

April 8, 2025



Chair Lee, Chair Franson, and Members of the House Capital Investment Committee,

On behalf of the Minnesota Association of County Social Service Administrators (MACSSA), we write in support of HF 2587, which bonds for construction of a new 50-bed facility on the campus of Anoka Metro Regional Treatment Center (AMRTC).

Improving access to care by investing in necessary bed capacity through Direct Care and Treatment (DCT) is paramount. Without additional investment, wait times for people needing immediate health care will continue to rise, costing taxpayers millions in unnecessary expenses and people needing care will undoubtedly experience lengthy and inhumane delays to the level of care they need and deserve.

We are at an urgent time to make this investment. Currently, Minnesota's safety net appears to be hospital emergency rooms, jails, and other inappropriate settings. We need to plan for a more coordinated, efficient, person-centered way to meet the needs of our residents. We can no longer afford to ignore the need for more beds in multiple areas of the mental health system – including at AMRTC.

The Review Panel on Priority Admissions to State-Operated Treatment Programs was established by the Minnesota Legislature in 2024 to review and evaluate the priority admission timeline. People who have been civilly committed should have access to the court ordered treatment they require to achieve recovery. MACSSA appreciates the work done by the review panel to discuss and identify solutions around lack of access to care – there is urgency to take action now on their recommendations.

Our top priority related to the Review Panel on Priority Admissions to State-Operated Treatment Programs is to expand access to care – this requires a capacity increase at DCT. The first priority – and the key to a unified report from the taskforce members – was the recommendation to fund the addition of a 50-bed facility on the campus of Anoka Metro Regional Treatment Center (AMRTC). The Review Panel only supported extending the sunset provision around the 48-hour rule conditioned on the legislature providing funding to increase capacity at DCT and in community.

The existence of the priority admissions statute, or the 48-hour rule, demonstrates the urgency for the state to add necessary DCT capacity. The current average wait times to access beds at DCT for forensics services and AMRTC are unacceptable. A county and taskforce guiding principle has been that all people living with mental health disorders are entitled to have care when and where they need it. Any changing of that timeline must be accompanied by new capacity at DCT to increase access to care. We know that capacity cannot be added overnight. But without investing in beds now, we cannot hope for improvements in the backlog of our system in the future.

DCT operates a highly specialized behavioral health care system that serves people with mental illness, substance abuse disorders, and developmental and intellectual disabilities. Because their conditions are complex and challenging to treat, other health care providers cannot or will not serve these patients.

The Anoka-Metro Regional Treatment Center (AMRTC) is the state's largest psychiatric hospital. Overseen by the Minnesota Department of Human Services (DHS), the hospital operates on a secure campus in Anoka, MN. AMRTC provides inpatient psychiatric care to adults who require treatment in a hospital setting. It is the equivalent of the ICU for those with the highest need for acute mental health care.

At the end of 2024, priority admissions to AMRTC were waiting an average of 27 days for admissions. At the end of 2024, the high priority admissions wait for admission to forensics was an average of 289 day. This is important because people who need placement at forensics often end up being admitted to AMRTC instead due to capacity concerns. The waitlist for admissions to AMRTC from the priority admissions group of patients has not decreased from last year. DCT beds continue to be at capacity in Minnesota and individuals are "stuck" in beds that are inappropriate to their needs and unable to move because there is not a bed available. Recent data found in the Review Panel Report highlights this need:

- An upward trend continues in the demand for priority admissions (from jail) to DCT.
- Significant waitlists persist for priority admissions to DCT.
- Significant average wait times to access appropriate beds persist, particularly regarding forensics services and access to AMRTC.

This lack of DCT capacity negatively impacts the people we serve and county budget. Unfortunately, the governor's proposed budget has no additional capacity investments for DCT. We are not serving the individuals in jails, hospitals or community well right now. People who have been civilly committed should have access to the court-ordered treatment they require to achieve recovery. We know that jails are not a replacement for mental health hospitals or secure treatment facilities. We are often seeing these individuals in jails decompensate from lack of getting treatment in the appropriate setting.

In addition, Minnesota counties are billed 100% of the cost of care when the person no longer meets medical criteria for hospitalization - yet counties are powerless to move the individuals to their next bed when the next necessary bed is a state-operated DCT facility bed. These daily costs can be upwards of \$2,300 per day. In calendar year 2024, the lack of capacity for transition between state facilities amounted to over \$10 million. These charges have the potential to surpass an entire county behavioral health budget. And without increased capacity at DCT, this cost – either to local property taxes or to the state general fund – will continue to skyrocket.

MACSSA asks the Capital Investment Committee to support HF 2587.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matt Freeman', with a stylized flourish at the end.

Matt Freeman, Executive Director  
Minnesota Association of County Social Service Administrators