

# Position Statement

For 2022 Session

## Forensic Beds

### Proposal

**Issue:**

Forensic beds are at capacity in Minnesota and individuals are “stuck” in beds that are inappropriate to their needs but unable to move because there is not a bed available. Counties are billed 100% of the cost of care when an individual no longer meets medical criteria for hospitalization yet are powerless to move the individuals to their next bed under a MI & D commitment.

Further, individuals now needing a hospital bed as a result of commitment cannot be served because there are no beds available (those beds are occupied by individuals who should have been moved to a forensic bed).

Minnesota Statutes, section 253B.18, subdivision 1 (b), requires “once a patient is admitted to a treatment facility pursuant to a commitment under this statute, treatment must begin regardless of whether a review hearing will be held under subdivision 2 . . .” If this appropriate bed is not available, counties are not able to move the individual to an appropriate bed; yet, under current statute, must pay 100% of the cost of care until the Department of Human Services frees up a bed.

Minnesota Statutes, section 246.54, provides for a provision to bill the county for 100% of the cost of care when the facility determines it is clinically appropriate for the client to be discharged. This same statute outlines the exceptions to this provision, which includes clients who are committed as sexual psychopathic personalities and clients who are committed as sexually-dangerous persons. Clients who are committed as MI&D should be added as an exception. **This change would also**

**Implementation Strategy:**

**incentivize the Department of Human Services to continue their pursuit of the Performance Improvement Process.**

### Systemic Priority Alignment (highlight all that apply and explain why)

- Equity
- Integrated Services
- Fiscal Framework

From the GARE Toolkit (See [www.racialequityalliance.org](http://www.racialequityalliance.org)): What are the racial equity impacts of this particular decision? Who will benefit from or be burdened by it? Are there strategies to mitigate unintended consequences?

**Comments:**

### Relevant Committee

**(highlight all that apply and explain why)**

- **Adult Services**
- **Behavioral Health**
- **Children's Services**
- **Modernization**
- **Policy**
- **Self-Sufficiency**

**Why:**

**Rationale/Background:**



**MACSSA**  
Minnesota Association of County  
Social Service Administrators

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Approved on: