SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 2628

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DATE	D-PG	OFFICIAL STATUS
03/17/2025	862	Introduction and first reading Referred to Human Services
03/27/2025	1044a	Comm report: Amended, No recommendation, re-referred to State and Local Government See HF2115 See First Special Session, HF3

1.1 A bill for an act

1.2 relating to direct care and treatment; modifying county cost of care provisions;
1.3 modifying required admission timelines; requiring a report; appropriating money;
1.4 amending Minnesota Statutes 2024, sections 246.54, subdivisions 1a, 1b; 246C.07,
1.5 by adding a subdivision; 253B.10, subdivision 1; proposing coding for new law
1.6 in Minnesota Statutes, chapter 253B.

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. Minnesota Statutes 2024, section 246.54, subdivision 1a, is amended to read:

1.9 Subd. 1a. **Anoka-Metro Regional Treatment Center.** (a) A county's payment of the
1.10 cost of care provided at Anoka-Metro Regional Treatment Center shall be according to the
1.11 following schedule:

1.12 (1) zero percent for the first 30 days;

1.13 (2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate
1.14 for the client; and

1.15 (3) 100 percent for each day during the stay, including the day of admission, when the
1.16 facility determines that it is clinically appropriate for the client to be discharged, except as
1.17 provided in paragraph (c).

1.18 (b) If payments received by the state under sections 246.50 to 246.53 exceed 80 percent
1.19 of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause
1.20 (2), the county shall be responsible for paying the state only the remaining amount. The
1.21 county shall not be entitled to reimbursement from the client, the client's estate, or from the
1.22 client's relatives, except as provided in section 246.53.

~~(c) Between July 1, 2023, and March 31, 2025, the county is not responsible for the cost of care under paragraph (a), clause (3), for a person who is committed as a person who has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting transfer to another state-operated facility or program. This paragraph expires March 31, 2025.~~

~~(d) Between April 1, 2025, and June 30, 2025,~~ (c) The county is not responsible for the cost of care under paragraph (a), clause (3), for a person who is civilly committed, if the client is awaiting transfer:

(1) to a facility operated by the Department of Corrections; or

(2) to another state-operated facility or program, and the Direct Care and Treatment executive medical director's office or a designee has determined that:

(i) the client meets criteria for admission to that state-operated facility or program; and

(ii) the state-operated facility or program is the only facility or program that can reasonably serve the client. ~~This paragraph expires June 30, 2025.~~

~~(e)~~ (d) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 2. Minnesota Statutes 2024, section 246.54, subdivision 1b, is amended to read:

Subd. 1b. **Community behavioral health hospitals.** (a) A county's payment of the cost of care provided at state-operated community-based behavioral health hospitals for adults and children shall be ~~according to the following schedule: (1)~~ 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged~~; and~~, except as provided in paragraph (c).

~~(2)~~ (b) The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53.

~~(b) Between July 1, 2023, and March 31, 2025, the county is not responsible for the cost of care under paragraph (a), clause (1), for a person committed as a person who has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting transfer to another state-operated facility or program. This paragraph expires March 31, 2025.~~

(c) ~~Between April 1, 2025, and June 30, 2025,~~ The county is not responsible for the cost of care under paragraph (a)~~, clause (1),~~ for a person who is civilly committed, if the client is awaiting transfer:

(1) to a facility operated by the Department of Corrections; or

(2) to another state-operated facility or program, and the Direct Care and Treatment executive medical director's office or a designee has determined that:

(i) the client meets criteria for admission to that state-operated facility or program; and

(ii) the state-operated facility or program is the only facility or program that can reasonably serve the client. ~~This paragraph expires June 30, 2025.~~

(d) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 3. Minnesota Statutes 2024, section 246C.07, is amended by adding a subdivision to read:

Subd. 9. **Public notice of admission metrics.** The executive board must establish and update monthly a publicly accessible dashboard that displays data on referrals for services provided by Direct Care and Treatment, including referrals resulting from a court order for competency attainment, a competency examination, or treatment following civil commitment. The dashboard must include at least measures of the number of individuals awaiting admission or acceptance into a program operated by Direct Care and Treatment; the number of individuals awaiting admission or acceptance into a program operated by Direct Care and Treatment, by program; the longest, shortest, and average time individuals are on a waitlist; and the longest, shortest, and average time individuals are on a waitlist, by program. The executive board must also publish monthly publicly relevant information regarding admissions policies, procedures, and factors impacting relative priority status.

Sec. 4. Minnesota Statutes 2024, section 253B.10, subdivision 1, is amended to read:

Subdivision 1. **Administrative requirements.** (a) When a person is committed, the court shall issue a warrant or an order committing the patient to the custody of the head of the treatment facility, state-operated treatment program, or community-based treatment program. The warrant or order shall state that the patient meets the statutory criteria for civil commitment.

(b) The executive board shall prioritize civilly committed patients being admitted from jail or a correctional institution or who are referred to a state-operated treatment facility for competency attainment or a competency examination under sections 611.40 to 611.59 for admission to a medically appropriate state-operated direct care and treatment bed based on the decisions of physicians in the executive medical director's office, using a priority admissions framework. The framework must account for a range of factors for priority admission, including but not limited to:

(1) the length of time the person has been on a waiting list for admission to a state-operated direct care and treatment program since the date of the order under paragraph (a), or the date of an order issued under sections 611.40 to 611.59;

(2) the intensity of the treatment the person needs, based on medical acuity;

(3) the person's revoked provisional discharge status;

(4) the person's safety and safety of others in the person's current environment;

(5) whether the person has access to necessary or court-ordered treatment;

(6) distinct and articulable negative impacts of an admission delay on the facility referring the individual for treatment; and

(7) any relevant federal prioritization requirements.

Patients described in this paragraph must be admitted to a state-operated treatment program within ~~48 hours~~ the timelines specified in section 253B.1005. The commitment must be ordered by the court as provided in section 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2, must be prioritized for admission to a state-operated treatment program using the priority admissions framework in this paragraph.

(c) Upon the arrival of a patient at the designated treatment facility, state-operated treatment program, or community-based treatment program, the head of the facility or program shall retain the duplicate of the warrant and endorse receipt upon the original warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed in the court of commitment. After arrival, the patient shall be under the control and custody of the head of the facility or program.

(d) Copies of the petition for commitment, the court's findings of fact and conclusions of law, the court order committing the patient, the report of the court examiners, and the prepetition report, and any medical and behavioral information available shall be provided at the time of admission of a patient to the designated treatment facility or program to which

5.1 the patient is committed. Upon a patient's referral to the executive board for admission
5.2 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or
5.3 correctional facility that has provided care or supervision to the patient in the previous two
5.4 years shall, when requested by the treatment facility or executive board, provide copies of
5.5 the patient's medical and behavioral records to the executive board for purposes of
5.6 preadmission planning. This information shall be provided by the head of the treatment
5.7 facility to treatment facility staff in a consistent and timely manner and pursuant to all
5.8 applicable laws.

5.9 ~~(e) Patients described in paragraph (b) must be admitted to a state-operated treatment~~
5.10 ~~program within 48 hours of the Office of Executive Medical Director, under section 246C.09,~~
5.11 ~~or a designee determining that a medically appropriate bed is available. This paragraph~~
5.12 ~~expires on June 30, 2025.~~

5.13 ~~(f)~~ (e) Within four business days of determining which state-operated direct care and
5.14 treatment program or programs are appropriate for an individual, the executive medical
5.15 ~~director's office~~ director or a designee must notify the source of the referral and the
5.16 responsible county human services agency, the individual being ordered to direct care and
5.17 treatment, and the district court that issued the order of the determination. The notice shall
5.18 include ~~which program or programs are appropriate for~~ the person's relative priority status
5.19 by quartile and the factors impacting the person's priority status, projected admission date,
5.20 and contact information for the Direct Care and Treatment Central Preadmissions Office.
5.21 For any individuals not admitted to a state-operated direct care and treatment program within
5.22 ten business days after previous notice, the executive medical director or a designee must
5.23 provide additional notice to the responsible county human services agency, the individual
5.24 being ordered to direct care and treatment, and the district court that issued the order of the
5.25 determination. The additional notice must include updates to the same information provided
5.26 in the previous notice. Any interested person or the individual being ordered to direct care
5.27 and treatment may provide additional information to or request updated priority status about
5.28 the individual ~~to~~ from the executive medical director's office or a designee while the
5.29 individual is awaiting admission. ~~Updated~~ Priority status ~~of~~ information regarding an
5.30 individual will only be disclosed to interested persons who are legally authorized to receive
5.31 private information about the individual, including the designated agency and the facility
5.32 to which the individual is awaiting admission. Specific updated priority status information
5.33 may be withheld from the individual being ordered to direct care and treatment if in the
5.34 judgment of the physicians in the executive medical director's office the information will
5.35 jeopardize the health or wellbeing of the individual. When an available bed has been

6.1 identified, the executive medical director's office or a designee must notify the designated
6.2 agency and the facility where the individual is awaiting admission that the individual has
6.3 been accepted for admission to a particular state-operated direct care and treatment program
6.4 and the earliest possible date the admission can occur. The designated agency or facility
6.5 where the individual is awaiting admission must transport the individual to the admitting
6.6 state-operated direct care and treatment program no more than 48 hours after the offered
6.7 admission date.

6.8 Sec. 5. **[253B.1005] ADMISSION TIMELINES.**

6.9 Subdivision 1. **Admission required within 48 hours.** Patients described in section
6.10 253B.10, subdivision 1, paragraph (b), must be admitted to a state-operated treatment
6.11 program within 48 hours. This subdivision expires upon the effective date of subdivision
6.12 2.

6.13 Subd. 2. **Admission required within ten days.** Effective upon capacity at secure forensic
6.14 mental health treatment facilities operated by Direct Care and Treatment reaching 431 fully
6.15 staffed and operational beds, capacity at Anoka-Metro Regional Treatment Center reaching
6.16 132 fully staffed and operational beds, and the total capacity at adult community behavioral
6.17 health hospitals operated by Direct Care and Treatment reaching 115 fully staffed and
6.18 operational beds, patients described in section 253B.10, subdivision 1, paragraph (b), must
6.19 be admitted to a state-operated treatment program within ten calendar days.

6.20 **EFFECTIVE DATE.** This section is effective July 1, 2025.

6.21 Sec. 6. **[253B.101] COST OF DELAYED ADMISSION.**

6.22 The Direct Care and Treatment executive board must reimburse any state agency, county,
6.23 municipality, or other political subdivision of the state for demonstrated costs incurred
6.24 beyond the first 30 calendar days to confine a civilly committed patient in a jail or a
6.25 correctional institution who is awaiting admission to a state-operated treatment program.

6.26 **EFFECTIVE DATE.** This section is effective July 1, 2025, and applies to civil
6.27 commitments occurring on or after that date.

6.28 Sec. 7. **PRIORITY ADMISSIONS REVIEW PANEL.**

6.29 (a) A panel appointed by the Direct Care and Treatment executive board, consisting of
6.30 all members who served on the Priority Admissions Review Panel under Laws 2024, chapter
6.31 127, article 49, section 7, must:

7.1 (1) evaluate existing mobile crisis programs and funding and make recommendations
7.2 to improve the quality and availability of mobile crisis services in the state;

7.3 (2) evaluate the county correctional facility long-acting injectable antipsychotic
7.4 medication pilot program established under Laws 2024, chapter 127, article 49, section 12,
7.5 and make recommendations related to the continuation of the pilot program;

7.6 (3) evaluate existing intensive residential treatment services and make recommendations
7.7 to improve the quality and availability of intensive residential treatment services in the state;
7.8 and

7.9 (4) study local fiscal impacts and provide evaluation support consistent with Minnesota
7.10 Statutes, section 16A.055, subdivision 1a, of the limited capacity in and access to
7.11 state-operated treatment programs, nonstate-operated treatment programs, competency
7.12 evaluations, and competency attainment services.

7.13 (b) The commissioner of management and budget must provide the panel with technical
7.14 assistance and with outcome and fiscal analysis for the purposes of the study of local fiscal
7.15 impacts under paragraph (a), clause (4).

7.16 (c) By February 1, 2026, the panel must submit a written report to the chairs and ranking
7.17 minority members of the legislative committees with jurisdiction over public safety and
7.18 human services that includes the results of the panel's evaluations and study under paragraph
7.19 (a) and any legislative proposals the panel recommends as a result of its evaluations and
7.20 study.

7.21 Sec. 8. **DIRECTION FOR LIMITED EXCEPTION FOR ADMISSIONS FROM**
7.22 **HOSPITAL SETTINGS.**

7.23 (a) The commissioner of human services or a designee must immediately approve an
7.24 exception to add up to ten patients per fiscal year who have been civilly committed and are
7.25 in hospital settings to the admission waitlist for medically appropriate direct care and
7.26 treatment beds under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b).

7.27 (b) The Direct Care and Treatment executive board is subject to the requirement under
7.28 paragraph (a) on and after the transfer of duties on July 1, 2025, from the commissioner of
7.29 human services to the executive board under Minnesota Statutes, section 246C.04.

7.30 (c) This section expires June 30, 2027.

7.31 **EFFECTIVE DATE.** This section is effective the day following final enactment.

8.1 Sec. 9. **APPROPRIATION; EXPANDED CAPACITY AT SECURE TREATMENT**
8.2 **FACILITIES.**

8.3 $....... in fiscal year 2026 and $....... in fiscal year 2027 are appropriated from the general
8.4 fund to the Direct Care and Treatment executive board to expand forensic mental health
8.5 program capacity at secure treatment facilities by 20 percent over the available capacity as
8.6 of June 30, 2025. The expanded capacity is estimated to be an additional 72 fully staffed
8.7 beds.

8.8 Sec. 10. **APPROPRIATION; EXPANDED CAPACITY AT ANOKA-METRO**
8.9 **REGIONAL TREATMENT CENTER.**

8.10 $....... in fiscal year 2026 and $....... in fiscal year 2027 are appropriated from the general
8.11 fund to the Direct Care and Treatment executive board to expand adult mental health
8.12 treatment service capacity at Anoka-Metro Regional Treatment Center by 20 percent over
8.13 the available capacity as of June 30, 2025. The expanded capacity is estimated to be an
8.14 additional 22 fully staffed beds.

8.15 Sec. 11. **APPROPRIATION; EXPANDED CAPACITY AT ADULT COMMUNITY**
8.16 **BEHAVIOR HEALTH HOSPITALS.**

8.17 $....... in fiscal year 2026 and $....... in fiscal year 2027 are appropriated from the general
8.18 fund to the Direct Care and Treatment executive board to expand adult mental health service
8.19 capacity at community behavioral health hospitals by 20 percent over the available capacity
8.20 as of June 30, 2025. The expanded capacity is estimated to be an additional 19 fully staffed
8.21 beds.