

Meeting Minutes: Priority Review Panel Meeting

Date: 09/09/2024 Minutes prepared by: Kari Gallagher

Location: Direct Care and Treatment, 3200 Labore Road, Suite 104 Vadnais Heights, MN

55110

Attendance

- Jodi Harpstead
- Keith Ellison
- Dr. KyleeAnn Stevens
- Lisa Harrison-Hadler
- Dr. Dionne Hart
- Dr. Eduardo Colón-Navarro
- Nick Rasmussen
- Heidi Heino
- Jinny Palen
- Sue Abderholden
- Bryan Welk
- Taleisha Rooney
- Angela Youngerberg
- Kevin Magnuson
- Tarryl Clark
- Lynn Butcher
- Miranda Rich
- Mark McGuire

Agenda

Welcome (Chairs Ellison and Harpstead) (10:00am-10:15am)

- Introductions
- Open/Closed Meeting Structure

Tasks of this Review Panel (Chairs) (10:15-10:30)

Priority Admissions Framework Update and Draft Dashboard (Stevens) (10:30-11:00)

- Letter to stakeholders
- Participation in formal project
- Draft dashboard

Update on Jail Consultation Pilot (Stevens) (11:00-11:10)

Discussion of 48 Hour Requirement (All) (11:10-12:00)

Break/Lunch (12:00-12:30)

Continue Discussion of Timeline (All) (12:30-1:15)

Next Steps and Planning (All) (1:15pm-1:30pm)

Adjourn (1:30pm)

Next Meeting

Date: Monday, October 28, 2024

Time: 10:00am-1:00pm

Location: Direct Care and Treatment, 3200 Labore Road, Suite 104 Vadnais Heights, MN 55110

Meeting Notes

Welcome

- I. Introductions of members and staff
- II. Discussed open and closed meeting structure and that the meetings are not open to the public
- III. If protected health information is to be discussed within the closed session with review, only the review panel members and DHS/DCT support staff be present.

Tasks of Review Panel

I. Members reviewed and discussed the <u>Tasks of the Review Panel</u>

Priority Admissions Framework Update and Draft Dashboard

- I. Letter to stakeholders
 - a. Letter to stakeholders addresses progress with instituting the legislation from the 2024 session, including the exception for 10 hospitalized patients to join the priority admissions waitlist. Direct Care and Treatment (DCT) has met these deadlines, the letter has an imbedded survey that asks what is most important in getting patients in quickly.
 - b. The letter will be sent by Co-Chairs Commissioner Jodi Harpstead and Attorney General Keith Ellison
- II. Participation in formal project
 - a. Working with a formal improvement expert, Charles Liedtke with Strategic Improvement Systems
 - Charles is a renowned expert in how to manage a transition like this to make sure we are implementing the framework in a way that is equitable, consistently, and accurately gets patients admitted in the order in which they should be admitted
 - ii. Charles is meeting with up to 30 stakeholders about who should get in first and the factors that we should pay close attention to, Direct Care and Treatment (DCT) staff will reach out to schedule a date and time Charles can meet with review panel members to get their thoughts and perspectives heard

III. Draft dashboard

a. Members reviewed a waitlist comparison sample dashboard that gives a better understanding of how admissions are coming in, date list data, monitoring DCT waitlist

<u>Update on Jail Consultation Pilot</u>

I. Direct Care and Treatment (DCT) has positions posted, have not been able to hire Physician or Pharmacist due to the 2 year pilot.

- a. DCT has committed to hiring people on long term if the pilot does not get extended past the 2 years
- II. A survey will be sent to jails about what resources they have available to them by the barriers to treatment, etc.
- III. Direct Care and Treatment (DCT) Competency Attainment Medical Director Dr. Matt Kruse with Direct Care and Treatment (DCT) has agreed to take this on a half time basis, to get the pilot up and running.
- IV. Contracts set up with jails within the next quarter.

Discussion of 48 Hour Requirement

- I. It has been 48 hours for some time, and the State of Minnesota was unable to meet that requirement, it changed to 48 hours after a medically appropriate bed is available last year to better reflect the needs to admit safely to available beds.
- II. Other states statutes and timeline requirement and if so, how it is going for them?
 - a. Direct Care and Treatment (DCT) will present the findings at the next meeting
- III. Attorney Generals office will provide a cost breakdown of lawsuits against the State of Minnesota related to the 48-hour rule

Continue Discussion of Timeline

- I. Members discussed ideas on how to tackle the behavioral health crisis in Minnesota and placed up to 3 marks beside each of their favored categories.
 - a. Rates for Providers and Safety-14 marks
 - b. Change Environment Study-1 mark
 - c. Law Enforcement Costs-1 mark
 - d. Stable/Safe/Supportive Housing-5 marks
 - e. DCT and Community Hospital Expansion-8 marks
 - f. More PRTF-3 marks
 - g. Education for supports/peers/family-1 mark
 - h. Locked IRTS-3 marks
 - i. Hospital Based Care Coordinators
 - j. Co-occurring Physical Health
 - k. Prevention
 - I. Law Enforcement handoff Treatment
 - m. Outpatient Treatment
 - n. MI&D Substance Use Options
 - o. Staff Roles (licensed treatment roles) + Staff Development
 - p. 25% CADI Doesn't Work

Next Steps and Planning

- Meetings will be scheduled on the fourth Monday of each month in person at Direct Care and Treatment in Vadnais Heights.
 - o Will offer a hybrid option but encourage in person attendance.
- Discuss other States statutes in terms of actual timeline requirement at next meeting.
- Webpage accessible for members to see documents, agendas, meeting minutes.
 - o Priority Admissions Review Panel / Minnesota Department of Human Services (mn.gov)
- Members requested a cost breakdown of lawsuits against the State of Minnesota related to the 48-hour rule.
- DCT will present initial quarter of data for admissions/waitlists following the new framework implementation.