

Task Force on Priority Admissions to State-Operated Treatment Programs
Member Recommendations

Member Name: Attorney General Keith Ellison

Question 1

From your perspective, what has been the impact of the priority admissions required under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), on the mental health system statewide, including on community hospitals?

- Patients in inappropriate treatment settings and/or being on a waiting list to get into an appropriate place impacts ability to stabilize and make progress towards living back in the community (where it is an appropriate option).
- Stress on families as they may feel they have no way to impact the system and advocate for their loved ones.
- Staff in hospitals and treatment centers not appropriately trained for the kinds of patients that may end up being boarded in the emergency department, hospital wards because no other setting is available.
- Staff at AMRTC not always trained to take care of the patient mix now at AMRTC (as opposed to what the patient mix has historically)
- People unable to progress through their care plans if they aren't in a place to receive appropriate care.
- Hospitals using space and money to care for people that can't be moved to more appropriate settings.
- DHS almost constantly being sued for non-compliance with the law.

Question 2

What are your policy and funding recommendations for improvements or alternatives to the current priority admissions requirement? Recommendations must ensure that state-operated treatment programs have medical discretion to admit individuals with the highest acuity and who may pose a risk to self and others, regardless of referral path.

- Work to keep people from getting in the system in the first place – how can access to more long-term housing and ensuring proper level of care help keep people from decompensating and requiring more institutional levels of care
- More County Program Aid (or some other dedicated funding source) to allow counties to set up and customize programs that can help keep people in more community -based setting
- Increased pay, sign on bonuses, training funds to help with workforce shortage
- More training for jail staff, court staff, law enforcement, and others to recognize places where hand offs to community-based programs are appropriate
- More mobile crisis intervention teams
- Expand the system of CBHHs, IRTS, community mental health centers and other step-down treatment opportunities
- More mental health programs in jails
- Access to medications in jail so don't decompensate while waiting for trial, placement, etc.
- Reform bail system
- Limited number of new beds added to the system
- More staff to ensure entire system is appropriately staffed
- More jail discharge planning
- Expand mental health treatment courts with specially trained staff, to work with this patient population and their legal needs

Question 3

What are your recommended options for providing treatment to individuals referred according to the priority admissions required under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), and other individuals in the community who require treatment at state-operated treatment programs?

- More step-down spaces that are less institutional than AMRTC but are not just releasing folks back into the same place they were before— encourage flow in the system
- More appropriately trained staff to help ensure that people who work in these places can work to the top of their license
- Increase ability to share information across all partners involved in the mental health care system