FIVE YEARS OF REVOCATION REFORM IN HENNEPIN COUNTY

BRIEF HISTORY AND UPDATE
December 1, 2021

Revocation Reform was Hennepin County's response to a "sea change" in the treatment paradigm for patients subject to the civil commitment process. This "sea change" has not reflected in 253B which had only been subject to cosmetic or minor amendments over the past 30 years (until the 2020 Session).

The "sea change" to which I refer is the fact that 15-25 years ago, most mentally ill, committed patients were transferred from local hospitals to Anoka Metro Regional Treatment Center in a matter of days. Patients often remained at Anoka for many months or even years.

Today, very, very few, mentally ill patients, other than those also in the criminal process, are transferred to Anoka. Most are treated in local hospitals within a few weeks and then released to the community (or to a community facility) either on a provisional discharge or a stayed commitment.

As a result of the gap between the law and "facts on the ground," the Court, this office, Mental Health Case Management, and local hospitals (HCMC, Abbott-Northwest, Fairview University and Southdale, and North Memorial) met for over three years to develop a standard operating protocol. One was reached, and it was implemented 12/2/13.

REVOCATION REFORM PROCEDURES

Our four major, hospital clients initially chose to participate in Revocation Reform. These hospitals are: HCMC, North Memorial, Abbott-Northwestern, and University of Minnesota Medical Center (Fairview). These hospitals represent in excess of 80% of our 1400+ petitions a year. Regions Hospital, Unity/Mercy, St. Joseph's and United joined the Consortium in late 2018. In 2019, Methodist Hospital also became a Consortium participant; although this facility does not have an inpatient psychiatric unit, Methodist does initiate petitions, often for chemical dependency. With all major, local hospitals with inpatient, psychiatric units "on board," almost 100% of Hennepin County residents burdened with a major psychiatric disorder and subject to civil commitment are able to benefit from the flexible procedures described herein

Revocation Reform is simply this. All participating hospitals agree to make dual commitments (or stays) to their facilities and the Commissioner their default position for all petitions based on mental illness. All of the hospitals retain the freedom to do otherwise for the exceptionally challenging patient; exceptions number in the single digits in any calendar year (of our 1400 plus cases). For the standard case involving the dual commitment, the revoked patient could be immediately returned to that hospital. Furthermore, the hospital agreed to admit the patient provided he/she met inpatient criteria.

In return, the Court agreed that the hospital could discharge the patient from the Emergency Room if he/she did not meet inpatient criteria. Upon such a discharge, the hospital would be obliged to notify the Court and Case Management. Furthermore, the stay or the provisional discharge would be automatically reinstated.

A STATUS REPORT

In the eight years that have passed since Revocation Reform was implemented, I can report substantial success. By "success," I mean the following:

- 95+% of our clients are safely maintained in the community with some setbacks, generally resulting in a brief stay in a local hospital.
- No more than 15-20 revoked patients have not been admitted upon return to the hospital over the past eight years.

The two, primary remaining problems with Revocation Reform are:

- There can be no revocation from the community unless the case manager has a good faith belief that the patient will meet inpatient standards. This means that non-compliance alone does not suffice for revocation.
- Approximately 5% of the patients cannot be safely maintained in the community or, sometimes, even in local hospitals and require the long-term hospitalization that was once provided by Anoka or another state facility. Each of these cases creates special challenges for the patient, the treating hospital, his/her personal and professional support team, and the community.

RELATED REFORM

As part of Revocation Reform, one other reform procedure was adopted which was designed to respond to the "sea change.

This is the Non-Emergency Review Hearing. Historically, there was no way to legally respond to a patient who was failing the case plan but not yet needing hospitalization. Simply stated, the case manager could not take legal action until the patient had decompensated to the point of requiring emergency hospitalization. It is hard to exaggerate the heartache and risk involved for the patient and loved ones during this period.

In response, the Court and the Defense Panel agreed to a new procedure, the non-Emergency Review. In circumstances of non-compliance, the case manager has the option to have the patient summonsed to Court where he/she is taken to the "therapeutic woodshed. Over the past seven years, anecdotally, this procedure appears to be effective about 50% of the time, preventing additional decompensation.

FUTURE PLANS

As of this date, policies, procedures, communication will continue to be refined and strengthened so that all patients with a place to live will be able to leave the treating hospital the day that patient no longer needs inpatient treatment. If you have any questions about Revocation Reform, you are welcome to contact me at bill.neiman@hennepin.us or 612 348 9950 or 612 819 3837 (cell).