

Meeting Minutes DCT Executive Board Meeting

Thursday, April 16
Direct Care and Treatment
3200 Labore Road Suite 104 Vadnais Heights, MN 55110
3:00 PM – 5:00 PM

DCT Executive Board Attendees

Board Chair Carol Olson, Vice Chair Dr. Paul Goering, Mary Maertens, John Dinsmore, Dr. Prachi Striker, Lynn Butcher

DCT Staff in Attendance

Marshall E. Smith, Dr. KyleeAnn Stevens, Connie Jones, Amy Chantry, Kathy Engstrom, Jack Sturtz, Lynn Glancey, Chris Sprung, Stacy Wells, Carrie Briones, Mitch Arvidson, Breanna Drummer, Kari Gallagher

3:00 p.m. Introductions/Roll Call

- A quorum was established.
- The purpose of Board members attending virtually was for convenience.

Board Member	Present In Person	Abstain	Absent	Present Virtual
Carol Olson	X			
Dr. Paul Goering	X			
Shireen Gandhi			X	
Mary Maertens				X
John Dinsmore				X
Dr. Prachi Striker	X			
Catherine Chavers			X	
Laurie Halverson			X	
Lynn Butcher	X			

3:05 p.m. Review March Meeting Minutes

- Correction: The March meeting minutes will be updated to reflect Dr. Prachi Striker as absent rather than abstaining.
- Dr. Prachi Striker motioned to approve the March meeting minutes as corrected. Dr. Paul Goering seconded the motion. All in favor, no opposition. Motion passed.

Board Member	Vote For	Vote Against	Abstain	Absent
Carol Olson	X			
Dr. Paul Goering	X			
Shireen Gandhi				X
Mary Maertens	X			
John Dinsmore	X			
Dr. Prachi Striker	X			

Catherine Chavers				X
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Privileging and Credentialling

- Board members reviewed the Privileging and Credentialling from March
- Dr. KyleeAnn Stevens, DCT Executive Medical Director presented the privileging and credentialing items for approval.
- She reported:
 - 5 new appointments for contracted Certified Registered Nurse Anesthetist (CRNA) services for Electroconvulsive Therapy (ECT) services at Forensic Services
 - 8 reappointments
 - 5 separations, all of contracted staff
- Dr. Stevens noted Credentialing workload is current through July
- Dr. Prachi Striker motioned to approve Privileging and Credentialing; Mary Maertens seconded. All in favor, no opposition. **Motion passes.**

Board Member	Vote For	Vote Against	Abstain	Absent
Carol Olson	X			
Dr. Paul Goering	X			
Shireen Gandhi				X
Mary Maertens	X			
John Dinsmore	X			
Dr. Prachi Striker	X			
Catherine Chavers				X

3:15 p.m. CEO/Board Chair and Vice Chair Update

- Marshall E. Smith, Chief Executive Officer (CEO) of Direct Care and Treatment (DCT) Health System, provided a CEO update ([referenced document](#)).

Discussion

- Discussion focused on legal communications to Board members' state email accounts, emphasizing timely review and response.
- CEO and Vice Chair reminded staff to follow up when responses are not received.
- Direct Care and Treatment Board Chair Update
 - Chair Olson reported on a meeting with Vice Chair Goering and Advisory Committee leadership (Rep. Baker and Rep. Virnig). Discussion focused on clarifying roles between the Advisory Committee and Executive Board.
 - Key points:
 - Advisory Committee provides stakeholder input
 - Executive Board provides governance and decision-making
 - Groups will meet quarterly or more frequently if needed
 - Early discussions were constructive in developing shared expectations

- Additional board discussion addressed how Advisory Committee feedback will be communicated and how the two groups will coordinate without overlapping roles.
- Members also shared observations from the MnATSA conference, including the value of provider perspectives and expert insights

3:30 p.m.

Workgroup Updates

- Advisory Committee

- CEO Smith provided the update. A document outlining roles of the Advisory Committee, Executive Board, and CEO was reviewed.
- Topics included:
 - Distinctions between governance and operations
 - Expectations for communication and information requests
 - Coordination during routine operations and crisis situations
 - MSOP discussed as a high-visibility program area

Discussion

- Discussion included clarification of roles between the Executive Board, Advisory Committee, and DCT executive leadership.
- Discussion included how the governance structure differs from the prior commissioner-led model.
- Discussion included expectations for how information is shared and how requests for information should be handled.
- Discussion also included:
 - The role of the Advisory Committee in providing stakeholder input and elevating issues
 - Coordination between groups to support Board-level decision-making
 - Ongoing focus on continuous improvement
- CEO noted that MSOP was discussed as a high-visibility program area, including performance indicators and ongoing questions related to program design and long-term effectiveness.

- Quality/Compliance

- Board Member Mary Maertens provided an update from the Quality and Compliance Workgroup.
 - Key areas of focus:
 - Credentialing and privileging
 - Peer review
 - Corporate compliance program development
 - Performance dashboards used across service lines
 - Quality pillar continues to emphasize clinical quality, safety, and outcomes per the Baldrige framework
- DCT Chief Quality Officer Terra Carey reported:
 - Baldrige site visit was primarily virtual
 - Sentinel events reviewed with follow-up actions
 - Annual quality system review is underway Quality plan effective
 - Draft audit and compliance plans expected for Board approval in June

Discussion

- Discussion included questions regarding regulatory oversight across service lines and the role of different regulatory entities.
- DCT Staff clarified that oversight varies by program and may include federal, state, and internal requirements.
- Discussion included:
 - Use of an administrative calendar to track required regulatory activities
 - Occurrence of both scheduled and unscheduled reviews
 - Assignment of compliance responsibility through administrative leadership
- Discussion also included:
 - Complexity of tracking regulatory requirements across service lines
 - Availability of internal tracking tools and documentation
 - Sharing of additional materials with the Board to support oversight

• Finance

- Lynn Glancey, DCT Chief Financial Officer presented an overview of funding structure and payer mix across DCT service lines.
- Lynn Glancey reported:
 - MHSATS, Forensics, and MSOP are appropriated programs funded through legislative appropriations
 - Collections are returned to the general fund
 - DCT bills available payer sources including Medicare, Medicaid, private insurance, counties, and self-pay
 - Outpatient services are revenue-based and include dental, primary care, and psychiatric services
 - Community-based services operate as enterprise programs with varied funding sources
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- Lynn explained:
 - Per diem rates are based on legislative funding, budgeted beds, patient days, and indirect costs
 - County financial responsibility is defined by statute and varies by program and patient status
 - Federal billing limitations apply in certain settings

Discussion

- Discussion included questions regarding billing practices across service lines, county responsibility, and how billing applies to individuals without insurance.
- DCT Staff provided clarification on billing responsibilities at different stages of care and federal limitations impacting billing practices.
- Discussion also included:
 - State rule governing self-pay and current limitations on flexibility
 - Ongoing review of the rule and potential for future updates

- Consideration of billing practices and long-term financial impact
- Comparison to practices in other states
- Additional discussion included terminology used for federal billing purposes and differences from DCT's clinical language.

3:45 p.m.

Health Equity/Learning and Development Update

Learning and Development

- Stacy Wells, Executive Director of Health Equity and Learning & Development, provided the Learning and Development update.
- Highlights:
 - Focus on employee development, required training, and workforce readiness
 - Transition to Cornerstone LMS, allowing DCT-specific training assignments and reporting
 - Review of CBTs to remove duplication and outdated content
 - Development of unified DCT learning plan and enhanced supervisor training
 - Emphasis on shorter, more accessible training formats

Discussion

- Discussion included questions regarding consistency of supervisor training across service lines and leadership development.
- Discussion included the balance between required and optional training and overall training expectations.
- Discussion also included:
 - Effectiveness of CBT-based training and how learning outcomes are evaluated
 - Impact of training requirements on employee workload
 - Opportunities to incorporate external training and best practices

Health Equity

- Stacy Wells, Executive Director of Health Equity and Learning & Development provided the Health Equity update.
- Key areas:
 - Inclusive workplace practices and equity in patient outcomes
 - HR collaboration to strengthen inclusive practices
 - Use of Intercultural Development Inventory (IDI) at leadership levels
 - Development of optional equity learning modules and speaker sessions
 - Improvements in demographic data collection and language access
 - Use of equity lens in policy development

Discussion

- Discussion included questions regarding how patient outcomes are measured across populations.
- DCT Staff noted that some measures exist and that additional work is underway to expand analysis.

- Discussion also included:
 - Limitations in current data systems and completeness of demographic information
 - Importance of accurate data collection to support analysis
 - Opportunities to expand system-wide evaluation of outcomes
 - Integration of equity considerations into quality and operational processes

4:30 p.m.

Open Public Comment

- Chair Olson introduced the public comment portion of the meeting and reviewed procedures, including time limits and that the Board would listen without engaging in dialogue.
- One public comment was received from William Dobbs, who spoke virtually regarding MSOP and concerns with its operations and treatment of clients.

4:37 p.m.

Meeting Adjourned

- Dr. Prachi Striker made a motion to adjourn the meeting, Dr. Paul Goering seconded. All in favor, no opposition. **Motion passes**

Board Member	Vote For	Vote Against	Abstain	Absent
Carol Olson	X			
Dr. Paul Goering	X			
Shireen Gandhi				X
Mary Maertens	X			
John Dinsmore	X			
Dr. Prachi Striker	X			
Catherine Chavers				X