DEPARTMENT OF HUMAN SERVICES
DIRECT CARE AND TREATMENT

Priority Admission Task Force Member Recommendations

Part One: The Impacts of Priority Admissions

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?

Impacts on Patients/People

Delayed Care/Lack of Access

A. Patients who do not need short-term inpatient care end up waiting in inpatient psychiatric units for months.
B. People from the community are unable to get into state-operated facilities, which has created a flow issue within the system, with people waiting in the ER and then waiting to be discharged to that level of care.
C. Lack of patient movement has led to a backlog of patients in emergency rooms, inpatient psychiatry and general medical units, and correctional facilities.
D. 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 are in need of AMRTC's level of care, with no comparable settings existing to fill that void.
E. When patients cannot discharge from the hospital, the emergency department and inpatient units back up with “boarders” who are waiting for an inpatient bed. This resulting in hospitals turning away trauma and other patients in EDs, patients remaining in the EDs and inpatient (units) far longer than appropriate, and patients decompensating mentally and physically in the wrong level of care.
F. People get stuck in state facilities when they should be discharged. Greatly limits the number of people who can be served.
G. Patients spend far too long boarding in community hospitals, while not getting the full complement of mental health treatment and services they require.
H. Some patients end up in jails and are subject the priority admission requirements, yet still go far too long without access to much-needed mental health care and services.
I. Committed clients are remaining in jail for long periods of time before transfer to a treatment facility.
J. Capacity issues at state facilities have not allowed a true 48-hour transfer to a state facility as the language intended. Oftentimes, people wait weeks or months to be transferred from jail to a state hospital bed.

K. 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).
L. People are unable to progress through their care plans if they aren't in a place to receive appropriate care.
M. Caring for patients who do not need our (level of) care means we cannot care for those who do.

Poor Outcomes

A. Patients who need mental health hospitalization are stuck in jails not receiving the care they need, likely contributing to further trauma.
B. Many individuals are negatively affected by prolonged transfer times in both hospitals and correctional settings.
C. Stress on families as they may feel they have no way to impact the system and advocate for their loved ones.
D. Lack of movement in state-operated services has led to inpatient social workers needing to rely heavily on the group home system, creating a perpetual system of group home to hospital to group home.

Reduced Capacity

A. Lacking capacity leads to dire consequences for hospital patients, their families, and our communities.
B. Patients in hospitals who should have a state-operated services level of care often require a higher staffing ratio, thus reducing staffing availability, and their needs may result in closure of other beds to keep other patients safe, reducing the availability of beds.
C. Requires admissions to be prioritized based on location, not clinical need.
D. Removes clinical discretion and decision-making to give care to those who need it the most.
E. Individuals living with mental health disorders who meet criteria for commitment are denied critical mental health treatment based solely on location, not critical needs.

Impacts on Community Hospitals

Lack of Access

A. The 48-hour rule has led to a total lack of access (to state-operated treatment programs) for patients in community hospitals who need longer-term care.
B. The 48-hour rule restricts the state from making clinical decisions about who is most appropriate for a higher level of services, while counties and hospitals are holding individuals that will continue to decompensate further.
C. Individuals who require acute care are placed in hospitals or community-based programs that lack the necessary resources. The limited services available to these individuals prior to being housed in an ED or community-based program exacerbate the issue of patient backlogs and wait times.
D. Creates bottlenecks in community hospitals because they must keep people who would more appropriately be served in state programs.

E. Creates a lengthy wait list predicated on administrative order, thereby bumping patients referred by community hospitals. Community patients will, in effect, never be admitted to AMRTC or the Forensic Mental Health because the priority admissions waitlist will always grow ahead of them.
F. Community hospitals end up boarding patients for weeks, months, or longer until an appropriate discharge plan can be identified and a bed becomes available.
G. When patients are boarding in community hospitals, those beds are not available in a timely manner for new patients with acute mental illness in need of inpatient care.
H. Emergency departments (EDs), which served as medical clearance and triage locations for access to state hospital beds, have become inundated with individuals needing care.
I. Patients with security concerns of acute/commitment needs are often boarded in EDs for weeks or months while waiting for access to a more appropriate hospital bed in the state system.
J. Staff in hospitals and treatment centers are not appropriately trained for the kinds of patients that may end up being boarded in the emergency department and hospital wards because no other setting is available.
K. Hospitals are using space and money to care for people that can't be moved to more appropriate settings.

Increased Violence

A. Hospital staff are being assaulted regularly by patients who should be served in a state-operated hospital. This has led to staff leaving community hospitals and/or the health care field. The mental and emotional impact of assault/abuse is profound, leading to a massive workforce shortage alongside a new mental health crisis for health care professionals.
B. Community providers are at maximum capacity while also dealing with patient assaults/abuse.
C. Hospitals and community-based programs are forced to accommodate patients in crisis who could be violent, despite being ill-equipped to handle their needs, limiting resources for other patients in need of hospitalization or community-based programs.
D. The long boarding in EDs of acute or dangerous mentally ill individuals is not set up for treatment and often leads to actions by individuals awaiting care that result in additional interactions with law enforcement, criminal charges, or placement in jail.

Impacts on Jails and Staff

A. Removes any incentives jails have to provide treatment. People go untreated while they wait for a bed. That bed may not be needed if people get treatment where they are.
B. Jail has become the front door access to state mental health services and has perpetuated the misconception that an individual is at less mental health and medical risk because they are in a jail setting while waiting for placement in a state facility.

Impacts on State Programs and Staff

A. AMRTC can serve fewer people overall because patients from jail often are more acutely ill and are often aggressive.
B. Staff burnout, low morale because admissions cannot be balanced between higher and lower acuity needs.

C. Litigation against DHS is based on an unmeetable demand.
D. Staff at AMRTC are not always trained to take care of the patient mix now at AMRTC (as opposed to what the patient mix has historically).
E. DHS almost constantly being sued for non-compliance with the law.