Ten (Actually 8) Best Ideas for Priority Admissions Taskforce:

- **Add capacity at DHS in a variety of service types.**

- **Modify the 48-hour rule to allow the hospitals who now have patients stuck in them to also access DCT services.**

- **Allow all hospital patients who are civilly committed to DCT onto the list for admission to AMRTC, and/or allow a patient from a community hospital to be admitted for every 3-4 patients from jails.**

- **Complete the Behavioral Health Provider Rate Study and consider legislative proposals for funding to add capacity to a variety of community provider types across Minnesota.**

- **Invest in EIDBI services and others that work with parents to know how to support their high-needs children without hospitalization.**

- **In the meantime, add funding to the Acute Transitions Team in DHS to build a tracking sheet of patients needing to be transitioned out of hospitals and into other community settings and to offer counties and providers needed investments in buildings and staff to allow them to admit these patients.**

- **Ask the Acute Transitions Team in DHS to also identify systemic issues they find in their work and to develop proposals to address them – such as, county reluctance to offer rate exceptions for high-needs patients; lack of funding for bariatric equipment; unclear guardianship responsibilities; lack of eligibility determination for MA.**

- **Additional investments in our hospital infrastructure should be considered to allow hospitals to staff and handle patients who end up "boarding" in hospitals.**