



**AMC supports investments to expand services and address gaps in the state-wide mental health continuum, specifically to address acute, complex behavioral health placements and community services and clarify the state's safety net role in providing and funding these critical services.**

## Background: Priority Admissions Task Force / 48 Hour Rule

- Enacted in 2013, the Priority Admissions Law 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. It required Minnesota Department of Human Services (DHS) to prioritize and admit individuals civilly committed to the DHS Commissioner and being held in jail within 48 hours of their commitment.
- Last year DHS advocated for amending the priority admission statute to essentially eliminate the 48-hour rule by requiring that patients be admitted to a state-operated treatment program within 48 hours from when Direct Care and Treatment (DCT) determines a "medically appropriate bed is available." That amendment became effective May 25, 2023 - but sunsets on June 30, 2025.

## 2023/2024 Task Force on Priority Admissions to State-Operated Treatment Programs

- The 2023 Legislation also established a The Task Force on Priority Admissions to State-Operated Treatment Programs. 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.
- The Task Force is made up of 18 members who have been appointed by the Governor or a specially designated stakeholder organization, including four county representatives:
  - Tarryl Clark, Stearns County Commissioner, Association of Minnesota Counties (AMC)
  - Bryan Welk, Cass County Sheriff, Minnesota Sheriff's Association (MSA)
  - Angela Youngerberg, Blue Earth County Human Services Director, (MACSSA)
  - Kevin Magnuson, Washington County Attorney, Minnesota County Attorneys Association (MCAA)
- The Task Force concluded its work on Friday, Feb. 9, 2024, and voted unanimously to submit its final report and recommendations to the Minnesota Legislature. County participants support the report.

## Task Force Take-Aways: AMC Priorities for 2024 Legislation

- The "County Coalition" fought successfully to include in the task force's guiding principles a clear statement that all people living with mental health disorders are entitled to have care when and where they need it. Specifically, people who have been civilly committed should have access to the court-ordered treatment they require to achieve recovery.
- Counties also including the principle that jails are not a replacement for mental health hospitals or secure treatment facilities. One key objective was to ensure that any steps to mitigate the problems hospitals face does not come at the expense of people in jails.
- The County Coalition remained adamant that the task force recommends solutions that address the fundamental problem of grossly insufficient capacity for secure treatment facilities in the immediate term and not simply change the triage priority between civilly committed populations.

## AMC 2024 Priorities: Mental Health/ High Acuity Legislation

### Capacity Increase in Direct Care and Treatment (DCT)

#### Relieve Counties of Does Not Meet Medical Criteria (DNMC) costs for individuals awaiting transfer to DCT programs

*Rep. Heather Edelson (Hennepin County) is currently drafting legislation with task force members based on the full list of Task Force Recommendations.*

**\*Any changes to the priority admissions statute must be accompanied by immediate capacity expansion of DCT's hospital capacity.**

The Priority Admissions Statute was a response to the lack of access and inpatient capacity at DCT that persists today.



### Task Force on Priority Admissions to State-Operated Treatment Programs

Report and Recommendations to the Minnesota Legislature

02/12/2024

## Task Force on Priority Admissions Recommendations

(summarized w/ AMC Top Priorities in Bold):

1. **DCT capacity expansion is Recommendation No. 1 in the list of priority recommendations.**
2. **A 10-20% immediate increase in Forensics beds and a 20% immediate overall increase in AMRTC/CBHH beds. Based on bed counts today, this would total 37-74 additional beds at Forensics and an additional 38 beds between AMRTC/CBHH.**
3. **Any changes to the priority admissions statute must be accompanied by immediate capacity expansion of DCT's hospital capacity.**
4. An exception to the Priority Admissions Statute to allow up to 10 civilly committed individuals waiting in a hospital under particularly egregious circumstances to be added to the priority admissions waitlist at DCT.
5. Established a publicly available framework for prioritization of admissions prioritization framework which takes multiple factors into account, including length of wait time, negative effects of custody conditions, acuity, and intensity of treatment needed, to allow for transparency in decision-making.
6. A panel of members from the Priority Admission Task Force will monitor DCT data quarterly to ensure the prioritization framework is carried out in a fair and equitable manner and advise the DHS Commissioner on the effectiveness of changes to priority admissions.
7. Funding mechanisms to effectively administer mental health medications to individuals in jail custody, including funding for training, medication, services of medical professionals qualified to deliver medication and to monitor the patient, and any related administration costs.
8. Funding for DHS/DCT to create a service to support efforts to access mental health medications in jails when appropriate that includes provision of expert consultation, education, coordination, and determination of suitable providers for involuntary medication administration.
9. **Amend statute to relieve counties of Does Not Meet Medical Criteria (DNMC) costs for individuals awaiting transfer to DCT programs (Forensics and in certain circumstances other DCT programs), DNMC costs when awaiting transfer to a DOC Facility, and redirect and reinvest DNMC payments to support development of community services.**
10. Increase Access to services provided in the community, including secure IRTS, a voluntary engagement services pilot project, Assertive Community Treatment (ACT) and Forensic ACT, and others.
11. Section 1115 Medicaid Demonstration Waiver Application for Individuals in custody.
12. Increase the rate of reimbursement for forensic examiners to increase accessibility.
13. Start a Joint Incident Collaboration structure to include county, community providers, and DHS and DCT partners to engage in arranging discharges more actively for DCT patients who are ready for discharge, similar to ad hoc groups already existing at the county level.

For more information, please contact:

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