

## Meeting Minutes: Priority Admissions Task Force

Date: 12/20/2023  
Minutes prepared by: Kari Gallagher  
Location: Department of Human Services/Andersen Building

### Attendance

- Jodi Harpstead
- Keith Ellison
- Dr. KyleeAnn Stevens
- Bryan Welk
- Doug McGuire
- Dr. Dionne Hart
- Kevin Magnuson
- Lisa Harrison-Hadler
- Sue Abderholden
- Taleisha Rooney
- Dr. Eduardo Navarro-Colon
- Angela Youngerberg
- Heidi Heino
- Nick Rasmussen
- Miranda Rich

### Action Items

- DCT Dashboard/Dr. Stevens
- Each task force member draft a short statement to share about what the Priority Admissions statute means to them, their viewpoint and how it has impacted their organization and/or lives/ Priority Admissions task force members

## **Agenda**

**Meeting opening (Commissioner Harpstead/AG Ellison) (2:00pm-2:10pm)**

**Process for drafting of report (Drafting team members) (2:10pm-2:30pm)**

**Deep dive into recommendations (all) (2:30pm-3:30pm)**

**Break (3:30pm)**

**Discussion and decision related to statutory modifications (3:45pm-4:45pm)**

**Recap and discussion of next steps (4:45pm)**

**Adjourn (5:00)**

## **Next Meeting**

Date: Tuesday, January 30, 2024

Time: 1:00pm-4:00pm

Location: To Be Determined

# Meeting Notes

## Meeting Opening

- I. For recommendations in the final report, identify areas where changes may be necessary, emphasizing the importance of effective and meaningful alterations.
  - a. The focus is on creating a clear list of proposed language changes for advocacy purposes, highlighting that such efforts can be impactful and cost-effective.
  - b. The importance of thoughtful and informed decision-making in enacting policy changes, with the understanding that collaboration and advocacy are essential in bringing about meaningful reforms.
- II. Task force members submit a short statement to share about what the Priority Admissions statute means to them, their viewpoint and how it has impacted their organization and/or lives to add to final report.

## Process for drafting of report

- I. Task force members looked through and discussed both working drafts one and two
  - a. [Working Draft One: Initial Broad Recommendations](#)
  - b. [Working Draft Two: Initial Broad Recommendations](#)
- II. Discussed the implementation of The 48-hour rule, which emphasizes getting people from jails to community sites or state facilities as quickly as possible
  - a. Concerns about the capacity of the healthcare system to handle the increasing number of individuals experiencing behavioral health issues, highlighting the need for expanded resources and treatment options.
  - b. Look at the issue systemically, acknowledging that the behavioral health crisis has grown dramatically in recent years and that there is insufficient capacity to address the problem effectively.
  - c. Stress the importance of finding alternative solutions and expanding capacity beyond designated crisis intervention beds

## Deep dive into recommendations

- I. Medicaid expansion
  - a. Figure out how Medicaid can be used in the jails under the 1115 waiver
    - i. Look at expanding for all pretrial individuals
  - b. 1115 waiver will potentially allow people incarcerated to use Medicaid 90 days before they are released.
- II. Inserting previous findings and recommendations in the report
- III. Investing in Assertive Community Treatment (ACT) Team
- IV. Investing in voluntary engagement
- V. Come up with framework with various settings vs just Direct Care and Treatment (DCT)
- VI. Discuss what kind of care that cannot be provided in the jails

- VII. How can people get treatment that is needed in jails, and may not have to end up in Direct Care and Treatment (DCT) facility
- VIII. Rate Study
  - a. Insight into the challenges and complexities of attracting and retaining a workforce in the context of healthcare services. The need for a rate study to assess the adequacy of compensation for healthcare workers and the impact of higher rates on attracting staff.
- IX. Discussion on exploration of regional treatment centers operated by the state
  - a. The need for increased mental health capacity within jails, as well as the exploration of establishment of regional treatment centers. The challenges of addressing the mental health needs of individuals in the criminal justice system, including the limitations of existing facilities and the potential benefits of regional treatment centers. Task force members discussed the implications of building new capacity, the importance of collaboration between state and local entities, and the concerns surrounding the impact on the community and access to care.

#### Discussion and decision related to statutory modifications

- I. Greater Minnesota critical care hospitals
  - a. Need for a different approach to these hospitals, if you add a psych bed, it does not count towards their total bed capacity, making it possible to add more beds for crisis observation units to provide better care for mental health emergencies
  - b. Could use bonding money in the critical care access hospitals to make that happen, and can use Medicaid
- II. Discussion of Oversight Counsel
  - a. Discussion on the mechanisms of accountability, the need for regular reviews, and the balance between oversight and operation efficiency.
    - i. Balancing accountability with the practical realities of managing a high-volume operation.
    - ii. Real time dashboard showing capacity of Direct Care and Treatment (DCT) facility
- III. Discussion about the modification of Priority Admissions statutes in jails and the challenges faced by county partners in addressing the issue.
  - i. Jarvis order
    - 1. Obtaining Jarvis orders, highlighting the potential for stability and constitutional requirement to treatment
    - 2. A subgroup group will be put together to discuss how involuntary medications may be more efficiently given for those in jails.

#### Recap and discussion of next steps

- I. Draft team will meet the second week of January 2024
- II. Priority Admissions task force will meet at the end of January 2024
- III. Dr. Stevens and Direct Care and Treatment (DCT) group will write the next draft