

Meeting Minutes: Priority Admissions Review Panel

Date: November 19, 2025

Prepared by: Lydia Ly

Location: MSRS Pera Training Room

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
x	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
x	Carrie Briones, DCT Legislative Director non-member	x	Dale Klitzke, DCT General Counsel non-member
x	Katie Simmons, DCT Data Analyst non-member		James Zuleger, Assistant Washington County Attorney non-member
	Catherine Courcy, DCT Deputy Counsel non-member	x	Jen Sather
x	Erin Flicker		

1.) Call to Order– Chair Laura Sayles

The meeting was called to order shortly after 9:00 AM.

Co-Chair Laura Sayles welcomed members both in-person and online and initiated introductions. The panel acknowledged two new members joining the task force:

- **Nick Rasmussen** – member of the public with lived experience (pending final appointment)
- **Marcus Schmitz** – new representative for NAMI Minnesota

Members and guests went through verbal introductions.

2.) Approval of Previous Meeting Minutes

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

3.) Old Business

- MI&D Task Force Update

Dr. Stevens reported that the invited MI&D Task Force Chair, Dr. Soniya Hirachan, deferred a presentation on the task force findings as their recommendations were not yet finalized. The panel expects a full presentation during the December 10th meeting.

- Admissions Data (Task 7)

Dr. Stevens introduced ongoing data needs related to **Task 7**, particularly around:

- Admission notices
- Communication between Central Pre-Admission and counties
- Clarification of which data sets are needed

Angela Youngerberg noted two items still unclear from previous discussions and emphasized the need for clearer instruction on what counties are requesting. Time constraints were noted—data requests will take time to assemble.

4.) IRTS Workgroup Update

Angela Youngerberg provided a substantial update on the **IRTS workgroup**, which has been meeting weekly for approximately four weeks.

Key Points:

- **Scope Clarification:**

The group agreed that the legislative charge refers specifically to **locked IRTS**, not IRTS as a whole.

- **Purpose of Locked IRTS:**

- Prevent unnecessary movement to a higher level of care
- Serve as a “step-down” option

- Relieve bottlenecks in AMRTC and other DCT settings
- Address gaps in the continuum for individuals with significant behavioral health needs
- **Terminology Matters:**
 - “Secure” should **not** be used (legal implications; higher restrictions)
 - “Locked” is appropriate and operationally feasible
- **Statewide Variation:**
Many counties do not understand distinctions between “locked” and “secure,” showing need for education and clearer policy language.
- **CMS Engagement:**
DHS (with support from Diane Neal) is cautiously engaging CMS to explore allowable models and reimbursement under Medical Assistance.
- **Locked IRTS Will Not Be a Universal Solution:**
Some individuals will not fit the criteria for locked IRTS; other service models will still be required.

Workgroup Request to Panel:

Angela asked for:

- Feedback on whether the group is “on the right track”
- Clarification on expected deliverables for the annual report
- Guidance on how deeply the workgroup should engage in policy development

Panel Feedback:

- Locked IRTS is valuable but cannot fill all gaps
- Possible need for a new category of care between IRTS and hospital-level
- Ensure recommendations address competency attainment populations
- Review overall statewide IRTS bed capacity

5.) Mobile Crisis Workgroup Update

Chris Beamish provided an update

- Mobile crisis plays a crucial role in diversion and upstream intervention.
- Significant variation exists across Minnesota in:
 - Response structure
 - Funding sustainability
 - Staffing consistency
- The panel discussed:
 - Integration between mobile crisis, ACT, and urgent care/CCBHC models
 - Challenges in transitioning individuals from crisis responses into ongoing care
 - Need for long-term funding for newer models like EMPATH units
- The workgroup is still early in concept development and will continue meeting.

6.) LAI Pilot Update

Presenter: Emmett Ruff (DHS)

Background:

The legislature authorized a pilot to reimburse counties/tribes for **long-acting injectable antipsychotic medications** provided in correctional facilities.

Key Details:

- \$1,000,000 appropriated (four quarters at \$250K each)
- High medication costs likely mean requests may exceed available funds
- DHS must use an **equitable allocation methodology**
- Counties participating so far: primarily metro counties (Hennepin, Ramsey, Olmsted, Stearns)

Concerns & Questions:

- Tribal facilities funded through IHS—uncertain reimbursement eligibility
- Lack of participation from federal/tribal facilities may require additional outreach
- Some members shared personal testimony about the importance of injectables for stability

Panel Concerns:

- Pilot funds expire **July 2026**, but the final report is due **November 2026**.
→ Members stressed the system risks losing momentum.
- Recommendation that the **panel should advocate for continuation funding**.

Emmett affirmed that continued funding and a preliminary report would be highly beneficial.

7.) Dashboard Review from FY26/Q1 (Task 7)

Katie Simmons presented the dashboard, see attached

8.) 1115 Waiver Update (Task 1)

Jen Sather presented the 1115 Waiver Update, see attached slide deck.

9.) Legislative Proposal Brainstorming

Co-Chair Sayles led a brainstorming session on potential **2026 legislative recommendations**.

Categories of Ideas:

Continuum of Care Gaps

- Need for a facility or service level **beyond acute hospitalization** for individuals who do not meet criteria but cannot safely live in the community.
- Reinstate **“Does Not Meet Criteria” payment relief** for counties (Recommendation #5 from prior report) due to significant financial burden.

Forensic Services

- Concerns by some members that forensic capacity is not keeping pace.
- Recommendation for **bed expansion** in forensic services.

Locked IRTS

Possible recommendations:

- Define locked IRTS model parameters
- Establish statewide standards
- Support statutory changes needed to operationalize the service

Mobile Crisis / ACT / EMPATH

- Sustainable long-term funding for mobile crisis
- Strengthen integration across the crisis continuum

- Funding/expansion for EMPATH and urgent care alternatives

LAI Pilot

- Advocate for **continued or expanded LAI pilot funding**
- Ensure reimbursement flexibility

Members also agreed to revisit recommendations from the panel's previous two reports to identify unfinished work.

10.) Report Writing Process & Next Steps

Report Timeline:

- Report due to the legislature **February 1**
- December 10 meeting will require **final recommendations** from all workgroups

Drafting Group

Volunteers:

- **Dr. Stevens**
- **Angela Youngerberg**
- **Lauren Pockl**
- **Marcus Schmit**
- **Miranda Rich**
- **Jin Palen**
- **Dr. Hart**

(Continuing the model used in previous years)

The group will:

- Use last year's format as the template
- Insert updated recommendations, data, and summaries
- Prepare a working draft for panel review