

Rule 2911 Advisory Committee

Date: 11/8/2022 – 2-4pm

Live Video Via Webex: Computer and Phone Access

Attendees:

Members Present (14 of 17): Austin Neese, Eliot Butay, Joel Brott, Linus Chan, Lisa Becking, Margaret Zadra, Michele McKenzie Garnett, Patrick O'Malley, Shawn Larsen, Stacy Tufto, David Fenley, Andrew Larson, Del Shea Perry, Margaret Zadra

Guests: Dr. Melissa Caldwell, Dr. Jillian Bresnahan

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

Public: Five people

Topic: Health Services Provisions

Welcome and Introductions

- Guest attendees:
 - Dr. Melissa Caldwell
 - Dr. Jillian Bresnahan
- Help address areas where medical or mental health expertise are necessary
- Looking to create robust minimum standards that can be complied with and apply regardless of geographic area or medical provider

Mental Health Meeting Follow-Up

- Not covering all technical or conforming changes that are not substantive (may cover some if they provide context for other changes)
- Welcome alternative language suggestions and revisions, either now or in writing
- Received feedback from various entities – please keep this coming
- Other thoughts that have not previously been shared?
- Solitary Confinement
 - To be discussed in Facility Management or Special Populations needs

Substance Use Disorders Facilitated Discussion

- 2911.5800, subp. 14 (79.1-79.14)
 - Language about anti-OD medication?
 - 50% of bookings are a released within 96 hours
 - Not dictating what needs to be provided, but need clear plan with health authority
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 - Section A
 - Change language to “and/or”
 - Medication specific treatment provision

- Look at jail in terms of where they are in their systems
- Initiation of medications can be problematic
- “when possible” or “if available”
- National standard
 - Jail standard that allows customization that abide other standards that do not set communities for failure
- NCHC as the model
- Elements of treatment, detox, counseling care, harm reduction,
- 79.4
 - Take out the word “must”
 - Does it mean must provide every single time or does it mean must have a policy to meet these needs?
 - Policy for pregnant patients with substance abuse
 - Tiers for terms of care

Health Services Facilitated Discussion

2. Intake

- Medical screening (74.9-75.16 – technical changes only)
 - JEO2 for formatting recommendations
 - Look at intake as an ongoing process
- Medication verification (33.4-33.10 – 24 hour verification)
 - 2016 OLA report recommendations related to verification and administration
 - JDO1 and JDO2
 - To be compliant with national standard
 - Medication possessed vs. prescribed medication

3. Discharge planning

- Release procedures (current rule language stands – feedback needed)
 - M.S. 641.155 requirements related to discharge planning for *severe and persistent mental illness* – DOC working to update model discharge plan from 2005 law – state statute now requires DOC to inspect for compliance with this statute and rule
 - MHE10 Discharge stepping off point
 - Emergency provisions of care should be addressed
 - Within the jail, lack of communication of when someone is going to be released
 - Does it vary depending on their length of custody?
 - Conviction status vs length of stay
 - Language to change to “incarcerated persons”
 - Policy for mental health for the jail and the community it’s in
 - Consult for 30 day prescriptions
 - Physicians must comply with pharmacy laws
 - Make rules based upon the size of the facility?
- Medication transfer (87.5-87.10 – technical changes only)

- OLA report rec on medication transfer
 - Records transfer (82.7-82.14 – technical changes only)
 - 4. Health resources and response
 - Medical resources (73.8-75.20; 77.7-77.23 – technical changes only – e.g., annual policy review, emergency health care provisions, sick call, follow-up)
 - How is it paid for?
 - County pays for medical care
 - Some cases inmates are responsible
 - Very few inmates with their own insurance
 - MA is stopped as soon as they come into custody
 - Day 3 Opioid Withdrawal effects increase suicide
 - Subp. 8
 - 77.3 B
 - Language in B is antagonistic
 - Reword the last clause on 77.6
 - Training (24.21-24.22)
 - Health concern response (75.21-77.6 – discussion on vital signs in particular)
 - 77.1
 - Needs to be more specific language if its bed count or number in the facility
 - Info sharing (82.22-83.14 – clarifying language for providers to share info with facilities)
 - Jail needs to know they need to have a consolidated health care chart
 - 84.12 Administering Medication
 - Better process for chronic care management for them to give information
 - Include communication methods for providers
 - Document the attempts
5. Involuntary provision of medications and others
 - 86.19-87.2 – requires policy on administration and offers guidance on detail – counties must take a position on Jarvis orders

Public Comment

Upcoming Meetings:

Nov. 29 – Facility management

Dec. 6 – Social/emotional/special population needs

Dec. 20 – Review & Wrap up