

**MACSSA supports new state investments in creating a comprehensive mental health continuum of care to address Minnesota’s mental health crisis facing those in community and in our justice system.**

This includes early intervention for youth, development of a Children’s Mental Health Initiative, expanded long-term treatment options, expanded access to state operated mental health beds, permanently eliminating the county “Does Not Meet Medical Criteria” cost share, & clarifying the state’s safety net role in providing & funding critical services.

**Priority Admissions Panel Take-Aways: AMC Priorities for 2025 Legislation**

Any change to the 48-Hour Rule must be conditioned upon funding to increase Direct Care and Treatment (DCT) bed capacity

350 additional DCT hospital beds are needed to eliminate the current wait list

Nearly \$800 million is the estimated cost to add the 350 beds and to come into compliance with the 48-Hour Rule expectations

Panel members offered unanimous support for relief of the county’s costs for Does Not Meet Criteria days in certain situations, estimating millions of dollars in relief to counties

**High Priority Admissions Average Wait Time to Admission (Q4 2024)**

**33 days wait** for admission to Anoka Metro Regional Treatment Center

**527 days wait** for admission to the Forensic Mental Health Program (St. Peter)

*Most people are spending these days waiting in Minnesota’s county jails*

**Priority Admissions “County Coalition” Guiding Principles**

1. All people living with mental health disorders are entitled to have care when and where they need it.
2. People who have been civilly committed should have access to the court-ordered treatment they require to achieve recovery.
3. Jails are not a replacement for mental health hospitals or secure treatment facilities. Any steps to mitigate the problems hospitals face cannot come at the expense of people in jails.

*“County Coalition” representatives are from the Association of Minnesota Counties (AMC), Minnesota Sheriff’s Association (MSA), Minnesota Association of County Social Service Administrators (MACSSA), and the Minnesota County Attorneys Association (MCAA).*

<i>Estimated Costs for Building Capacity at Direct Care and Treatment (DCT) to add the needed 350 Hospital Beds</i>			
<b>Facility and Location</b>	<b>Beds Needed</b>	<b>Planning, Design &amp; Construction</b>	<b>Annual Operating Costs</b>
Anoka Metro Regional Treatment Center (Anoka)	50	\$75 million	\$45 million
Forensic Mental Health Program (St. Peter)	300	\$450 million	\$200 million
<b>Totals</b>	<b>350</b>	<b>\$525 million</b>	<b>\$245 million</b>

## MACSSA/AMC 2025 Priority Admissions Bill

**HF2416/SF2628:** Rep. Nadeau (HD34A – Hennepin/Wright) & Sen. Rasmuson (SD09 – Douglas/Grant/Otter Tail/Traverse/Wilkin)

### Task Force/Review Panel on Priority Admissions Background

The 2023 Legislation also established a The Task Force on Priority Admissions to State-Operated Treatment Programs. It also gave counties a two-year stay from fees for Does Not Meet Criteria patients being transferred between DCT facilities instead of out to the community.

The Task Force was made up of 18 members who have been appointed by the Governor or a specially designated stakeholder organization, including four county representatives appointed by county associations: the Association of Minnesota Counties (AMC), Minnesota Sheriff's Association (MSA), Minnesota Association of County Social Service Administrators (MACSSA), and the Minnesota County Attorneys Association (MCAA).

Legislation funding a limited number of recommendations from the report were passed by the 2024 Legislature, without meaningful investments in DCT capacity. No changes were made to the 48-hour rule in 2024.

The 2024 Legislature also reconstituted the taskforce for 2024-2025 as the Priority Admissions Review Panel, directing the panel to advise the DHS Commissioner on the effectiveness of the priority admissions framework the legislature put into law in 2024 and about the 48-hour rule statute generally.

Enacted in 2013, the Priority Admissions Statute (aka 48-Hour Rule) was a response to the lack of access and inpatient capacity at DCT that persists today.

The statute was amended in 2023 to relieve pressure created by the rule and require the 48-hours to begin only upon the state having a “medically appropriate bed available.”

This amendment sunsets June 30, 2025, and reverts to the original language unless changes are made this session. Counties advocate that change to the statute should be conditioned upon investment in DCT's hospital bed capacity.

### Priority Admissions Review Panel Recommendations (MACSSA Priorities highlighted):

1. **Expand access to care.** Fund an additional 50-bed facility on the campus of AMRTC, increase forensics capacity and locked IRTS that are Medicaid eligible. Invest in community placement options and prevention resources and increase Medicaid rates.
2. **Contingent on investments in capacity, extend the sunset provision for two years** during which time the Legislature must develop DCT and community capacity.
3. **Increase data sharing and transparency.** By Jan. 1, 2026, DCT will publish a publicly accessible dashboard on its referral data on its website.
4. **Provide Basic Mental Health Care in Jails.** The legislature must fund collaboration between providers and hospitals to provide outpatient level of mental health care in the jails and correctional institutions, while continuing antipsychotic medication and consultation pilot programs funded last session.
5. **Continue Does Not Meet Criteria (DNMC) Payment Relief to Counties for Clients in Certain Situations.** Legislation must be extended to support cost relief to counties when counties have no authority or ability to influence the timeline surrounding discharge of the person from DCT. DCT must be allowed to waive DNMC charges to counties when the county has no authority to approve a new placement upon discharge from DCT.
6. **Renew the exception for up to 10 community-based hospital patients to be prioritized for admissions to a DCT bed.** Allow a one-time exception for up to 10 hospitalized patients for priority admission to help relieve the significant pressures faced by community hospitals to care for people with high acuity.

**For more information, please contact:**

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