Priority Admissions Review Panel Update

KyleeAnn Stevens, MD

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DIRECT CARE AND TREATMENT

PA RP (Brief) Background

- The “Priority Admissions” statute in Minn. Stat. sec. 253B.10, sub. 1(b) directs the Minnesota Direct Care and Treatment (DCT) agency to prioritize civilly committed patients being admitted from jail or a correctional institution or who are referred to a state-operated treatment facility.
- In 2023, the Minnesota Legislature amended the Priority Admissions statute to provide clarity that when patients are subject to the priority admission law they shall be admitted to a state-operated treatment program within 48 hours when it is determined by DCT physicians that a medically appropriate bed is available.
- The Legislature also directed a Priority Admissions Task Force to analyze and provide recommendations regarding several related topics.

2025 Priority Admissions Review Panel

- In 2025, the legislature directed the review panel members to convene to consider the following:
  - Evaluate the 48-hour timeline for priority admissions and measure progress toward recommendations in previous reports.
  - Develop policy and legislative proposals related to the priority admissions timeline.
  - Evaluate existing mobile crisis programs and funding
  - Evaluate the county correctional facility medication pilot and the DCT jail consultation pilot
  - Evaluate existing intensive residential treatment services (IRTS)
  - Study local fiscal impacts and provide evaluation support of the limited capacity and access to mental health services in Minnesota.
  - Review de-identified data on a quarterly basis on admissions and notification processes.
  - Submit a report by Feb. 1, 2026.

Progress

- Chairs
  - Teresa Steinmetz, Assistant Commissioner of Behavioral Health, DHS
  - Laura Sayles, Director of Government Relations, Attorney General's Office
- Multiple Meetings and Report Drafting Group
- Recommendations agreed upon.
- Final report sent for a vote on June 10, 2026.

Draft Recommendations

Endorsement and Support of Existing Work or Plans

- Renew the exception allowing up to 10 patients per year from community hospitals to be prioritized for admission to a DCT program for the next biennium
- Support the work of the DHS Case Management Redesign Project.
- Support implementation and future statewide expansion of 1115 Reentry Waiver, including pretrial access.

Draft Recommendations (Part 2)

Expand Capacity and Access

- Expand access to care in jails by extending the Long-acting Injectable Pilot and carry-forward authority.
- Expand access to care in jails by extending the DCT Jail Consultation Service Pilot and add jails for Tribal nations to this provision.
- Invest more state resources in community-based mental health services.
- Support building the continuum of care for services to expand IRTS programs.
- Updates to payment models and reimbursement.
- Allow counties to reinvest DNMC funding to build community capacity through adult mental health initiatives.

Draft Recommendations (Part 3)

Further Study Required

- Engage independent consultant to assess MI&D statute to make recommendations to address MI&D waitlist, capacity issues, and processes.

Anticipated Future Needs

- Extension of the medically appropriate bed language
- Jail Consultation Service extension
- Careful planning around forensic capacity
- Hospitalized patient exceptions

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Thank You!

KyleeAnn Stevens, MD

Kyleeann.s.stevens@state.mn.us