NAMI
National Alliance on Mental Illness
MINNESOTA

March 18, 2025

Dear Members of the Senate Health and Human Services Committee:

On behalf of NAMI Minnesota, I am writing to oppose SF 2628. The 48-hr law, advocated by the sheriffs, required people who were deemed incompetent to stand trial and who had been committed to be moved to a state operated program withing 48-hours. A few years later, the number of people deemed incompetent to stand trial increased exponentially in Minnesota, and across the country. There were no longer available beds to treat everyone in jail, and essentially no one was able to be admitted from a community hospital.

This caused major problems with people with mental illnesses languishing in jail and people in community hospitals being there for too long, sometimes with other beds being taken offline and with people not breathing fresh air for months, and even for over a year.

The legislature first created the Task Force on Priority Admissions to State-Operated Treatment Programs in 2023 to review and evaluate the impact of the state's Priority Admissions Law, otherwise known as the 48-hr law. The Task Force submitted a report to the legislature with a number of recommendations. Some of the recommendations were implemented, including not implementing the 48-hr law until a medically appropriate bed was available.

Because our work was not done, in 2024 the legislature created the Review Panel on Priority Admissions to State-Operated Treatment Programs to review and evaluate the priority admissions timeline in order to minimize litigation costs, maximize capacity in and access to state-operated treatment programs, and address issues related to individuals awaiting admission to state-operated treatment programs in jails and correctional institutions.

As a member of both the task force and panel, I can share that these were not easy meetings or discussions. No one was happy - the jails were upset about people being in their jails, the county attorneys wanted to sue the state for not admitting people, the community hospitals were upset about people not being able to move to a state operated program, staff were upset by the level of acuity of people coming from jails, advocates were upset that people weren't getting treatment in jail and that people were backlogged in the community, and well, I could go on and on. As was written in the report "The current result is that too many people with mental illnesses in jails, hospitals, and the community wait, sometimes for weeks or months, for admission to intensive state-operated services or to appropriate treatment services in less restrictive community-based setting."

Through very difficult discussions we finally came to an agreement on the final recommendations of the panel. I want to underscore how difficult it was to reach a consensus – it happened in the last hour of the last meeting.

That is why I was so surprised and angered to see this bill introduced and being heard today, when it does not reflect the agreement reached. The reason for a legislatively appointed task force is to reach agreements before coming to the legislature. I find it deeply distressing that the county organizations would come together and have a bill introduced that not only does not reflect the recommendations of the task force but goes against them. The panel has been recommended to continue into the future, but the broken trust that this has created may make it very difficult to move forward.

I would ask that you not take action on this bill, that you provide time for the other components of the recommendations to be heard and that you follow the recommendations agreed to by all the members of the panel.

There are number of provisions in the bill that go against the agreement. It was agreed to extend the current 48- hour law which states that the 48 hours start only when a medically appropriate bed is available and that we use the current framework for prioritizing admissions. As a reminder, the 48-hours requirement is an outlier that NO OTHER STATE has. Not even close. We can't meet it, and there is no magic wand that will make more beds appear to meet this deadline. And we talked about this at the panel meeting, and no one wanted to spend money on litigation or fines.

I will also note that this issue is not DCTs alone to solve. Why are people being brought to jail by police when there are alternatives? Why isn't appropriate treatment being provided in jails? Why aren't we looking to support community alternatives? What will the impact of the new competency restoration process be? Counties are the mental health authority – what are they doing to address the gaps and shortages in our mental health system? Why haven't community hospitals added beds when the moratorium was lifted? As you will note below, the recommendations are not just for DCT, but for other parts of our system to address this difficult issue in a holistic manner.

Again, please do not vote to support this bill. NAMI Minnesota participated in good faith on this panel, and we would like to see the agreement carried out.

Please find below the recommendations of the panel. Please do not pass provisions that conflict with the recommendations.

The Review Panel recommends that the Legislature continue to increase funding to expand DCT capacity, early intervention programs, and alternatives to a law enforcement response by doing the following:

- 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 members wish to review progress on the original recommendations made by the Priority Admissions Task Force in 2024. These included:

- 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;
- Increase Forensic Examiner accessibility.

The Review Panel recommends that by Jan. 1, 2026, DCT will publish a publicly accessible dashboard on its referral data on its website. Additionally, relevant admissions policies and contact information for the DCT Central Preadmissions Department shall be made readily available on the publicly accessible site.

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 continue and expand the pilot into the future.
- Provide long-acting injectable antipsychotic medication and related health care costs for jails and correctional facilities

The Review Panel, agreed to decrease county costs that allows for the Commissioner to waive DNMC charges to counties in certain situations should include a provision for 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 charge is appropriate.

The Review Panel recognizes the benefit of continuing the exception for 10 people from community hospitals to be admitted annually for the next biennium, to be reviewed again at that time for ongoing needs.

Please let me know if you have any questions. Due to another hearing at the same time, I was not able to appear in person to testify.

Sincerely,

Sue Abderholden, MPH
Executive Director