

2024 Priority Admissions Recommendations & Legislation



# Tasks of the Priority Admissions Task Force

- The Task Force on Priority Admissions to State-Operated Treatment Programs was established by the Minnesota Legislature in 2023 to review and evaluate the impact of the state's Priority Admissions Law. The Priority Admissions law mandates the prioritization of individuals into state-operated treatment facilities under specific conditions. The task force was directed to:
- Evaluate the impact of priority admissions 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 admissions on the mental health system in the State of Minnesota;
- Provide recommendation for improvements or alternatives to the current priority admissions requirements; and
- Identify and provide recommendations for providing treatment to individuals referred under the priority admissions requirements as well as other individuals in the community who require treatment at a state-operated treatment program.

# Membership (1/2)

- **Jodi Harpstead**, Commissioner, Minnesota Department of Human Services, Co-Chair
- **Keith Ellison**, Minnesota Attorney General, Co-Chair
- Dr. KyleeAnn Stevens, Executive Medical Director, Direct Care and Treatment Administration, DHS, a member representing
  Department of Human Services Direct Care and Treatment services who has experience with civil commitments, appointed by
  the Commissioner of Human Services
- Tarryl Clark, Stearns County Commissioner, a county representative, appointed by the Association of Minnesota Counties
- Bryan Welk, Cass County Sheriff, county sheriff, appointed by the Minnesota Sheriffs' Association
- Angela Youngerberg, Blue Earth County Human Services Director of Business Operations, a county social services representative,
  appointed by the Minnesota Association of County Social Service Administrators
- Kevin Magnuson, Washington County Attorney, a county attorney, appointed by the Minnesota County Attorneys Association
- **Taleisha Rooney**, Manager, Emergency Behavioral Health Team, North Memorial Hospital, a hospital representative, appointed by the Minnesota Hospital Association
- Sue Abderholden, Executive Director, Minnesota Chapter of the National Alliance on Mental Illness (NAMI Minnesota), a member appointed by the National Alliance on Mental Illness Minnesota

# Membership (2/2)

- Doug McGuire, Attorney Coordinator, Hennepin County Commitment Defense Project, a member appointed by the Minnesota Civil
  Commitment Defense Panel
- **Jinny Palen**, Executive Director, Minnesota Association of Community Mental Health Programs (MACHMP), a member appointed by the Minnesota Association of Community Mental Health Programs
- Dr. Eduardo Colón-Navarro, Chief of Psychiatry, Hennepin County Medical Center, a member appointed by the Minnesota Psychiatric
  Society
- **Lisa Harrison-Hadler**, Ombudsman, Minnesota Office of the Ombudsman for Mental Health and Developmental Disabilities, the ombudsman for mental health and developmental disabilities
- **Nicholas Rasmussen**, member of the public with lived experience directly related to the Task Force's purposes, appointed by Gov. Tim Walz
- **Heidi Heino**, member of the public with lived experience directly related to the Task Force's purposes, appointed by Gov. Tim Walz
- **Miranda Rich,** a member appointed by the Commissioner of Corrections from an organization that represents racial and ethnic groups that are overrepresented in the criminal justice system.
- **Dr. Dionne Hart**, a member appointed by the Commissioner of Corrections from an organization that represents racial and ethnic groups that are overrepresented in the criminal justice system.

## 1. Immediately begin to increase DCT capacity and access

- All levels of care but prioritize Forensic Mental Health Program (FMHP) by 10-20%, Hospitals (Anoka Metro Regional Treatment Center, Community Behavioral Health Hospitals) by 20%.
- Examine utilization of beds at FMHP
- Develop and fund DCT's transitional support resources

#### 2. Joint Incident Collaboration

• Start a collaboration including county, community providers, and DHS and DCT partners to engage in arranging discharges more actively.

- 3. Approve exception to priority admissions law for 10 civilly committed individuals waiting in a hospital to be added to the waitlist
  - Intended to relieve hospitals with high acuity behavioral health needs.
- 4. Create and implement new priority admissions criteria to DCT facilities
  - Instead of using date of referral only; DCT should consider several other factors, such as:
    - Intensity of treatment needs, provisional discharge status, length of time spent waiting, current safety, lack of access to essential or court-ordered treatment, negative impacts to the referring facility, federal prioritization needs, and others.

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### 5. Increase access to services provided in the community

- Locked Intensive Residential Treatment Services (IRTS) level of care and expand programming beyond 90 days.
- Fund services at levels recommended in the current rate study.
- Fund voluntary engagement pilot programs and study their efficacy.
- Shorten timeline for MN Choices assessments.
- Expand access to Assertive Community Treatment (ACT) and Forensic ACT (FACT) teams.
- Expand first episode of psychosis and first episode of Bipolar Disorder programs.
- Focus on alternatives to police responses.
- Support mental health workforce through various mechanisms.
- Expand sick and safe law to include mental health leave benefits for frontline workers.

#### 6. Administer medications in jails

- Provide funding mechanisms to administer mental health medications to individuals in custody.
- Fund service for DCT to create jail consultation service.
- Remove co-payment obligation for those in jail.

#### 7. Relieve counties of certain DNMC costs

- For individuals awaiting transfer to DOC or DCT programs when it is the only program that can serve the individual.
- DNMC payments should go to DHS, which will make moneys available for community services.
- 8. Expedite section 1115 waiver application for individuals in custody
- 9. Increase forensic examiner accessibility

- 1. Immediately begin to increase DCT capacity and access
  - Repurposing of CARE St. Peter to psychiatric beds in the Forensic Mental Health Program
- 2. Joint Incident Collaboration
  - Legislation not required to implement
- Approve exception to priority admissions law for 10 civilly committed individuals waiting in a hospital to be added to the waitlist
  - Enacted
- 4. Create and implement new priority admissions criteria to DCT facilities
  - Enacted

- 5. Increase access to services provided in the community
  - MA payment for Assertive Community Treatment (ACT) and Intensive Residential Treatment Services (IRTS)
  - Engagement Services Pilot Grants
- 6. Administer medications in jails
  - County correctional facility long-acting injectable antipsychotic medication pilot –
  - 2-year county correctional support pilot
- 7. Relieve counties of certain DNMC costs
  - 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

- 8. Expedite section 1115 waiver application for individuals in custody
  - DHS is required to apply to federal HHS to implement a medical assistance reentry demonstration
- 9. Increase forensic examiner accessibility
  - No legislation

- Other related legislative action:
  - Mentally III and Dangerous Civil Commitment Reform Task Force
  - Report on Inpatient Substance Use Disorder (SUD) Beds
  - Legislative approval for DCT facility closures in certain circumstances
  - Priority admissions review panel



# Questions?