Mental Health Unit Pilot Program Report

Minnesota Department of Corrections
1450 Energy Park Drive, Suite 200
St. Paul, Minnesota 55108-5219
(651) 361-7200
TTY (800) 627-3529
November 2024

2024 PILOT PROGRAM UPDATE FOR MENTAL HEALTH UNIT[1]

I. Background

In May of 2023, the Minnesota Legislature directed the commissioner of the Department of Corrections (DOC) to create a pilot program allowing county or regional jail facilities to place incarcerated individuals with serious and persistent mental illness in the DOC's Mental Health Unit (MHU) at Minnesota Correctional Facility – Oak Park Heights (MCF-OPH) for specialized care on a voluntary basis. (Minn. Law 2023 c52 art11 s31) The commissioner of corrections – with consultation from the Minnesota Sheriffs' Association (MSA) – developed protocols, guidelines, procedures, and qualifications for participating counties and incarcerated individuals to be treated in the MHU. The program was limited to a total of five incarcerated individuals from the participating counties at any one time.

Upon enactment, the warden of MCF-OPH along with the DOC director of Psychology, and Director of Behavioral Health oversaw the program with support and consultation from MSA. The full cost of care when transferring an individual to the MHU was to be covered by the participating county.

The legislation dictated that a report from the department be submitted to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over corrections describing the protocols, guidelines, and procedures for participation in the pilot program by counties and incarcerated individuals, challenges with staffing, cost sharing with counties, capacity of the program, services provided to the incarcerated individuals, program outcomes, concerns regarding the program, and recommendations for the viability of a long-term program.

II. Protocols, Guidelines, and Procedures

The DOC and MSA immediately began construction of program protocols, guidelines, and procedures, along with qualifications and eligibility criteria for referrals to the program. Individuals who were referred had to do so voluntarily and have been diagnosed with persistent and serious mental health disorder. Once constructed, the pilot was opened to participating counties to allow for referrals of up to five incarcerated individuals.

For Counties

If an individual entered a county or regional correctional facility with a significant mental health concern, the county of control was to have the person assessed by a licensed mental health professional and determine if the person has a significant and persistent mental illness (SPMI). If so, the county could then discuss the MHU pilot program with the individual as an option for

[1] The total cost of salaries, printing, and supplies incurred in the development and preparation of this report was approximately $100 (reported as required by Minn. Stat. §3.197).

care and begin the process for referral if they were interested. Incarcerated individuals must consent in order to participate in the pilot program.

Next, the county would complete a contract with the DOC to secure the cost of confinement and treatment – $310 per day the incarcerated was held and treated in the MHU – along with any other costs.

The DOC created a referral form which included an assessment of capacity for the participating counties to complete on behalf of interested person. The form was required to be filled out by a licensed health care professional in the county facility. This form is then forwarded to the MHU along with a history report, physical health screen, mental health screen, and informed consent for consideration.

For Incarcerated Participants

Admission Criteria

Incarcerated persons held on a court order who fit the criteria and wished to participate in the program had to do so on a strictly voluntary basis. The incarcerated must have a diagnosis of an SPMI, either be in acute mental crisis or exceed the resources in the county, have a history of recurrent or prolonged hospitalizations, have significant impairment in life roles due to their SPMI, be at risk to themselves or others due to SPMI symptoms, be medically stable or able to be cared for adequately by the MHU, be able to interact with other incarcerated individuals, and submit all authorizations for release of information to the DOC. These individuals also must not fall under the following exclusionary criteria; be safely treated at a less intensive site, have significant medical needs unrelated to the mental illness, inability to live independently, their symptoms are a result of suspected or confirmed substance abuse, inability to participate in programming with others, and unwilling or unable to voluntarily join the program.

Tennessen Notification

As part of the referral process, the incarcerated person would be given a Tennessen Notification to read and sign, outlining the guidelines and expectations for participation in the program. This advised of relevant DOC policies they would be held to, such as Policy 303.010: Incarcerated Individual Discipline, and any additional MHU specific rules. It also advised them of the voluntary nature of this program and their rights retained.

Assessment of Capacity for Consent

The capacity assessment was to be conducted by a licensed mental health professional along with the IP. The assessment's eight prompts provided the staff opportunity to observe the incarcerated person and assess whether they were able to fully and legally make the decision to join the pilot. Prior to conducting this assessment, the professional was required to ascertain whether the person had an assigned legal guardian or was currently under or in the process of

civil commitment. These circumstances would preclude the individual from being able to legally volunteer.

I. Challenges

Cost

Many counties voiced to the DOC that they did have individuals who qualified for the program, but cost to the county was the determining factor in not referring them.

Staffing and Capacity

There were no challenges with staffing or capacity of the program.

III. Results

Counties did not utilize the MHU pilot program. Two referrals were made by Goodhue and Chippawa counties, but both referred individuals were deemed to be ineligible due to pending or standing civil commitment rendering them legally unable to voluntarily join the program. The county cost responsibility was identified as a barrier to individuals being referred to the program.

IV. Recommendations

The DOC and MSA share a commitment to providing adequate mental health care for incarcerated individuals. MSA provided the DOC with recommended changes to the program that could improve results.

Sheriffs who may have utilized the program voiced that they instead contracted care through other previously available avenues, citing the cost was comparable to that of the DOC and required less effort to arrange. Sheriffs expressed that they would be more likely to utilize the MHU pilot program if the DOC, Department of Human Services, or other entity were to share or cover the cost of care.

The other barrier to program success shared by Sheriffs was the necessary voluntary nature of the program, excluding those on civil commitment. They shared that if the criteria for involuntary admissions were to be opened, more incarcerated individuals would be eligible for referral to the MHU pilot program.

There would be no downside to continuing the pilot program. The DOC also sees potential for increased participation through expanded communication efforts. Increasing awareness of the MHU pilot program throughout the state may improve results. The majority of the effort needed for implementation was front end in set-up of protocols, guidelines, and admission criteria, extending the program to the counties. Continuing the program would require minimal time and effort from the DOC and MSA. Additionally, the program would continue to be cost-neutral for the state.