



DEPARTMENT OF
HUMAN SERVICES

Competency Restoration at Direct Care and Treatment

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Direct Care and Treatment



DCT is a highly specialized health care system

Direct Care and Treatment

- More than 12,000 civilly committed patients and clients served annually.
- Services are delivered at more than 200 sites statewide.
- Services are delivered by more than 5,000 employees.



Budget State Fiscal Year 2022

\$567 Million

Limited treatment capacity with specialized care

- DHS is budgeted to operate a total of 565 psychiatric beds at our mental health facilities.
- Nearly all patients in DHS facilities have been civilly committed and been deemed inappropriate for care by other providers.

Standard for civil commitment

- To be civilly committed as a result of mental illness, a person must pose a substantial likelihood of harm to themselves or others.
- The goal of civil commitment is to provide patients with mental health care and treatment that will make further supervision unnecessary.
- Detention is not the goal.

The goal of treatment is stabilizing a patient's mental health condition, with a focus on recovery.

- Includes medications and other kinds of therapy.
- Provided by doctors, nurses and other highly trained clinicians and mental health professionals.
- Transition to the next most appropriate level of support.

Competency restoration

Generally consists of two key components:

- Mental health *treatment* to address the patient's illness and help them recover.
- *Education* to help patients assist in their own defense and prepare them for criminal prosecution.

Incompetency is *not* mental illness. Competency education is *not* mental health treatment.

The goal of competency education is to help criminal defendants:

- Understand the charges and penalties they face.
- Aid in their own defense.
- Behave appropriately in court.

Competency education requires no mental health expertise to provide.

Competency restoration and the law

No state law requires DHS or anyone else to provide competency restoration services.

- No state law requires a criminal defendant to undergo treatment to attain competency.
- No state law ties competency to provisional discharge from civil commitment.

Pressure on facilities prompts change

- From 2006 to 2018, DHS facilities often did not provisionally discharge patients who were incompetent, even if their mental illnesses had long since been stabilized.
- As a result, many DHS psychiatric beds were taken up by people who did not need that level of care.
- Demand for beds rose dramatically, driven by the state law that grants priority admissions from jails.

Effect of the 48-hour law

Priority admissions from jails have had a dramatic and lasting effect on the demand for inpatient psychiatric beds at DHS-operated mental health facilities.

Priority Admissions from Jail								
2013	2014	2015	2016	2017	2018	2019	2020	2021
44*	111	152	167	227	288	257	261	323

* 2013 data reflects six months of admissions

DHS returns to its core mission

- The law tasks DHS with providing mental health care.
- The only way to treat more patients with the same number of inpatient beds is to discharge those who no longer need that level of care.
- In 2018, DHS decided that competency would no longer be the determining factor in provisional discharge decisions.

DHS and competency restoration

- While being cared for in DHS psychiatric facilities, patients receive *both* mental health treatment *and* competency education.
- However, psychiatric stability, not competency to stand trial, is the determining factor in discharge decisions at DHS facilities.

Provisional discharge planning

- Provisional discharge decisions are clinical decisions and done in collaboration with the patient and county case manager.
- Patients are not discharged until the plan is in place and arrangements have been made for them to continue treatment in another appropriate setting.
- This process is no different for anyone under civil commitment, regardless of competency status.

Once provisionally discharged from a treatment facility, counties are solely responsible for:

- Supervision and monitoring of individuals on provisional discharge.
- DHS has no authority under law to monitor most committed individuals while on provisional discharge.

Positive impact of the decision

As expected, making *psychiatric stability* the determining factor in discharge decisions has allowed DHS to admit and treat far more patients (43.7 percent) at Anoka-Metro Regional Treatment Center.

Discharges, Admissions and Average Length of Stay 2018-21				
Fiscal Year	2018	2019	2020	2021
Discharges	274	317	346	383
Admissions	270	307	355	388
Avg. LOS	119	110	87	91

Thank you!