

Background Information on the Department of Human Services Facilities/Programs with Employees Covered by the MSRS-Correctional Plan

1. Introduction. When the Correctional State Employees Retirement Plan of the Minnesota State Retirement System (MSRS-Correctional) was created in 1973 (Laws 1973, Ch. 653, Sec. 39-44), the plan was primarily created to engender personnel changes within the prison guard population within the Department of Corrections by providing enhanced retirement benefits at an earlier normal retirement age. Sometime during its drafting or during legislative consideration of the legislation, rehabilitation therapists at the Minnesota Security Hospital were included in the program, which traded enhanced retirement coverage for an early mandatory retirement age. With the inclusion in MSRS-Correctional of Minnesota Security Hospital rehabilitation counselors, Department of Human Services facilities or programs and their employees were incorporated into quasi-public-safety personnel retirement coverage.
2. State Provision of Secure Confinement of Dangerous Mentally or Psychologically Impaired Persons. Minnesota has a long history of providing human services to individuals at state-run facilities. The Minnesota Legislature began establishing state institutions for individuals with physical or mental disabilities shortly after statehood.

In 1866 (Laws 1866, Ch. 6), the Legislature authorized the establishment of the first state-operated hospital. A temporary hospital opened in St. Peter in 1866, and the first wing of the permanent hospital at St. Peter opened in 1873. Although most state hospitals have closed over time, the regional treatment center at Anoka and the Minnesota Security Hospital in St. Peter continue to serve individuals with mental illness from throughout the state.

State-Operated Services (SOS) is a division of the Department of Human Services, and delivers publicly funded behavioral health care and support services to persons who have complex and sometimes interrelated conditions, including chemical dependency, developmental disabilities, mental illness, and traumatic brain injuries.

3. Department of Human Services Program/Facilities with MSRS-Correctional Plan Coverage.
 - a. In General. The Department of Human Services operates three programs or facilities at which there are employees covered by MSRS-Correctional. The programs or facilities are the Minnesota Security Hospital at St. Peter, the Minnesota Specialty Health System in Cambridge, and the Minnesota Sex Offender Program facilities at Moose Lake and at St. Peter. The Department of Human Services was included in MSRS-Correctional coverage solely for rehabilitation therapists at the Minnesota Security Hospital in 1973, when the retirement plan was created. Coverage of Department of Human Services employees by the MSRS-Correctional plan has grown considerably over the 41-year existence of the plan. The Department of Human Services provided the following information on the growth of MSRS-Correctional coverage for its employees over the 28-year period 1994-2012:

Year	1994	1997	2000	2003	2006	2009	2012
Employees	26	72	149	221	666	992	1391
Numeric Change	--	+46	+77	+72	+445	+326	+399
Percentage Change	--	277%	107%	48%	201%	49%	40%

- b. Minnesota Security Hospital and the St. Peter Regional Treatment Center Campus. The St. Peter campus is the locale for the State Operated Forensic Services. That division of the Department of Human Services consists of nine programs that provide evaluation and treatment to individuals involved with the legal system due to a crime. These programs serve people committed, under Minnesota Statutes, Chapter 253B, to the Commissioner of Human Services as Mentally Ill and Dangerous (MI&D) or as a person with developmental disabilities or a related condition who

presents a public safety risk. Also served are people with mental illness who the court has ordered for evaluation and treatment, under Minnesota Rules of Criminal Procedure, 20.01 and 20.02, before the start of a criminal trial. The nine programs operated in St. Peter, according to the Department of Human Services, are:

- Minnesota Security Hospital
- Forensics Transition Services
- Competency Restoration Program
- Forensic Nursing Home
- Community Support Services
- Forensic Network
- Special Needs Services
- Young Adult and Adolescent Program
- Forensic Community Residential Support Services

- 1) **Minnesota Security Hospital.** Despite its name, the Minnesota Security Hospital is not licensed as a hospital. Rather, it is Minnesota's only facility that provides extended residential treatment for mental illness in a secure setting.

The Minnesota Security Hospital is located on a large campus in St. Peter that once housed both the Security Hospital and a regional treatment center for individuals with mental illness and developmental disabilities. The Security Hospital consists of several buildings, the largest being a high-security building constructed in 1982 and further expanded in 1996. Despite its name, the Minnesota Security Hospital is not licensed as a hospital, but rather as a residential treatment facility and supervised living facility.

Although the Minnesota Security Hospital is frequently thought of as a single, large facility, its campus in St. Peter actually houses four separate SOS programs. All of these programs are "forensic" programs in that they provide evaluation, treatment, or care for mentally ill individuals involved with the criminal justice system.

The secure residential units of the Minnesota Security Hospital provide long-term care and treatment for patients that are civilly committed as mentally ill and dangerous. Additionally, some individuals are sent to the secure units for court-ordered mental health evaluations. Patients live on locked wards with 24-hour monitoring by security staff. Patients are housed in three different buildings at the Security Hospital. The largest building is entirely secure, and contains eight patient residential units as well as the Competency Restoration Unit. A second building houses only Transition Services patients and is non-secure. A third building is shared by three secure residential units and one less-secure unit for Transition Services patients. In the secure residential units, each unit is separately secured. Patients with similar mental illnesses are housed together, and each unit provides differentiated programming directed toward its patients' particular needs. Each unit also has rooms where patients can be restrained or held in seclusion when necessary.

Programming and treatment are designed to improve mental health so that patients can transfer to less restrictive settings. On July 1, 2012, there were 247 patients housed in the secure units.

- 2) **Forensics Transition Services** is a less restrictive environment for former residents of the secure residential units who have improved to the point that they can more safely interact with each other, staff, and the community. Patient activities are monitored, but there is no security staff in Transition Services residential units, and patients have greater flexibility to choose their activities.

In Forensics Transition Services, patients have relatively unrestricted access to building amenities and staff work areas. The unit in the shared building is locked from the inside so that patients can only leave the premises when permitted by a staff member; however, it is open from the outside so that patients can return at will. The other building has no physical barrier to entrances or exits. Patients in either setting are routinely permitted to leave the buildings and walk around the campus. The majority can earn passes which allow them to have unsupervised access to the community.

Programming is designed to teach skills patients will need to live-long term in less restrictive settings. Individuals committed as mentally ill and dangerous may not be transferred to less restrictive settings without the approval of a special review board appointed by the Commissioner of Human Services. On July 1, 2012, there were 84 patients in Transition Services.

Some employees of the Forensics Transition Services were initially covered by the MSRS-Correctional plan in 2007 without any specific legislative authorization. As of February 2014, 73 Department of Human Services employees were covered by MSRS-Correctional in nine occupational classifications, as follows:

<u>Position Title</u>	<u>Number of Employees</u>
Behavior Analyst 2	4
Human Services Support Specialist	18
Licensed Practical Nurse	24
Occupational Therapist Senior	1
Psychologist 3	1
Recreation Therapist Senior	6
Registered Nurse	10
Registered Nurse Senior	3
Social Worker Specialist	6

- 3) **The Competency Restoration Program** is a short-term program for individuals who were determined by a court to be incompetent to stand trial. Individuals in this program are assisted to understand basic legal concepts so that they can participate in a trial. The average length of stay in the program was about 5.5 months. The Competency Restoration Program is housed within the Security Hospital's secure building and operates under the same license, but it serves a fundamentally different purpose than the treatment programs serving other patients at the Security Hospital. On July 1, 2012, there were 29 persons enrolled in the Competency Restoration Program.

It is unclear when some employees of the Competency Restoration Program were initially covered by the MSRS-Correctional plan. The Department of Human Services, in response to Commission staff inquiries, indicates that some personnel "were relocated from Human Services Technicians to Security Counselors were moved into CERP in 2012." The expansion of MSRS-Correctional plan coverage to this program was never specifically authorized by legislation.

As of February 2014, 42 Department of Human Services employees were covered by MSRS-Correctional in seven occupational classifications, as follows:

<u>Position Title</u>	<u>Number of Employees</u>
Licensed Practical Nurse	5
Recreation Program Assistant	1
Recreation Therapist Senior	1
Registered Nurse	6
Registered Nurse Senior	1
Security Counselor	26
Social Work Specialist	2

- 4) **The Forensic Nursing Home** operates under a separate license and in a separate building from the rest of the Minnesota Security Hospital complex. The Forensic Nursing Home is a facility for residents who are potentially a danger to themselves or others and who need higher levels of medical care for physical illnesses or disabilities. Patients primarily come from the Minnesota Security Hospital, the state-run Minnesota Sex Offender Program, or state prisons. Many of the patients have chronic medical issues that require long-term or permanent nursing care. Others are receiving end-of-life care. On July 1, 2012, there were 28 patients housed at the Forensic Nursing Home.

Some employees of the Forensic Nursing Home were initially covered by the MSRS-Correctional plan in 2008 without any specific legislative authorization. As of February 2014, 52 Department of Human Services employees were covered by MSRS-Correctional in seven occupational classifications, as follows:

<u>Position Title</u>	<u>Number of Employees</u>
Human Services Support Specialist	30
Licensed Practical Nurse	10
Recreation Therapist Lead	1
Recreation Therapist Senior	1
Registered Nurse	6
Registered Nurse Senior	3
Social Work Specialist	1

- c. Former METO/Minnesota Specialty Health System in Cambridge. The 1995 Legislature authorized the Commissioner of Human Services to develop a specialized service model at the Cambridge Regional Human Services Center campus to serve Minnesotans who have a developmental disability and exhibit severe behaviors that present a risk to public safety. The program that was developed was known as the Minnesota Extended Treatment Options (METO) Program. METO combined extensive outreach and support services with the availability of specialized residential beds so that individuals can be served in the least restrictive setting necessary. With extensive outreach and support services available elsewhere, admission to the program was limited to those few individuals who exhibited such extreme behaviors that they could not be served safely in their communities.

METO program participants were required to be mentally retarded, be of adult age, and exhibit behaviors that present a risk to public safety. Most individuals were placed in METO under the Minnesota Civil Commitment and Treatment Act, with the majority being committed as a person with mental retardation. Before its closure in 2011, METO had the capacity to provide specialized residential services for up to 48 clients.

Minnesota Specialty Health System-Cambridge provides services to individuals diagnosed with developmental disabilities or related conditions who may be highly complex with a history of legal problems, public safety and/or personal safety concerns due to significant behavioral disturbances and/or poorly managed medical conditions. The program replaced the Minnesota Extended Treatment Options Program. METO closed on June 30, 2011, as a result of the settlement of the 2009 federal district court *Jensen v. Minnesota Department of Human Services* litigation and initially was replaced by the Minnesota Specialty Health System-Cambridge. Subsequent events, including a delay until 2012 in Minnesota Department of Health licensing, Department of Human Services Licensing Division correction orders for failures in 2012 to discontinue the use of mechanical restraints at the facility as required under the 2011 federal litigation settlement, a 2012 State Ombudsman for Mental Health and Developmental Disabilities report criticizing the facility's treatment activities, and a suspended departmental plan to convert the facility into a Minnesota Sex Offender Program facility leave the future of the facility and the appropriateness of its continued inclusion in MSRS-Correctional plan coverage in doubt.

Inclusion of nine occupational classifications of the METO Program in the MSRS-Correctional plan occurred by specific legislation (Laws 1999, Ch. 222, Art. 13). The following compares the 53 METO Program employees covered by the MSRS-Correctional plan as of June 30, 2011, when the program was closed, with the 34 Minnesota Specialty Health System-Cambridge employees covered by MSRS-Correctional as of February 2014:

Minnesota Extended Treatment Options Program June 30, 2011		MSHS-Cambridge February 18, 2014	
Position Title	Number of Employees	Position Title	Number of Employees
Behavior Analyst 1	4	Behavior Analyst 1	3
--	--	Behavior Analyst 2	1
Behavior Analyst 3	1	--	--
Group Supervisor Assistant	1	Group Supervisor Assistant	1
Human Services Support Specialist	42	Human Services Support Specialist	26
Psychologist 2	1	--	--
Recreational Therapist Senior	1	Recreational Therapist Senior	1
Registered Nurse Senior	1	Registered Nurse Senior	1
Residential Program Lead	1	--	--
Skills Development Specialist	1	Skills Development Specialist	1

- d. The Minnesota Sex Offender Program. The Minnesota Sex Offender Program (MSOP) provides services for persons who are civilly committed for sex offenses or for individuals that are found to be either a “sexual psychopathic personality” or a “sexually dangerous person” by a court. Most MSOP clients have completed prison sentences and are civilly committed by the courts and placed in treatment for an indeterminate period of time.

A sexual psychopathic personality is a person who, as a result of a mental or emotional condition:

- engaged in a “habitual course of misconduct in sexual matters;”
- has an “utter lack of power to control the person’s sexual impulses;” and
- as a result of this inability to control his/her behavior is “dangerous to other persons.”

A sexually dangerous person is a person who:

- has “engaged in a course of harmful sexual conduct” that creates a “substantial likelihood of serious physical or emotional harm to another;”
- the person has a sexual, personality, or mental disorder; and
- the person is likely to engage in harmful sexual conduct in the future.

MSOP is one program with two locations – Moose Lake and St. Peter. As of January 1, 2012, MSOP was providing treatment for 635 clients across both sites, with 474 clients at Moose Lake and with 161 clients at St. Peter. Most clients begin treatment at the MSOP Moose Lake facility and after successfully completing the first two phases of treatment, are transferred to the St. Peter facility to complete treatment and begin working toward provisional discharge. Clients acquire skills through active participation in group therapy and are provided opportunities to demonstrate meaningful change through participation in rehabilitative services including education classes, therapeutic recreational activities and vocational work program assignments. MSOP staff observes and monitors clients not only in treatment groups, but also in all aspects of daily living.

MSOP clients average 46 years of age and the vast majority are European/European-American. Over 57% of MSOP clients were committed from a non-Metro county, with over 22% committed from Hennepin County. Over 81% of MSOP clients have completed 12 years of education or have a General Education Diploma (GED).

- 1) **Moose Lake MSOP Treatment Facility**. With the exception of clients receiving alternative treatment, clients begin the commitment at MSOP’s Moose Lake facility. Moose Lake clients include individuals involved in the civil commitment process, non-participants and those participating in initial and primary stages of treatment. MSOP’S Moose Lake facility clients are housed in two buildings. Main, originally built in 1995, houses 102 clients. Complex One, built in 2009, houses 337 clients.

- 2) **St. Peter MSOP Treatment Facility.** The DHS-run Minnesota Sex Offender Program on the St. Peter campus was physically and administratively separated from State Operated Services in 2008. Its buildings are contained within a separate high-security perimeter; other than a few shared functions like mail and food service, it shares no staff with the Minnesota Security Hospital or other State Operated Services programs. Individuals who have demonstrated meaningful change and have progressed through treatment move to St. Peter to begin the reintegration process. St. Peter also provides alternative treatment for clients for whom conventional programming is not appropriate. These clients require unique treatment approaches due to development disabilities, traumatic brain injuries and/or severe learning disabilities. MSOP's St. Peter facility occupies four buildings on the Minnesota Security Hospital campus, housing 148 patients.
- 3) **Minnesota Sex Offender Program – Department of Corrections.** In addition to MSOP's two primary facilities, MSOP operates a 50-bed sex offender treatment program at the Moose Lake Minnesota Correctional Facility for offenders who have been identified as likely to be referred for civil commitment, but are still serving their correctional sentences. This program offers treatment similar in scope and design to treatment provided at the MSOP Moose Lake facility.