October 7, 2024

Greetings:

During the 2024 legislative session, state lawmakers passed a provision requiring the Department of Human Services to create and implement a new Priority Admissions Framework for determining how civilly committed persons in jails will be assessed for priority admission to state-operated treatment facilities. People who are referred to a state-run facility for competency attainment services or a competency examination also fall under the new framework.

As co-chairs of the Priority Admissions Task Force and the Priority Admission Review Panel established by the Legislature, we are writing to update you on how the initial framework has been developed and implemented so far. We'll also update you on some other recent developments, including:

- Enhanced notification processes for priority admissions referrals;
- The priority admissions provision that will allow DCT to admit up to 10 patients from community hospitals;
- Steps taken to increase treatment capacity, including the reopening of treatment units at the Forensic Mental Health Program (FMHP) in St. Peter and the plan to add 16 more beds to the FMHP by repurposing an existing facility.

Priority Admissions Framework

On July 1, 2024, the deadline required by the Legislature, Direct Care and Treatment (DCT) implemented an initial framework for evaluating and scoring referrals that meet prioritization eligibility criteria. We stress the word *initial* because DCT intends to have a formal process for getting feedback and refining the framework as necessary to ensure that the agency is considering the most important factors and that the framework is fair and consistently applied.

The Priority Admissions Framework includes a tracking system for weighing key factors against time spent on a waiting list and other clinical determinations based on a low-high urgency scale. Here are the main factors DCT is evaluating, all of which were among the recommendations of the Priority Admissions Task Force (see the Task Force's final report) and are codified in Minnesota Statutes section 253B.10:

- The length of time the person has been on a waiting list for admission to a state-operated direct care and treatment program since the date of the order;
- The intensity of the treatment the person needs, based on medical acuity;
- The person's revoked provisional discharge status;
- The person's safety and safety of others in the person's current environment;
- Whether the person has access to necessary or court-ordered treatment;

- Distinct and articulable negative impacts of an admission delay on the facility referring the individual for treatment; and
- Any relevant federal prioritization requirements.

At times, there are other considerations DCT's physicians must take into account (for example, a Rule 20 incompetency or not-guilty-by-reason-of-mental-illness finding) and the agency is tracking those factors as well. New referrals and previously waitlisted referrals are being evaluated or re-evaluated under the new framework.

We all recognize how important it is to get the prioritization right. Sometimes that means looking at the problem with a new set of eyes. To help this along, DCT has contracted with Dr. Charles Liedtke of Strategic Improvement Systems, Inc. A respected researcher and expert in organizational performance, operations and strategic improvement, Dr. Liedtke has begun reviewing the initial process and will guide us as DCT finalizes the framework. The plan is for him to meet with up to 30 stakeholders and partners to be sure DCT gets the benefit of a range of perspectives. In addition, we invite you to participate in this brief online survey at https://forms.office.com/g/hYKNTDXJKR, so that your perspective may also inform this process.

Enhanced Notification Processes

DCT has also enhanced its notification processes for when referrals are received under the priority admissions statute. This means the Central Pre-Admissions team has started to send emails confirming receipt of a referral and appropriate program notifications. This will provide additional clarity of status for individuals who have been referred to DCT under the priority admissions statute.

Priority Admissions from Hospitals

During the recent session, the Legislature also approved a new provision in the priority admissions law that allows for up to 10 civilly committed patients waiting in community hospitals to be designated as priority admissions to DHS-operated facilities. Previously, only civilly committed individuals in jails were considered priority admissions under the law. The change was made to take pressure off community hospitals that have highly symptomatic patients boarding for extensive periods of time in their emergency departments and psychiatric units.

So far, DCT is finding that most referrals from hospitals are for patients who do not need a hospital level of care (and therefore couldn't be admitted to a DHS-operated psychiatric hospital) or whose conditions are not so complex that they would justify moving them ahead of a jail referral on the waiting list. DCT plans to be judicious in using the exceptions so that there is capacity when hospitals are facing extraordinary circumstances.

Steps to Increase Capacity

Based on the recommendations of the Priority Admissions Task Force, immediate steps have been taken to improve capacity and access to DHS-operated treatment facilities:

- Enough staff have been recruited to re-open the Ironwood unit at the Forensic Mental Health Program (FMHP) in St. Peter;
- This has allowed the transfer of patients who have been civilly committed as mentally ill and dangerous from the Anoka-Metro Regional Treatment Center (AMRTC) to the FMHP and allowed AMRTC to admit more patients.

Those initial steps helped cut the priority admissions waitlist in half.

However, due in large part to expanded categories of people in jails who now qualify for priority admission status as a result of the changes state lawmakers adopted last session, the priority admissions waitlist now has increased significantly. A rising number of referrals coupled with an increase in the number of highly symptomatic patients (which takes beds offline) have also contributed to the growing waitlist. DCT is closely monitoring this data and will review it, as well as its approach to admissions, with the Priority Admissions Review Panel (which we co-chair) over the coming year.

Finally, while the waitlist at the FMHP has risen over the past year, DCT's plan to add 16 more beds to the FMHP by repurposing another facility in St. Peter will help considerably. The task force on Mentally Ill and Dangerous (MI&D) Civil Commitment Reform has begun meeting and will be examining current state law related to MI&D civil commitments. Among its duties is to identify barriers to discharge from the FMHP and to identify types of placements and services necessary to care for more patients in community settings when appropriate and safe, rather than at the FMHP. The recommendations of the task force may have important implications for the FMHP in upcoming years.

Questions or Concerns

As always, we're grateful for your partnership. Please reach out if you have questions or concerns. Your input is always welcome.

Sincerely,

Jodi Harpstead
Commissioner
Minnesota Department of Human Services
Co-chair, Priority Admissions Task Force
Co-chair, Priority Admissions Review Panel

Keith Ellison
Attorney General
State of Minnesota
Co-chair, Priority Admissions Task Force
Co-chair, Priority Admissions Review Panel