

Meeting Minutes: Priority Admissions Review Panel

Date: January 12, 2026

Prepared by: Lydia Ly

Location: Vadnais Heights 3200 Labore Rd. Vadnais Height, MN 55110 & Microsoft TEAMS

Attendance

Priority Admission Panel Members			
x	Laura Sayles, Attorney General Designee		Teresa Steinmetz, Assistant Commissioner
x	KyleeAnn Stevens, MD, Exec. Medical Director DCT	x	Lisa Harrison-Hadler, OMHDD
x	Kevin Magnuson, MCAA	x	Tarryl Clark, AMC
x	Angela Youngerberg, MACSSA	x	Bryan Welk, MN Sheriff's Association
x	Chris Beamish, MHA	x	Marcus Schmit, NAMI
x	Lauren Pockl, ARS	x	Eduardo Colon Navarro, MD, MN Psychiatric Society
x	Jin Lee Palen, MACMHP	x	Dr. Dionne Hart, Psychiatrist
	Miranda Rich, appointed by Commissioner of Corrections		
Non-Members			
x	Lydia Ly, DCT Executive Assistant non-member	x	Marshall E. Smith, DCT Health Systems CEO non-member
	Carrie Briones, DCT Legislative Director non-member		Dale Klitzke, DCT General Counsel non-member
	Katie Simmons, DCT Data Analyst non-member		
	Catherine Courcy, DCT Deputy Counsel non-member		
x	Nick Rasmussen, non-member public	x	Calynn Schuck, non-member attending on behalf of Cathy Courcy
x	Tawnya Ward, MACSSA	x	Paul , MACSSA

1.)Approval of Previous Meeting Minutes

- A motion to approve the previous meeting minutes was made by Dr. Dionne Hart, seconded by Dr. KyleeAnn Stevens and unanimously approved by the Panel Members.

2.)IRTS Workgroup Update

- Angela provided an update on the IRTS Workgroup, including its most recent meeting and draft recommendations. The Workgroup reviewed the role of IRTS within the adult mental health continuum of care and noted that while a general IRTS model exists, implementation varies across the state and may include crisis residential beds, IRTS-only beds, or blended models.
- The panel discussed eligibility criteria, regulatory structure, licensing, certification, and oversight of IRTS programs. Members noted that IRTS has been identified by DHS as a high-risk area for program integrity and that this designation has contributed to limitations on provider expansion.
- Significant discussion focused on the distinction between **locked IRTS** and **secure treatment facilities**. Members clarified that “secure” settings imply perimeter security and environmental controls that are not permissible under CMS guidelines for community-based services. In contrast, locked IRTS refers to facilities that may restrict entry and exit while still complying with CMS requirements and allowing internal freedom of movement.
- The panel discussed how locked IRTS may benefit certain individuals transitioning from hospitals or DCT facilities but emphasized that locked IRTS is not a one-size-fits-all solution and will not address all discharge or placement barriers.
- Members raised concerns regarding IRTS length-of-stay limits, noting that IRTS is generally capped at 90 days. The panel discussed how this limitation may be insufficient for some individuals requiring longer stabilization periods and identified a gap in the adult continuum between acute hospitalization and longer-term community-based residential treatment.
- **Action Items** - Staff to circulate the IRTS Workgroup draft recommendations, with emphasis on the four core recommendation areas, to panel members for review prior to final report drafting.

3.)Legislative Proposals

Forensic Capacity and Bed Needs

- **Discussion** - The panel discussed ongoing forensic wait times and capacity constraints. Members acknowledged that wait times for forensic placements remain significant despite improvements in other areas of the system. Discussion highlighted the need to balance consideration of additional forensic capacity with efforts to improve discharge pathways and community placement options. Panel members expressed differing views on whether to recommend a specific number of additional forensic beds. Several members supported maintaining flexibility while clearly stating that additional forensic capacity remains necessary. Others emphasized the importance of addressing back-end discharge barriers to reduce forensic bottlenecks.

- **Decisions** - The panel agreed that the final report should acknowledge the continued need for additional forensic capacity without specifying a fixed number of beds.
- **Action Items** - Staff to draft report language acknowledging ongoing forensic capacity needs while avoiding specific numeric targets.

Jail Consultation Services and Jail-Based Mental Health Care

- **Discussion** – The panel discussed the DCT Jail Consultation Pilot. Members reported positive feedback from participating counties and sheriffs and noted that the service has been valuable in supporting jail-based mental health care. Discussion included whether the program should be continued as-is or expanded, with recognition that expansion may require additional staffing or resources. Members also discussed the importance of expanding access to outpatient-level mental health and substance use treatment in jails, while clarifying that the panel is not recommending inpatient-level care within jail settings.
- **Decisions** - Consensus was reached to support continuation of the Jail Consultation Pilot, with consideration of future expansion.
- **Action Items** - Staff to include continuation of the Jail Consultation Pilot as a recommendation in the final report, with expansion to be evaluated by program leadership.

Long-Acting Injectable (LAI) Medication Pilot

- **Discussion** - The panel discussed implementation challenges related to the LAI Medication Pilot, particularly the quarterly funding structure that prevents unused funds from carrying forward. Members noted that this structure may limit full utilization of appropriated funds despite demonstrated need.
- **Decisions** - Consensus was reached to support continued implementation of the LAI pilot with improved funding flexibility.
- **Action Items** - Staff to explore statutory or administrative options to allow carryforward of unused LAI pilot funds and reflect this issue in report recommendations.

Community-Based Services and Program Integrity

- **Discussion** - The panel discussed the importance of sustaining existing community-based services, including ACT, ARMHS, peer support, vocational services, and housing supports. Members emphasized that these services are critical to preventing unnecessary hospitalizations and forensic involvement. Discussion acknowledged workforce shortages, provider moratoria in high-risk areas, and the need to balance access with appropriate oversight, guardrails, and program integrity requirements.
- **Decisions** - The panel agreed to support sustaining existing community-based services rather than expanding new provider types at this time.
- **Action Items** - Staff to revise report language to emphasize sustaining and preserving existing community-based services with appropriate oversight.

Transition Pathways and Step-Down Services

- **Discussion** - The panel discussed gaps in transition pathways for individuals leaving hospitals, jails, and state facilities, particularly for those who do not meet ACT eligibility but require intensive post-discharge support. Members discussed challenges related to case management capacity, role clarity, and access to

timely psychiatric follow-up. Discussion included potential approaches such as partial hospitalization programs, enhanced coordination, peer supports, and improved navigation of existing services, while acknowledging workforce and reimbursement constraints.

- **Decisions** - No formal decisions were made.
- **Action Items** - Staff to incorporate transition pathway challenges and service gaps into the final report without recommending creation of a new mandated service model.

1115 Reentry Waiver

- **Discussion** - The panel discussed continued implementation of the 1115 Reentry Waiver, including mental health services and pretrial populations. Members emphasized the importance of learning from pilot implementation prior to statewide expansion.
- **Decisions** - Consensus was reached to support continued implementation with the long-term goal of statewide expansion.
- **Action Items** - Staff to include language supporting continued implementation of the 1115 Reentry Waiver with future statewide expansion contingent on pilot outcomes.

4.)Next Meeting

- January 22, 2026 at Vadnais Heights from 10:00pm-1:00pm

Next Steps

- Staff will incorporate panel feedback into draft report language and circulate revised recommendations for review prior to finalization.