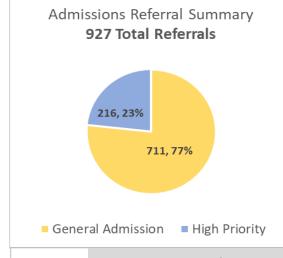
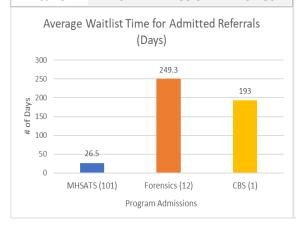
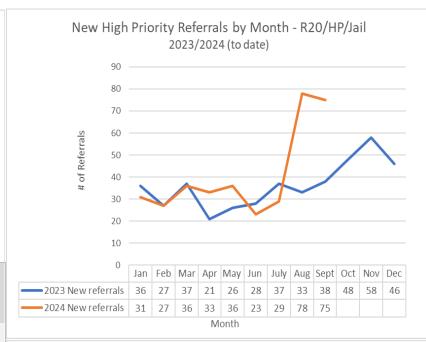
# **DCT Priority Admissions Framework – Quarterly Data**

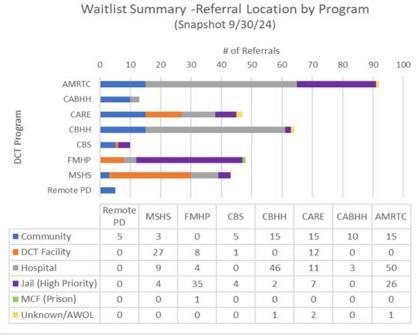


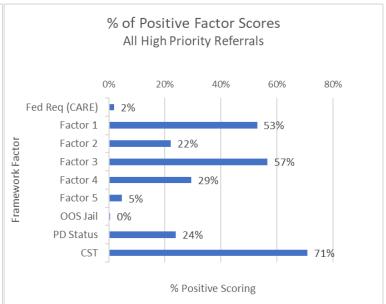
# Active Waitlist Not including referrals who are Not Releasable (NR) Count Avg Range (days) (days)

	Count	Avg (days)	Range (days)
MHSATS	31	22.5	4-87
Forensics	38	218.8	35-607
CBS	3	150.3	110-209
QTR Total	72	131.4	4-607
Median		61.5	
Active NR	9	88.6	10-186



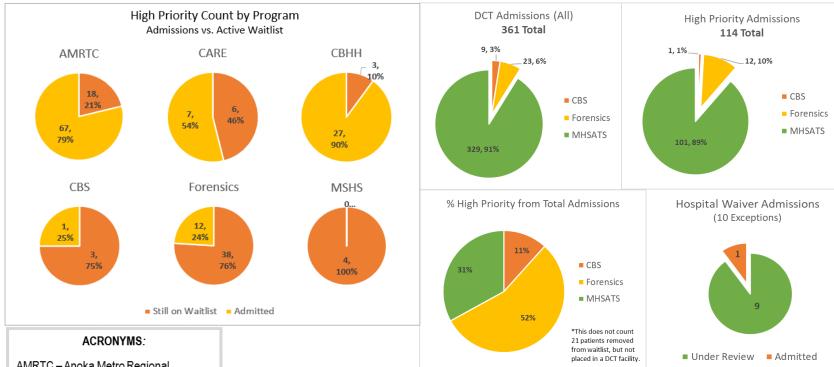






Factor Key	Weighted Factors	Weight	<u>Scale</u> 0 = Lower urgency/Not applicable 1 = Higher urgency/Applicable
Factor 1	Intensity of Treatment Needed Due to Clinical Acuity	10%	0 = None or Low/Stable 1 = High/Urgent
Factor 2	the proximal environment  Access to/or lack thereof to essential or		0 = None or Managed 1 = Unmanaged/Imminent risk of harm
Factor 3			0 = Available 1 = Not available
Factor 4	Other negative impacts to the referring facility, such as the number of beds unavailable because of caring for the referred individual.	30%	0 = None 1 = Present
Factor 5	NGMI Finding (for referrals w/out incompetency orders or evals)	10%	0 = No 1 = Yes
	Other Factors/Non Weighted		
	Federal Prioritization Requirement (CARE Only) - A (Pregnant and IV Using)		
A, B, C, - option	Federal Prioritization Requirement (CARE Of (IV Using, not Pregnant)	eral Prioritization Requirement (CARE Only) - B (IV Using, not Pregnant)	
	Federal Prioritization Requirement (CARE Only) - C (Pregnant, non-IV Using)		Yes/No
	Client has active PD Status /Order for Return to DCT		
	Referral from Out of State Jail		
Incompetency/Eval Order -Comptency to Stand Trial			

# DCT Priority Admissions Framework – Quarterly Data



AMRTC – Anoka Metro Regional Treatment Center

<u>CABHH</u> – Child & Adolescent Behavioral Health Hospital

<u>CARE</u> – Community Addiction Recovery Enterprise

<u>CBHH</u> – Community Behavioral Health Hospital

 $\underline{\mathsf{CBS}}-\mathsf{Community}\,\mathsf{Based}\,\mathsf{Services}$ 

FMHP – Forensic Mental Health Program

MHSATS - Mental Health & Substance
Abuse Treatment Services

 $\underline{\mathsf{MSHS}} - \mathsf{MN} \; \mathsf{Specialty} \, \mathsf{Health} \, \mathsf{System}$ 

HP - High Priority (admission)

NR - Not releasable (from jail)

PD - Provisional Discharge

 $\underline{\mathsf{CST}}$  -Competency to Stand Trial

## **Admissions Case Study Examples:**

## **SHORTEST WAIT**

1 day - MI&D in community needing revocation of PD and returned to FMHP

#### LONGEST WAIT

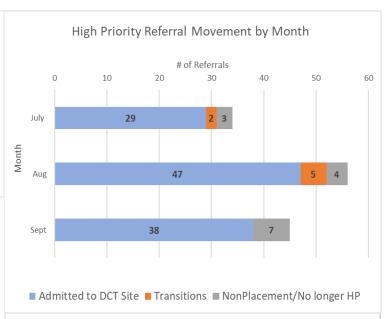
792 days - Part of wait time includes time receiving care at AMRTC before returning to jail; sent to FMHP 842 days - Part of wait time includes time receiving care at AMRTC before returning to jail; sent to FMHP

## **Active Waitlist Case Study Examples:**

#### LONGEST WAIT

607 days - Received care and treatment at AMRTC prior to returning to jail

556 days - Complex diversion - awaiting community placement



#### **Key Points:**

- 23% of all referrals managed thru Central Pre-Admissions were high priority.
- 32% of all DCT Admissions were high priority.
- At the end of the quarter, there were 72 high priority releasable referrals on the active waitlist.
- Referrals doubled or more than doubled over the previous year in August and September due to expanded eligibility for priority admission.

Note: under 253B.10 subd. 1(b)(1) DCT calculates waitlist times based on the time a person has a commitment order that was received by Central Pre-Admissions for a referral to a DCT program. In some cases, this may include times when the person was on a waitlist but not in jail, such as the time a person with an MID commitment spent at AMRTC before being returned to jail; or the time a committed person spent in the community prior to going to jail.