

Meeting Minutes: Priority Admissions Review Panel

Date: December 10, 2025

Prepared by: Lydia Ly

Location: Microsoft TEAMS

Attendance

Priority Admission Panel Members			
x	Laura Sayles, Attorney General Designee	x	Teresa Steinmetz, Assistant Commissioner
x	KyleeAnn Stevens, MD, Exec. Medical Director DCT		Lisa Harrison-Hadler, OMHDD
	Kevin Magnuson, MCAA	x	Tarryl Clark, AMC
x	Angela Youngerberg, MACSSA		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
	Katie Simmons, DCT Data Analyst non-member	x	Alex Meyers, MMB
	Catherine Courcy, DCT Deputy Counsel non-member	x	Zack Loud, DCT Forensic Psychiatry Fellow
x	Nick Rasmussen, non-member public	x	Soniya Hirachan, DCT Forensics Executive Director
	Tawnya Ward		

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. Stevens, seconded by Dr. Hart and unanimously approved by the Panel Members

3.) Old Business

- **Admissions Data (Task #7)** - Staff presented first-quarter data following the July 1 implementation of written notification requirements. The majority of notices were issued for MSOP-related placements, with fewer issued for forensic programs, community-based services, and transition or hospital waiver situations. Follow-up (60-day) notices were primarily issued for individuals remaining on forensic waitlists. Discussion focused on confirmation that required notices are being sent, improvements in timeliness tracking, and clarification of the distinction between initial and follow-up notices. Members requested clearer differentiation of notice types in future reports. Central Pre-Admissions (CPA) call volume data demonstrated consistently high activity, averaging approximately 2,500 calls per month. Members discussed seasonal fluctuations and increasing use of electronic referrals.
- **MI&D Task Force Report** - Dr. Soniya Hirachan provided an overview of the Mental Ill and Dangerous (MI&D) Reform Task Force, including forensic service capacity, statutory limitations, and system pressures. Data highlighted high occupancy, long lengths of stay, growing referrals, and limited community alternatives. The task force identified key challenges including statutory requirements for inpatient-only placement, lack of reassessment mechanisms, unclear exclusionary criteria, and insufficient community-based secure options. Stakeholders discussed population characteristics, cost impacts, civil liberties, public safety, and the need to accurately reflect historical program closures and obligations under the ADA and the Olmstead decision.
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4.) 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.

5.)Next Meeting

- January 12, 2026 at Vadnais Heights from 2:00pm-5:00pm