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LOCAL

Commissioner to unveil strategy for improving care at Minnesota's Anoka-Metro mental hospital

Anoka-Metro center has a long history of bottlenecks and safety problems.

By Chris Serres (http://www.startribune.com/chris-serres/10645926/) Star Tribune
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Human Services Commissioner Emily Johnson Piper will brief a state House committee Thursday on a set of proposals to address chronic problems in patient care and safety at Anoka-Metro Regional Treatment Center, the state's second-largest psychiatric hospital.

But Piper will face tough questions from legislators, who are expected to ask how millions of dollars in new spending in Gov. Mark Dayton's supplemental budget will ease long-standing bottlenecks and care lapses at the troubled facility. The 175-bed hospital, which treats some of the most psychiatrically complex people in the state, was threatened late last year with a loss of Medicaid and Medicare funding after inspectors found multiple violations of federal rules on patient care and safety.

State officials have acknowledged that alarming numbers of patients are "stuck" at Anoka-Metro, because of a surge in patients from county jails and difficulties placing them in the community. According to DHS estimates, 47 of the 103 patients now at Anoka-Metro do not need hospital care but have nowhere else to go.

"Anoka-Metro is an important focus of ours right now, and we are committed to addressing the real challenges," Piper said in an interview Wednesday.

The hearing before the House Health and Human Services Finance Committee is expected to offer a rare glimpse into the inner workings of Anoka-Metro, a hospital that for decades has been a critical piece of the state's safety net for people with serious mental illnesses. It should also give a clearer picture of the estimated \$32 million funding increase Dayton proposed for increasing psychiatric beds and expanding care statewide.

The Anoka-Metro bottlenecks have rippled through the state's mental health system, exacerbating dangerous overcrowding at emergency rooms. They also impose a high cost on taxpayers. Caring for someone at Anoka-Metro costs roughly \$1,300 per day — enough to fund a month of in-home services for someone in an apartment, said Sue Abderholden, executive director of the National Alliance on Mental Illness Minnesota chapter.

"Just think about the thousands of people who aren't being helped in the community" because of money tied up caring for people who do not need to be at Anoka-Metro, Abderholden said.

One cause of the bottleneck has been a surge in admissions from county jails — now about 42 percent of the hospital's patients — who receive priority for placement because of a 2013 law. Many of these former inmates are stuck in Anoka-Metro's "competency restoration" program, accused of crimes but deemed mentally unfit to stand trial.

Piper said her agency has a plan to ease that bottleneck by creating a new, stand-alone competency restoration program at a separate state facility in St. Peter.

Piper said that while problems at Anoka-Metro are serious, she will encourage legislators to think of systemwide solutions: "We have to remember that it's the same people flowing through different pieces of the system."

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