

Laws of Minnesota 2023
CHAPTER 61

ARTICLE 8

DIRECT CARE AND TREATMENT

Sec. 13.

TASK FORCE ON PRIORITY ADMISSIONS TO STATE-OPERATED TREATMENT PROGRAMS.

Subdivision 1.

Establishment; purpose.

The Task Force on Priority Admissions to State-Operated Treatment Programs is established to evaluate the impact of the requirements for priority admissions under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b) on:

(1) the Department of Human Services;

(2) individuals referred for admission and care at state-operated treatment programs, including both individuals referred for priority admission under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), and individuals not referred according to such priority admissions requirements; and

(3) the mental health system in Minnesota, including community hospitals.

Subd. 2.

Membership.

(a) The task force shall consist of the following members, appointed as follows:

(1) a member appointed by the governor;

(2) the commissioner of human services, or a designee;

(3) 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;

(4) the ombudsman for mental health and developmental disabilities;

(5) a hospital representative, appointed by the Minnesota Hospital Association;

(6) a county representative, appointed by the Association of Minnesota Counties;

(7) a county social services representative, appointed by the Minnesota Association of County Social Service Administrators;

(8) a member appointed by the Minnesota Civil Commitment Defense Panel;

(9) a county attorney, appointed by the Minnesota County Attorneys Association;

(10) a county sheriff, appointed by the Minnesota Sheriffs' Association;

(11) a member appointed by the Minnesota Psychiatric Society;

(12) a member appointed by the Minnesota Association of Community Mental Health Programs;

(13) a member appointed by the National Alliance on Mental Illness Minnesota;

(14) the Minnesota Attorney General;

(15) three individuals from organizations representing racial and ethnic groups that are overrepresented in the criminal justice system, appointed by the commissioner of corrections; and

(16) one member of the public with lived experience directly related to the task force's purposes, appointed by the governor.

(b) Appointments must be made no later than July 15, 2023.

(c) Member compensation and reimbursement for expenses are governed by Minnesota Statutes, section 15.059, subdivision 3.

(d) A member of the legislature may not serve as a member of the task force.

Subd. 3.

Officers; meetings.

(a) The commissioner of human services must convene the first meeting of the task force no later than August 1, 2023.

(b) The Attorney General and the commissioner of human services must serve as co-chairs. The task force may elect other officers as necessary.

(c) Task force meetings are subject to the Minnesota Open Meeting Law under Minnesota Statutes, chapter 13D.

Subd. 4.

Administrative support.

The commissioner of human services must provide administrative support and staff assistance for the task force.

Subd. 5.

Data usage and privacy.

Any data provided by executive agencies as part of the work and report of the task force is subject to the requirements of the Minnesota Government Data Practices Act under Minnesota Statutes, chapter 13, and all other applicable data privacy laws.

Subd. 6.

Duties.

The task force must:

(1) evaluate the impact of the priority admissions required under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), on the ability of the state to serve all individuals in need of care in state-operated treatment programs by analyzing:

(i) the number of individuals admitted to state-operated treatment programs from jails or correctional institutions according to the requirements of Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), since July 1, 2013;

(ii) the number of individuals currently on waiting lists for admission to state-operated treatment programs;

(iii) the average length of time an individual admitted from a jail or correctional institution waits for a medically appropriate bed in a state-operated treatment program, compared to an individual admitted from another location, such as a community hospital or the individual's home; and

(iv) county-by-county trends over time for priority admissions under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b);

(2) analyze the impact of the priority admissions required under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), on the mental health system statewide, including on community hospitals;

(3) develop policy and funding recommendations for improvements or alternatives to the current priority admissions requirement. Recommendations must ensure that state-operated treatment programs have medical discretion to admit individuals with the highest acuity and who may pose a risk to self and others, regardless of referral path; and

(4) identify and recommend options for providing treatment to individuals referred according to the priority admissions required under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), and other individuals in the community who require treatment at state-operated treatment programs.

Subd. 7.

Report.

No later than February 1, 2024, the task force must submit a written report to the chairs and ranking minority members of the legislative committees with jurisdiction over public safety and human services that includes recommendations on:

(1) proposals to amend Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), to improve the priority admissions requirements and process;

(2) ways to ensure that state-operated treatment programs have medical discretion to prioritize the admission of individuals with the most acute clinical and behavioral health needs or who pose a risk to self and others, regardless of referral path;

(3) additional ways to meet the treatment needs of individuals referred to state-operated treatment programs according to the priority admissions required under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), and other individuals in the community who require treatment at state-operated treatment programs; and

(4) any other relevant findings, research, or analyses conducted or produced by the task force under subdivision 6.

Subd. 8.

Expiration.

The task force expires June 30, 2024.

EFFECTIVE DATE.

This section is effective the day following final enactment.