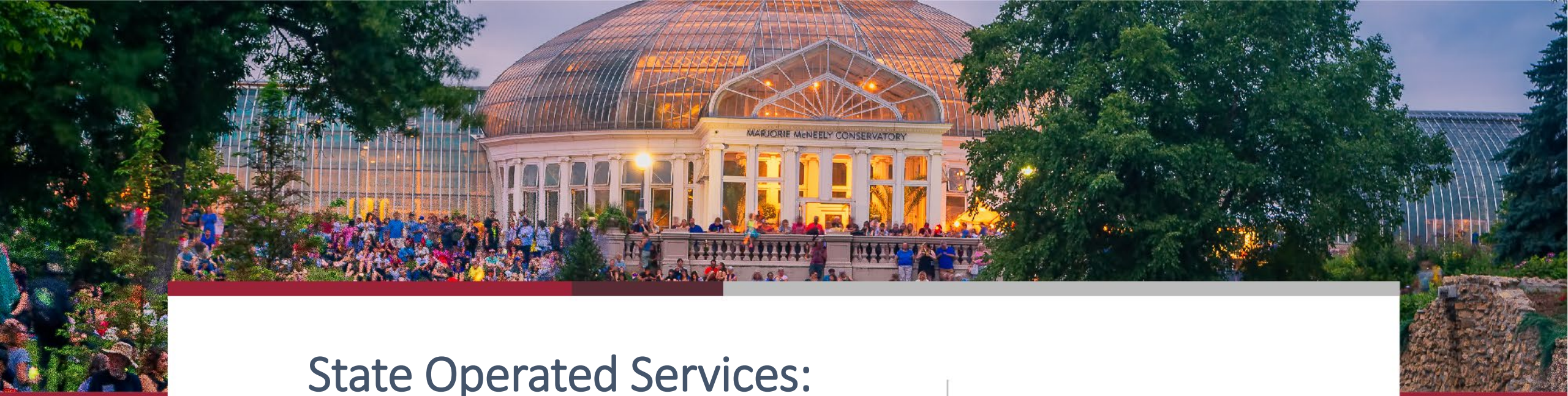


State Operated Services:
Direct Care and Treatment

Costs, Trends and State Constraints

PM Workshop

RAMSEY COUNTY

Presenters

Nadir Abdi, Deputy County Manager of Health and Wellness

Sophia Thompson, Director of Social Services

Charles Goff, Adult Support Manager, Social Services

Anne Zimmerman, Assistant County Attorney

Angela Youngerberg, Association of Minnesota Counties, Consultant

Agenda: PM Board Workshop

1. Trends in Direct Care and Treatment
2. Civil Commitment Process
    - Anne Zimmerman, Assistant County Attorney
3. Direct Care and Treatment (DCT) Costs
4. Strategies to Address Complex Discharges
5. Priority Admissions Task Force
    - Angie Youngerberg, Association of Minnesota Counties, Consultant
6. Where We Go From Here

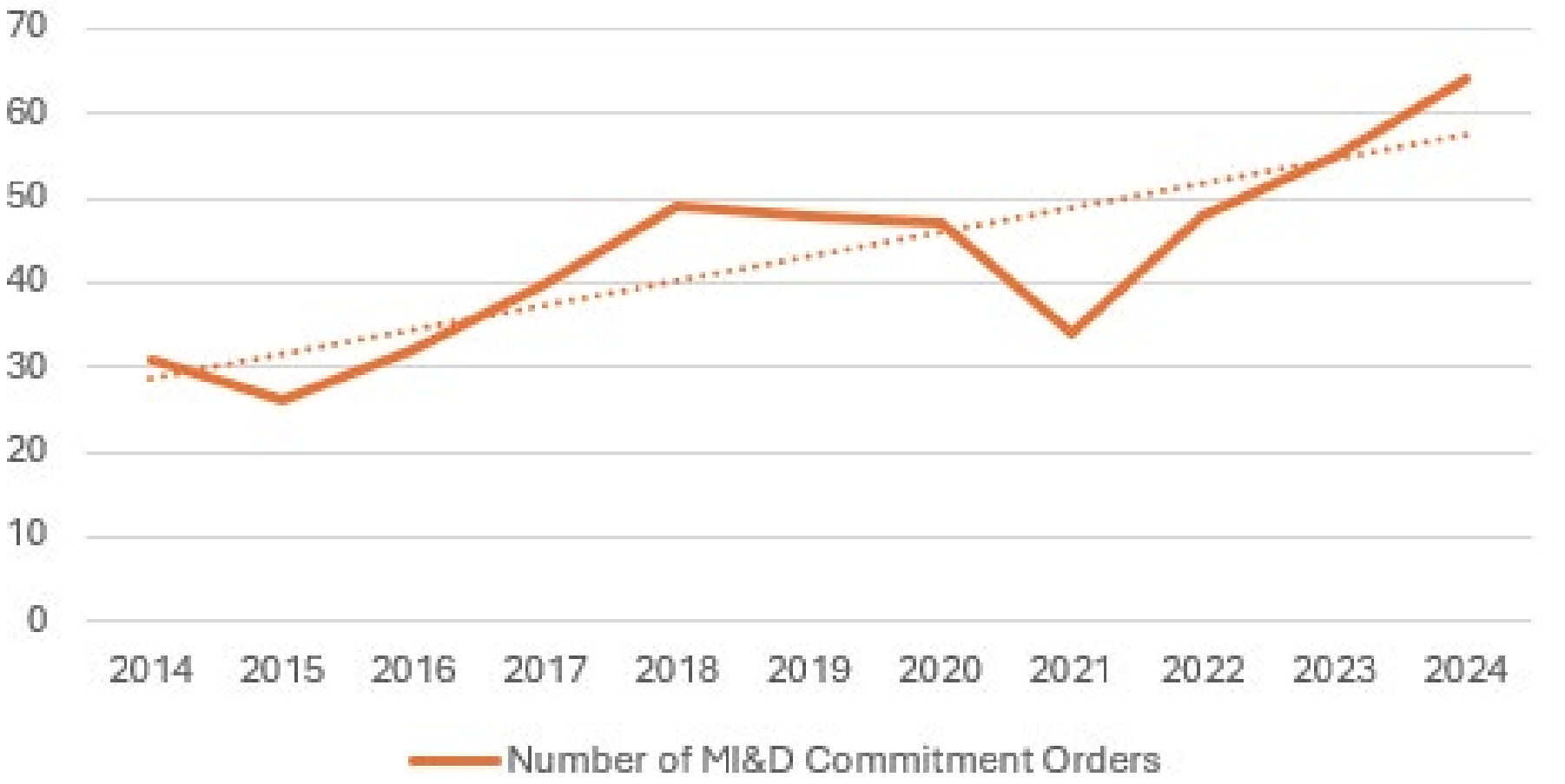
Section #1

Trends in Direct Care and Treatment

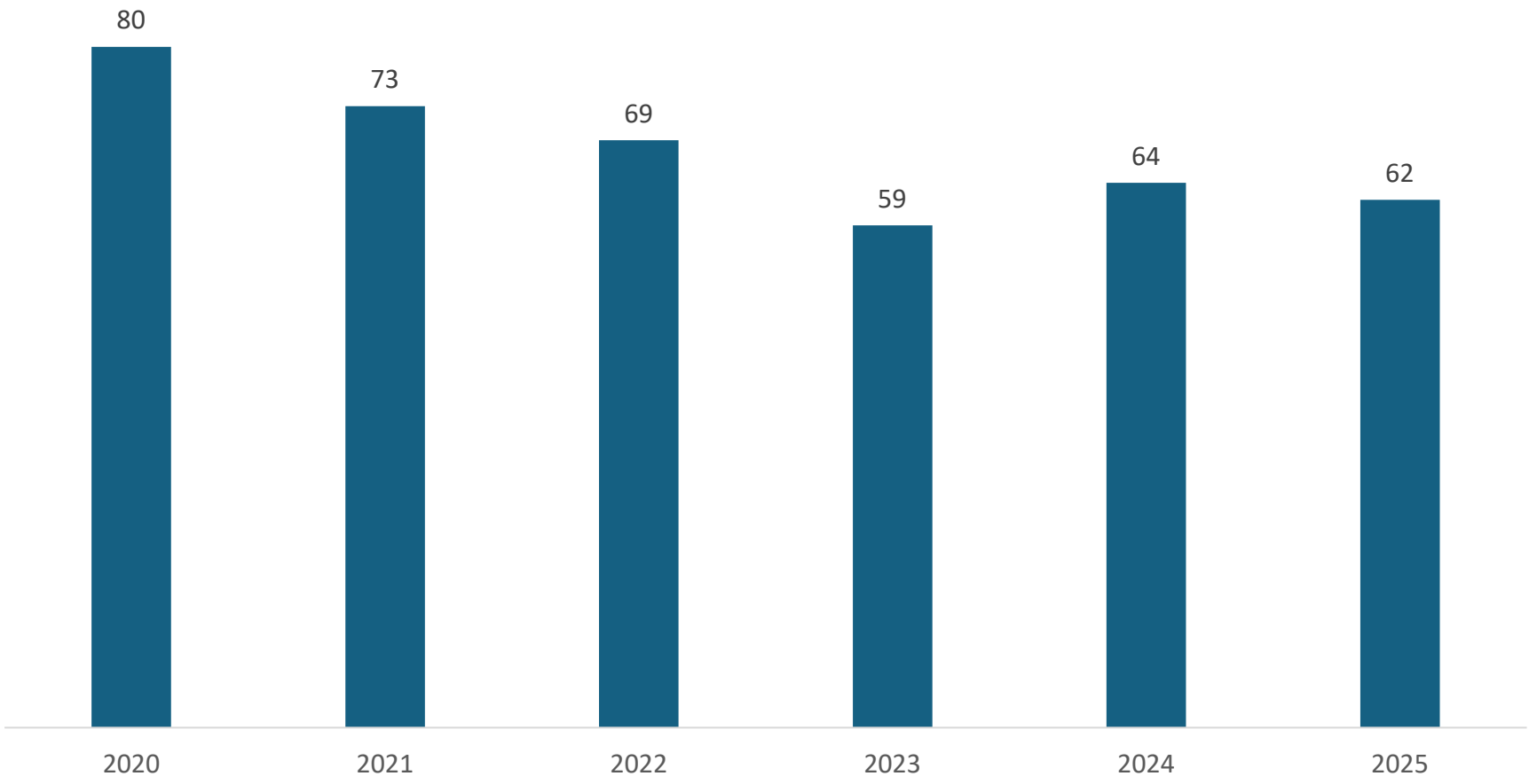
Types of Civil Commitment

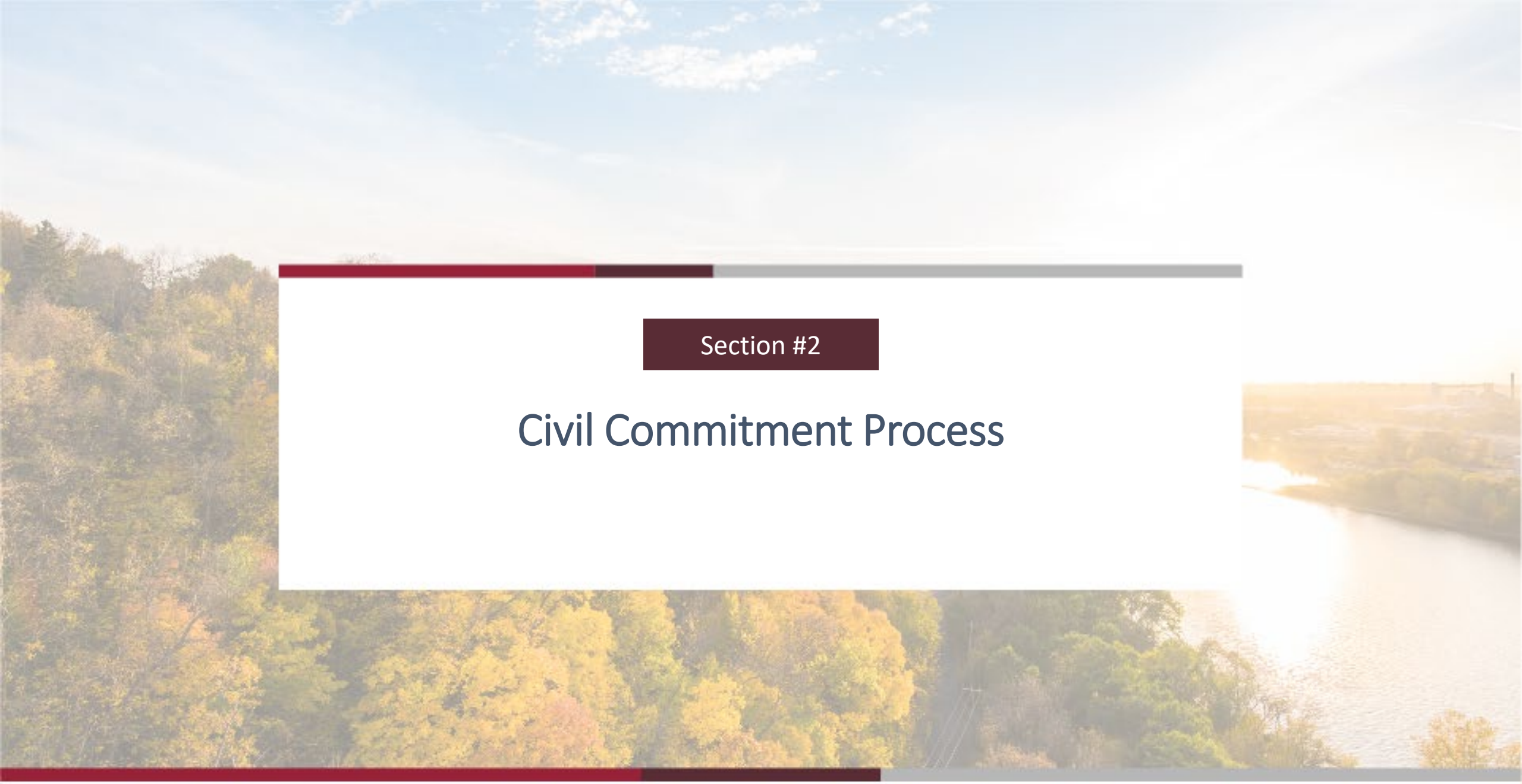
- Mentally Ill (MI)
- Chemically Dependent (CD)
- Mentally Ill and Chemically Dependent (MICD)
- Developmentally Delayed (DD)
- Mentally Ill and Dangerous (MI&D) – Forensic cases

MI&D Commitments have Trended Up the Last 10 Years



Forensic Mental Health Program Serves MI&D Clients

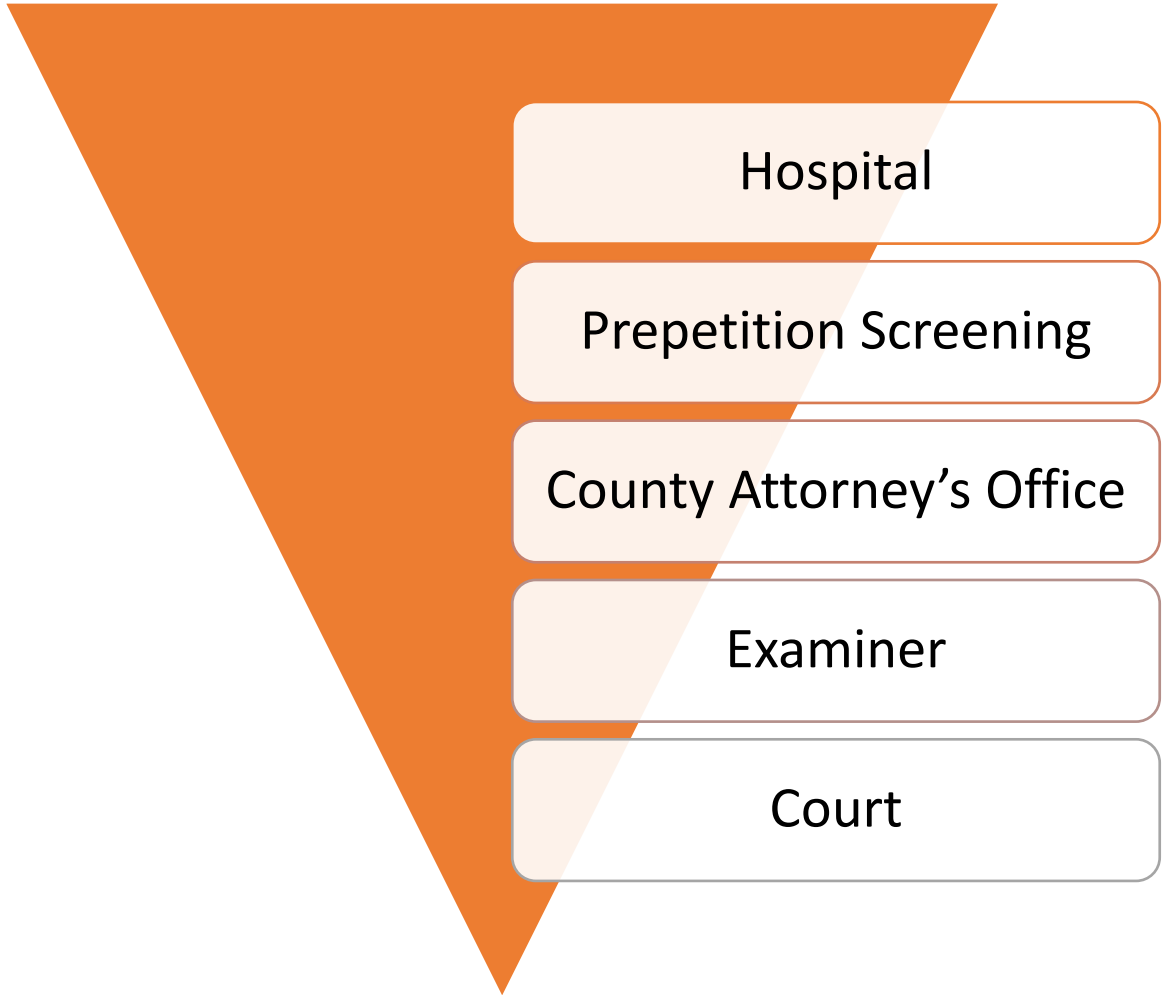


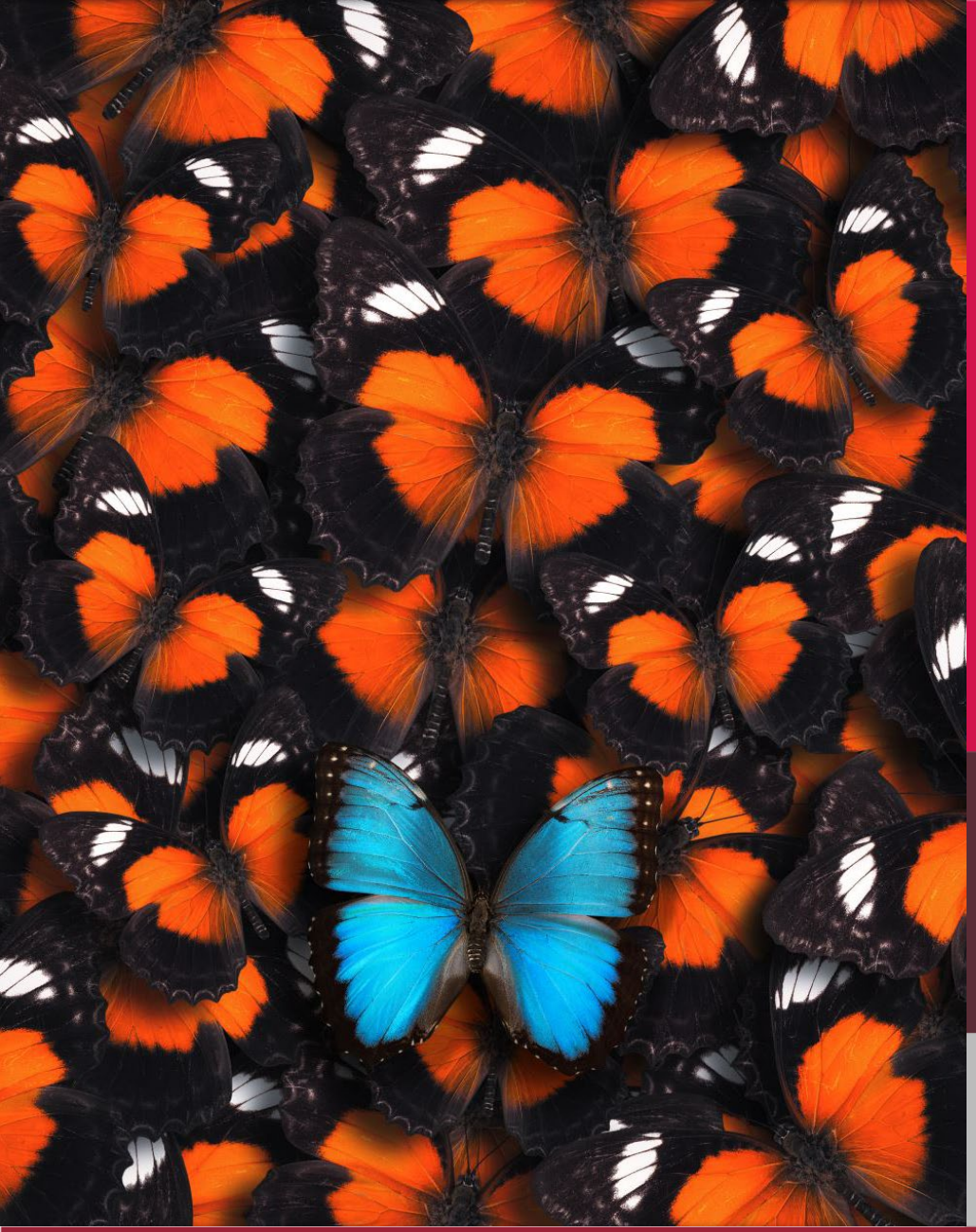


Section #2

Civil Commitment Process

Only those who most need it qualify for Commitment





Even a smaller group meet MI&D Criteria

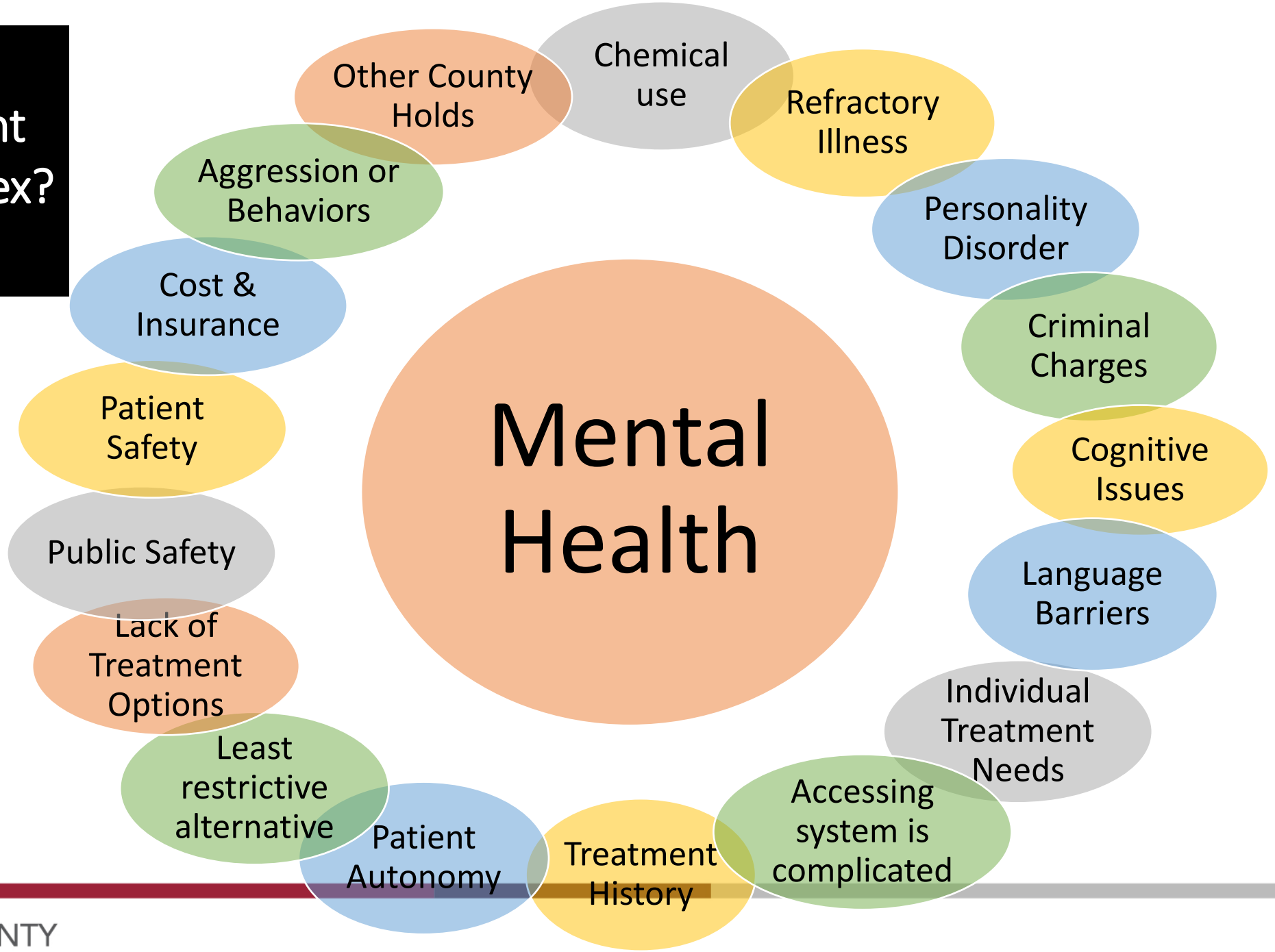
Mentally Ill

Clear Danger to Others

- Overt Act causing or attempting to cause serious physical harm or death.
- Substantially likely to cause serious physical harm in the future.

Usually, all other options exhausted

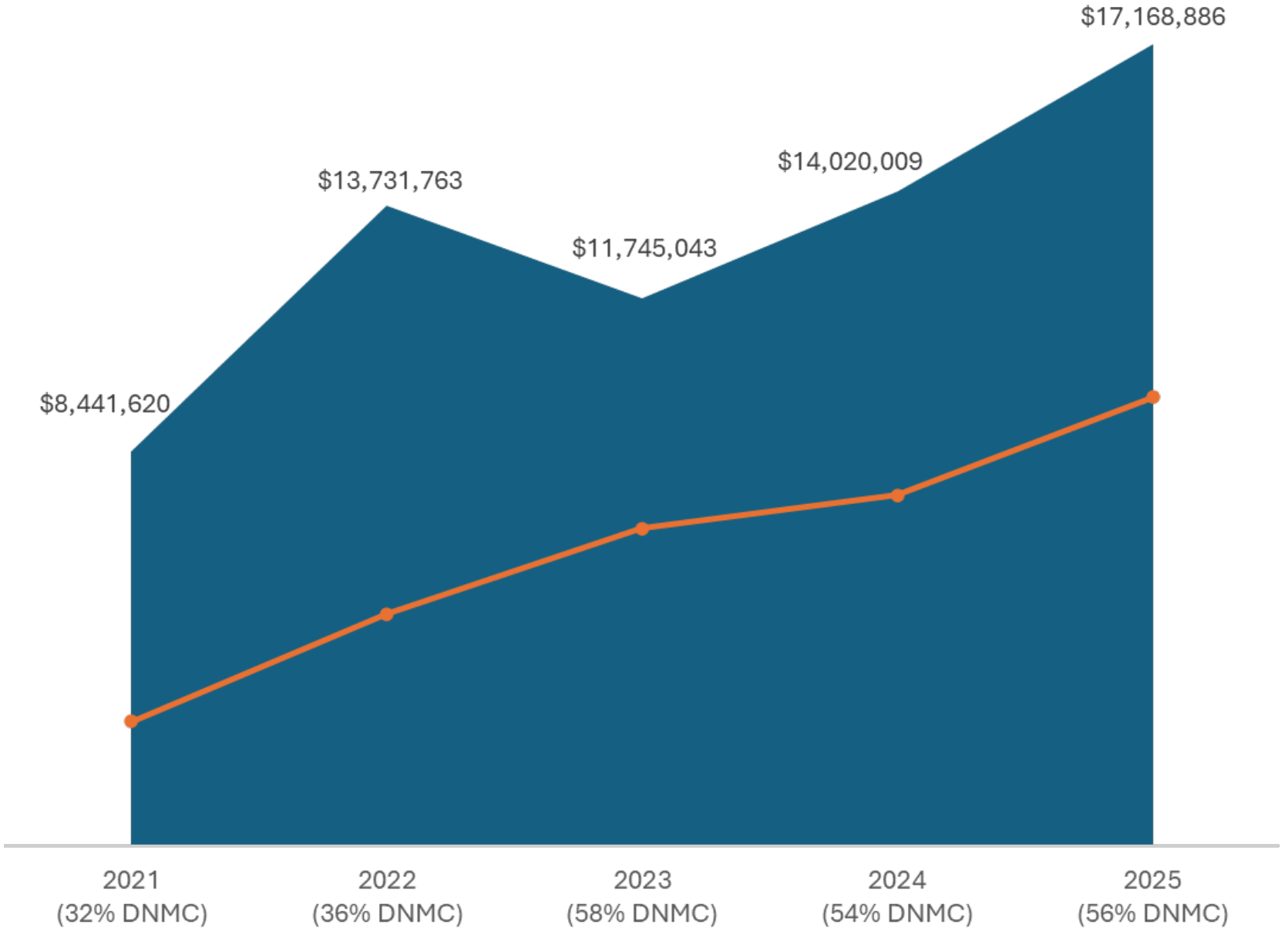
Why are Commitment Cases Complex?



Section #3

Direct Care and Treatment Costs

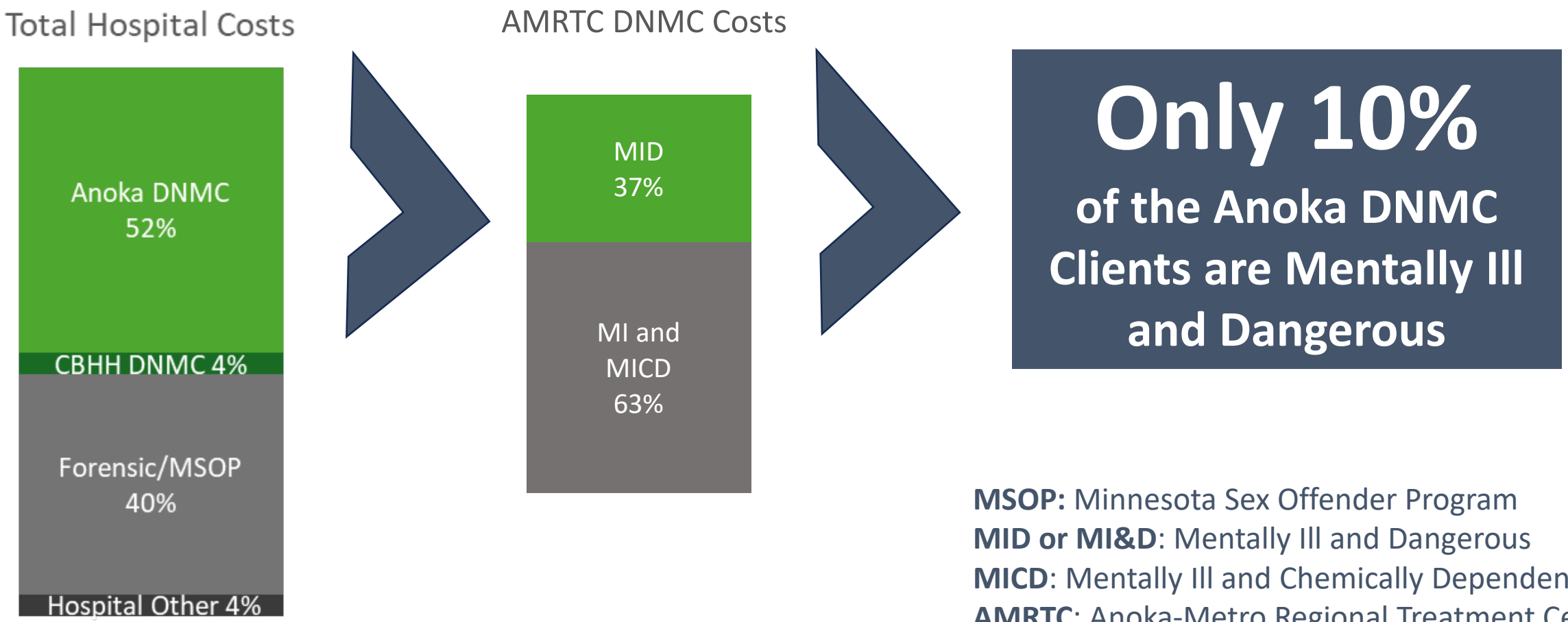
Costs Have Increased 103% Since 2021



DNMC: Does Not Meet Criteria

Mentally Ill and Dangerous

A Small Group with a Big Impact on Budget

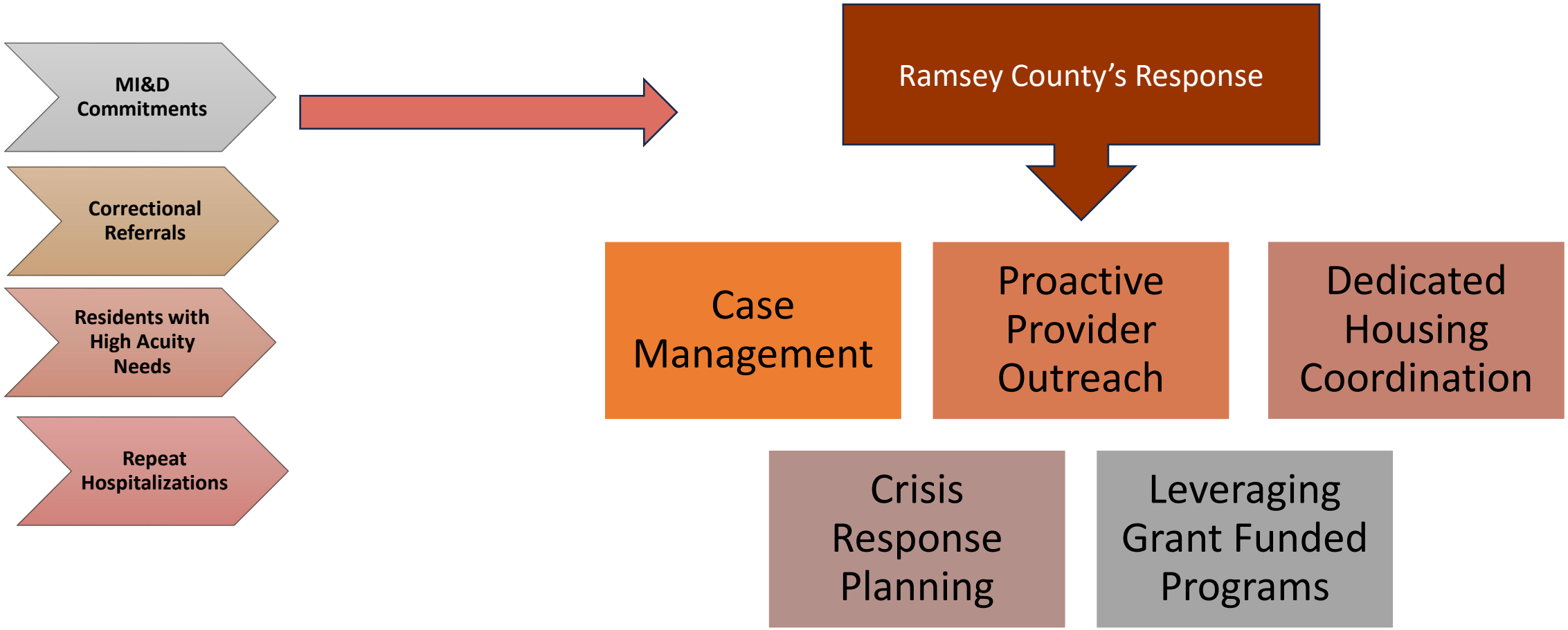


MSOP: Minnesota Sex Offender Program
MID or MI&D: Mentally Ill and Dangerous
MICD: Mentally Ill and Chemically Dependent
AMRTC: Anoka-Metro Regional Treatment Center

Section #4

Strategies to Address Complex Discharges

Responding to Increasing Complexity in Discharge Planning



Section #5

Priority Admissions Task Force

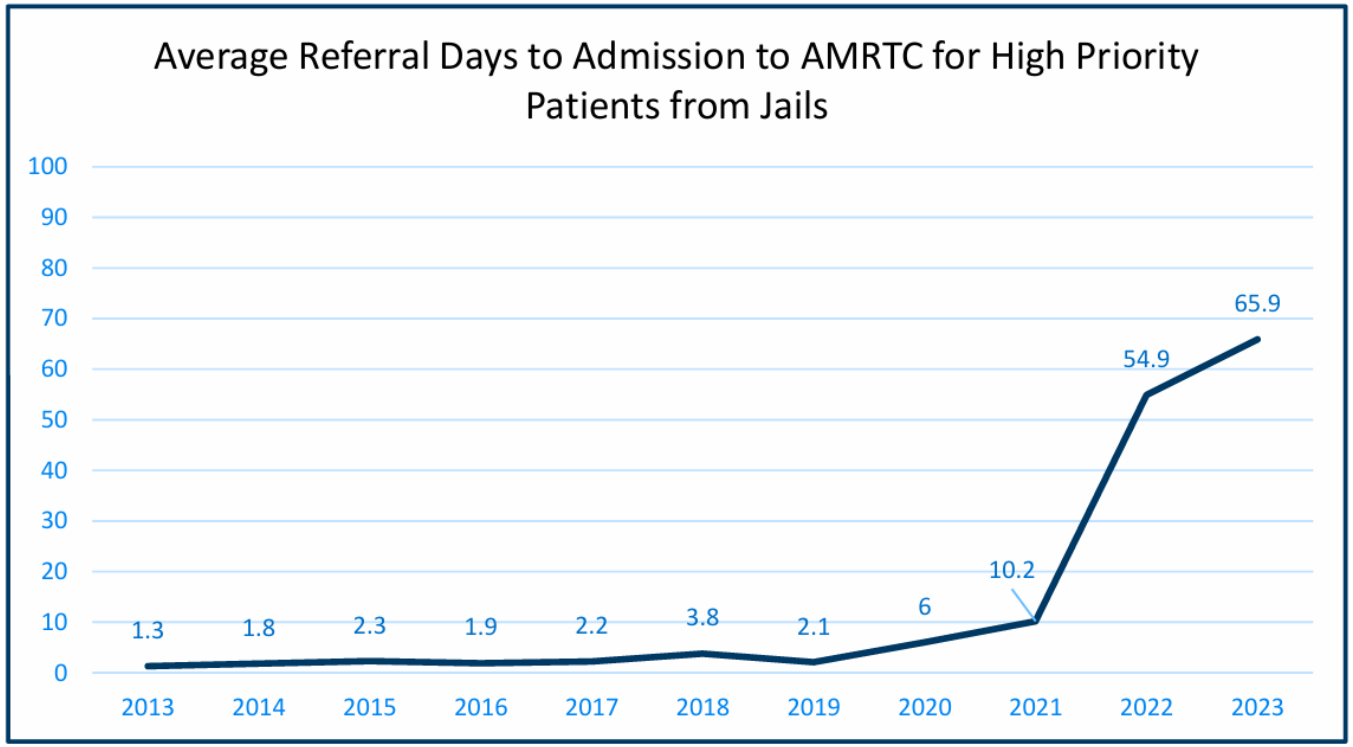
• Priority Admissions Task Force and Review Panel

In the 2000's and early 2010's, **multiple** reports, task forces and committees highlighted the growing concern for a lack of resources to address mental health needs of Minnesotans.

In 2013, the Legislature passed a law that required prompt placement of certain jail inmates into Department of Human Services (DHS) facilities. (MS 253B.10, Subd. 1b)

To be prioritized under the "48-hour rule" a person must:

1. Be civilly committed, **and**
2. Be found incompetent to stand trial under Rule 20, **and**
3. Be in a county jail



In the early 2020's DHS became the subject of several individual and class-action lawsuits seeking to force the Commissioner of Human Services to admit people waiting in jails, based on the "48-hour rule" or Priority Admissions Statute. DHS was not admitting people as they did not have capacity in medically appropriate beds for these individuals. Thus, the Legislature created the Priority Admissions Task Force to recommend changes.

• Priority Admissions Task Force and Review Panel

Priority Admissions Task Force
2023-2024

- **Charge**: Evaluate impact of priority admissions statute and provide recommendations for systemic improvements
- **Result:** Eight recommendations, including increasing DCT hospital capacity, creating a new admission framework for DCT facilities, and funding injectable psychiatric medications and consultation for jails

Priority Admissions Review Panel
2024-2025

- **Charge:** Evaluate the 48-hour rule, develop policy proposal to reduce litigation, maximize capacity, and improve access to treatment
- **Result:** Six recommendations, including increasing DCT hospital capacity, extend the 48-hour rule sunset for 2 years, and increase data sharing and transparency

Priority Admissions Review Panel
2025-2026

- **Charge**: Evaluate the 48-hour rule, develop policy proposal to reduce litigation, maximize capacity, and improve access to treatment
- **Result**: Report not yet issued

County members include the Association of Minnesota Counties (AMC), Minnesota Sheriff's Association (MSA), Minnesota County Attorneys Association (MCAA), and the Minnesota Association of County Social Services Administrators (MACSSA)

• Priority Admissions Dashboard – DCT Programs

FS: Forensic Services (hospital for MI&D)

CBS: Community Based Services

MSHS: Minnesota Specialty Health System

AMRTC: Anoka-Metro Regional Treatment Center (hospital for acute MI)

CBHH: Community Behavioral Health Hospitals

CARE: Community Addiction Recovery Enterprise

CABHH: Child and Adolescent Behavioral Health Hospital

Graph 1: Priority Referrals and Priority Admissions (Quarterly)

Program	Referrals	Admissions
FS	36	8
CBS	1	0
MSHS	5	4
AMRTC	87	68
CBHH	35	33
CARE	13	11
CABHH	0	1
Transitions	2	N/A
Other	55	N/A
Quarter Total	234	125

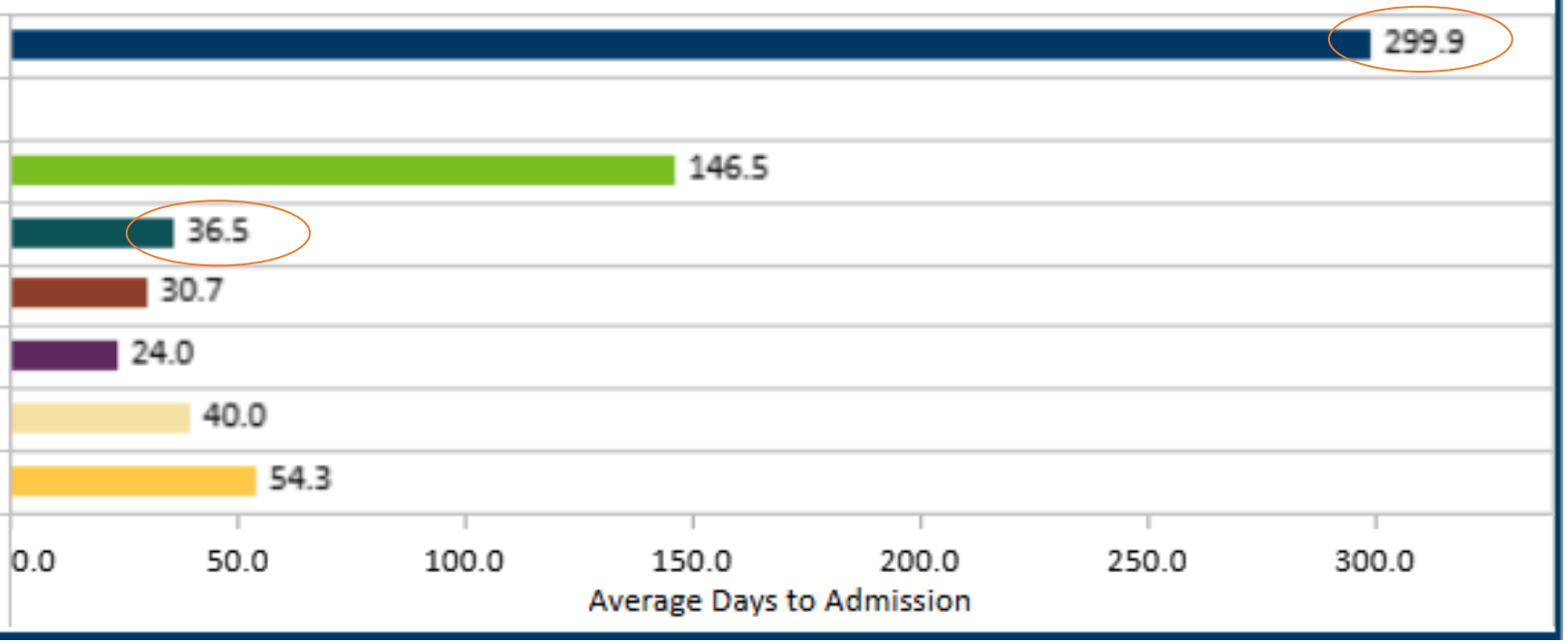
This graph shows the total number of priority admissions for the quarter and the total number of priority referrals by program, for FY 2026 Q3 or 1/1/26 – 3/31/26

https://mn.gov/dct/newsroom/reports/priority-admissions-dashboard-report-data.jsp

• Priority Admissions Dashboard – DCT Programs

Graph 2: Wait-Times for Priority Admissions (Quarterly)

Program	Quarter	Range of Days (Shortest-Longest)
FS	FY 2026 Q3	8-517
CBS	FY 2026 Q3	0
MSHS	FY 2026 Q3	90-173
AMRTC	FY 2026 Q3	1-97
CBHH	FY 2026 Q3	14-216
CARE	FY 2026 Q3	16-43
CABHH	FY 2026 Q3	0-40
Quarter Total	FY 2026 Q3	1-517



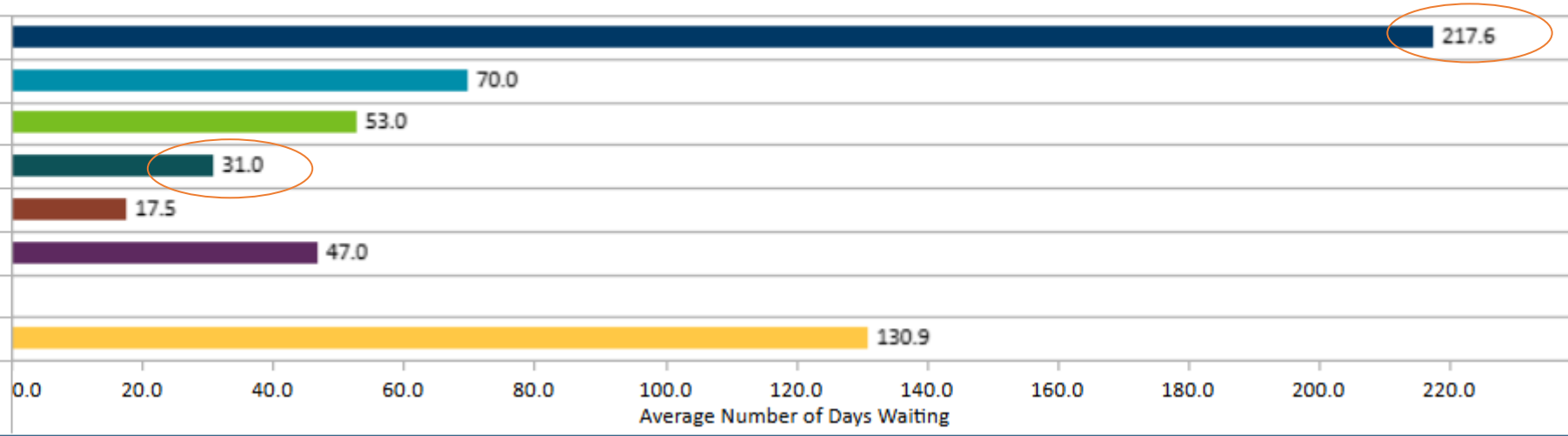
This graph shows the wait-time ranges and average wait-times for all priority admissions during FY 2026 Q3 or 1/1/26-3/31/26

https://mn.gov/dct/newsroom/reports/priority-admissions-dashboard-report-data.jsp

• Priority Admissions Dashboard – DCT Programs

Graph 3: Priority Waitlist Totals and Average Wait-Times (03/31/2026)

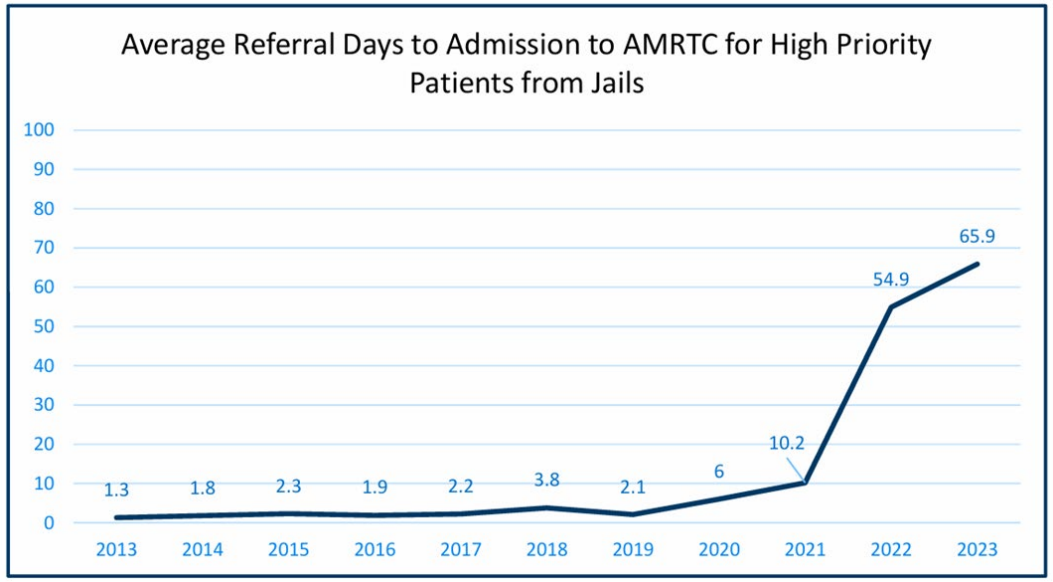
Program	Quarter	Number on Waitlist
FS	FY 2026 Q3	28
CBS	FY 2026 Q3	1
MSHS	FY 2026 Q3	1
AMRTC	FY 2026 Q3	19
CBHH	FY 2026 Q3	2
CARE	FY 2026 Q3	2
CABHH	FY 2026 Q3	0
Quarter Total	FY 2026 Q3	53



This graph shows the total number of people on the DCT waitlists as of 3/31/26. It also shows the average number of days all people on a specific program waiting list have been waiting as of that date.

https://mn.gov/dct/newsroom/reports/priority-admissions-dashboard-report-data.jsp

• Priority Admissions Data Comparison



THEN…

The 2023 average wait time to be admitted to AMRTC from jails was 65.9 days. Data was not available to counties on the wait time for admission to Forensic Services, as the wait for these services was not seen as significant at the time.

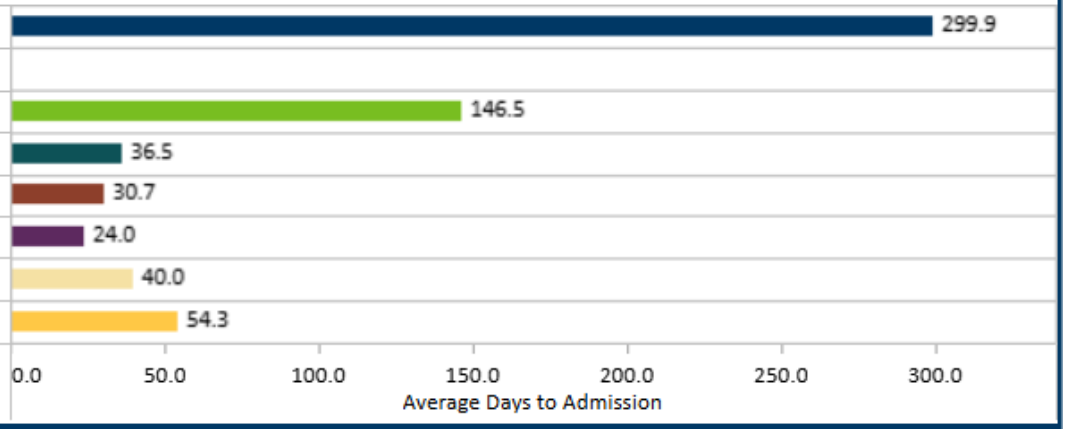
NOW…

The average wait time to be admitted to AMRTC from jails is 36.5 days, and **299.9 days into Forensic Services**

And, over the last three quarters **Forensic Services has admitted only 25.8% of referrals** made.

Graph 2: Wait-Times for Priority Admissions (Quarterly)

Program	Quarter	Range of Days (Shortest-Longest)
FS	FY 2026 Q3	8-517
CBS	FY 2026 Q3	0
MSHS	FY 2026 Q3	90-173
AMRTC	FY 2026 Q3	1-97
CBHH	FY 2026 Q3	14-216
CARE	FY 2026 Q3	16-43
CABHH	FY 2026 Q3	0-40
Quarter Total	FY 2026 Q3	1-517



• Priority Admissions – Where Does This Leave Us?

Improvements with AMRTC admission, but dire outlook for timely Forensic Services admissions

Admissions to DCT facilities are prioritized by need, not waitlist number

50-bed expansion at AMRTC, to open 2028

Jail Medication Pilot and Jail Consultation Services

Stalemate on changes to the 48-hour rule

Increasing county costs for DCT facilities, with little reprieve

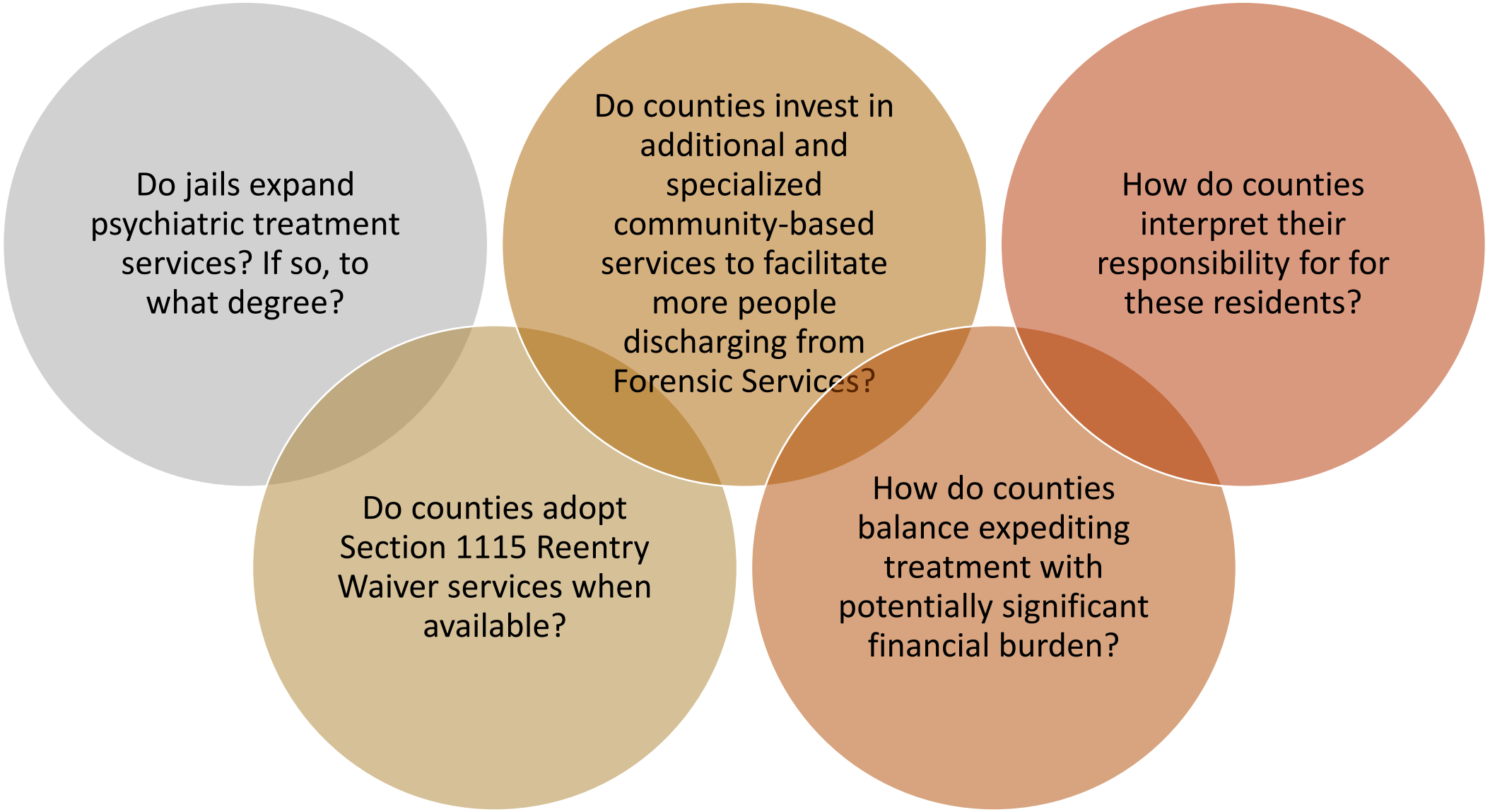
Continued collaboration between county associations

Greater reliance on community hospitals for psychiatric care

Need for expanding community-based resources, especially high acuity services

Courts beginning to release individuals from jail while awaiting hospitalization

• Priority Admissions – Difficult Decisions for Counties



Section #6

Where We Go From Here

Opportunities for System Improvement

Expand Step-Down Capacity

Increase transitional care units, rehabilitation centers, and skilled nursing facilities for timely patient transfers.

Implement Workforce Stabilization Strategies

Enhance recruitment, retention, and support for hospital staff for continuity of care and efficiency.

Foster Stronger Housing Partnerships

Collaborate with housing providers to increase access to affordable and supportive housing for long-term recovery.

Increase Residential Placements

Secure additional community-based residential beds to prevent prolonged hospital stays.

Expedite Medical Assistance (MA) Activation

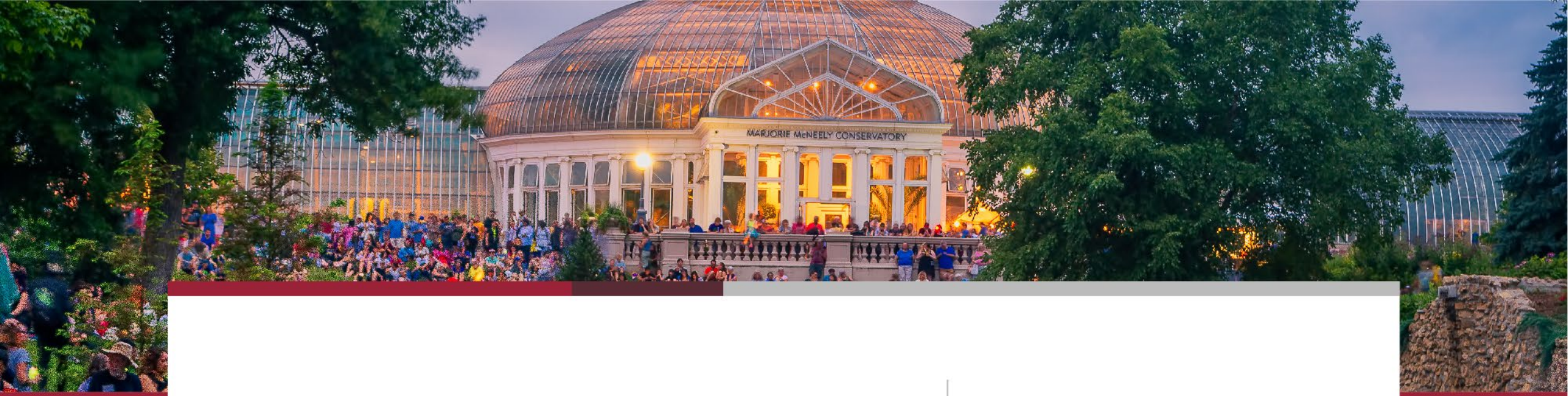
Streamline processes for MA eligibility to secure funding and reduce discharge delays.

Opportunities for Advocacy and Partnership

- Funding to the continuum of care
- Align and integrate systems
- Strengthen workforce
- Social determinants of health have to be essential components of behavioral health
- Cross County Collaboration

Closing and Takeaways

- This is not a short-term problem
- County is managing, not causing, the growth
- Future decisions will involve tradeoffs



Thank you!

RAMSEY COUNTY