

Meeting Minutes: Priority Admissions Task Force

Date: 1/30/2024

Minutes prepared by: Kari Gallagher

Location: Minnesota State Capitol, 75 Rev. Dr. Martin Luther King, Jr. Blvd, St. Paul, MN 55155

Attendance

- Jodi Harpstead
- Keith Ellison
- Dr. KyleeAnn Stevens
- Bryan Welk
- Doug McGuire
- Dr. Dionne Hart
- Kevin Magnuson
- Lisa Harrison-Hadler
- Sue Abderholden
- Taleisha Rooney
- Angela Youngerberg
- Heidi Heino
- Nick Rasmussen
- Melissa Caffes
- Tarryl Clark
- Jinny Palen

Action Items

- Will send task force members draft report for language changes and review on 1/31/24 and will be completed by 2/5/24 / Dr. Stevens and Kari Gallagher

Agenda

Meeting opening (Commissioner Harpstead/AG Ellison) (1:00pm-1:10pm)

Small Group Reports (1:10pm-1:30pm)

- 1. Jail Medications (Small group members)**
- 2. Report Drafting (Small group members)**

Review and Discussion of Report (all) (1:30pm-2:30pm)

- **Areas requiring attention:**
 - **Guiding Principles**
 - **Framework for Prioritization and Monitoring**
 - **Treatment in Jails**
 - **DNMC Costs**

Break (2:30pm-2:45pm)

Discussion Continued (2:45-3:45pm)

Recap and discussion of next steps (3:45pm)

Adjourn (4:00)

Next Meeting

Date: Friday, February 9, 2024

Time: 9:00am-10:00am

Location: 3200 Labore Road, Suite 104 Vadnais Heights, MN 55110

Meeting Notes

Meeting Opening

Task force members introductions

Small Group Reports

- I. Jail Medications
 - i. Creating a fund to eliminate any barriers to accessing medication in jails, this fund would allow jails to access paid medication, including injectable medications, the people who deliver the medications and they could monitor them as well.
 - ii. Make sure people who are in jail are not charged a copay, that is a huge barrier for people getting their medications.
- I. Report Drafting
 - I. Group met three to four times over the last month, Direct Care and Treatment (DCT) provided technical assistance and back bone for the report incorporating ideas.
 - II. During the most recent draft report meeting, a comprehensive report was discussed, along with several recommendations for implementation.

Review and Discussion of Report

- I. These are the areas that the drafting group wants the task forces full input and narrow it down
- II. Requesting the task force members focus on everything that cannot be supported, due to the final report deadline.

Guiding Principles

- I. Number 1, change title to Access and Capacity are a Problem
- II. Number 8, take out shoulder the weight and replace with collaboration with State Operated Services
- III. Number 2, replace the title with People should have the care they need

Framework for Prioritization and Monitoring

- I. Discussed how to modify the priority and statutes, will need to revise prioritization framework, currently it is based on location, and date of referral.
- II. Direct Care Treatment (DCT) is proposing the creation of a prioritization framework to address the needs of individuals in their care. This framework is aimed at providing accessible data, promoting transparency, and fostering collaboration among stakeholders and partners. A dashboard will be used to keep everyone informed, and the task force will review the framework's effectiveness for the next year. Additionally, a quality committee will report to the DCT board, ensuring accountability and continuous improvement. This initiative emphasizes the importance of prioritizing and meeting the needs of individuals in care, promoting transparency and collaboration, and maintaining high standards of

quality. These efforts are relevant to current events and issues in healthcare, emphasizing the importance of patient-centered care and accountability.

Treatments in Jail

- I. Change the title to: Fund mechanisms for individuals to have meaningful access to medications in jail
- II. Change to say: Mental health workforce, includes salary and benefits, provision of free supervision, expansion on training opportunities with integrated substitutes, disorders and mental illness and decreasing work related violence
- III. Hennepin County offers services and trainings to other counties, for free
- IV. Department of Human Services (DHS)/Direct Care and Treatment (DCT) could help coordinate responses, help with training, education piece
- V. The state could put together a regional list of viable providers delivering the medication based on patient and staff

DNMC Costs

- I. Discussion about the initial infusion of DNC costs and the potential implications for mental health development services in communities. Revolves around the potential elimination of DNMC costs and the impact of this decision on mental health funding. Task force members consider the value of DNMC costs from a county perspective and discuss the need for specific language and criteria to guide funding allocation.
 - a. They also address the challenges in providing specialized treatment options and discharge planning for mentally ill individuals. Emphasizing the importance of incentivizing community-based mental health care and the need for creative solutions to address the current backlog and limitations in care.
- VI. Language change-The discharging medical physician determine DCT is the only viable option

Discussion Continued

- I. Task force members reviewed a draft report, suggesting language changes for accuracy and clarity. They discussed correcting Tarryl Clark's title to represent the Association of Minnesota Counties and removing a sentence on unintended consequences regarding the Priority Admissions law. Additionally, they recommended placing the recommendations paragraph in the Executive summary and removing nuanced factors from court orders. They also highlighted the impact of increased injuries due to patient aggression in 2014. Reflects the meticulous attention to detail required in official reports, as well as the importance of accurate representation and the potential consequences of policy decisions.

Recap and discussion of next steps

- I. Task force members working on a final report, discussing the changes needed before its publication. Around the process of finalizing the report, including suggestions for incorporating changes, approval timelines, and the use of track changes to facilitate collaboration. There is a focus on the urgency and importance of the task, with an emphasis on the need for efficient communication and collaboration