Meeting Minutes: Priority Admissions Task Force

Date: 09/18/2023
Minutes prepared by: Kari Gallagher
Location: Shakopee Community Center
1255 Fuller St S.
Shakopee, MN 55379

Attendance

- Jodi Harpstead
- Keith Ellison
- Dr. KyleeAnn Stevens
- Bryan Welk
- Angela Youngerberg
- Kevin Magnuson
- Jinny Palen
- Dr. Dionne Hart
- Lisa Harrison-Hadler
- Sue Abderholden
- Taleisha Rooney
- Dr. Kathleen Headey
- Heidi Heino
- Nick Rasmussen
- Miranda Rich

Action Items

- Top Ten Suggestions/Task force members/October 23, 2023

Agenda

Opening, Review of Minutes, Introductions as Needed (1:00-1:15)

Old Business (1:15-2:15)

I. SharePoint Updates

II. Data for Review (Stevens)

- Numbers of beds within DCT
- Wait times by referral source

III. Prior admissions processes pre-2013 (Stevens and Youngerberg)

IV. Flow chart depicting individual course through criminal justice/civil commitment system (Abderholden)

V. Summary of previous recommendations by various groups (Abderholden)

Break (2:15-2:30)

New Business (2:30-3:45)

I. Discussion of feedback provided by members

I. Impact of Priority Admissions Statute

II. Policy and Funding Recommendations

Treatment Options for those under statute

Next Steps (3:45-4:00)

I. Subgroups needed?

II. Report preparation

III. Scheduling of next meeting

Adjourn (4:00)

Next Meeting

Date: Monday, October 30, 2023
Time: 1:00pm-4:00pm
Location: Shakopee Community Center

Meeting Notes

Opening, Review of Minutes, Introductions as Needed

- Task force members approved the previous meetings minutes
- Task force introductions

Old Business

I. SharePoint Updates
   - Priority Admissions Task Force public website contains meeting recordings, and documents shared at meetings

II. Data for Review (Stevens)
   - Numbers of beds within DCT
     DCT Facilities Map of Mental Health treatment Facilities for Adults was reviewed by task force members
   - Wait times by referral source
     Task force members reviewed Key Data on Priority Admissions to DHS Operated Mental Health Programs

III. Prior admissions processes pre-2013 (Stevens and Youngerberg)
   Angela Youngerberg:
   Prior to 2013, and what admissions was like from a county perspective
   - Community Addiction Recovery Enterprise (CARE) was available to anyone who needed chemical dependency treatment, today it is now a high level, lock facility for individuals with high complexity chemical health needs
   - Community Behavioral Health Hospital's (CBHH's) there were ten initially, today there are six, Individuals that are civilly committed as Mentally Ill (MI) or Mentally Ill and Dangerous (MI&D)
   - Anoka Metro Regional Treatment Center (AMRTC) has had the most significant change since 2013, there were many more beds available at the time. There were more buildings utilized at the time and they provided competency restoration, today it is really that priority admissions criteria, although data shows there is a small number of individuals here and there that are able to come from the hospital
   - Forensic Services (Formerly Minnesota Security Hospital), from a county perspective, did not have trouble getting individuals in to that level of care, could facilitate same day admissions. Now they occur while the individual is typically in jail, the individual must be civilly committed, as Mentally Ill and Dangerous (MI&D), they must have that full commitment done.
   - Minnesota Specialty Health System is a significant improvement from a county perspective, they are able to work with individuals who have an elopement risk.

Dr. KyleeAnn Stevens:
Prior to 2013, perspective from the state

- The wait list to Anoka Metro Regional Treatment Center (AMRTC) grew to about 100, a lot of effort was put into diversionary processes, remote provisional discharges from other places and that worked well. They worked closely with the counties to facilitate discharges, at that point in time wait times to Anoka Metro Regional Treatment Center (AMRTC) were much longer and for a more stable patient population then we see now, individuals in need of that long term sub-acute care is what it was at that point in time. Between those efforts as well as the Community Behavioral Health Hospital's (CBHH's) opening that eliminated the waitlist.
- In terms of how they prioritized they would look at three things
  - Date of commitment
  - Accuity
  - Capacity
- We see and still use the same sort of prioritization for our non-priority admission areas. To be clear we do admit to all of our levels of care where we can safely admit and treat people under the priority admissions, most cannot like the Community Behavioral Health Hospital's (CBHH's), Community Addiction Recovery Enterprise (CARE) Minnesota Specialty Health System (MSHS) programs.

IV. Flow chart depicting individual course through criminal justice/civil commitment system (Abderholden)

- Task force members reviewed Minnesota's Rule 20 Process Flowchart

V. Summary of previous recommendations by various groups (Abderholden)

- Recommendations from Previous Reports was reviewed by task force members

New Business

I. Discussion of feedback provided by members

- Task force members reviewed the summaries of individual task force members recommendations
  - Part One: The Impacts of the Priority Admissions Law
  - Part Two: Policy and Funding Recommendations
  - Part Three: Options for Providing Treatment

II. Impact of Priority Admissions Statute

- Task Force members discussed the impact of the priority admission statute on patients and the need for adequate access to care.
- The members discuss the challenges faced by hospitals and healthcare providers in addressing the capacity issue and the potential solutions such as increasing capacity and building community resources. They also discuss the importance of timely care and prevention in mental health treatment.
- The need for better collaboration between different entities involved in mental health care and the potential benefits of voluntary engagement programs.

III. Policy and Funding Recommendations

- Task force members discussed and suggested
  - More Intensive Residential Treatment Services (IRTS)
  - More mobile crisis units
  - More Certified Community Behavioral Health Clinics (CCBHC)
  - Touchstone model
  - More capacity in Direct Care and Treatment
- These programs aim to enhance capacity and accessibility of mental healthcare services. Bed and staffing capacity is an important consideration to ensure that adequate resources are available to meet the needs of patients. Overall, these initiatives play a vital role in addressing mental health challenges and promoting well-being in the community.

Treatment Options for those under statute

- Timely placement with appropriate level of care
- Work on prevention, for individuals to receive treatment when they begin to have early symptoms of psychosis
- Set a minimum of standards for individuals to receive mental health treatment while waiting for placement
- Follow up on 72 hour holds
- Living opportunities with supports

<u>Next Steps</u>

VI. Subgroups needed?

- Recommendations Part 1, Part 2, Part 3 were mentioned as a possible sub group
- Breaking into small groups may help generate new perspectives

VII. Report preparation

- Task force members were asked to submit their top ten suggestions prior to next meeting
  - Ideas for community providers, Direct Care and Treatment (DCT), and staffing among other areas
  - Comprehensive response with the top ten ideas, task force members should plan to discuss and prioritize these ideas in the next meeting

VIII. Scheduling of next meeting

- Next meeting will be Monday, October 30, 2023