

Meeting Minutes: Priority Admissions Review Panel

Date: October 23, 2025
Prepared by: Lydia Ly
Location: Veterans Service Center

Attendance

Priority Admission Panel Members			
x	Laura Sayles, Attorney General Designee		Teresa Steinmetz, Assistant Commissioner
x	KyleeAnn Stevens, MD, Exec. Medical Director DCT		Lisa Harrison-Hadler, OMHDD
x	Kevin Magnuson, MCAA	x	Tarryl Clark, AMC
	Angela Youngerberg, MACSSA	x	Bryan Welk, MN Sheriff's Association
x	Chris Beamish, MHA		Sue Abderholden, NAMI
x	Lauren Pockl, ARS	x	Eduardo Colon Navarro, MD, MN Psychiatric Society
x	Jin Lee Palen, MACMHP	x	Dr. Dionne Hart, Psychiatrist
x	Miranda Rich, appointed by Commissioner of Corrections		
Non-Members			
x	Lydia Ly, DCT Executive Assistant non-member		Marshall E. Smith, DCT Health Systems CEO non-member
x	Carrie Briones, DCT Legislative Director non-member		Dale Klitzke, DCT General Counsel non-member
	Katie Simmons, DCT Data Analyst non-member	x	James Zuleger, Assistant Washington County Attorney non-member
x	Catherine Courcy, DCT Deputy Counsel non-member	x	Dr. Matt Kruse, DCT Jail Consultation Team non-member
x	Jenny Carlstrom, DCT Jail Consultation Team non-member		

1.)Call to Order– Chair Laura Sayles

- Meeting called to order by **Laura Sales**, Director of Government Relations, MN Attorney General's Office, serving as **sole chair** (co-chair Theresa absent due to illness).
- Clarified **uncertainty regarding quorum rules**, so **no official business** would be conducted except approval of prior minutes (once quorum confirmed later).

2.)Introductions

- Introductions were made for all present noted on roll call

3.)Seven Tasks for Review Panel – Dr. Stevens

- Members reviewed seven statutory responsibilities (page 7 of meeting packet)
- Panel noted February 1, 2026 deadline for submitting required work

Task # 1 - Evaluate the 48 hour timelines for priority admission required under current statute and measure progress toward implementing the recommendations for the Task Force on Priority Admissions.

Task # 2 - Develop policy and legislative proposals related to the priority admissions timeline that:

- Minimize litigation costs
- Maximize capacity in and access to DCT programs
- Address issues related to individuals awaiting admission to DCT programs in jails and correctional institutions

Task # 3 - Evaluate existing mobile crisis programs and funding and make recommendations to improve access to mobile crisis services in MN

Task # 4 - Evaluate the county correctional facility long-acting injectable antipsychotic medication pilot program and the DCT county correctional facility support pilot program.

Task # 5 - Evaluate exiting intensive residential treatment services and make recommendations to improve access to intensive residential treatment services.

Task # 6 - Study local fiscal impacts and provide evaluation support of the limited capacity in and access to:

- State-operated treatment programs
- Non-state-operated treatment programs
- Competency evaluation services
- Competency attainment services

Task # 7 - Review quarterly data provided by the executive board to measure the impact of changes, include:

- Priority admission wait list data, including the time each individual spends on the waitlist
- Data regarding engagement by the admissions team
- Priority notice data
- Other similar data relating to admissions

4.) Approval of Previous Meeting Minutes

- Once quorum was confirmed, motion made and seconded
- Minutes were approved unanimously

5.) Review of Previous Recommendations & Updates – Carrie Briones

- A detailed walkthrough of tracking spreadsheet summarizing:

Major Themes

- Establishment and evolution of the Priority Admissions process
- Legislative changes from 2023–2025 affecting:
 - Cost-share exemptions for counties
 - Medically appropriate bed requirement
 - Admission notification and transparency requirements
 - Task force extensions and expansions
 - DCT operational statutes
 - Funding for AMRTC expansion (50-bed project)
 - Long-acting injectable (LAI) medication pilots
 - County correctional facility support pilot
 - Behavioral health rate changes (some now jeopardized by federal CMS rules)
 - New dashboards and public reporting mandates
- Briones acknowledged minor spreadsheet errors; promised corrected versions and printed copies.

Member Discussion Highlights

- Interest in whether **community-based services legislation** should be included in the tracking sheet.
- Noted new but **unfunded behavioral health provider rate increases** due to federal restrictions.
- Panel may develop recommendations to help secure funding.

6.) Mobile Crisis Workgroup Update (Task 3) – Chris Beamish

- First meeting planned for Monday.
- Review of **survey feedback** from individuals who used crisis services.
- Funding sources and recent changes to mobile crisis reimbursement.
- Relationship between **mobile crisis programs** and individuals later entering DCT facilities.
- Membership list reviewed; **additional member (Jenny Palmer)** will be added.

7.) IRTS Workgroup Update (Task 5) – Kevin Magnuson

- Workgroup is meeting weekly (Tuesdays).
- Starting point: DHS's previous work on ERS and gaps.
- Focus areas:
 - Levels of care and movement between them
 - How to address needs of individuals who cycle between jail and treatment
 - Workforce considerations
 - Guardrails for new providers attempting to start ERS services
- Concerns raised about **new, inexperienced providers** seeking approval without adequate background or workforce capacity.
- Suggestion to consult **Julie Ellis** on provider criteria and oversight.
- Note of a *for-profit "toolkit"* circulating that encourages people to start ERS programs—potentially problematic.

8.) DCT Jail Consultation Pilot (Task 4) – Dr. Kruse & Jenny Carlstrom

Pilot Purpose (per statute)

To support county jails with:

- Education & best practices for **involuntary mental health medications**
- Technical assistance to expand access to **injectable antipsychotics**
- Surveying jail capacity to provide these services

Key Highlights from Presentation

- Emphasis on **Duration of Untreated Psychosis (DUP)** and its impact on outcomes.
- Early results show:
 - 436 surveys sent / 94 returned / 87 counties represented
 - Many counties expressed interest once misconceptions were clarified
- Tools & support provided to counties:
 - Staff training (legal, clinical, nursing skills)
 - Model policy and procedures
 - Assistance with commitment and Jarvis petition processes
 - Injection administration training
 - Access to low- or no-cost medication programs
- Addressed concerns that:
 - DCT is *not* shifting hospital responsibilities to jails
 - Participation does *not* negatively affect priority admission status
- Current partners: 8 active counties, 2 more pending
- Future direction includes scaling and renewing pilot funding.

9.) Additional Discussion and Questions

- ☐ Economic impact on jails providing LAIs (mitigated by grants and partnerships).
- ☐ Need to share success stories (e.g., Stearns County) with other counties.

☐ Importance of aligning jail clinicians, jail leadership, county attorneys, and community providers.

10.) Next Steps & Adjournment

- Corrected legislative tracking sheet will be distributed.
- Workgroups will continue meeting and report back.
- Data needs for quarterly admissions review to be finalized.
- Meeting adjourned (exact time not stated).