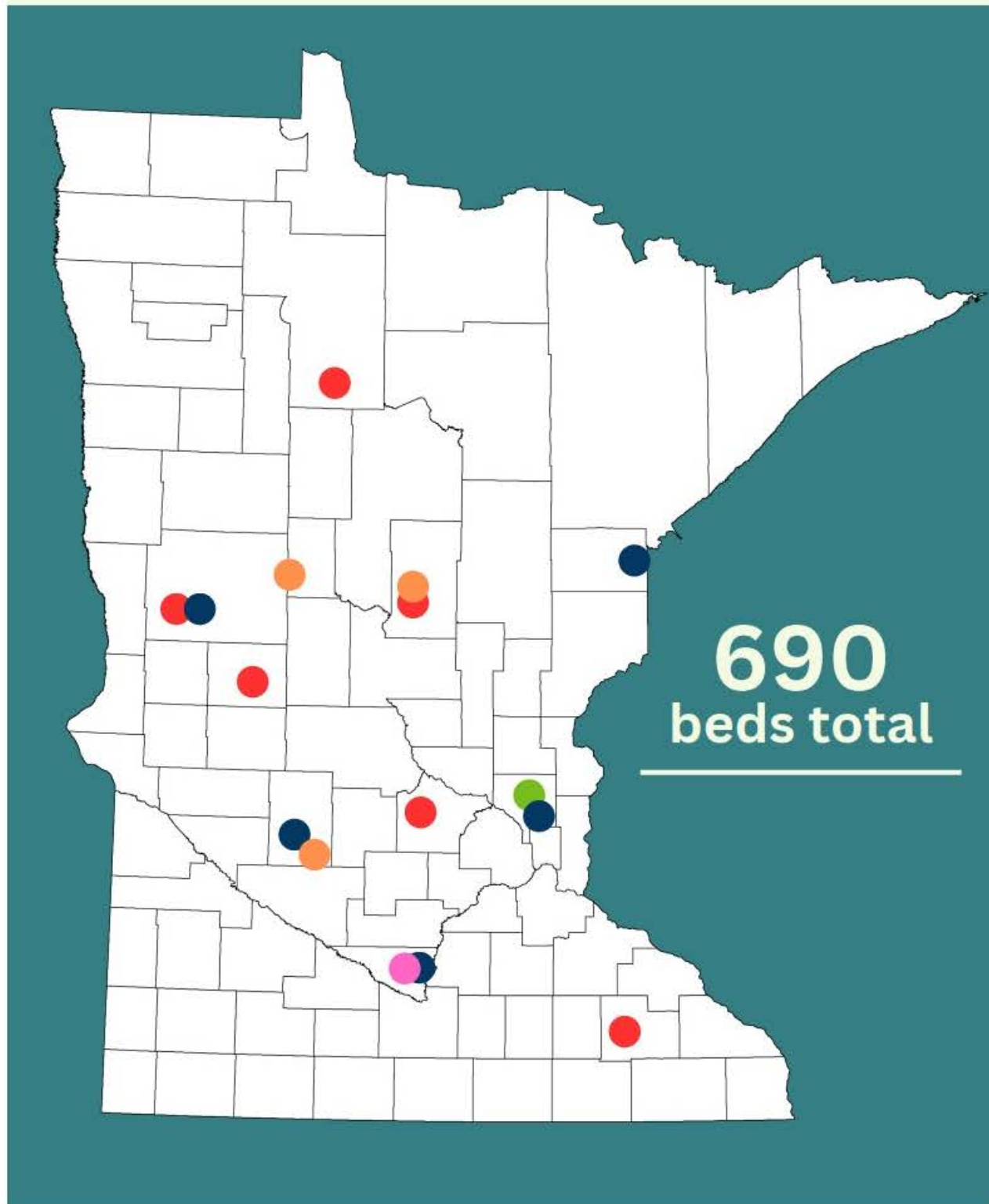


DCT FACILITIES

MENTAL HEALTH TREATMENT FACILITIES FOR ADULTS



COUNTY-BASED
PERSPECTIVE OF
DCT ADMISSIONS
PRIOR TO 2013 AS
COMPARED TO
CURRENT REALITY

Note: These notes are contextual in nature and not meant to represent the technical admissions process or policy of DCT.

Prior to 2013

CARE was available to all in need of CD Tx

CBHH's - there were 10 total (160 beds)

*Voluntary admissions

*Court holds (72-hr)

*Civil Commitment - stayed/full

AMRTC - there were more units, more beds available

Miller building was utilized for Comp Restoration services

Typically - admits were CC and in need of longer term psych svcs

FMHP - Never had difficulty with admissions - always able to admit. Initial evals occurred at FMHP also. Direct admits from community.

MSHS - these were originally CBHH's, this conversion provided more IRTS level services.

Community Addiction Recovery
Enterprise (five 16-bed facilities)

**80
BEDS**

Community Behavioral Health
Hospitals (six 16-bed facilities)

**96
BEDS**

Anoka-Metro Regional Treatment
Center

**96
BEDS**

Forensic Mental Health Program
(formerly MN Security Hospital)

**370
BEDS**

Minnesota Specialty Health
System (three 16-bed facilities)

**48
BEDS**

Currently

CARE - must be CC-CD or CC-MI to admit. Typically high complexity, elopement risk, pregnant, IV drug hx.

CBHH's - CC-MI or CC-MI/CD only to admit

AMRTC - Priority Admission Criteria only

FMHP - CC-MI&D, full commitment. Up to 8-12 months wait for admission.

MSHS - Typically must be from AMRTC or CBHH to admit, civil commitment, elopement risk (flex locks) - known as a secure IRTS in MN.