Priority Admissions Taskforce Summary February 9, 2024

Background

- **MN Statutes Chapter 253B allows for a person to be civilly committed to the care of the DHS Commissioner for the purpose of receiving needed treatment and care.**
- **In 2010, the average wait time for admission to the Anoka-Metro Regional Treatment Center (AMRTC), was 19 days. By 2013, the average wait time jumped to 30 days and the time from commitment order to placement had grown unacceptably long.**
- **The Priority Admissions Law, enacted in 2013, was intended to help law enforcement officials cope with the rising number of individuals with mental illness accused of crimes, being held in jail, and to get them quickly into a court-ordered treatment facility. The Law included the 48-hour Rule, requiring the Commissioner to prioritize patients being admitted from jails, and to admit them within 48 hours of their commitment.**

Background

- **For the first few years, the statute resulted in quicker hospitalizations from jails.**
- **Now the number of civil commitments has risen by >36% over the past 10 years from 1644 in 2013 to 2242 in 2023, making it impossible for DHS's Direct Care and Treatment (DCT) services to adhere to the 48-Hour Rule.**
- **The existence of the law has led to:**

  - A concentration of highly symptomatic patients more prone to aggressive behavior filling DCT facilities, while employees seek safer working conditions.

  - So many patients from jails filling the DCT waitlist that today, civilly committed patients waiting in hospitals have virtually no hope of being admitted.

  - A raft of lawsuits requiring DHS to comply with the 48-hour Rule while the Department has argued that it is impossible.

Background

- **The 48-hour Rule was amended by the Legislature in 2023 for a 2-year period to allow DCT to admit patients from jails “48 hours after a medically appropriate bed becomes available” instead of “48 hours after commitment”. It also gave counties a two-year stay from fees for Does Not Meet Criteria patients being transferred between DCT facilities instead of out to the community.**

- **One very effective thing the Taskforce did was that several members of the Taskforce were able, the day before their first meeting, to tour both the Anoka County Jail and the Hennepin County Emergency Department, sharing their eye-opening experiences on the first day of the Taskforce that helped them to understand various sides of the concerns.**

Background

Taskforce Guiding Principles

- **Lack of timely access and capacity are a problem.**
- **All people living with mental health disorders are entitled to have care when and where they need it.**
- **Transparency builds trust.**
- **Honest appraisal of need not constrained by budgetary limitations.**
- **Patients are people first.**
- **Prioritization of strategies with effective outcomes.**
- **Prioritization is in the implementation.**
- **Cooperation as a cornerstone.**

Background

- **The Taskforce also had a robust discussion of the balance between DCT capacity for treating patients with behavioral health needs and community provider capacity in behavioral health.**
- **While many advocates have said for decades that we need to build community capacity versus state hospital capacity, it is clear with the dramatic increased prevalence of serious unmet behavioral health needs everywhere across Minnesota coming out of the pandemic, that we need to add capacity everywhere.**
- **We need to increase behavioral health pay rates and re-build our behavioral health workforce in community settings, AND we need additional capacity at DCT whose mission is to serve those civilly committed to its care, and those whom others cannot or will not serve.**

Charge to the Taskforce

- **Evaluate the impact of priority admission 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 admission on the mental health system in the State of Minnesota**
- **Provide recommendation for improvements or alternatives to the current priority admission requirements**
- **Identify and provide recommendations for providing treatment to individuals referred under the priority admission requirements as well as other individuals in the community who require treatment at a state-operated treatment program.**

Taskforce Members

Keith Ellison, MN Attorney General, Co-Chair

Jodi Harpstead, Commissioner, Dept. of Human Services, Co-Chair

Dr. KyleeAnn Stevens, Exec. Medical Director, Direct Care and Treatment (DCT)
Tarryl Clark, Stearns County Commissioner
Bryan Welk, Cass County Sheriff
Angela Youngerberg, Blue Earth County Human Services Director of Bus. Operations
Kevin Magnuson, Washington County Attorney
Taleisha Rooney, Manager, Emergency Behavioral Health Team, North Memorial Hosp.
Sue Abderholden, Exec. Director, MN Chapter of the Natl. Alliance on Mental Illness

Taskforce Members

Doug McGuire, Attorney Coordinator, Hennepin County Commitment Defense Project
Jinny Palen, Executive Director, MN Assn. of Community Mental Health Programs
Dr. Eduardo Colon-Navarro, Chief of Psychiatry, Hennepin County Medical Center
Lisa Harrison-Hadler, Ombudsman MN Office of the Ombudsman for Mental Health and Developmental Disabilities
Nicholas Rasmussen, member of the public, appointed by Governor Walz
Heidi Heino, member of the public, appointed by Governor Walz
Miranda Rich, appointed by the Commissioner of Corrections
Dr. Dionne Hart, appointed by the Commissioner of Corrections

Taskforce Recommendations

Recommendation 1: Immediately Begin to Increase Direct Care and Treatment Capacity and Access

- **Increase capacity of the Forensic Mental Health Program by 10-20%**
- **Increase capacity at the Anoka Metro Regional Treatment/Community Behavioral Health Hospital level of care by 20%**
- **Increased capacity can be achieved through the addition of beds and staffing, renovation, construction, reallocation of beds and staff, or a combination of all these.**

Taskforce Recommendations

Recommendation 2: Start a Joint Incident Collaboration including county, community providers, and DHS and DCT partners to engage in arranging discharges more actively for DCT patients who are ready for discharge.

Note:
DCT currently has 46 patients who Do Not Meet Criteria for hospital treatment in DCT who need to find spaces in community settings to allow many more patients to be admitted to DCT.

Taskforce Recommendations

Recommendation 3: Approve an Exception to the Priority Admissions Law

- **Immediately approve an exception to the Priority Admissions Statute for up to 10 civilly committed individuals waiting in a hospital to be added to the Priority Admissions waitlist at DCT, with admissions being managed according to the prioritization framework recommended in Recommendation 4.**

Note:
There are 10 civilly committed patients who have waited in hospitals for admission for over 6 months.

Taskforce Recommendations

Recommendation 4: Create and Implement New Priority Admissions Criteria to DCT Facilities

- **Any change to the Priority Admissions law must occur simultaneously to or following the immediate increase in capacity at DCT as referenced in Recommendation 1 above.**

- **Individuals civilly committed as Mentally Ill, Chemically Dependent, Mentally Ill and Dangerous, and Developmentally Disabled will be prioritized by physicians in the DCT Executive Medical Director's Office for admission to Direct Care and Treatment programs into medically appropriate beds using an established prioritization framework which takes several factors into account. This publicly available framework for prioritization of admissions will allow for transparency.**

Taskforce Recommendations

Recommendation 4: Create and Implement New Priority Admissions Criteria to DCT Facilities (cont'd.)

- **Prioritization Factors**

  - Length of time spent on waitlist
  - Intensity of treatment needed due to medical acuity
  - Provisional discharge status
  - Current safety of the individual and others in the proximal environment
  - Access to/or lack thereof to essential or court-ordered treatment elsewhere
  - Other negative impacts to the referring facility, such as number of beds unavailable because of caring for the referred individual
  - Any relevant federal prioritization requirements

Taskforce Recommendations

Recommendation 4: Create and Implement New Priority Admissions Criteria to DCT Facilities (cont'd.)

- **A panel of members from the Priority Admissions Task Force will review deidentified data quarterly for one year following implementation of this new framework to ensure the prioritization framework is carried out in a fair and equitable manner.**
- **At the end of the year, this task will fall to a newly established Quality Committee, which will provide a routine report to the DCT Board of Directors.**

Taskforce Recommendations

Recommendation 5: Increase Access to Services Provided in the Community

- **Expand access to Intensive Residential Treatment Services (IRTS) level of care to allow locked programming and extended programming. Work with the MN congressional delegation to have CMS allow Medicaid for locked IRTS.**
- **Fund services at levels recommended in the Behavioral Health Rate Study to retain current providers.**
- **Fund voluntary engagement pilot programs and study their efficacy.**
- **Support strategies to decrease the timeline for the completion of the MNChoices assessments.**
- **Expand access to Assertive Community Treatment (ACT) and Forensic ACT (FACT) services.**

Taskforce Recommendations

Recommendation 5: Increase Access to Services Provided in the Community (cont'd)

- **Expand First Episode of Psychosis programs and pilot First Episode of Bipolar Disorder programs.**
- **Focus on alternative to police responses by building and stabilizing funding for crisis response teams, publicizing 988, and fully implement Travis' Law.**
- **Support mental health workforce through increasing compensation, providing free supervision, expanding training opportunities for integrated substance use disorder and mental illness, and developing measures to reduce violence in the workplace.**
- **Expand the sick and safe law to include mental health leave benefits for frontline workers.**

Note: Many of these recommendations have been made before in the 6-7 prior taskforce reports in the Appendix of the new Taskforce Report.

Taskforce Recommendations

Recommendation 6: Administer Medications in Jails

Jails are not a replacement for mental health hospitals or secure treatment facilities.

- **Provide funding mechanisms to effectively administer mental health medications to individuals in jail custody to pay for training, medication, the services of an individual qualified to deliver the medication and administrative costs.**
- **Funding should be provided to DHS/DCT to support efforts to access mental health medications in jails including expert consultation, education, coordination and a list of suitable providers for medication administration.**
- **An inmate receiving mental health medication in jail shall not have a co-pay.**

Taskforce Recommendations

Recommendation 7: Relieve Counties of Certain DNMC Costs

- **Relieve counties of "Does Not Meet Criteria" costs for individuals awaiting transfer to DCT programs when the Executive Medical Director's office deems the individual meets criteria for that program and DCT is the only provider that can reasonably serve.**
- **Relieve counties of DNMC costs when awaiting transfer to a Department of Corrections facility.**
- **Redirect and reinvest DNMC payments to support development of community services versus reversion back to the General Fund.**

Taskforce Recommendations

Recommendation 8: Expedite Section 1115 Waiver Application for Individuals in Custody

- **DHS should complete the application for an 1115 Medicaid Demonstration Waiver to facilitate individuals in custody to receive Medicaid benefits so that treatment can be subsidized within a correctional setting and allow for robust discharge services to be arranged.**
- **The waiver should focus on allowing access to Medicaid for individuals in custody within 90 days of release and all individuals in pre-trial status.**

Taskforce Recommendations

Recommendation 9: Increase Forensic Examiner Accessibility

- **The rate of reimbursement for forensic examiners who conduct Rule 20 examinations should be increased.**
- **The rate of pay should be commensurate with the time to complete the examination and the associated liability that the examiner holds.**
- **Introduction of efficiencies in the Rule 20 process, such as screening examinations, should be implemented.**