

To: Chair Hoffman and Senate Human Services Committee  
Re: Senate File 4460  
Date: April 8, 2024

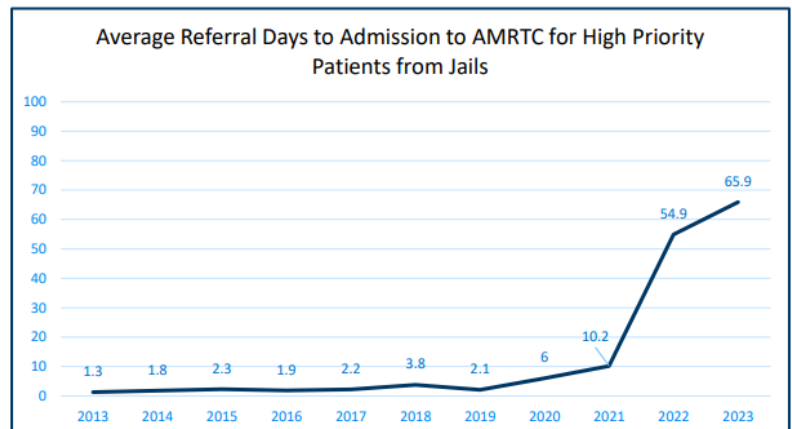
Chair Hoffman and Senate Human Services Committee members:

Thank you for the opportunity to share comments on behalf of AMC, MACSSA, MSA, and MCAA and as members of the Priority Admissions Task Force. We support the final task force report recommendations which will become Senate File 4460. We thank author Senator Alice Mann for working with the Task Force members to quickly to codify the report recommendations. We look forward to our continued work together to ensure these urgent and critical needs are met this session.

Urgent action by the legislature is needed to expand capacity in our state operated system and within our communities to meet the acute mental health needs of individuals in jails, hospitals and in the community. We believe all people living with mental health disorders are entitled to have care when and where they need it. Specifically, people who are civilly committed should have access to the court-ordered treatment they require to achieve recovery.

The county associations represented on the task force emphasized the principle that jails are not a replacement for mental health hospitals or secure treatment facilities. A key county objective was to ensure that any steps to mitigate the problems hospitals face does not come at the expense of people in jails, where people have no chance to access inpatient mental health services. We know the Priority Admissions Statute was a response to the lack of access and inpatient capacity at DCT that persists today.

The 48-hour rule was enacted to protect the constitutional rights of people in jail that were court ordered to receive the treatment they needed –and it worked – for about 10 years until the demand for forensic services exceeded capacity, among other factors influencing . With the significant and increased demand for services, and in civil commitments overall, it is not surprising that DCT does not have adequate capacity for even the most acutely ill people. A key principle of the Task Force Recommendations is that ANY changes to the priority admissions statute must be accompanied by immediate expansion of DCT’s hospital capacity.



The first listed recommendation was to immediately increase DCT capacity and access. This means a 10-20% immediate increase in Forensics beds and a 20% immediate overall increase in AMRTC/CBHH beds. This would total 37-74 additional beds at Forensics and an additional 38 beds between AMRTC/CBHH. Amending the 48-rule and how placements are prioritized is a significant change that requires a real commitment to addressing our system capacity issues.

HF4366 features another key county priority. Counties currently pick up 100 percent of the costs for individuals when an individual is determined to not meet the medical criteria of their current placement (DNMC), but for whom the next appropriate placement is a state operated bed, when there is no available bed due to lack of capacity in our state system. Counties have no control over how or when an individual is moved by the state between these facilities and counties shouldn’t have to deplete local property tax funded behavioral health budgets to cover this cost. The taskforce also recommends any DNMC costs paid by counties should be redirected from their current pathway - the state’s general fund - and instead be returned to counties to expand the scope of mental health services and facilities to successfully support individuals in community settings.

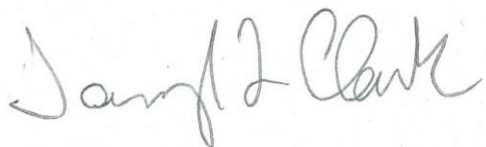
There are several areas still to be addressed in this bill’s language to align it with the Task Force Recommendations. We encourage the bill author and committee to ensure the language reflects a consensus on the task force recommendation. Issues to address include:

- The bill currently lacks language ensuring there are no changes in the 48 rule or placement priority without increased capacity. Any change to the Priority Admissions law must occur simultaneously to or following the immediate increase in capacity at DCT as referenced in the Taskforce Recommendations.
- To clarify: The task force did not take a position to eliminate the 48-hour rule. Counties continue to support the urgency to get individuals to an appropriate placement, reflected in the origins of the 48-hour rule. Thus, we continue to support policy that reflects urgency of admission after commitment, not just “when a medically appropriate bed is available”.
- Urgency is needed to expand our state operated system capacity and our community capacity, to meet the need of individuals in jail and with the highest acuity. Otherwise changes in prioritization will only expand the wait for those with the highest needs.
- The bill includes a one-time exception to the priority admissions rule, but counties can only support this when accompanied simultaneously to or following a commitment to an immediate increase in capacity at DCT. Once again, urgency is needed to expand our state operated system capacity and our community capacity, to meet the need of individuals in jail and with the highest acuity. Otherwise changes in prioritization will only expand the wait for all those with the highest needs.
- We strongly support the Medicaid 1115 waiver for jail reentry, however, there is urgency to also seek a waiver for the Pre-Trial status individuals. The taskforce called out the need for both types of waivers. Two states have already submitted Pre-Trial 1115 waivers to the federal government - Oregon and Arkansas.
- Counties appreciate the language calls out specific goals for increased DCT capacity, we suggest requiring regular reports back to the legislature about capacity levels at DCT and the progress towards meeting the capacity goals that accompany their appropriation.

The undeniable price of doing nothing will be borne by the people waiting to access the mental health services they need. Action is needed this session on this top priority.

Overall, counties are committed to finding the best ways to address the current lack of high acuity placement options, appropriately place and treat individuals who are civilly committed, and to build out our entire continuum of mental health care.

Signed:



Association of Minnesota Counties:  
Tarryl Clark, Stearns County Commissioner



Minnesota Association of County Social Service  
Administrators:  
Angela Youngerberg, Blue Earth County Human  
Services Director of Business Operations



Minnesota County Attorneys Association:  
Kevin Magnuson, Washington County Attorney



Minnesota Sheriffs Association:  
Bryan Welk, Cass County Sheriff