

Rule 2911 Advisory Committee

Date: 11/29/2022 – 2-4pm

Live Video Via Webex: Computer and Phone Access

Members Present (16 of 19): Austin Neese, Brett Huber, Andrew Larson, Ben Feist, Joel Brott, Patrick O’Malley, Michele Garnet McKenzie, Shawn Larson, Elliot Butay, Stacy Tufto, Artika Roller, Bran Lindberg, Margaret Zadra, David Dively, Del Shea Perry, Linus Chan

Guests: Dr. Melissa Caldwell, Dr. Jillian Bresnahan

Staff: Amy Lauricella (DOC), Ian Lewenstein (BMS/DOC), Jen Pfeifer (DOC)

Public: Eight People

Topic: Facility Management Provisions

Welcome

Health Services Meeting Follow-Up and Facilitated Discussion

1. Telehealth
 - 78.6-78.23
 - Must be in person medical care *if clinically indicated*
 - Telemedicine is not inclusive language
 - Provision for telemental health be accessible for disabilities
 - Reference state or federal 508 standards
 - Reinforces what is already required
 - Platform needs to be HIPPA compliant and encrypted
 - Line about complying with already existing laws
 - How many jails use telehealth services?
 - Not typically used for sick calls, but for mental health
 - Useful for specialized care
2. Release of Information at Intake
 - 32.17-32.18 & 35.9-35.11 – req. by M.S. 241.021 – rule aligns
 - Form
 - Having the Hardel Sherrell Act in the release of information
 - Plain language on the form ideally
 - Once coherent and able to sign someone should follow up, but some may be released before they are able to sign the form
 - Adding organizations on the form besides solely family increases access
 - Take out the “Within Two Hours” change to “when they’re capable and understand what they’re signing”
 - Language provisions included
 - Who is going to make the decision if someone is mentally incapacitated?
 - Where is that decision made?

- Who meets that criteria to share that information?
 - How long does the release of information last?
 - Controlled by what is on the document
 - Typically one year
 - Either signed every single time or provision in their form and brought into the current file
 - Communication to the next of kin
 - Possible solution: family present for signing the form?
 - Could be problematic in some situations or coercive
 - Exceptions to confidentiality: life threatening (13 exceptions to people incarcerated)
 - Place in standards for exception of confidentiality
 - Altered mental status is a medical emergency
 - Information is more freely shared with identified legal authorities
 - Training on Confidentiality
 - Required training for staff
 - Jail Social Workers
 - Often have their own release of information forms
 - Could reach out to jail social workers for their forms
3. Quarterly health review
 - 30.13-30.18

Facility Management Facilitated Discussion

- 4. Self-audits
 - 11.1-11.19
 - Why 6 months instead of a year?
 - Remove the language
 - Once a year unless they have compliance issues
 - Protection from retaliation needs to be included
- 5. Mandatory/essential distinction
 - 10.18
 - Currently: 90 percent with essential rules and 100 percent with mandatory rules
 - Removing that distinction
- 6. Sanctions
 - 10.14; 10.19 – will be revising to include reference to corrective action plans; sanctions are memorialized in M.S. 241.021
 - Language about corrective actions plans
 - When violation of rules do not rise to the level of statutory sanction
 - Random inspections
 - Still being conducted
 - Correction order and conditional license
 - What those infractions look like?
 - What is public vs. what is not?

- Posting inspection reports
 - Do not post correction orders
7. Emergency and contingency plan and others
- 61.11-61.14 – likely revising – will circulate that language once finished
 - Evacuations
 - Some elements are security issues
 - Building in family notice

Public Comment

Advisory Committee Members: Use Link and Password sent via email

Public Access Link

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2481 890 4091

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2911

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Upcoming Meetings:

Dec. 6 – Social/emotional/special population needs

Dec. 20 – Review & Wrap up