limit the number of inappropriate commitments, save valuable resources, and get clients to the level of service they require in the least restrictive environment needed.

We act as the intermediary between residents and state government funded or provided service systems. When things don't make sense, are unfair, or errors have been made, we can help bring the two sides together to obtain the best result for the client. We provide training to providers, families, law enforcement, legal, medical, local, county and state staff in order to improve services and increase understanding of service delivery systems and laws. We are involved in local and statewide work groups and committees covering a wide variety of topics related to client care provision. We review and follow up on questionable Behavioral Intervention Report Forms (BIRF) received from DHS' Disability Services Division regarding aversive deprivation (treatment practices used that restrict clients' rights or use of restraints/seclusion).

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Issues entered into database*	13,324	15,358	FY 10-11 & FY 12-13
Quantity	Civil commitment trainings/attendees**	27 / 2,065	27 / 819	FY 10-11 & FY 12-13

*The increase in the number of issues entered into database during the 12-13 Biennium corresponds with an increase in complexity of cases.

**The number of people attending civil commitment trainings increases in years when significant changes are made to civil commitment statute.

The following statutes apply to the OMHDD:

MS Chapter 245.91 <https://www.revisor.mn.gov/statutes/?id=245.91>

MS Chapter 245.9 <https://www.revisor.mn.gov/statutes/?id=245.92>

MS Chapter 245.93 <https://revisor.mn.gov/statutes/?id=245.93>

MS Chapter 245.94 <https://revisor.mn.gov/statutes/?id=245.94>

MS Chapter 245.945 <https://revisor.mn.gov/statutes/?id=245.945>

MS Chapter 245.95 <https://revisor.mn.gov/statutes/?id=245.95>

MS Chapter 245.96 <https://revisor.mn.gov/statutes/?id=245.96>

MS Chapter 245.97 <http://revisor.mn.gov/statutes/?id=245.97>

Expenditures By Fund

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY13	FY14	FY15	FY16	FY17	FY16	FY17
1000 - General	1,530	1,786	1,674	1,845	1,844	1,844	2,137	2,257
Total	1,530	1,786	1,674	1,845	1,844	1,844	2,137	2,257
Biennial Change				203		168		874
Biennial % Change				6		5		25
Governor's Change from Base								706
Governor's % Change from Base								19

Expenditures by Program

Program: Ombudsman For Mh & Dd	1,530	1,786	1,674	1,845	1,844	1,844	2,137	2,257
Total	1,530	1,786	1,674	1,845	1,844	1,844	2,137	2,257

Expenditures by Category

Compensation	1,318	1,487	1,513	1,413	1,438	1,435	1,731	1,848
Operating Expenses	202	298	161	426	401	404	401	404
Other Financial Transactions	11	1		6	5	5	5	5
Total	1,530	1,786	1,674	1,845	1,844	1,844	2,137	2,257

Full-Time Equivalents

	16.5	18.2	17.5	16.3	15.0	14.5	18.3	19.0
--	------	------	------	------	------	------	------	------

(Dollars in Thousands)

1000 - General

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In	220	346	214	194	153	113	153	113
Direct Appropriation	1,655	1,654	1,654	1,804	1,804	1,804	2,097	2,217
Net Transfers	0							
Expenditures	1,530	1,786	1,674	1,845	1,844	1,844	2,137	2,257
Balance Forward Out	345	214	194	153	113	73	113	73
<i>Biennial Change in Expenditures</i>				203		168		874
<i>Biennial % Change in Expenditures</i>				6		5		25
<i>Gov's Exp Change from Base</i>								706
<i>Gov's Exp % Change from Base</i>								19
FTEs	16.5	18.2	17.5	16.3	15.0	14.5	18.3	19.0

Ombudsman for Mental Health and Developmental Disabilities

FY16-17 Biennial Budget Change Item

Change Item: Operating Adjustment

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	113	228	228	228
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	113	228	228	228
FTEs	1.3	2.5	2.5	2.5

Recommendation:

The Governor recommends additional funding for compensation related costs associated with the delivery of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) services.

Rationale/Background:

Each year, compensation costs rise due to labor contract settlements, and changes in employer-paid contributions for insurance, FICA, Medicare, retirement, and other factors. The OMHDD's FY 16-17 base budget absorbs this increase through staff reductions. Since the 1990s the OMHDD's complement of full time equivalents (FTE) has declined while the volume and complexity of the agency's services have grown. This has resulted in caseloads that strain OMHDD's ability to provide timely and efficient assistance to the public.

Proposal:

The Governor recommends increasing the OMHDD's general fund appropriation by \$133,000 in FY 16 and \$228,000 in FY 17. This funding is intended to maintain FY 15 staffing levels through the next biennium.

Results:

Maintaining current operations would enable OMHDD to stabilize growth in caseload averages. Lower caseload averages allow OMHDD to better handle existing and anticipated demand for services.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Number of all types of cases/reviews	3,700	12,900	1990 2014
Quantity	Caseload Average (cases/reviews per FTE)	177/ FTE	759/FTE	1990 2014

Statutory Change(s):

N.A.

Ombudsman for Mental Health and Developmental Disabilities

FY16-17 Biennial Budget Change Item

Change Item: Jensen Settlement / Olmstead Plan Implementation

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	180	185	185	185
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	180	185	185	185
FTEs	2.0	2.0	2.0	2.0

Recommendation:

The Governor recommends funding for two staff positions within the Ombudsman for Mental Health and Developmental Disabilities (OMHDD) to support implementation of the Jensen Settlement Agreement and the Olmstead Plan.

Rationale/Background:

The Jensen Settlement Agreement is the result of a lawsuit filed against the Minnesota Department of Human Services (DHS) in 2009 alleging that residents of the former Minnesota Extended Treatment Options (METO) program were unlawfully and unconstitutionally secluded and restrained. The Jensen Settlement Agreement allowed the department and the plaintiffs to resolve the claims in a mutually agreeable manner. The Comprehensive Plan of Action (CPA) outlines the path that the department will take to come into compliance with the terms of the agreement. The plan includes three parts:

- Part I addresses the closure and replacement of the Minnesota Specialty Health System (MSHS)-Cambridge facility with community homes and services;
- Part II addresses the modernization of standards that govern the use of restraints (commonly known as Rule 40); and
- Part III addresses the development of a Minnesota Olmstead Plan. This plan documents what Minnesota needs to do to comply with a United States Supreme Court decision requiring states to provide services to people with disabilities in the “most integrated settings” appropriate to their needs.

OMHDD has a court appointed responsibility to oversee DHS’s implementation of the Jensen Settlement Agreement. It also serves as an ex-officio member of the Governor’s Sub-Cabinet on Olmstead. These responsibilities require existing OMHDD staff to actively monitor dozens of action items, attend frequent meetings and review thousands of pages of written material. DHS staff and other state employees working on Jensen and Olmstead implementation rely heavily on OMHDD to perform its oversight responsibilities in efficient and effective manner. The volume and time sensitive nature of this work draws resources away from other activities. As a result, OMHDD has less capacity to respond to complaints or work directly with clients requesting assistance. To this point, OMHDD has not received additional funding for work specifically related to its Jensen Settlement Agreement or Olmstead Plan responsibilities.

Proposal:

The Governor recommends increasing the OMHDD’s general fund appropriation by \$180,000 in FY 16 and \$185,000 in FY 17. This funding is intended to result in two full-time professional staff positions focused on implementation of the Jensen Settlement Agreement and the Olmstead Plan.

Results:

Additional staff would enable OMHDD to fulfill its responsibilities related to Jensen Settlement Agreement and the Olmstead Plan implementation without significant reductions in the resources directed to the promotion of high treatment standards and casework resulting from client complaints.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Behavioral Incidents Reports (required to be reviewed due to Jensen Settlement)	0	8,345	FY 13 FY14 (10 MO)
Quantity	Other Cases	4438	4531	FY 13 FY 14

Statutory Change(s):
N.A.