

Subject Priority Admissions to State-Operated Treatment Programs

Authors Edelson and others

Analyst Sarah Sunderman

Date April 3, 2024

Overview

This bill contains provisions based on the recommendations from the Task Force on Priority Admissions to State-Operated Treatment Programs. Included in the bill are: (1) modifications to county cost of care payment requirements and use of funds generated through county cost of care payments; (2) changes to the priority admissions to state-operated treatment programs process; (3) approval of an immediate exception for the commissioner to admit ten people from hospital settings to medically appropriate state-operated facilities or programs; (4) establishment of two pilot programs related to the provision of mental health medications in county correctional facilities; and (5) appropriations for provisions contained in the bill and increasing direct care and treatment capacity and utilization.

Summary

Section	Description
---------	-------------

- | | |
|---|--|
| 1 | Mental health innovation grant program.
Amends § 245.4662. Modifies definitions of “community partnership” and “eligible applicant” to limit eligibility to counties or community partnerships involving counties. Updates terminology; removes requirement for a letter of support from the local mental health authority. |
| 2 | Mental health innovation account.
Amends § 246.18, subd. 4a. Removes the limit on the amount of revenue generated by collection efforts from Anoka-Metro Regional Treatment Center and community behavioral health hospitals that must be deposited into the mental health innovation account, so that all revenue generated from such collection efforts must be deposited into the mental health innovation account. |

Section	Description
3	<p>Anoka-Metro Regional Treatment Center.</p> <p>Amends § 246.54, subd. 1a. Specifies criteria under which a county is not responsible for 100 percent of the cost of care for a client who is civilly committed, at Anoka-Metro Regional Treatment Center, when the facility determines that it is clinically appropriate for the client to be discharged. Removes temporary cost of care provision that is replaced by new language.</p>
4	<p>Community behavioral health hospitals.</p> <p>Amends § 246.54, subd. 1b. Specifies criteria under which a county is not responsible for 100 percent of the cost of care for a client who is civilly committed, at a state-operated community behavioral health hospital when the facility determines that it is clinically appropriate for the client to be discharged. Removes temporary cost of care provision that is replaced by new language.</p>
5	<p>Engagement services pilot grants.</p> <p>Creates § 253B.042.</p> <p>Subd. 1. Creation. Establishes the engagement services pilot grant program to provide grants to counties or certified community behavioral health clinics to provide engagement services under the services for engagement in treatment program. Specifies that engagement services provide early interventions to prevent an individual from meeting the criteria for civil commitment and promote positive outcomes.</p> <p>Subd. 2. Allowable grant activities. Lists the activities for which grantees may use grant funding. Requires engagement services staff to have completed training on person-centered care. Allows engagement services staff to include mobile crisis providers, certified peer specialists, community-based treatment programs staff, and homeless outreach workers.</p> <p>Subd. 3. Outcome evaluation. Requires the commissioner of management and budget to evaluate grant outcomes using an experimental or quasi-experimental design. Requires grantees to collect and provide the information needed to the commissioner of human services. Requires the commissioner to provide the information collected to the commissioner of management and budget to conduct the evaluation.</p>
6	<p>Administrative requirements.</p> <p>Amends § 253B.10, subd. 1. Makes various changes to priority admissions to state-operated treatment programs, including:</p> <ul style="list-style-type: none">▪ Prioritizing committed persons being admitted from jail or a correctional institution to a medically appropriate direct care and treatment (DCT)

Section	Description
---------	-------------

program based on the decisions of physicians in the executive medical director's office, using a new priority admissions framework.

- Listing the factors for which the framework must account for priority admission.
- Requiring a panel appointed by the commissioner, consisting of task force members, to: (1) evaluate the 48-hour timeline for priority admissions and submit a written report to the legislature; (2) advise the commissioner on the effectiveness of the framework and priority admissions generally; and (3) review de-identified data quarterly for one year following the implementation of the framework to ensure that the framework is implemented and applied equitably.
- After the panel completes its year of review, requiring a quality committee established by the Department of Direct Care and Treatment executive board to continue to review data and provide a routine report to the executive board on the effectiveness of the framework and priority admissions.

Makes this section effective July 1, 2024.

7 Direction to commissioner of human services; limited exception for admission from hospital settings.

Allows the commissioner to immediately approve an exception to add up to ten civilly committed patients who are awaiting admission in hospital settings to the priority admissions waiting list for admission to medically appropriate DCT programs. Requires admissions of these patients to be managed according to the priority admissions framework. Makes this exception expire upon the commissioner's approval of the exception for ten patients.

Makes this section effective the day following final enactment.

8 County correctional facility mental health medication pilot program.

Requires the commissioner of human services to establish a pilot program that provides payments to counties, to support county correctional facilities in delivering injectable medications to prisoners for mental health treatment. Outlines application requirements, allowable uses of pilot program reimbursement payments, and how payments will be allocated. Requires the commissioner to provide a summary report to the legislature on the pilot program by December 15, 2025. Appropriates money for the pilot program.

Section	Description
9	<p>Appropriation; direct care and treatment county correctional facility support pilot program.</p> <p>Appropriates money to the Direct Care and Treatment executive board to establish a two-year county correctional facility support pilot program that provides assistance, support, and education related to providing medications for mental health treatment in correctional facilities. Also requires the executive board to survey county correctional facilities and contracted medical providers on their capacity to provide injectable psychotropic medications. Specifies that this is a onetime appropriation, available until June 30, 2026.</p>
10	<p>Direct care and treatment capacity and utilization.</p> <p>Paragraph (a) appropriates an unspecified amount in fiscal year 2025 from the general fund to the commissioner of human services to increase capacity and access to DCT for all levels of care. Requires the commissioner to: (1) prioritize expanding capacity within the Forensic Mental Health Program by ten to 20 percent and Anoka-Metro Regional Treatment Center and community behavioral health hospitals by 20 percent; and (2) examine the utilization of beds at the Forensic Mental Health Program to identify opportunities for the most effective utilization of secured programming and to develop and fund DCT transitional support resources.</p> <p>Paragraph (b) requires the Direct Care and Treatment executive board to submit an annual report to the legislature on increased capacity; specifies what the report must include; and requires the report to be made publicly available on the department’s website.</p> <p>Specifies that this is a onetime appropriation, available until June 30, 2029.</p>
11	<p>Engagement services pilot grants.</p> <p>Appropriates \$2,000,000 in fiscal year 2025 from the general fund to the commissioner of human services for engagement services pilot grants. Adds this funding to the base.</p>



Minnesota House Research Department provides nonpartisan legislative, legal, and information services to the Minnesota House of Representatives. This document can be made available in alternative formats.

www.house.mn.gov/hrd | 651-296-6753 | 155 State Office Building | St. Paul, MN 55155