



Board Workshop / Discussion Agenda

15 West Kellogg Blvd.
Saint Paul, MN 55102
651-266-9200

May 5, 2026 - 1:30 p.m.

Courthouse Room 220

WORKSHOP

1. **State Operated Services: Direct Care and Treatment**

[2026-156](#)

Sponsors: Social Services



Board of Commissioners

Request for Board Action

15 West Kellogg Blvd.
Saint Paul, MN 55102
651-266-9200

Item Number: 2026-156

Meeting Date: 5/5/2026

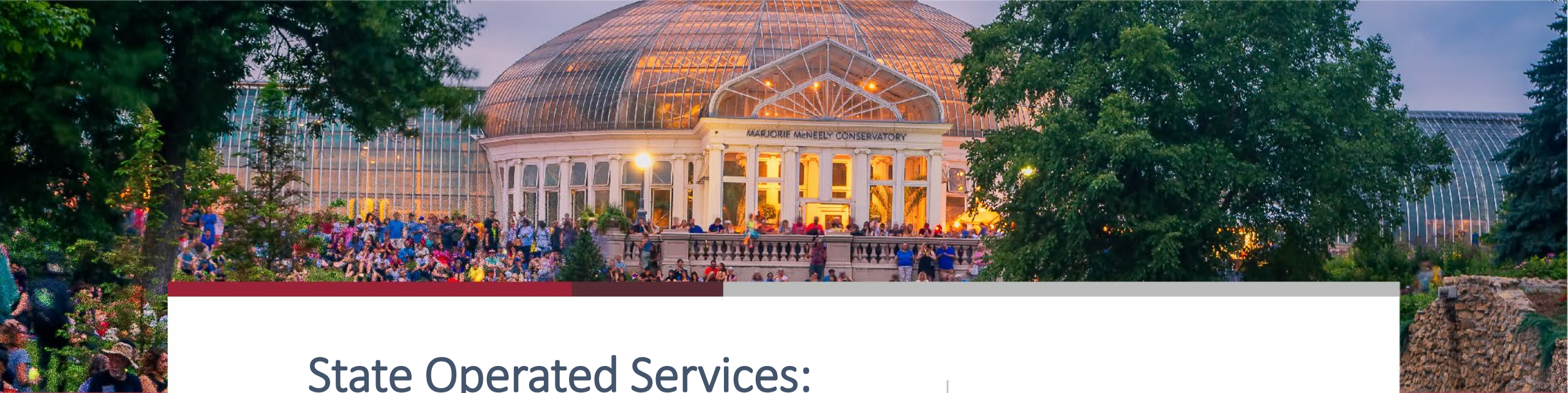
Sponsor: Social Services

Title

State Operated Services: Direct Care and Treatment

Attachment

1. Presentation
2. Supplemental Document



State Operated Services:
Direct Care and Treatment
Costs, Trends and State Constraints
PM Workshop





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

The background of the slide is a scenic landscape. On the left, there is a dense forest of trees with autumn foliage in shades of yellow, orange, and green. On the right, a wide river flows through a valley, with a town or city visible in the distance under a bright, hazy sky. A horizontal bar with a dark red segment on the left and a grey segment on the right is positioned above the text area.

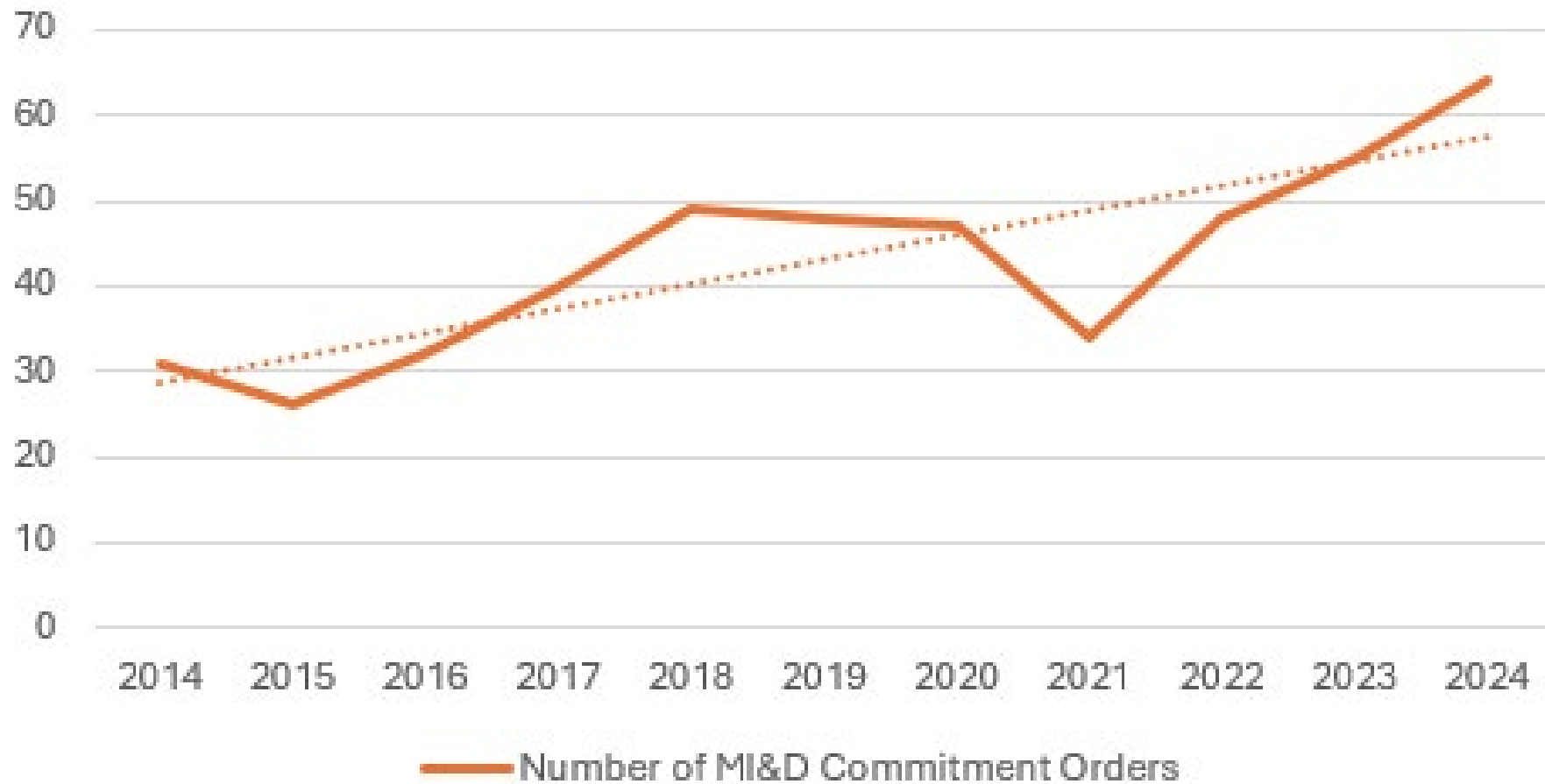
Section #1

Trends in Direct Care and Treatment

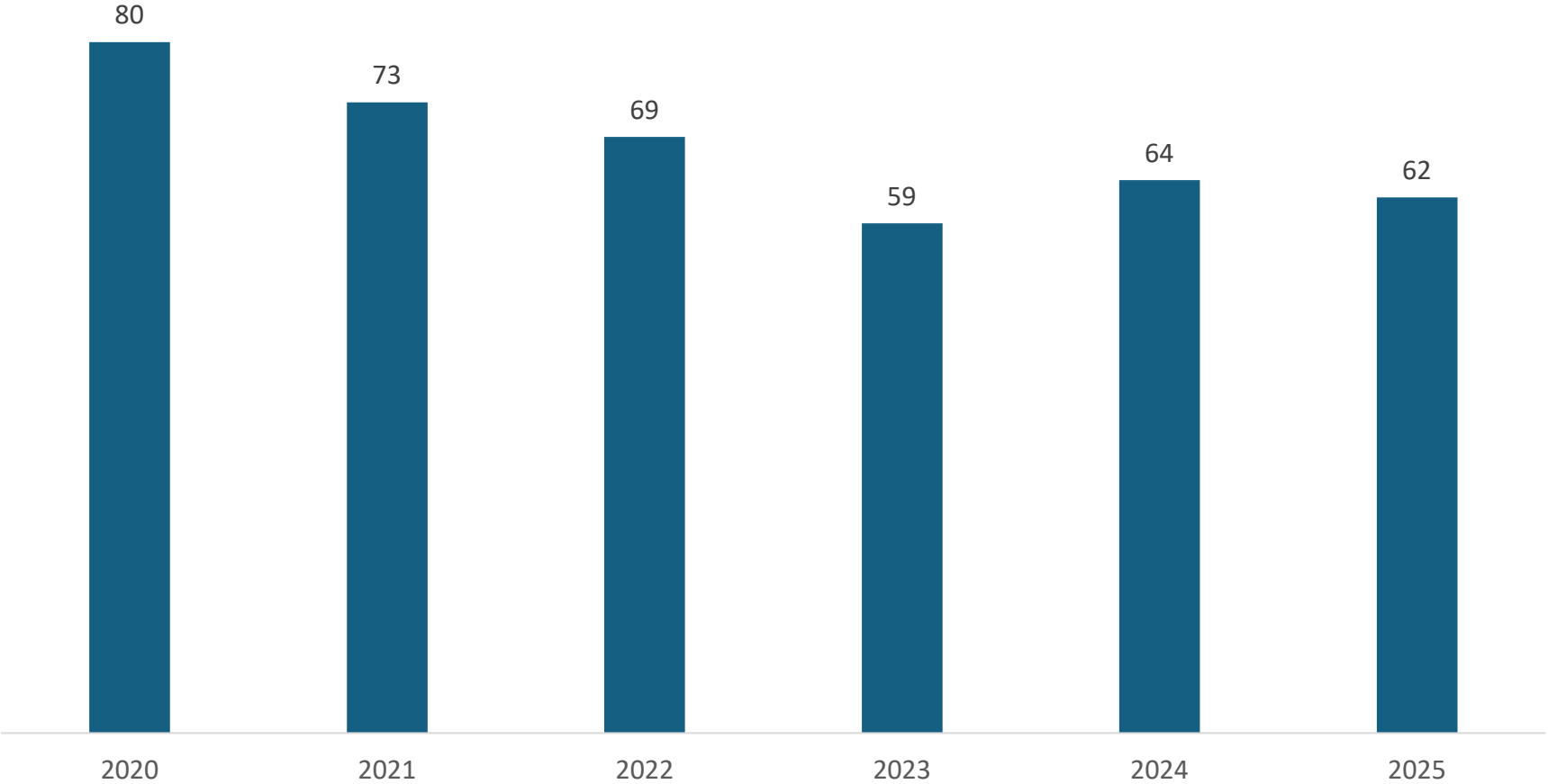
Types of Civil Commitment

- 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

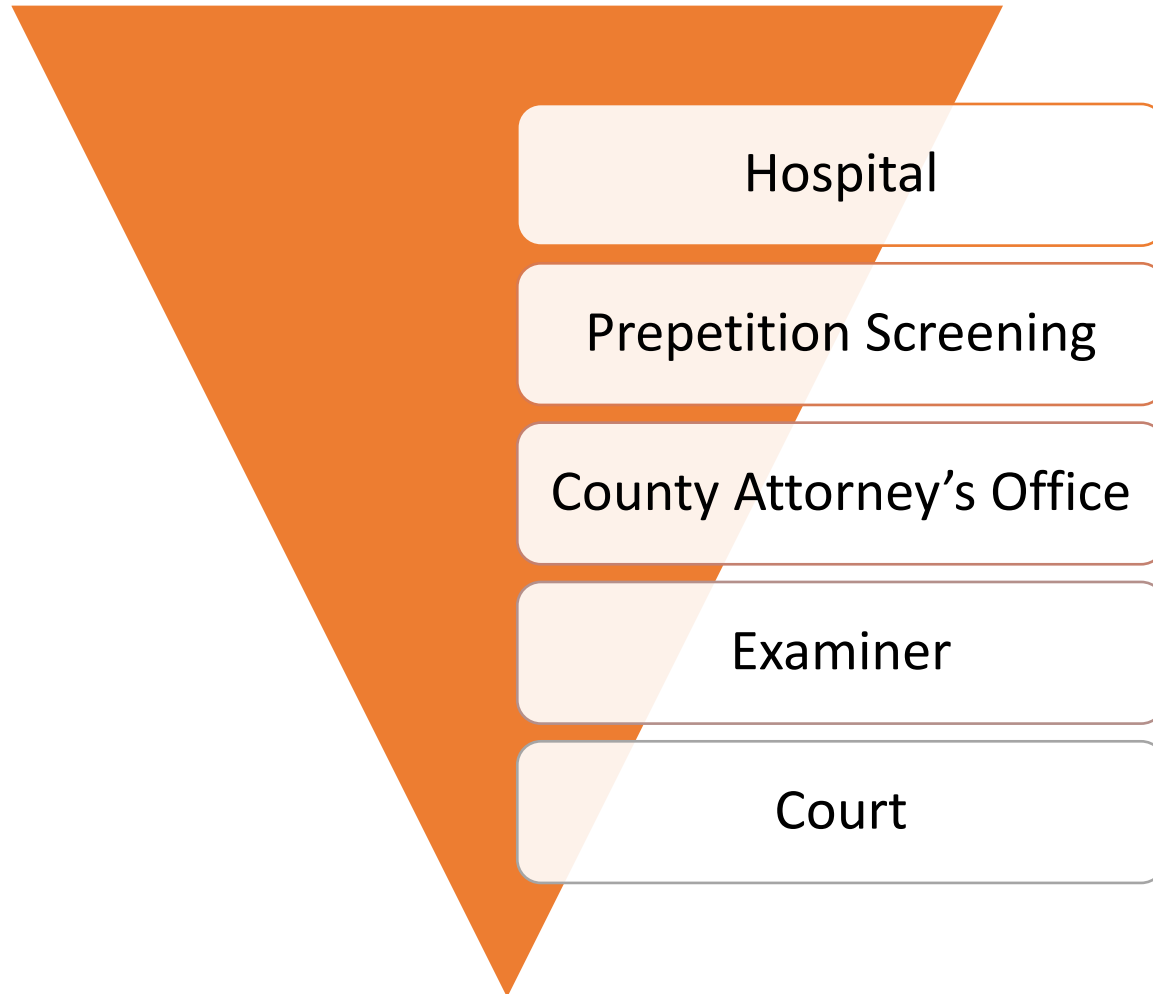


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Section #2

Civil Commitment Process

Only those who most need it qualify for Commitment





Even a smaller group meet MI&D Criteria

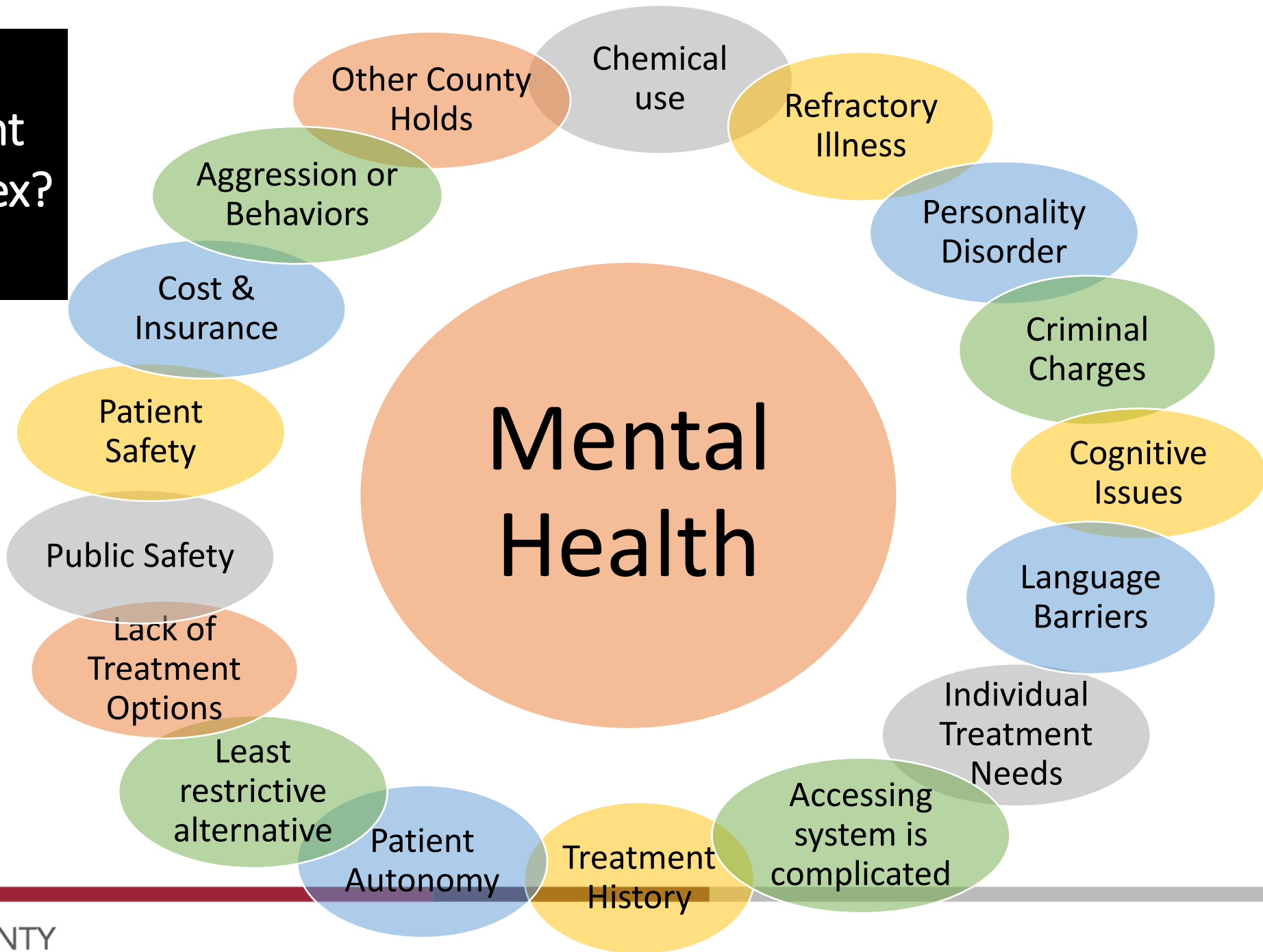
Mentally Ill

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?



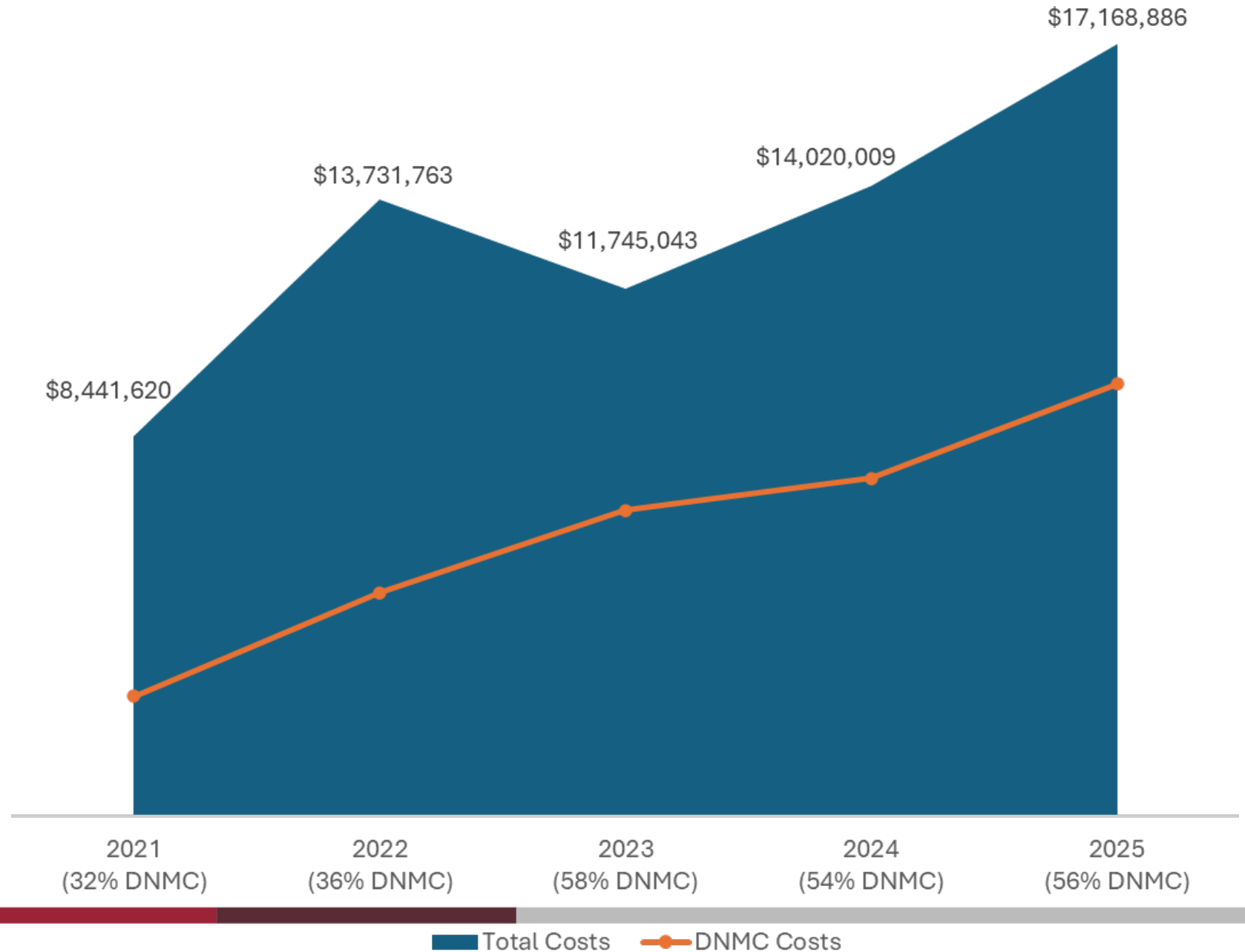
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Section #3

Direct Care and Treatment Costs

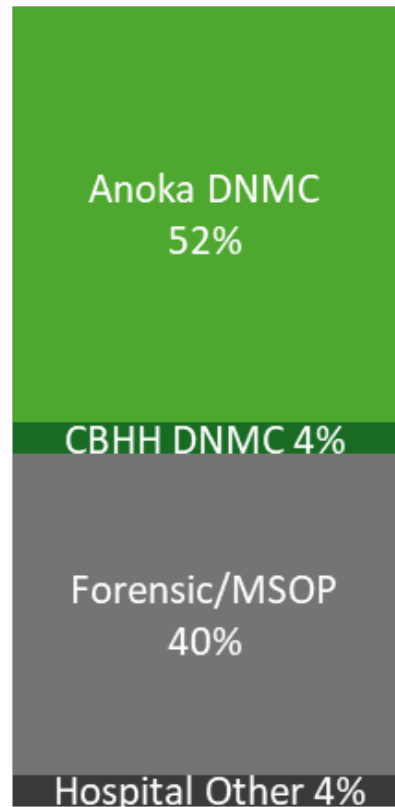
Costs
Have Increased
103%
Since 2021

DNMC: Does Not Meet Criteria

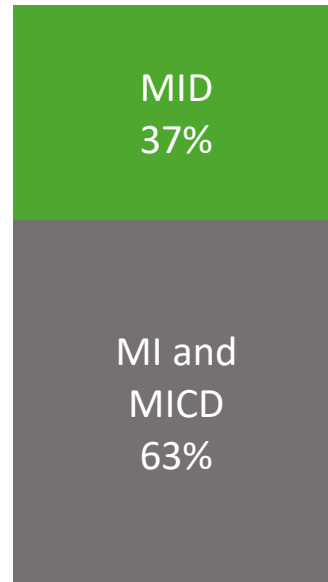


Mentally Ill and Dangerous A Small Group with a Big Impact on Budget

Total Hospital Costs



AMRTC DNMC Costs



Only 10%
of the Anoka DNMC
Clients are Mentally Ill
and Dangerous

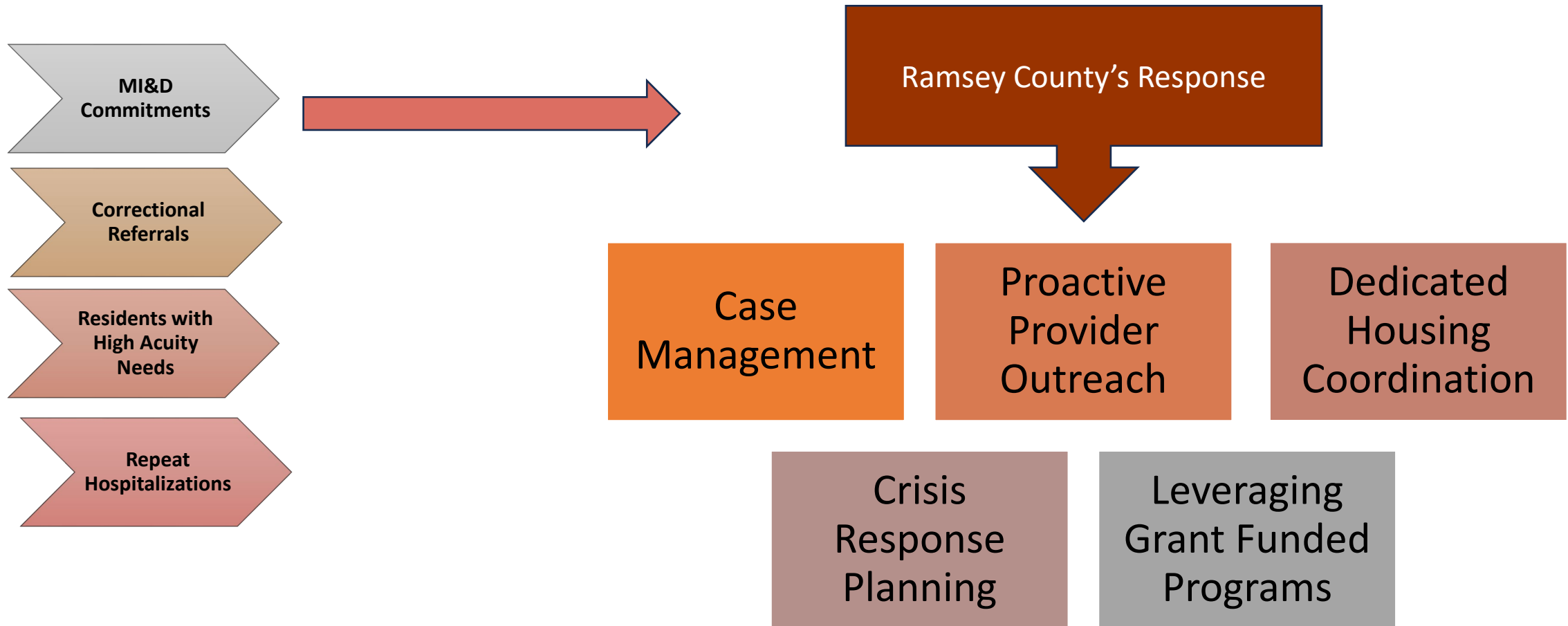
MSOP: Minnesota Sex Offender Program
MID or MI&D: Mentally Ill and Dangerous
MICD: Mentally Ill and Chemically Dependent
AMRTC: Anoka-Metro Regional Treatment Center

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Section #4

Strategies to Address Complex Discharges

Responding to Increasing Complexity in Discharge Planning



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Section #5

Priority Admissions Task Force

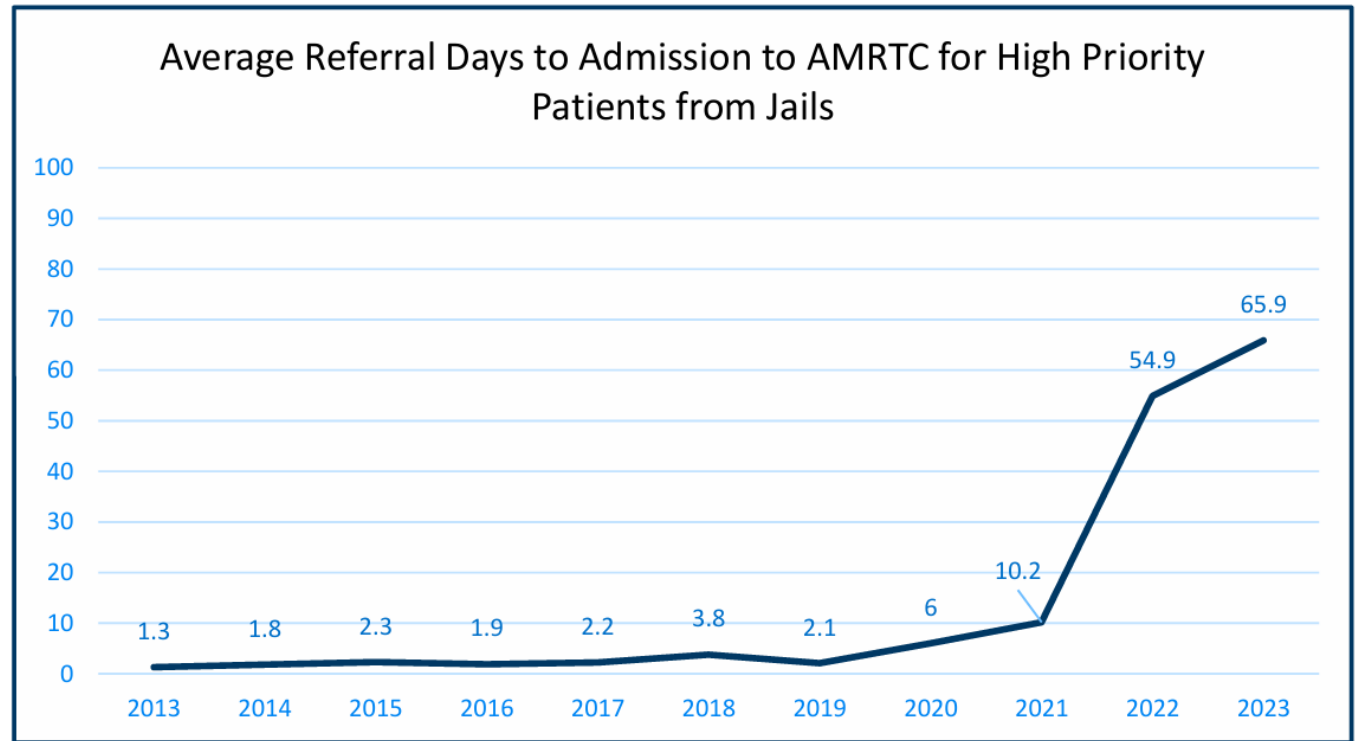
• Priority Admissions Task Force and Review Panel

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

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

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

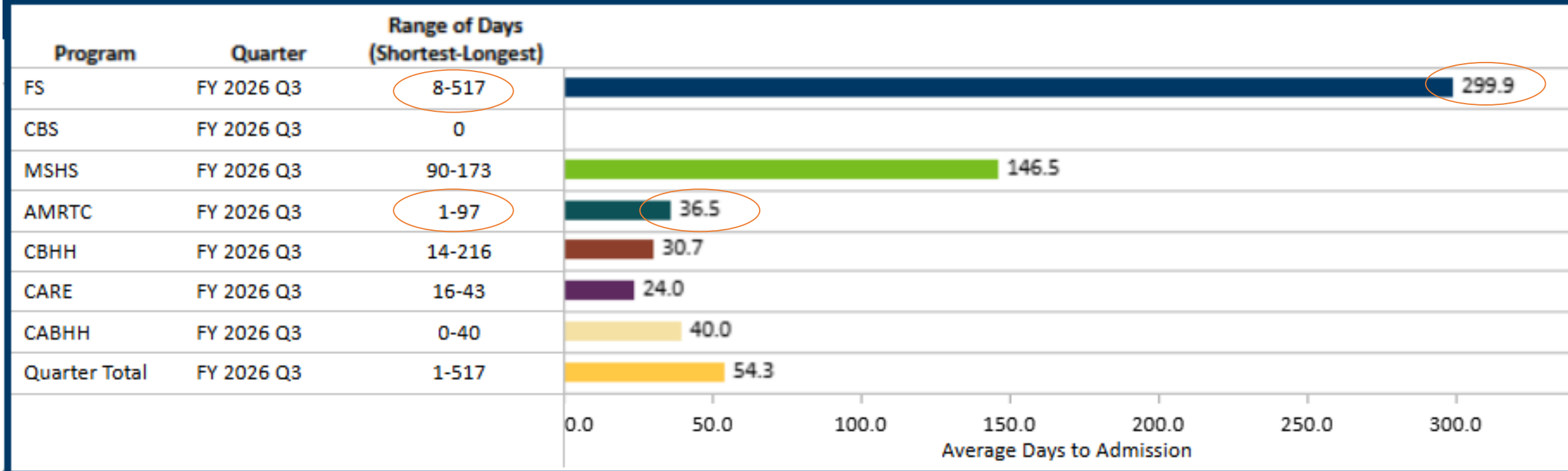
CARE: Community Addiction Recovery Enterprise

CABHH: Child and Adolescent Behavioral Health Hospital

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

- Priority Admissions Dashboard – DCT Programs

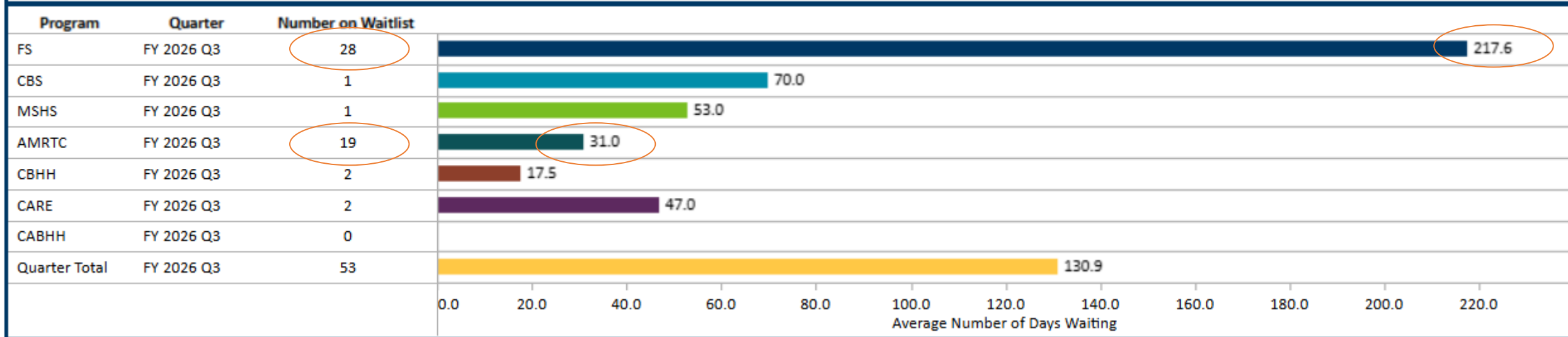
Graph 2: Wait-Times for Priority Admissions (Quarterly)



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

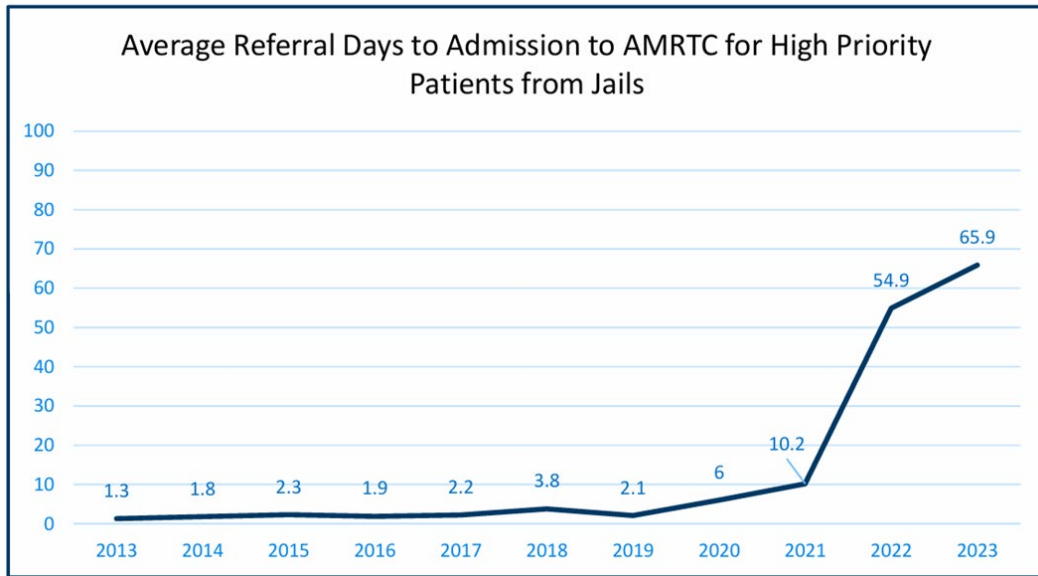
- Priority Admissions Dashboard – DCT Programs

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



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.

• Priority Admissions Data Comparison



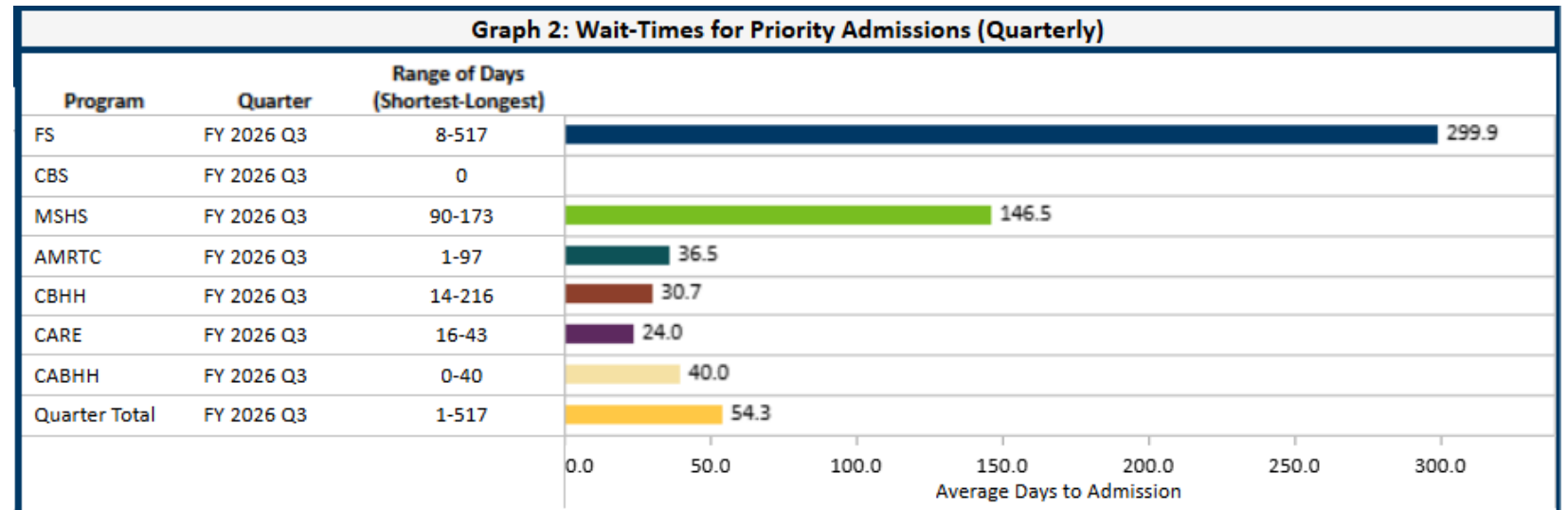
THEN...

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.



• 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

Do jails expand psychiatric treatment services? If so, to what degree?

Do counties invest in additional and specialized community-based services to facilitate more people discharging from Forensic Services?

How do counties interpret their responsibility for for these residents?

Do counties adopt Section 1115 Reentry Waiver services when available?

How do counties balance expediting treatment with potentially significant financial burden?

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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

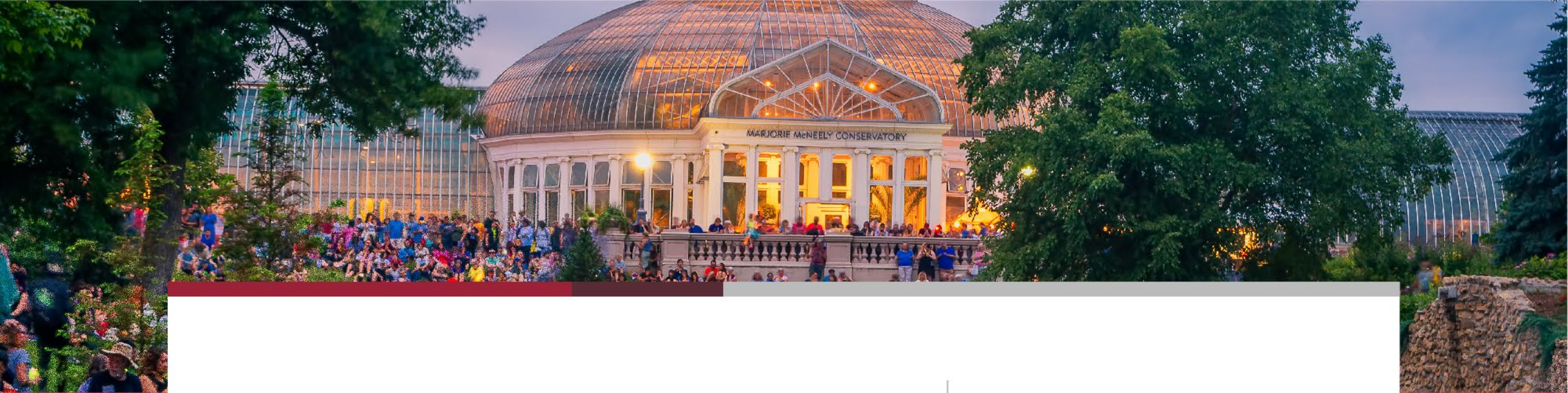
Streamline processes for MA eligibility to secure funding and reduce discharge delays.

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!



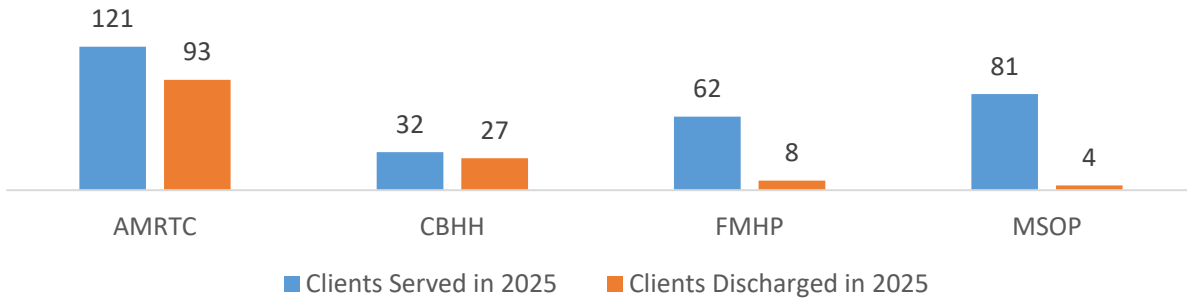
Subject: May 5 Board Workshops Supplemental Document
 From: Mental Health Division, Social Services
 Data Sources: Social Services Information System (SSIS), Internal documentation, State Operated Services

Date: April 13, 2026

Ramsey County Clients Served by State Operated Hospitals in 2025

Two hundred and ninety-eight Ramsey County clients received services at state operated hospitals for mental illness and/or substance use disorder in 2025. Forty-four percent (132) of clients were discharged. As seen in Figure 1 below, the number of discharges ranged by facility with fewer discharged from the long-term Minnesota Sex Offender Program (MSOP) and Forensic Mental Health Program (FMHP) treatment centers, and more discharged from the shorter-term treatment facilities, the Community Behavioral Health Hospitals (CBHH) and Anoka Metro Regional Treatment Center (AMRTC).

Figure 1: Ramsey County Clients Served in and Discharged from State Hospitals 2025



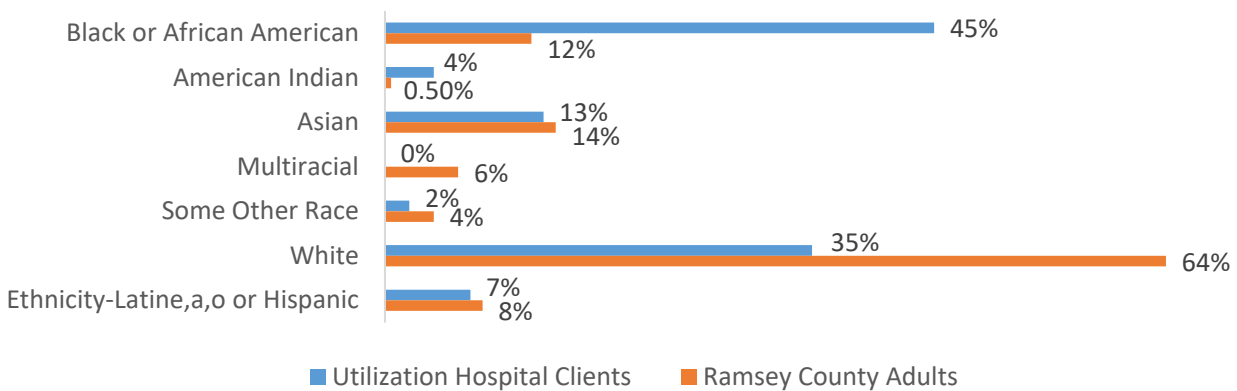
Ramsey County Supported Clients in AMRTC and CBHHS

This section summarizes the 150 clients in AMRTC and CBHHS that were supported by Ramsey County’s Utilization team in 2025. They connect the client to resources and facilitate discharge.

Demographics: Race, Ethnicity, Gender and Age

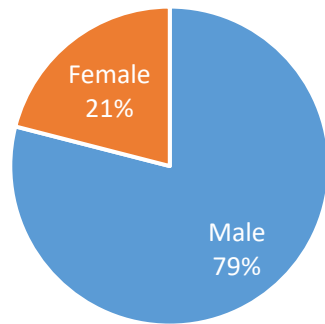
Figure 2 highlights the racial and Latine, a, o (a gender inclusive term for Latino) or Hispanic ethnicity of Utilization clients and compares them to the Ramsey County total adult population. Figure 3 describes the gender identities and Figure 4 shares the ages of those served.

Figure 2: Larger Percentage of Black and American Indian Clients Served than County Population*



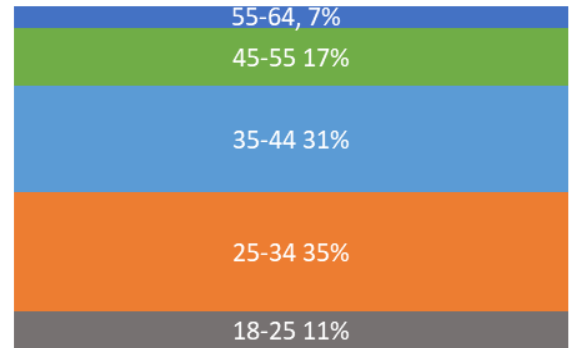
*2024 U.S. Census American Community Survey 1-year population estimates

Figure 3: Most Clients Identify their Gender as Male*



*SSIS only provides two options for gender identity

Figure 4: Most Clients are 25-44 Years Old



Commitment Type and Days Clients Do Not Meet Criteria (DNMC) to Stay in the Hospital

The commitment type ordered by the courts plays a role (with bed availability) in a client’s length of stay at a CBHH or AMRTC. Figure 5 and 6 highlight court orders and costs. Figure 7 looks at client length of stay and Figure 8 the amount of time that they do not meet criteria (DNMC) for their hospital stay. Sixty-five percent stayed in the hospital after they DNMC.

Figure 5: Most Clients were Committed MI or MICD, but 10 MI&D Clients Dominated Costs

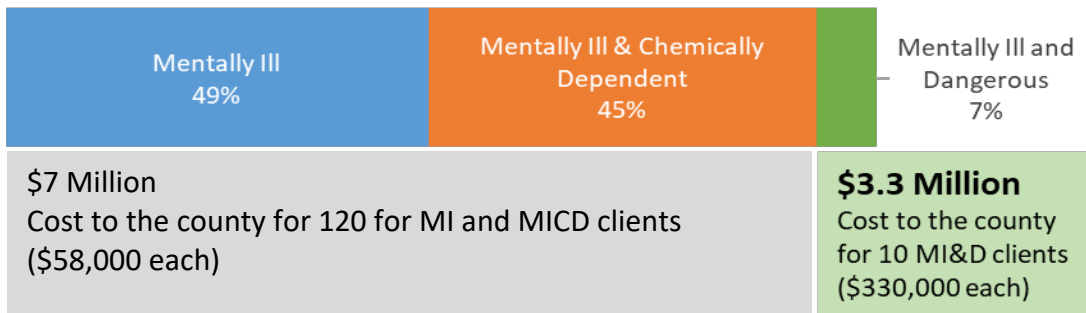
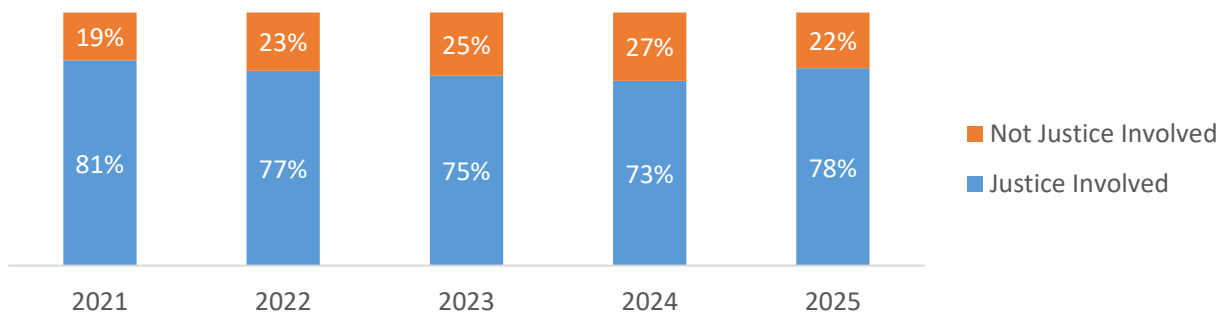
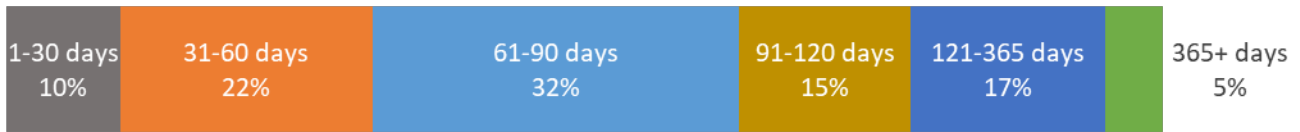


Figure 6: Most Clients Screened* for Commitment are Justice Involved (Rule 20 ordered)



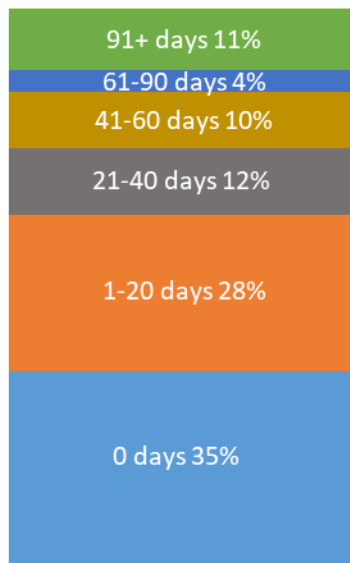
*Ramsey County provides a Pre-Petition Screening service to the court for clients being considered for commitment.

Figure 7: 37% of Hospital Stays were More than 90 Days in 2025*



*For 30 clients, some of their days are from previous years, including 2023 and 2024. Seventeen of the 30 clients had stays for 121-882 days. Seven clients were in the hospital more than a year; five are Mentally Ill and Dangerous.

Figure 8: 63% of Discharged Clients Were Placed in 0-20 Days of DNMC



Cost Changes Impact Increasing Costs

While need for care has not changed, costs of hospital care have dramatically increased, as seen in Figure 9. In addition, counties are now responsible for 20% of costs after 30 days and 100% after they DNMC. This has created huge bill for the county, despite the temporary legislative reprieve on DNMC costs in July 2024-June 2025 for clients waiting to be transferred to a forensic hospital or other facility. The ending of this reprieve caused expenses to jump in late 2025. The rates for treatment at FMHP and MSOP increased by over eight percent since 2022 as well.

Figure 9: Counties have Experienced Large Cost Increases Since 2022

	2022	2023	2024	2025	Percent Increase
AMRTC	\$1,710	\$2,106	\$2,320	\$2,492	46%
CBHHS	\$1,680	\$1,818	\$1,989	\$2,033	21%