Minnesota Direct Care and Treatment:
Advisory Committee Meeting

AUGUST 26, 2026

ST. PETER, 100 FREEMAN DRIVE, ST. PETER, MINNESOTA 56082

Today's Agenda

1. Welcome
2. Presentation: Forensics Program
3. DCT Executive Board Updates
4. DCT Advisory Committee Business
5. Open Public Comment
6. Wrap Up and Next Steps

DIRECT CARE AND TREATMENT

Forensic Services

Soniya Hirachan, MD| Executive Director & Medical Director

Forensic Services Programs & Service Lines

Forensic Services consists of

- Forensic Mental Health Program
- Forensic Nursing Home
- Community Integrated Services
- Competency Attainment Services
- Jail Consultation Services
- Forensic Network

Forensic Services Residential Programs

- Residential treatment programs providing services in secure and nonsecure settings.
- Located in St. Peter: 3 locations
- Serve individuals civilly committed as mentally ill, mentally ill and dangerous, developmentally disabled, and or chemically dependent.
- Joint commission accredited Behavioral Health Care facility.

- Employees: 1,221.53 budgeted FTEs
- Budget: $166,679,453 (FY27)
- Budgeted beds: 407 (FY27)
- Annual admissions: 73 (FY24)
- Average daily census: 378 (FY27)
- Bed occupancy: 92.88% (FY27)
- Average length of stay: 5.44 years (FY24)

Forensic Nursing Home

- The only secure, licensed nursing home in the state of Minnesota.
- Most patients have been civilly committed or are on a medical release from the Department of Corrections.
- Care that is provided includes assistance with daily living activities, rehabilitation services, and end of life care.

- Employees: 85.15 FTE's (FY27 budget)
- Budget: $9,784,839 (FY25)
- Budgeted beds: 30
- Annual admissions: 23 (FY24)
- Average daily census: 28 (FYTD27)
- Bed occupancy: 83% (FY27)
- Average length of stay: 1.39 yrs. (FY24)

Community Integrated Services

- New program added to Forensic Services in 2022.
- CIS is a mobile team comprised of trained and experienced staff located in community-based offices throughout the state.
- Assist clinically complex individuals who are civilly committed as MI&D to remain in their communities whenever safely possible.

- Employees: 13 FTE's (FY26 budget)
- Budget: $1,799,748 (FY26)
- Budgeted beds: N/A
- Annual referrals: 77
- Average PD census: 260
- Bed occupancy: N/A
- Average length of stay: N/A

Competency Attainment Services

- CAS provided to patients under Chapter 611
- AMRTC is the first DCT site to be certified as a Competency Attainment provider within DCT.
- Future expansion anticipated within DCT

Jail Consultation Services

- Provide education and support to county correctional facilities on best practices
- As of 08/19/26, contracts are in place with 11 counties, with 3-4 pending further collaboration
- Tools and trainings are being developed for each individual jail based on their specific needs
- Currently, most focus has been on Commitment and Jarvis petition processes, understanding mental illness, documentation training, etc.

Forensic Network

- Prepare a variety of mandated, and court ordered evaluations for the Courts.
- Evaluations include competency to proceed evaluations, criminal responsibility evaluations, MI&D final treatment reports and a variety of other evaluations for the Courts.
- Approximately 10% growth in referrals each year.

- Employees: 28.60 FTEs budgeted
- Budget: $4,155,983 (FY25)

Challenges and Opportunities

Challenges

- Admission waitlists
- Difficulty discharging patients due to a lack of placement options in the community
- Staff safety

Opportunities

- Explore technology options that will enhance patient treatment.
- Baldridge Journey.
- Partner with community providers on transitions in care for our patient population.
- Explore technology that will aid in operational efficiency and time management for staff.

Expansion and Renovation Project

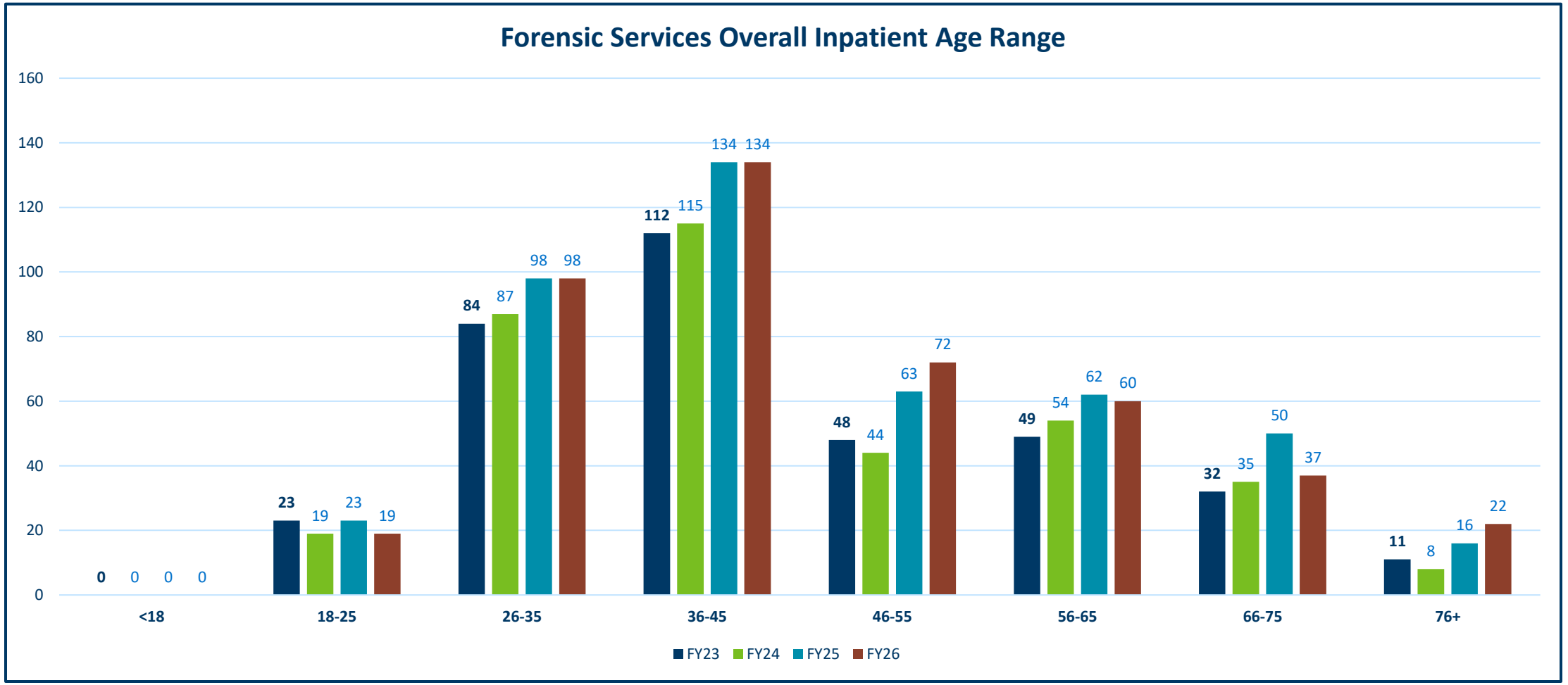
Total Investment: $123 million

2012 predesign:	$3 million
2015 Phase I:	$50 million (occupied 2017)
2017 Phase II:	$70 million (occupied 2020)

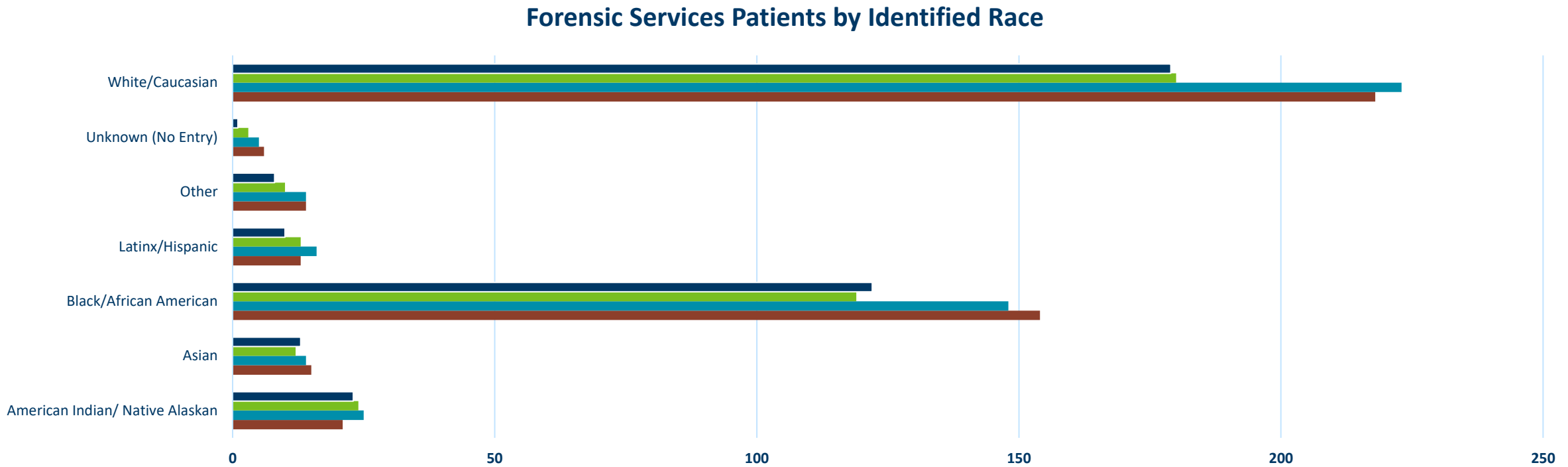
Patient Demographics

Some quick snapshots of our patients by age, race, county of commitment, and discharge status.

Patient Age Range

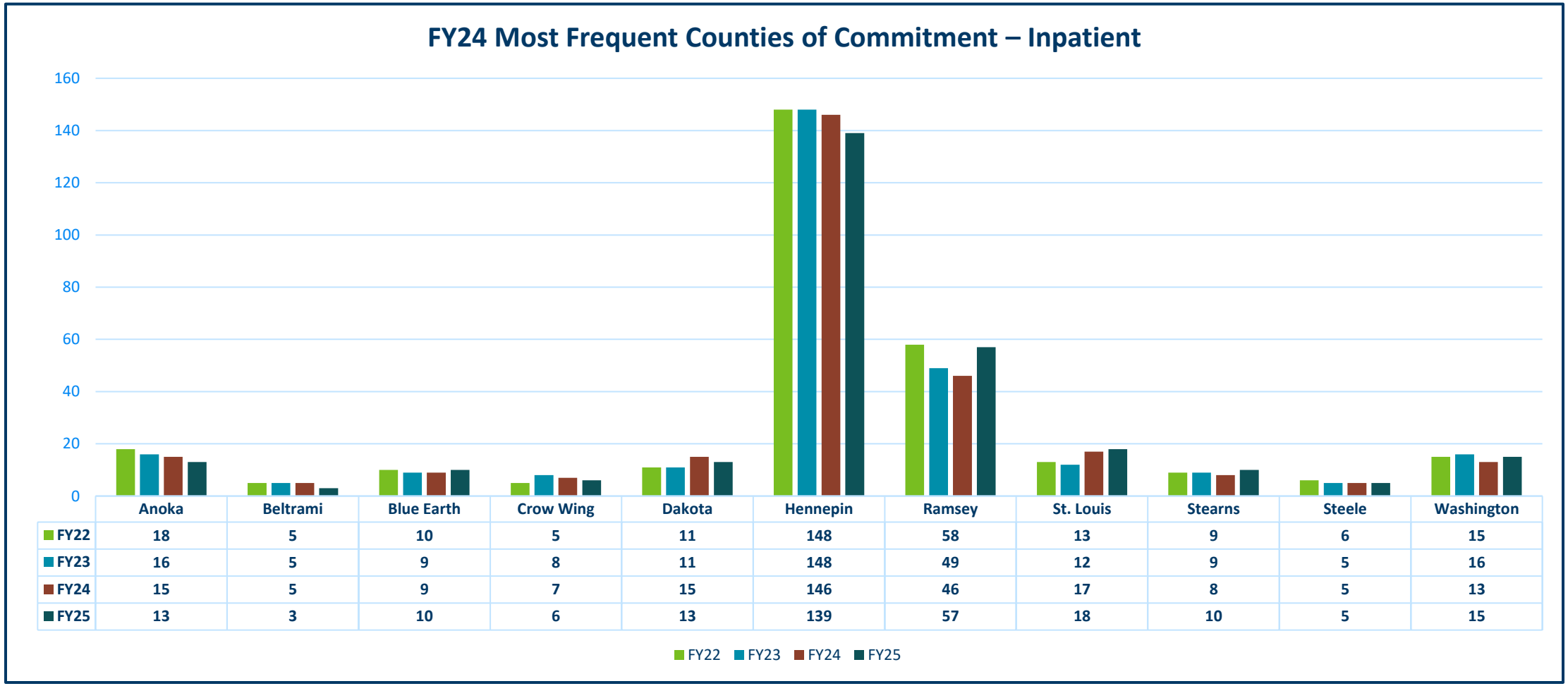


Patients by Race



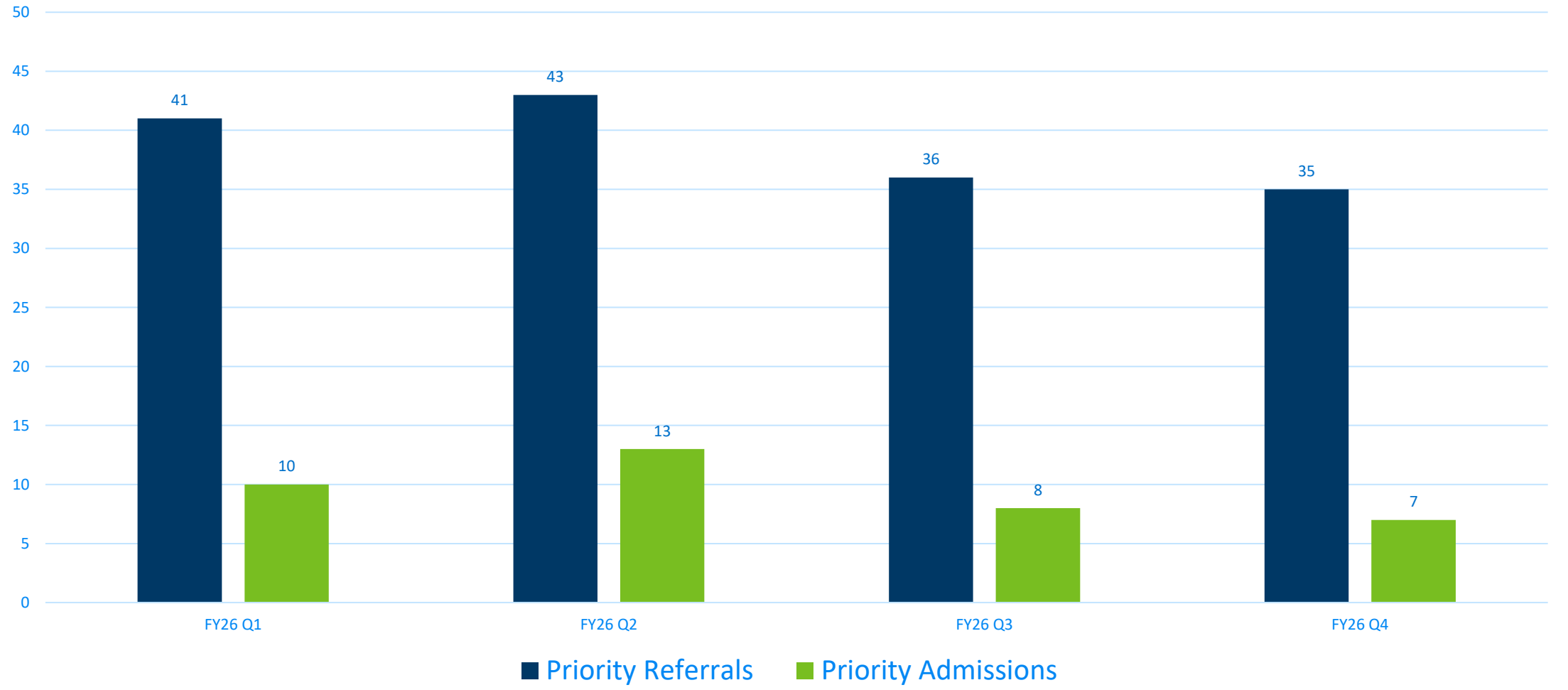
	American Indian/ Native Alaskan	Asian	Black/African American	Latinx/Hispanic	Other	Unknown (No Entry)	White/Caucasian
FY23	23	13	122	10	8	1	179
FY24	24	12	119	13	10	3	180
FY25	25	14	148	16	14	5	223
FY26	21	15	154	13	14	6	218

Patients by County of Commitment

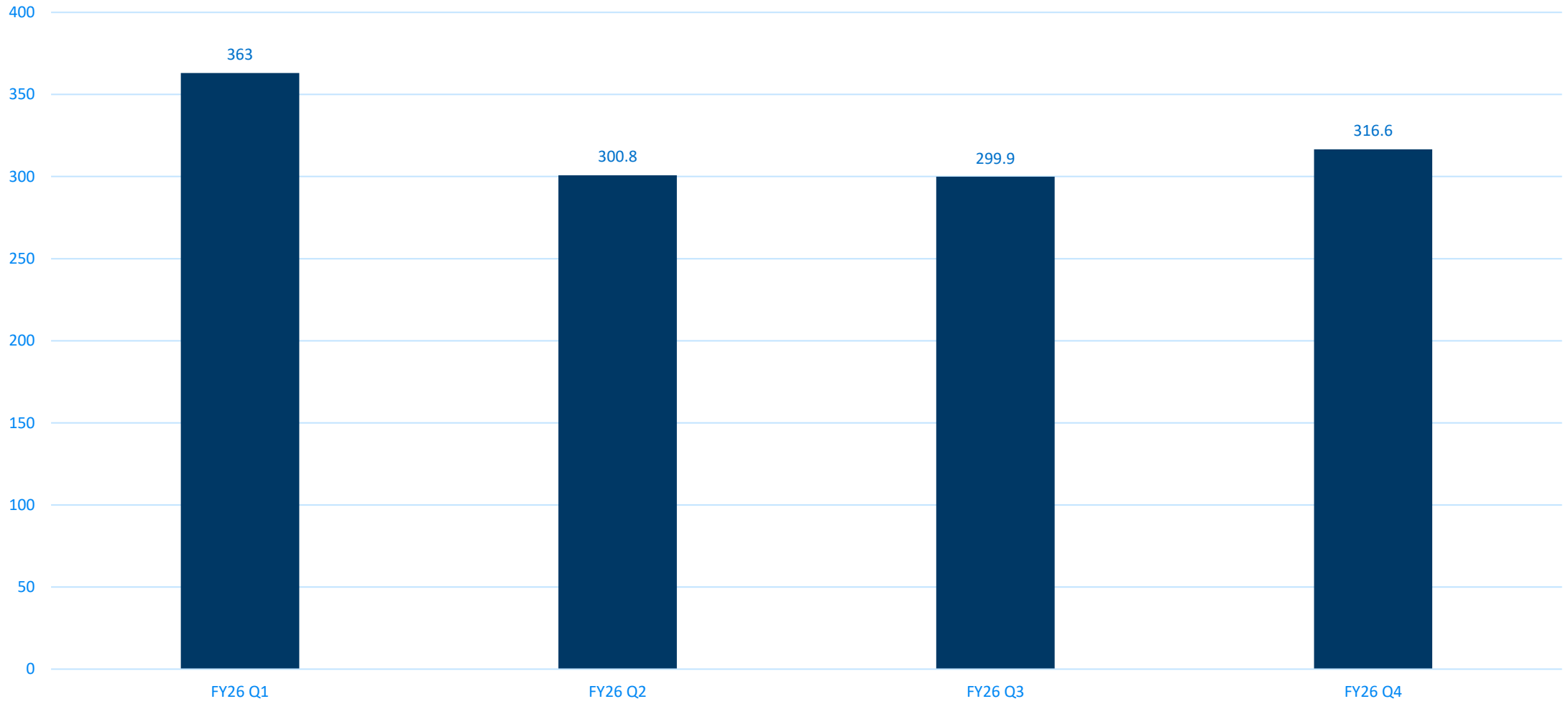


	Anoka	Beltrami	Blue Earth	Crow Wing	Dakota	Hennepin	Ramsey	St. Louis	Stearns	Steele	Washington
FY22	18	5	10	5	11	148	58	13	9	6	15
FY23	16	5	9	8	11	148	49	12	9	5	16
FY24	15	5	9	7	15	146	46	17	8	5	13
FY25	13	3	10	6	13	139	57	18	10	5	15

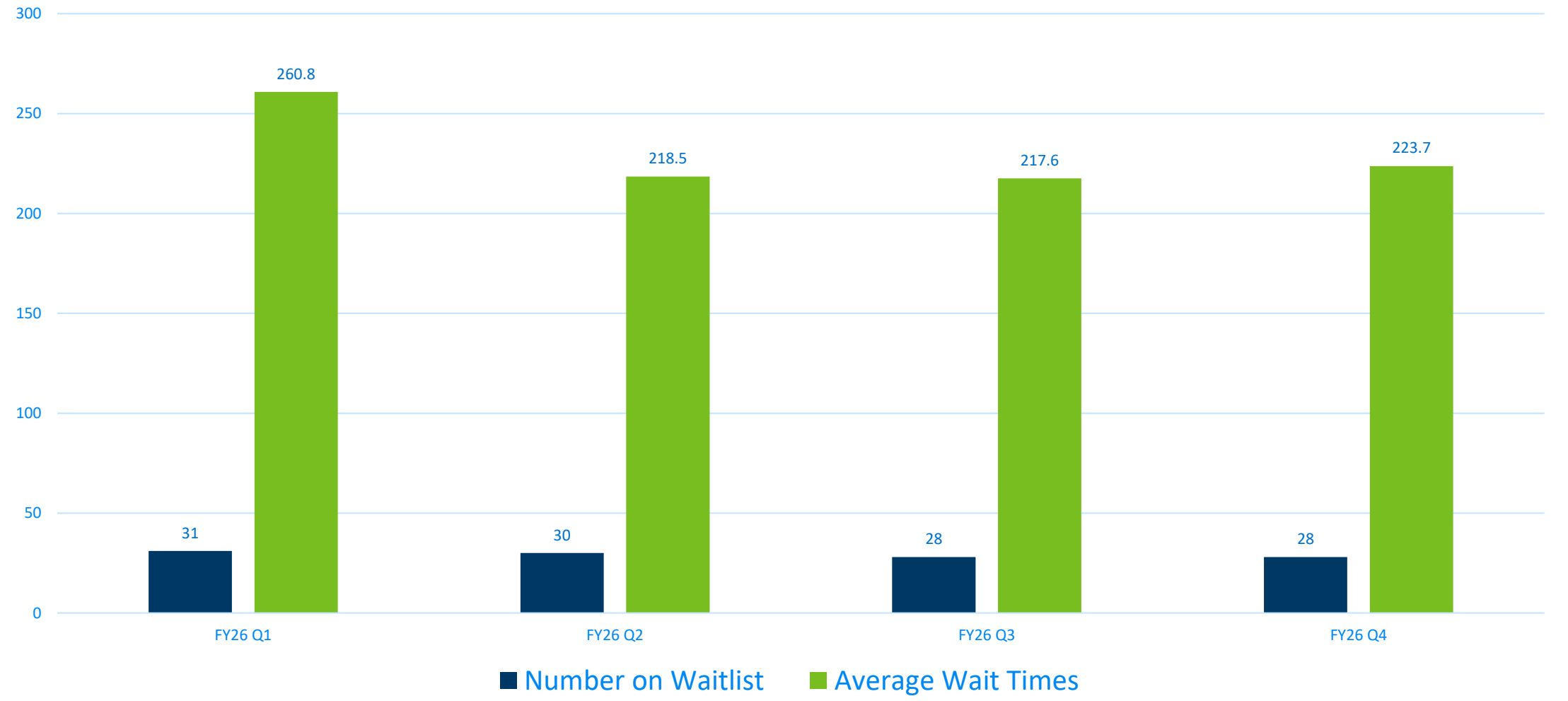
Priority Referrals and Admissions



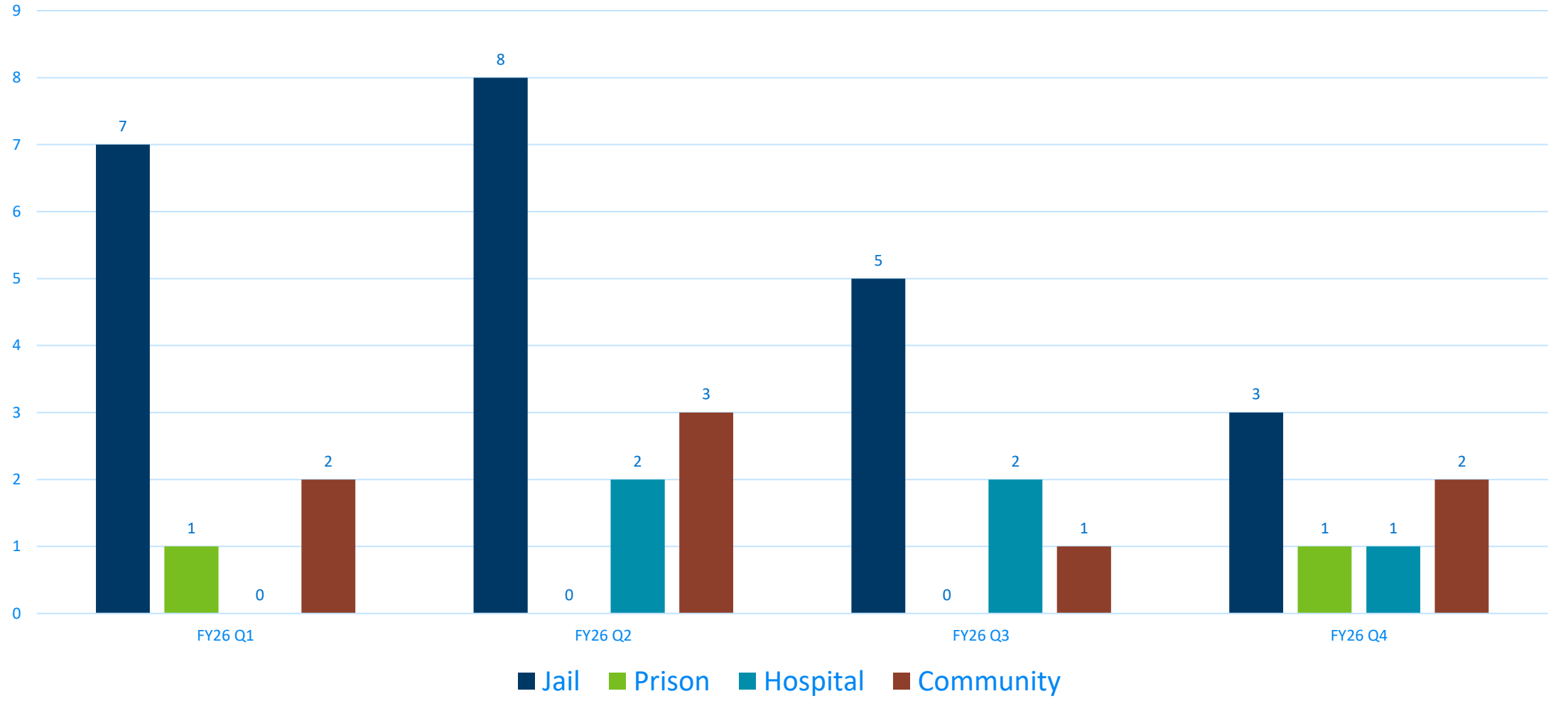
Wait-Times for Priority Admissions



Number on Waitlist and Average Wait Times



Priority Admissions - Sources



Treatment Progression

A look at the typical steps patients take as they progress in treatment and work toward eventual provisional discharge

Admission to the Secure Perimeter

- Initial focus on
  - Stabilization
  - Assessment
  - Treatment
- Initial unit placement
- Treatment planning
  - Treatment team
  - Abuse protection plan
  - Admission treatment plan
  - Individual treatment plan

Residential Treatment

- Housed in secure units with patients who have similar mental illnesses
- Programming directed toward patient's individual needs
- Services include:
  - Mental health therapy, support groups
  - Case management, crisis intervention
  - Independent living skills, recreation
  - Vocation, Education

Non-Secure Treatment Setting

- Supervised residential units
- Primary Focus
  - Independent management
  - Community integration and community supports
  - Provisional discharge planning
- Services offered
  - Psychosocial rehabilitation
  - Skill enhancement
  - Collaboration with community partners
  - Crisis consultation and intervention

Provisional Discharge

- Conditional discharge without termination of civil commitment.
- Patients on provisional discharge live in community settings and are supported by Community Integrated Services and county social services.

Full Discharge

- Final discharge with termination of civil commitment.

DIRECT CARE AND TREATMENT

Thank You!

DCT Executive Board Updates

Carol Olson, DCT Executive Board Chair

DCT Advisory Committee Business

MN DCT Advisory Committee Business

Advisory Committee to review and discuss the following items:

- Committee membership
- Site visit debrief
- Upcoming meeting cadence and agenda planning
- Additional Advisory Committee business

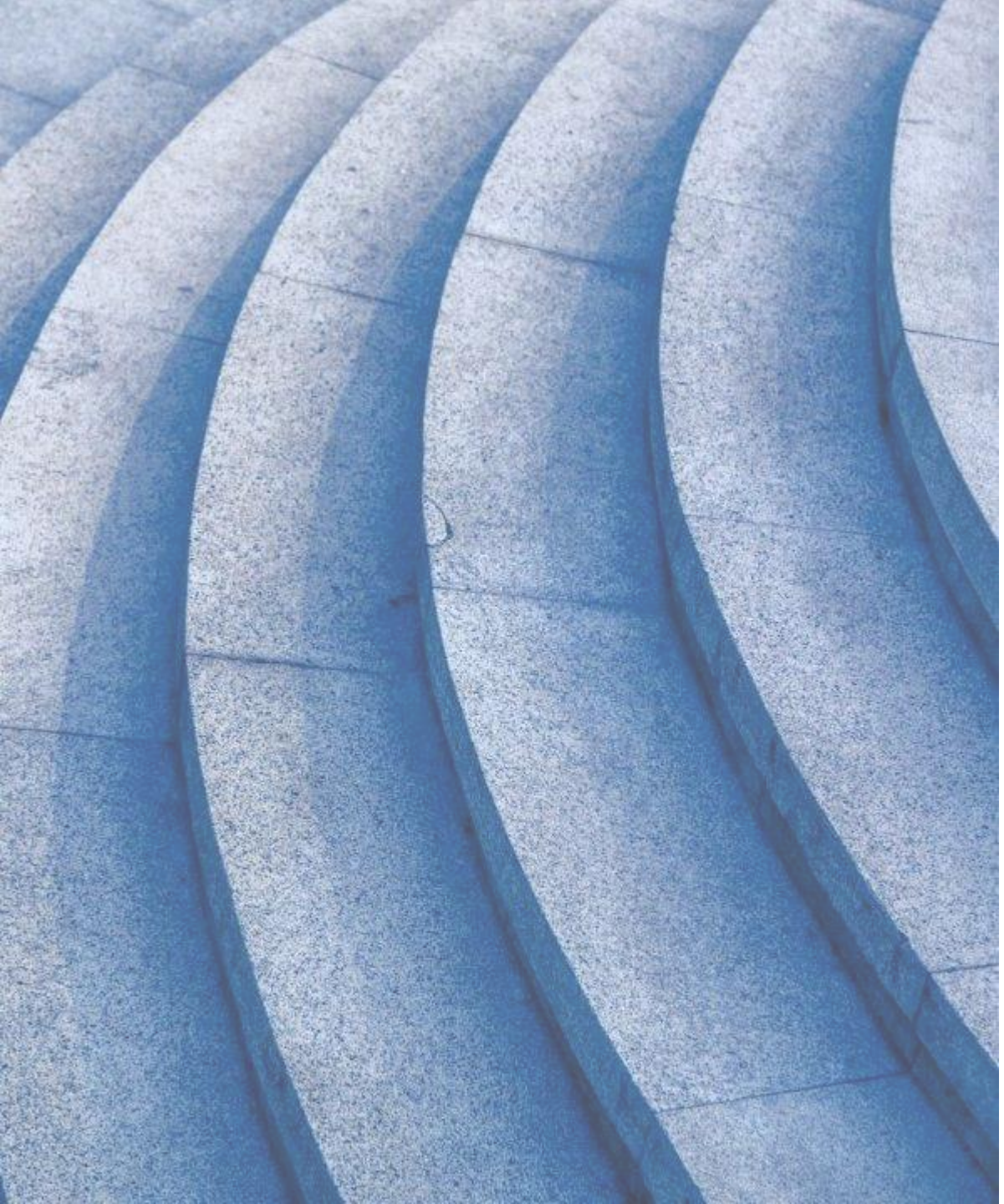
Open Comment Period

MN DCT Advisory Committee Meeting Open Comment

The Committee is dedicated to creating a consistent, fair and transparent method for members of the public to provide comments during meetings. The last 15 minutes of each meeting will be dedicated open comment.

- Members of the public who would like to comment must submit the form on the MN DCT Advisory Committee webpage.
- Comments are limited to topics within the DCT Advisory Committee's scope.
- Each speaker is allotted about three minutes to provide their comment.
- Public comment rules and expectations include:
  - Commenters must adhere to the amount of time allotted.
  - Commenters must address the committee respectfully. Personal attacks, profanity, or disruptive behavior are not permitted.
  - Presentations or materials are not allowed.
  - Comments must not contain any personal health information (PHI) or personally identifiable information (PII) about individuals who are associated with or have received care at DCT facilities.
- The Committee Chair or meeting staff may issue a warning or end a speaker's comment if rules are violated.
- During the public comment, the Advisory Committee will listen to comments and will not engage in discussion or provide responses.

Wrap Up and Next Steps



Wrap Up and Next Steps

- **Upcoming Meetings**
  - To be determined
  - Information on the Advisory Committee and upcoming meetings available on the DCT Advisory webpage
- **Questions or concerns:** Reach out to Dani or Jill (email addresses in chat)