DEPARTMENT OF HUMAN SERVICES
DIRECT CARE AND TREATMENT

Submit Form

Task Force on Priority Admissions to State-Operated Treatment Programs

Member Recommendations

Member Name: Lisa Harrison-Hadler

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?

At the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD), we have seen numerous impacts on the mental health system since the implementation of the priority admissions rule. Most notably, over time, this rule has resulted in Anoka Metro Regional Treatment Center (AMRTC), the state operated psychiatric hospital, being generally inaccessible to individuals not subject to priority admission, but nonetheless in need of AMRTC's level of care, with no comparable settings existing to fill that void. This has had a ripple effect throughout the mental health service system, particularly in community hospitals who wind up boarding patients for weeks, months, or longer until an appropriate discharge plan can be identified and a bed available.

At OMHDD, the number of requests for assistance from community hospitals has risen steadily in recent years. While our staff admirably advocate on behalf of patients in community hospitals, the lack of AMRTC as a viable treatment resource for individuals in need of that level of care presents significant challenges. Without AMRTC nor any other comparable options, patients spend far too long boarding in these hospitals, while not getting the full complement of mental health treatment and services they require. Additionally, when patients are boarding in community hospitals, those beds are not available in a timely way for new patients with acute mental illness in need of inpatient care; OMHDD continues to hear reports of people in need of inpatient care being turned away from hospitals due to a lack of beds available. Unable to obtain timely access to needed care, some of them end up in jails and subject the priority admission requirements, yet still go far too long without access to much needed mental health care and services.

When people are unable to access medically necessary care promptly on a systemic basis, as we are currently seeing, it has impacts throughout the mental health system. Though the 48-hour rule is certainly not the only pressure on the mental health service system, its impact has been extensive and has resulted in a number of unintended consequences.

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.

If recommendations must ensure that state-operated treatment programs have medical discretion based on highest acuity and risk to self or others, regardless of referral path, it may be helpful to consider some sort of reasonable appeal process or other due process provision. Exactly how that might function is unclear at this particular juncture, but OMHDD seeks a fair and equitable due process mechanism that both addresses the challenges with the current 48-hour rule and avoids a return to the challenges that inspired its implementation.

Similarly, some transparency on the factors considered in determining those with the highest acuity may be beneficial as would more easily accessible data on the number of individuals on a wait list, average time spent on a wait list, and other metrics that may help better inform long-term planning for the capacity necessary to meet the needs of all individuals in a timely way, regardless of referral pathway.

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?

The challenges before us likely require multi-pronged solutions requiring investment from multiple agencies, entities, and stakeholders. These would include not just revisions to the 48-hour rule itself, but how do we build sufficient and timely access to needed mental health services within each referral path and in the community? This could include such things as improving access to mental health care for people while they are in jails, targeted expansion of Direct Care and Treatment settings designed to promote discharge to the community for individuals currently at AMRTC and FMHP who no longer meet medical necessity, and funding voluntary engagement services designed to get people the help they need to avoid incarceration or hospitalization. The implementation of competency attainment services and locked IRTS are also anticipated to be important elements and may require expansion.

OMHDD has also heard of individuals subject to priority admission, currently in jails, who might be served in the community with appropriate supports as an alternative to a state-operated treatment program. Changes to the Civil Commitment and Treatment Act in 2020 allowed a person to be dually committed to the Commissioner and a community-based treatment facility/program willing to accept the client. This dual commitment supports clients' rights to be served in the least restrictive environment by allowing a community-based treatment setting while preserving the ability to transition the person quickly to a state-operated treatment facility should circumstances warrant. The current language regarding priority admissions requires admission to a state-operated treatment facility. OMHDD envisions a more person-centered approach that contemplates the person's individualized needs for treatment and supports and where those needs could reasonably best be met; allowing dual commitment for those currently admitted according to the priority admissions requirement could be one element of furthering that goal.