

## Task Force on Priority Admissions to State-Operated Treatment Programs

### Task Force Duties:

- (1) evaluate the impact of the priority admissions required under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), on the ability of the state to serve all individuals in need of care in state-operated treatment programs by analyzing:
  - (i) the number of individuals admitted to state-operated treatment programs from jails or correctional institutions according to the requirements of Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), since July 1, 2013;
  - (ii) the number of individuals currently on waiting lists for admission to state-operated treatment programs;
  - (iii) the average length of time an individual admitted from a jail or correctional institution waits for a medically appropriate bed in a state-operated treatment program, compared to an individual admitted from another location, such as a community hospital or the individual's home; and
  - (iv) county-by-county trends over time for priority admissions under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b);
- (2) analyze 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;
- (3) develop 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; and
- (4) identify and recommend 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.