

Subject Direct Care and Treatment priority admissions

Authors Nadeau and others

Analyst Sarah Sunderman

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Overview

Under Minnesota Statutes, chapter 246, counties are responsible for 100 percent of the cost of care for a person in Anoka-Metro Regional Treatment Center (AMRTC) or a community behavioral health hospital (CBHH) at the point when the facility determines that discharge is clinically appropriate. In 2023, the legislature enacted an exception to this cost of care requirement that does not require the county share when the person is awaiting discharge to another state-operated facility or a Department of Corrections facility. This bill removes the expiration dates on these exceptions for the AMRTC and CBHH county share.

Under Minnesota Statutes, section 253B.10, subd. 1, civilly committed patients being admitted from jails or correctional institutions or who are referred to a state-operated treatment facility for competency attainment or a competency examination must be admitted to a state-operated treatment program within 48 hours of the commitment order. In 2023, the legislature added a paragraph to allow for such patients to be admitted within 48 hours of when a medically appropriate bed becomes available; this exception expires June 30, 2025. This bill removes the expiring language and establishes new priority admissions timelines at 48 hours, then, once specified direct care and treatment (DCT) capacity measures are reached, at ten days.

The bill also requires the DCT executive board to establish a public dashboard with admissions data; modifies the content of notices sent to referral sources, courts, and county agencies; requires the DCT executive board to reimburse state and county agencies for costs incurred to confine a civilly committed person in a jail or correctional facility for more than 30 days; establishes a priority admissions review panel; and appropriates money for expanding DCT capacity.

Summary

Section	Description
1	<p>Anoka-Metro Regional Treatment Center.</p> <p>Amends § 246.54, subd. 1a. Removes paragraph (c) and removes expirations in paragraph (d) exempting counties from paying for 100 percent of the cost of care for each day after the facility determines that a client’s discharge is clinically appropriate, if the civilly committed client is awaiting transfer to another DCT or Department of Corrections facility.</p> <p>Makes this section effective the day following final enactment.</p>
2	<p>Community behavioral health hospitals.</p> <p>Amends § 246.54, subd. 1b. Removes paragraph (b) and removes expirations in paragraph (c) exempting counties from paying for 100 percent of the cost of care for each day after the facility determines that a client’s discharge is clinically appropriate, if the civilly committed client is awaiting transfer to another DCT or Department of Corrections facility.</p> <p>Makes this section effective the day following final enactment.</p>
3	<p>Public notice of admission metrics.</p> <p>Amends § 246C.07 by adding subd. 9. Requires the DCT executive board to establish a publicly accessible dashboard with data on referrals for DCT services, including waiting lists and average wait times. Requires monthly updates to the dashboard, and monthly publishing of information on admissions policies and procedures.</p>
4	<p>Administrative requirements.</p> <p>Amends § 253B.10, subd. 1. Removes 48 hour priority admissions requirement and inserts cross-reference to new section outlining admission timelines. Removes expiring priority admissions language.</p> <p>In paragraph (e), specifies that the notice to the referral source, county agency, and district court for person ordered to DCT must include the person’s relative priority status and factors impacting that status, projected admission date, and contact information for the DCT Central Preadmissions Office. Requires that if a person is not admitted within ten business days, an additional notice must be provided with updates to the required information. Specifies information disclosure limitations.</p>
5	<p>Admission timelines.</p> <p>Proposes coding for § 253B.1005. Establishes admission timelines for state-operated treatment programs.</p>

Section	Description
	<p>Subd. 1. Admission required within 48 hours. Reinstates the 48-hour priority admissions requirement for civilly committed patients being admitted from jail or a correctional institution or who are referred to a state-operated treatment facility for competency attainment or a competency examination, until subd. 2 is effective.</p> <p>Subd. 2. Admission required within ten days. Made effective upon the attainment of specified DCT facility capacity standards, requires priority admissions within ten calendar days.</p> <p>Makes this section effective July 1, 2025.</p>
6	<p>Cost of delayed admission.</p> <p>Proposes coding for § 253B.101. Requires the DCT executive board to reimburse any state agency, county, municipality, or other political subdivision for costs incurred beyond the first 30 days to confine a civilly committed person in a jail or correctional facility after a commitment order.</p> <p>Makes this section effective July 1, 2025, for civil commitments occurring on or after that date.</p>
7	<p>Priority admissions review panel.</p> <p>Establishes a priority admissions review panel, to consist of all members who served on the 2024 Priority Admissions Review Panel. Lists topics the review panel must evaluate and study. Requires the commissioner of management and budget to provide technical assistance for studying local fiscal impacts. Requires a legislative report by February 1, 2026.</p>
8	<p>Appropriation; expanded capacity at secure treatment facilities.</p> <p>Appropriates money from the general fund to the DCT executive board to expand forensic mental health program capacity at secure treatment facilities by 20 percent.</p>
9	<p>Appropriation; expanded capacity at Anoka-Metro Regional Treatment Center.</p> <p>Appropriates money from the general fund to the DCT executive board to expand adult mental health treatment capacity at Anoka-Metro Regional Treatment Center by 20 percent.</p>
10	<p>Appropriation; expanded capacity at adult community behavioral health hospitals.</p> <p>Appropriates money from the general fund to the DCT executive board to expand capacity at community behavioral health hospitals by 20 percent.</p>



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