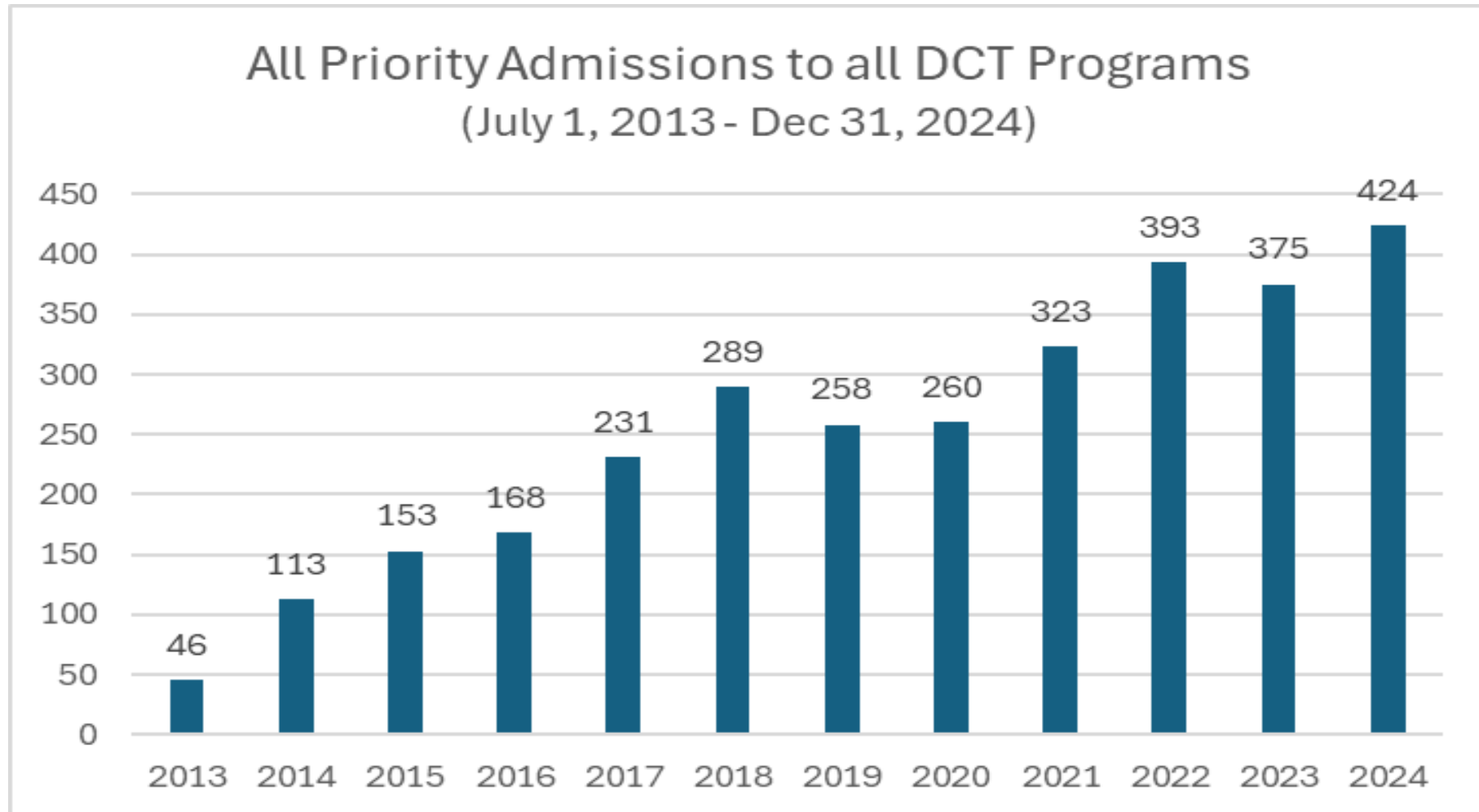




2025 Priority Admissions Review Panel Recommendations

Background

- MN Statutes Chapter 253B allows for a person to be civilly committed to the care of the DHS Commissioner for the purpose of receiving needed treatment and care.
- In 2010, the average wait time for admission to the Anoka-Metro Regional Treatment Center (AMRTC), was 19 days. By 2013, the average wait time jumped to 30 days and the time from commitment order to placement had grown unacceptably long.
- The Priority Admissions Law, enacted in 2013, was intended to help law enforcement officials cope with the rising number of individuals with mental illness accused of crimes, being held in jail, and to get them quickly into a court-ordered treatment facility.
- The Law included the 48-hour Rule, requiring the Commissioner to prioritize patients being admitted from jails, and to admit them within 48 hours.
- For the first few years, the statute resulted in quicker hospitalizations from jails.



Background

- Additionally, during the first 10 years of this statute, the number of civil commitments rose by >36% from 1,644 in 2013 to 2,242 in 2023, exacerbating the demand for DCT admissions.
- These factors have made it impossible for DHS's Direct Care and Treatment (DCT) services to admit people from jails within 48 hours of being civilly committed and has greatly reduced access for others seeking admission.
- The existence of the law has led to:
 - A concentration of highly symptomatic patients more prone to aggressive behavior filling DCT facilities, while employees seek safer working conditions.
 - So many patients from jails filling the DCT waitlist that today, civilly committed patients waiting in hospitals have virtually no hope of being admitted.
 - A raft of lawsuits requiring DHS to admit people within 48 hours of their commitment while the Department has argued that it is impossible.

2023 Legislation

- The 48-hour Rule was amended to clarify that patients must be admitted from jails “within 48 hours” of a “medically appropriate bed” becoming available.
- It also gave counties a two-year stay from fees for Does Not Meet Criteria patients being transferred between DCT facilities instead of out to the community.
- Created a Priority Admissions Task Force charged with:
 - Evaluate the impact of priority admission under Minnesota law of the State’s ability to serve all individuals in need of care of state-operated services
 - Analyze the impact of priority admission on the mental health system in the State of Minnesota
 - Provide recommendation for improvements or alternatives to the current priority admission requirements
 - Identify and provide recommendations for providing treatment to individuals referred under the priority admission requirements as well as other individuals in the community who require treatment at a state-operated treatment program.

Priority Admissions Task Force Members

- Keith Ellison, MN Attorney General, Co-Chair
- Jodi Harpstead, Commissioner, Dept. of Human Services, Co-Chair
- Dr. KyleeAnn Stevens, Exec. Medical Director, Direct Care and Treatment (DCT)
- Tarryl Clark, Stearns County Commissioner
- Bryan Welk, Cass County Sheriff
- Angela Youngerberg, Blue Earth County Human Services Director of Bus. Operations
- Kevin Magnuson, Washington County Attorney
- Taleisha Rooney, Manager, Emergency Behavioral Health Team, North Memorial Hosp.
- Sue Abderholden, Exec. Director, MN Chapter of the Natl. Alliance on Mental Illness

Priority Admissions Task Force Members

- Doug McGuire, Attorney Coordinator, Hennepin County Commitment Defense Project
- Jinny Palen, Executive Director, MN Assn. of Community Mental Health Programs
- Dr. Eduardo Colon-Navarro, Chief of Psychiatry, Hennepin County Medical Center
- Lisa Harrison-Hadler, Ombudsman MN Office of the Ombudsman for Mental Health and Developmental Disabilities
- Nicholas Rasmussen, member of the public, appointed by Governor Walz
- Heidi Heino, member of the public, appointed by Governor Walz
- Miranda Rich, appointed by the Commissioner of Corrections
- Dr. Dionne Hart, appointed by the Commissioner of Corrections

Priority Admissions Task Force Recommendations

- Immediately begin to increase capacity of Direct Care and Treatment;
- Form Joint Incident collaboration to actively facilitate discharges for DCT patients;
- Approve an exception to the Priority Admissions law;
- Create and implement new Priority Admissions criteria to the Direct Care and Treatment facilities;
- Increase access to services provided in the community;
- Provide funding to administer mental health medications to individuals in custody;
- Relieve counties of some cost for individuals awaiting transfer to other DCT facilities;
- Expedite Minnesota's Section 1115 Waiver Application for Individuals in custody; and
- Increase Forensic Examiner accessibility.

2024 Priority Admissions Legislation in Review

- Legislative approval for DCT facility closures in certain circumstances
- Funding to design a new 50 bed facility on the AMRTC campus
- New priority admissions framework
- MA payment for Assertive Community Treatment (ACT) and Intensive Residential Treatment Services (IRTS)
- Cost of care changes for Anoka Regional Treatment Center (AMRTC) and Community Behavioral Health Hospitals (CBHHs)
- Debt forgiveness and reimbursements for Beltrami and Todd Counties

2024 Priority Admissions Legislation in Review

- Mentally Ill and Dangerous Civil Commitment Reform Task Force
- Engagement Services Pilot Grants
- Limited Exception for Admissions from Hospital Settings
- County Correctional Facility Long-Acting Injectable Antipsychotic Medication Pilot Program
- DCT Jail Consultation Service Pilot Program
- Report on Inpatient Substance Use Disorder (SUD) Beds
- Established the Priority Admissions Review Panel

Priority Admissions Review Panel - Summary

- DHS Commissioner appointed a panel consisting of task force members and a new member appointed by labor organizations
- Tasks
 - Evaluate the 48-hour timeline for priority admissions and submit a report to the Legislature by February 1, 2025
 - Advise the DHS Commissioner on the effectiveness of the new framework and about priority admissions generally
 - For one year following the implementation of the new framework, the panel must review deidentified data quarterly to ensure the framework is implemented and applied equitably

Review Panel Members

- Keith Ellison, MN Attorney General, Co-Chair
- Jodi Harpstead, Commissioner, Dept. of Human Services, Co-Chair
- Dr. KyleeAnn Stevens, Exec. Medical Director, Direct Care and Treatment (DCT)
- Tarryl Clark, Stearns County Commissioner
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- Miranda Rich, appointed by the Commissioner of Corrections
- Dr. Dionne Hart, appointed by the Commissioner of Corrections
- Lynn Butcher, union representative representing staff at Direct Care and Treatment.

National Perspective

- Analysis of publicly available data for all 50 states and DC was reviewed.
- Nationwide growth in referrals to state hospitals for people found incompetent to stand trial and waiting in jails.
- Only 12 states have deadlines for admission to state facilities from jails as of 10/1/24.
 - Deadlines ranged from 7 days to 60 days. Minnesota has the most stringent deadline of 48-hours.
 - At least 24 states have experienced litigation over timelines for admission.
 - 10 states continue to have significant delays in admissions. Oregon and Washington have invested billions to reduce wait times, including millions in contempt fines.

Review Panel Recommendations

1. Expand access to care
2. Extend the sunset provision for two years during which time the legislature must develop DCT and community capacity
3. Increase data sharing and transparency
4. Provide basic mental health care in jails
5. Continue Does Not Meet Criteria (DNMC) payment to counties for clients in certain situations
6. Renew the exception for up to 10 community-based hospital patients to be prioritized for admission to a DCT bed

Review Panel Recommendations

Recommendation 1: Expand access to care.

- Fund the addition of a 50-bed facility on the campus of Anoka Metro Regional Treatment Center.
- Increase Medicaid rates for community and hospital providers.
- Increase funds for the First Episode of Psychosis and First Episode of Bipolar Disorder Programs.
- Increase funding for mobile crisis teams.
- Establish a task force on transport holds and provide education to law enforcement on transport holds.

Review Panel Recommendations

Recommendation 2: Extend the sunset provision for two years during which time the Legislature must develop DCT and community capacity.

- Continue the current medically appropriate bed language in statute for 2 years.
- Provides time to invest in expanded capacity in DCT and the community, and to measure progress and impact of the changes.
- Keeps the focus on increasing access but also eliminates the unrealistic expectation that great changes or progress could be made in a single year.
- Review panel wants to continue during the next biennium to measure progress and explore additional recommendations.

Review Panel Recommendations

Recommendation 3: Increase data sharing and transparency.

- By Jan. 1, 2026, DCT will publish a publicly accessible dashboard on its referral data on its website.
- Relevant admissions policies and contact information for the DCT Central Preadmissions Department shall be made readily available on the publicly accessible site.

Review Panel Recommendations

Recommendation 4: Provide basic mental health care in jails.

- The Review Panel recommends that the Legislature provide necessary funding to:
 - Encourage collaboration between community mental health centers and CCBHCs to provide outpatient level of mental health care in the jails and correctional institutions.
 - Continue DCT's County Correctional Facility Support Pilot program and expand the pilot into the future.
 - Provide long-acting injectable antipsychotic medication and related health care costs for jails and correctional facilities.

Review Panel Recommendations

Recommendation 5: Continue “Does Not Meet Criteria (DNMC)” payment relief to counties for clients in certain situations.

- Extend cost relief to counties when situations exist where counties have no authority or ability to influence the timeline surrounding discharge of the person from the hospital.
- Authorize Direct Care and Treatment to review situations where the county has no authority to approve a new placement upon discharge from a DCT bed and determine if a downward adjustment to the DNMC charge is appropriate.

Review Panel Recommendations

Recommendation 6: Renew the exception for up to 10 patients from community-based hospitals to be prioritized for admission to a DCT bed.

- Relieves pressures faced by community hospitals
- Supports more people in the community that need DCT services

Thank You!