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STATE OF MINNESOTA
COURT OF ADMINISTRATIVE HEARINGS
FOR THE MINNESOTA DEPARTMENT OF CORRECTIONS

In the Matter of the Proposed Permanent
Rules Relating to Jail Facilities;
Revisor's ID Number R-4445

PUBLIC HEARING
CAH DOCKET NO. 22-9051-40960
May 28, 2026
9:00 a.m. - 10:24 a.m.

The above-entitled matter came on
for Hearing via Webex before Administrative Law
Judge Christa Moseng, taken by Susan M. Strom, a
Stenographic Reporter and Notary Public in and for
the County of Dakota, State of Minnesota.

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A P P E A R A N C E S

ON BEHALF OF THE MINNESOTA DEPARTMENT OF CORRECTIONS:

Paul Schnell, Commissioner

Tara Rathman, Rulemaking Manager

Amy Lauricella, Director of Policy
and Rulemaking

ALSO PRESENT:

Safia Khan, Deputy Commissioner

Mikael Garland, Inspector General

Kristi Strang, Inspection and Enforcement

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P R O C E E D I N G S

1
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3 THE JUDGE: Good morning. Today
4 is May 28, 2026. It is 9:00 a.m. My name is
5 Christa Moseng. I'm an Administrative Law Judge
6 with the Court of Administrative Hearings.

7 We are here today for a Rule Hearing in
8 the Matter of the Proposed Permanent Rules Relating
9 to Jail Facilities, Revisor's Number R-4445, and
10 CAH Docket Number 22-9051-40960.

11 So I'm just going to briefly introduce
12 the purpose here today and what we will be doing
13 and how it will go, and then I will turn it over to
14 the Agency for their presentation. Then I will
15 take public comments and questions. We will go
16 through and hear everybody's public -- everybody's
17 comments, until, hopefully, we will have heard
18 everybody. But if we need to adjourn, we will
19 adjourn and decide what we need to do next.

20 The Court of Administrative Hearings is
21 an independent court that renders justice through
22 fair, timely, and impartial hearings and high
23 quality dispute resolution services. The Court of
24 Administrative Hearings is an independent state
25 agency within the state government that is not

1 affiliated with the Department of Corrections in
2 any way. And the Court of Administrative Hearings
3 exists to allow agency presentations like this and
4 to be conducted in a way that's fair and impartial
5 to all the parties.

6 So our purpose here today is to allow
7 the Agency to present its case in support of its
8 proposed rule and to receive public comments on
9 those proposed rules.

10 So this hearing is essential to
11 rulemaking. We have a very public participatory
12 process in rulemaking. And so this is an essential
13 component of that. And so ensuring that the
14 Department adopts rules that are -- considered
15 everything that they need to consider and reflected
16 on those things and then done something that is
17 necessary and reasonable in response to all of
18 those pieces of information is important. And so I
19 want to thank everybody that is in attendance in
20 the room there or who may be attending online and
21 I'm grateful and the state will be better off for
22 your participation. So thank you.

23 So, fundamentally, this hearing is
24 about whether or not the Agency has the authority
25 to adopt the rules, whether or not the Agency has

1 fulfilled all relevant legal and procedural
2 requirements to promulgate its rules, and whether
3 or not the Agency has demonstrated the need and
4 reasonableness of every revision that they are
5 proposing.

6 So there is multiple ways to offer
7 comment on the proposed rules. They include today
8 at the hearing for any oral comments. You will be
9 allowed to offer written comments electronically by
10 email or by fax after today's hearing for 20
11 working days. So the deadline will be in a future
12 slide here. But these are the methods for
13 providing comment, written comment after today's
14 hearing. So if you think of something later or
15 haven't quite formulated your thoughts but you want
16 to have some time to do that, there is still an
17 opportunity to provide comments, and those will be
18 considered in the course of considering the
19 Agency's proposed rules.

20 So eComments is probably the best way
21 to do that. And that is available on the Court of
22 Administrative Hearing's website. It's also
23 available on the Department's website, a link to
24 eComments. And so those should be easily found.
25 There will probably be multiple mentions about how

1 to get to that website. But, essentially, if you
2 search for the Department of Corrections'
3 rulemaking page, that's one way to find it, or
4 through the Court of Administrative Hearings. The
5 Court of Administrative Hearings' URL still says
6 OAH. If you use CAH, I think it may auto correct
7 and reverse it back to OAH because we recently
8 changed our name. So that's something that the IT
9 agency is still in the process working on. So in
10 case people are wondering whether or not OAH is
11 still a correct URL, it still works.

12 So today for representing oral
13 comments, when we get to that portion of the
14 presentation, if you are participating by
15 telephone, the instructions are slightly different.
16 And so folks who are participating via Webex, you
17 can see those instructions. So you can indicate
18 your interest by speaking by either using the
19 raised hand function in Webex, you can also type
20 your first and last name into chat to ask to speak.
21 People will be looking at the chat. But please
22 know that any information that you put in the chat
23 will not be included in the official court record.
24 You can't ask questions there and expect that the
25 question or the answer will be included in the

1 record. So please reserve questions or
2 interactions for oral comments or written comments
3 using the methods I described earlier, and keep the
4 chat simply for procedural, you know, you want to
5 either participate or you are having an issue with
6 Webex or something like that.

7 By telephone, if you are on the
8 telephone, you press star 3 to raise your hand and
9 star 3 to lower your hand again, if you wish. And
10 then that will put you in the queue for comment.
11 So when you decided that you are ready to offer a
12 comment, please press star 3. And when we get to
13 that portion of the proceeding we will take things
14 in an order that makes sense from the perspective
15 of trying to make sure that there is a balance of
16 folks online and in person and making sure that
17 everybody gets their opportunity to speak. So
18 depending on how many people have indicated an
19 interest to speak, there may be a time limit. So
20 we will cover that when we get to that portion.

21 Some additional requests for people who
22 are offering oral comments today by Webex. Please
23 turn on your video. We'd appreciate it. The court
24 reporter appreciates it. We do have a court
25 reporter and it's much easier for the court

1 reporter to understand you if they can see you
2 talking.

3 So I have on this slide try to limit
4 your comments to -- initial comments to 5 minutes.
5 And that's a good rule of thumb, I think. I think
6 we will get a sense of how many people who are
7 interested in speaking and get a sense of how
8 flexible that can be. But the goal is to make sure
9 that everybody has the opportunity to be heard. So
10 limiting your comments to 5 minutes at the first
11 instance would allow us to come back to you if
12 there is still time. Or if there are things that
13 we just don't ultimately get to because the day
14 runs long, there is still an opportunity to provide
15 written comments.

16 Again, the objective is to hear from as
17 many different people on a wide range of topics as
18 possible. So ensuring that we are all respectful
19 of one another's time, that would be a benefit to
20 the process.

21 Once again, you can comment by
22 eComments, mail or fax. And that information will
23 be available -- if you are in the room, I'm sure
24 it's available in written form. Otherwise, we can
25 make sure that we repeat that information later on.

1 When you are called on to speak, please
2 make sure to say and spell your first and last name
3 so your comments can be identified. And if you are
4 commenting on behalf of an organization, please
5 identify the organization.

6 Please, speak slowly, clearly and
7 loudly. Do better than I'm doing this morning. My
8 coffee has not kicked in. So only things that can
9 be heard by the court reporter are going to be
10 recorded.

11 Please spell any names and technical
12 terms that folks may not understand, especially
13 acronyms or other jargon that may be familiar in
14 the industry but may not be generally familiar. So
15 that would be helpful. Thank you.

16 So the court reporter's transcript is
17 the official record of this proceeding. When my
18 decision is made, it will cite to the transcript.
19 And when the Agency responds to comments, they will
20 also respond to the transcript. The transcript
21 will include your comments. And I may quote from
22 some in your report, depending on the need and
23 appropriateness of that.

24 So the initial comment period closes on
25 June 17, 2026. That should be 20 days after the

1 conclusion of this hearing. Please provide your
2 comments by 4:30 p.m. on that day. They need to be
3 received so that they can be filed by 4:30 that
4 day.

5 And then there is an opportunity for
6 rebuttal comments both from the Agency or from
7 members of the public in response to comments
8 provided by others. The rebuttal period is
9 5 working days from the close of the comment
10 period. So that places it on June 25. And, again,
11 those comments will be due by 4:30 p.m.

12 After the conclusion of the proceeding
13 and the provision of all the comments and the
14 rebuttal, I will issue a report. My report is due
15 within 30 days of the close of the record. That
16 report will be available on the Court of
17 Administrative Hearings' website. I'm sure it will
18 also be available on the Department of Corrections'
19 website. I'm going to ask the Agency to notify you
20 when the report becomes available and post it on
21 the day that it is issued.

22 Finally, if you are a lobbyist,
23 lobbyists have to register with the Campaign
24 Finance and Public Disclosure Board. And that's
25 the website www.cfb.mn.gov. Please contact that

1 board if you have questions about lobbying.

2 So I'm going to pause here and we will
3 come back to this slide later. But I will turn it
4 over to the Agency for their presentation. I
5 understand the Agency will introduce its speakers
6 as they go. And so I will just go ahead and turn
7 it over to the Agency to begin its presentation.
8 Thank you.

9 COMMISSIONER SCHNELL: Thank you.
10 And good morning, Your Honor. My name is Paul
11 Schnell. That's P-a-u-l S-c-h-n-e-l-l. I'm the
12 Commissioner for the Minnesota Department of
13 Corrections. I'm grateful for the opportunity to
14 speak today about the Department's work on Chapter
15 2911 and our continued partnership with Minnesota
16 jails.

17 I want to begin by acknowledging the
18 incredible difficult work being done by sheriffs,
19 jail administrators, correctional officers, medical
20 staff and county leaders across the state. I'm
21 appreciative of all those who are participating
22 today.

23 Minnesota jails are required to manage
24 populations with increasingly complex mental
25 health, substance use and medical needs often in

1 facilities that were not designed to function as
2 mental health or withdrawal management centers.

3 The Department understands these
4 realities. We know that county jails are doing the
5 best they can under very difficult circumstances.
6 And understanding that has shaped our entire
7 approach to this rulemaking process.

8 From the beginning, we believed it was
9 critical that this process include sheriffs, jail
10 administrators, and also had to include the voices
11 of people with expertise and lived experience
12 outside of the walls of correctional facilities.
13 That is why as part of the rulemaking process the
14 Department engaged mental health professionals,
15 substance use disorder experts, correctional health
16 care specialists, local advocates and community
17 organizations, and family members of those whose
18 loved ones died while housed in a county jail. All
19 of these voices matter.

20 The rulemaking process cannot focus
21 simply and solely on what is operationally easiest
22 for facilities. It must also reflect the
23 expectations Minnesotans have for safety,
24 accountability, dignity, and basic care inside
25 publically operated institutions. At the same

1 time, we have worked hard to ensure that these
2 rules remain grounded in operational reality.

3 This process has involved years of
4 engagement with sheriffs, jail administrators,
5 county representatives, health care staff and
6 advisory committee members. And, importantly,
7 we've listened. The rule draft reflects extensive
8 discussion, compromise and continued revision based
9 directly on feedback from jails and others across
10 the state. We revised or narrowed provisions
11 related to staffing, admissions, well-being checks,
12 segregation, medication administration, discharge
13 planning, substance use treatment, and mental
14 health care. We removed requirements that
15 facilities believed were impractical or overly
16 burdensome. We clarified vague language. We built
17 flexibility into the rule through performance-based
18 standards, individualized policies and a variance
19 process because we recognize that every jail is
20 different. A small rural jail faces very different
21 operational realities than a large metropolitan
22 facility and our rules must recognize and
23 acknowledge that.

24 But while jails and prisons are
25 different environments, they are also facing many

1 of the same challenges. Across the correctional
2 system, we are seeing growing numbers of people
3 entering custody with serious and persistent mental
4 illnesses, full-blown and active substance use
5 disorders, chronic medical conditions, trauma
6 histories and acute behavioral health crises.
7 These are not challenges unique to county jails.
8 You will see prisons are confronting many of these
9 same issues every day. And the reality is that
10 when standards are unclear, outdated,
11 inconsistently applied or insufficient to address
12 modern correctional realities, the consequences can
13 be devastating both for incarcerated people, all of
14 our staff and taxpayers.

15 The Department of Corrections itself
16 has experienced significant litigation exposure
17 tied to in-custody deaths and allegations involving
18 medical care, suicide preventions, and claims of
19 deliberate indifference. Since 2021, the DOC has
20 faced multiple lawsuits and monitored numerous
21 potential claims arising from in-custody deaths
22 involving suicide, overdose, medical emergencies,
23 assaults and other serious incidents. Some of
24 these remain in active litigation today.

25 The point here is not to blame. The

1 point is that correctional facilities everywhere,
2 prisons and jails alike, are operating in
3 environments where expectations around health care,
4 mental health care, suicide prevention, medication,
5 management and safety are evolving rapidly.

6 When standards are insufficient or
7 inconsistently followed, the human and financial
8 cost can be enormous. This is exactly why the
9 legislature directed the Department in 2021 to
10 modernize jail standards and strengthen minimum
11 protections around health, safety, treatment and
12 accountability. Our responsibility now is to carry
13 out that directive in a way that is practical,
14 flexible, yet clear and grounded in operational
15 reality.

16 That means continuing to work with
17 jails, continuing to refine the language and
18 continuing to balance our constitutional
19 obligations, staff safety, county resources,
20 operational flexibility, and the need to prevent
21 avoidable tragedies.

22 Ultimately, this work is about
23 supporting safer facilities for everyone. Safer
24 conditions for those incarcerated, safer working
25 environments for those working in our jails,

1 clearer expectations for administrators and greater
2 consistency and public trust across Minnesota's
3 correctional system.

4 The rulemaking process is rightly
5 robust and we remain committed to partnership,
6 transparency and continued collaboration as this
7 process continues forward. Thank you.

8 TARA RATHMAN: Good morning, Your
9 Honor. Thank you for the opportunity to discuss
10 Chapter 2911 and the Department's rulemaking
11 obligations. My name is Tara Rathman. It's
12 T-a-r-a R-a-t-h-m-a-n. And I am the rulemaking
13 manager for the Department of Corrections.

14 There are other members of the Agency
15 joining me here today. Commissioner Schnell, who
16 you just heard. Deputy Commissioner Safia Khan
17 will be joining us shortly. Amy Lauricella, who is
18 the Director of Policy and Rulemaking. Kristi
19 Strang, who is to my right, she is the Inspection
20 and Enforcement Director. And Mikael Garland, who
21 is our -- sorry -- Inspector General. Thank you.

22 A few housekeeping items for the folks
23 here in person. The bathrooms are located outside
24 to the right and require the code that is posted by
25 the door. If you are in person and would like to

1 sign up to testify, we have a sign-in sheet on the
2 table where you walk in. We will call you up after
3 in the order of speakers and you can go to the
4 podium to speak.

5 At this time, the Department would like
6 to point people towards the exhibits for today's
7 hearing and formally enter those exhibits into the
8 record. The link will be placed in the chat. The
9 hearing exhibits are posted on the Agency's
10 website. Physical copies are also available for
11 anyone here in person and not joining online.

12 The hearing exhibits serve a purpose.
13 The purpose of the hearing exhibits is to document
14 the legal authority of the Department of
15 Corrections to adopt the proposed rules,
16 demonstrate the Agency has fulfilled all relevant
17 legal and procedural requirements, and demonstrate
18 the need and reasonableness of each portion of the
19 proposed rules.

20 For the record, the Department would
21 like to enter in Exhibits A1 and A2, which is the
22 Request for Comments. Exhibits B1 through B4, the
23 Petition for Rulemaking. Exhibits C and D,
24 Revisor's draft from 3/11/2026 and our SONAR.
25 Exhibit E1 through E3, Legislative Library

1 Submissions. Exhibits F1 and F2, State Register
2 Notices. Exhibit G, which is the combined
3 certificates of mailing and accuracy. Exhibits H1
4 through H5, the certificate of additional notice.
5 Exhibit I is the written comments. Exhibit J, the
6 omission of text in the Register. Exhibits K1 and
7 K2, which is the Minnesota Management and Budget
8 Review and the notice to legislators.

9 In addition, the Department is also
10 submitting two additional exhibits for the record.
11 The Agency's response to the prehearing comments
12 and the May 22, 2026 revised draft which includes
13 the agreed-upon future changes to the March 11th
14 draft. These updates will be added to the stripped
15 Revisor's draft dated March 11th and formally filed
16 after review of any revisions following today's
17 hearing and any post-hearing comments.

18 The reality is Minnesota jails are
19 managing increasingly complex issues. The
20 Department recognizes jails are left managing needs
21 traditionally handled by strained community
22 systems, including the increase in mental health,
23 substance use, serious mental illness, withdrawal
24 symptoms, chronic medical conditions and trauma
25 histories, illuminating a set of standards written

1 for a population that existed nearly 50 years ago
2 and no longer matches modern correctional
3 realities.

4 Another challenge is the strain on
5 facility operations, including staff shortages,
6 turnover, unpredictable admissions, short lengths
7 of stay, and varying local resources.

8 The proposed rules were drafted to
9 provide clearer standards, stronger operational
10 guidance and greater consistency statewide.

11 The current rule is no longer adequate.
12 The chapter 2911 framework was originally adopted
13 in 1978 and has been revised only a handful of
14 times since. In 2021, the legislature enacted
15 substantial modification to the Department's
16 licensing framework and sanctions, which have
17 significantly reshaped the current rules.

18 In addition, the vague and outdated
19 language of the current rule creates inconsistent
20 interpretation and uncertainty during inspections
21 and enforcement, leaving jail staff without the
22 level of guidance they need to safely respond to
23 the realities they encounter every day.

24 These changes will bring correctional
25 standards into the modern era. Much of the current

1 rule language predates modern correctional health
2 standards, including contemporary practices in
3 suicide prevention, opioid response, telehealth,
4 mental health care and withdrawal management.

5 In 2021, the legislature directed the
6 Department to develop updated minimum standards in
7 key areas shown on this slide. This directive
8 reflected the clear recognition that the prior
9 framework no longer met modern correctional or
10 public health needs.

11 AMY LAURICELLA: Good morning,
12 Your Honor. My name is Amy Lauricella. Spelled
13 A-m-y L-a-u-r-i-c-e-l-l-a. And I'm the Director of
14 Policy and Rulemaking for the DOC. Thank you for
15 the opportunity to discuss the Department's
16 rulemaking and policy obligations, as well as the
17 engagement efforts and recent revisions to ensure
18 the proposed rule is needed, reasonable and
19 rationally related to the Department's objective of
20 safe and secure jail facilities in Minnesota.

21 Commenters raised questions about
22 whether the rule should apply to prisons, noting
23 different standards used in a prison setting. It's
24 important to clarify the distinction between county
25 jail standards and state prison standards and

1 acknowledge the Commissioner's responsibilities to
2 each. County jails and state prisons are both part
3 of Minnesota's unified correction system, but they
4 serve different functions and populations.

5 Jails manage short-term and often
6 unstable populations, including individuals
7 entering in crisis, under the influence, who are
8 experiencing acute mental health needs and they are
9 county operated.

10 State prisons are longer term
11 facilities operated directly by the Department of
12 Corrections and generally house more stable and
13 sentenced populations.

14 The legislature assigned the
15 commissioner different responsibilities for each.
16 In 1976, the legislature directed the commissioner
17 to establish the minimum standards of county jails
18 and lock-ups related to the safety, security,
19 health, operations and treatment that we are here
20 to discuss today. At the same time, the
21 legislature exempted the Department from rulemaking
22 governing the internal management of state prisons
23 which are operated directly by the DOC under
24 separate statutory authority, policy and a
25 different oversight system.

1 The legislature reinforced that
2 distinction in 2021 by creating the State
3 Correctional Facilities Security Audit Group
4 specifically for that purpose.

5 This rulemaking does not treat jails
6 like prisons. Instead, it modernizes outdated jail
7 standards in a practical and flexible way that
8 reflects the realities of local jail operations
9 while supporting one statewide correction system.

10 The need for updated standards is
11 reinforced by serious incidents occurring in
12 Minnesota jails and also nationally. The
13 Department's SONAR documents continued jail deaths
14 and suicide attempts, including deaths that
15 involved delayed medical care, untreated illness
16 and mental health crises. These incidents are
17 tragic for incarcerated individuals and their
18 families, but they are also deeply traumatic for
19 jail staff and administrators who work in these
20 facilities every day.

21 Updated standards are necessary to
22 provide clear expectations, improve training,
23 strengthen communication between custody and
24 medical staff, improve continuity of care, and help
25 prevent avoidable tragedies.

1 The proposed revisions are intended to
2 modernize standards in practical ways, including
3 better withdrawal management procedures, clearer
4 well-being check expectations, stronger suicide
5 prevention planning, improved medication
6 verification, telehealth flexibility and clearer
7 documentation requirements. Importantly, many of
8 these revisions reflect practices that many jails
9 are already implementing.

10 Under Minnesota law, the Department
11 must demonstrate not only that the rules are needed
12 but also that they are reasonable. Reasonableness
13 requires balancing public safety, constitutional
14 obligations, operational realities, staffing
15 limitations and local flexibility.

16 The Department understands there is no
17 one-size-fits-all jail model in Minnesota. Some
18 facilities are very small rural jails, while others
19 are large metropolitan operations with entirely
20 different populations and resources. That is why
21 the Department intentionally adopted a performance-
22 based and flexible approach rather than rigid
23 operational mandates.

24 In many areas the rules require
25 facilities to develop individualized policies

1 tailored to their operations while still meeting
2 minimum standards. The Department also rejected
3 more burdensome alternatives, including requiring
4 full national accreditation standards statewide.
5 Because that approach would have been impractical
6 and unnecessarily costly.

7 Instead, the Department attempted to
8 strike a balance, maintaining flexibility for
9 counties, recognizing resource limitations and
10 still establishing minimum protections necessary to
11 safeguard life, health and safety. The variance
12 process also remains available for facilities
13 needing flexibility and implementation.

14 The Department has worked extensively
15 with sheriffs, jail administrators, counties,
16 health care professionals, family members with
17 loved ones in jails, and other stakeholders
18 throughout this process. And I see that many of
19 them have joined us today. We are grateful for the
20 time that impacted groups have taken pouring over
21 draft language and recent proposed changes that we
22 submitted. The dedication to public service is
23 clearly reflected in their efforts and has
24 contributed to a much clearer rule draft.
25 Successful implementation depends on continued

1 collaboration and partnership with local
2 facilities. The goal is to improve consistency,
3 strengthen public trust, and provide clear guidance
4 while recognizing the realities faced by both staff
5 and incarcerated people.

6 The March draft that we published later
7 in March and the revisions posted last Friday to
8 the Department's website that we entered in as an
9 exhibit this morning reflects substantial
10 responsiveness to stakeholder feedback and
11 continued efforts to make the rules practical,
12 flexible and workable across Minnesota jails.

13 The Department received feedback
14 requesting clearer inspection and licensing
15 standards and clearer distinction between corrected
16 actions and enforcement.

17 The comments also reflected confusion
18 about the Department's licensing action authority
19 reflected in revisions to the law in 2021 but had
20 not yet been incorporated into the rule.

21 The proposed revisions submitted last
22 Friday aligned rule language directly with
23 statutory licensing authority established by the
24 legislature in Minnesota statute section 241.021.
25 Because licensing action authority and standards

1 are already codified in statute, the Department
2 determined a separate rule definition of
3 substantial conformity is unnecessary. Instead,
4 the rule focuses on providing clarity and
5 consistency in inspection while preserving the
6 statutory framework enacted by the legislature.

7 The revisions also authorized the
8 Department to work collaboratively with jails
9 through facility support plans to address concerns
10 before they rise to the level of formal statutory-
11 based sanctions. Facility support plans are not
12 independent -- independent licensing sanctions.
13 They are collaborative corrective tools intended to
14 support compliance, communication and early problem
15 solving.

16 These updates improve consistency,
17 accountability and shared understanding between
18 facilities and inspectors while supporting the
19 Department's goal of safe and secure jail
20 operations.

21 The Department also heard clearly that
22 facilities operate with different staffing models,
23 layouts, populations, resource limitations, and
24 that the rules must reflect those operational
25 realities. The revisions recognize broader

1 challenges facing local correctional facilities
2 including staffing shortages, behavioral health
3 needs, medical access, treatment availability, and
4 limited community resources, particularly in large
5 and geographically isolated counties.

6 In direct response to stakeholder
7 concerns, the Department revised provisions related
8 to segregation, staffing, well-being checks,
9 reporting and discharge planning. The Department
10 made meaningful revisions to improve clarity,
11 flexibility and operational feasibility, including
12 narrowing incorporations by reference and reporting
13 obligations, clarifying staffing analyses, staffing
14 ratios, variance procedures, and the limits of
15 commissioner review authority. Adding flexibility
16 in segregation practices, mental health screening
17 and well-being checks, clarifying relief procedures
18 and statutory discharge planning requirements,
19 revising substance use disorder and withdrawal
20 management language to better align with available
21 resources and operational realities, and
22 streamlining documentation, inspection and review
23 requirements throughout the rules.

24 The revisions also restore flexibility
25 in several areas by maintaining or returning to

1 existing timelines in the current rule, reducing
2 unnecessarily rigidity and preserving local
3 operational discretion while still maintaining
4 minimum statewide standards.

5 These changes are discussed in greater
6 detail in the Department's written response to
7 public comments entered into the hearing record
8 today. These revisions are necessary and
9 reasonable updates to outdated standards. They are
10 intended to improve safety, consistency and
11 constitutional compliance while remaining
12 achievable for facilities across the state.

13 Ultimately, this rulemaking effort
14 reflects a recognition that Minnesota jails are
15 being asked to manage increasingly complex
16 populations under very difficult conditions. Jail
17 staff deserve clear and modern standards.
18 Incarcerated people deserve basic protection. And
19 counties deserve a regulatory framework grounded in
20 operational reality.

21 The Department believes the proposed
22 revisions are needed, reasonable and substantially
23 more flexible and responsive than earlier drafts.
24 The Department recognizes that no rule will
25 eliminate all operational challenges facing

1 Minnesota jails, but ultimately the goal remains
2 the same; protecting life and safety, supporting
3 jail staff, improving clarity and consistency and
4 ensuring Minnesota's jail standards reflect modern
5 correctional realities rather than a framework
6 written half a century ago. Thank you. Your
7 Honor, we can't hear you.

8 THE JUDGE: Thank you very much.
9 I'm going to get my slide back up. So just give me
10 one moment. There it is. The Department is always
11 very picky about, you know, sharing the wrong
12 screen on PowerPoint --

13 Okay. So we are going to turn to
14 public comments. And the instructions are again on
15 the screen. So if you are on Webex if you raise
16 your hand. But otherwise indicate in the chat box
17 if you want to speak, you can be placed in line.
18 If you are on the telephone, press star 3 to add
19 yourself to the list. When I -- when you are
20 unmuted or when you are coming up to the microphone
21 or given the microphone, please say and spell your
22 full name for the record.

23 I guess I will ask now whether anybody
24 in the room has indicated an interest in speaking
25 and, if so, how many?

1 DONALD KLICK: We do have two
2 people that are interested in speaking that are in
3 the room.

4 THE JUDGE: All right. Why don't
5 we take one of those folks first.

6 DONALD KLICK: Michelle Gross.

7 THE JUDGE: Good morning.

8 MICHELLE GROSS: Good morning,
9 Your Honor and Panel Members. My name is Michelle
10 Gross. M-i-c-h-e-l-l-e G-r-o-s-s. And I am the
11 chair of the mental health workgroup of CUAPB. I'm
12 also a longtime health care worker. I have been a
13 health care worker for over 40 years. For the last
14 10 years I've worked as a medical paralegal for a
15 civil rights attorney. I have probably worked on
16 more than two dozen jail death cases. And so I'm
17 very familiar with investigating those cases and,
18 you know, writing the lawsuits that litigate those
19 cases. So, you know, I come with that kind of
20 experience.

21 I also work with a large number of
22 people in jails who fortunately have not died, but
23 have experienced issues with medical care that
24 they've received in the jails. So my comments are
25 based on that experience.

1 We did write a letter to kind of put
2 our concerns in writing. And I will say that the
3 panel members have been extremely responsive in
4 meeting with us to hear our concerns.

5 I also want to mention that I have with
6 me today Christy Hill the mother of Larry R. Hill
7 for which we wrote a bill that was successful that
8 modifies the requirements for jail medical care,
9 particularly to ensure that people who are on
10 medications get those medications when they need
11 them.

12 One of the concerns that we have in
13 this -- and we appreciate, by the way, again, the
14 modifications that have come as a result of
15 re-meeting with stakeholders and asking hour
16 opinions. And so I appreciate the flexibility.

17 I do want to raise one oversight that I
18 believe is missing. And that relates to rule
19 2911.2525, the admissions rule. And in that rule
20 -- you know, in the Larry R. Hill Medical Reform
21 Act, we said that people needed to find out that --
22 that jails needed to find out if a person was on a
23 Jarvis order. And prior to writing that statute --
24 or that bill that later turned into a statute, we
25 did -- I did call a number of sheriffs and say, do

1 you have a way to find out if somebody has a Jarvis
2 order? You know, I wanted to know if that was a
3 practical reality for them. And they did say that
4 there is a way for them to gather that information
5 through MNCIS. So that, unfortunately, did not
6 make it into the rules process. And I feel it's
7 important. Because if you have to administer
8 medications by way of a Jarvis order, you have to
9 know that they have one. So, you know, it's kind
10 of implied in the Larry R. Hill Medical Reform Act
11 that in fact they would have that as part of the
12 admissions process. And so we asked to have that
13 added as part of the admissions process.

14 I have a second set of concerns. And
15 by the way, in addition to working with the rules
16 committee, we also worked directly with the
17 Sheriffs Association and negotiated to address the
18 concerns they have with the Larry R. Hill Medical
19 Reform Act. And I believe that those have been
20 quite adequately addressed.

21 But beyond that, there is one other
22 area that I personally as someone who has taught
23 advanced cardiac life support and advanced medical
24 care to nurses and other medical staff, I have a
25 concern about the kind of I would say permissive

1 language that jails might not have access to
2 naloxone in their emergency kits and have people
3 trained to administer it.

4 I can tell you that having taught lay
5 CPR for more than 25 years, we teach the
6 administration of naloxone or Narcan to new people
7 in, like, five minutes flat. It's a very short
8 term. And the cost of naloxone is negligible. You
9 can literally go on Amazon and buy it for \$25. It
10 does not make sense that jails -- I get that they
11 are small, that some jails are small, but it
12 doesn't make sense that for a small amount of money
13 we wouldn't include something like that in our
14 emergency kits for every jail. And include that
15 the health trained staff, which most small jails do
16 have because they don't have 24-hour access to
17 medical care, those jails have those health trained
18 staff. And for five minutes of training they could
19 learn how to use naloxone.

20 Given the proliferation of opioid
21 addiction in our society and people coming into the
22 jails, you know, going through opioid withdrawal,
23 you know, sneaking opioids into the jails, which we
24 know does happen, given those proliferations, it
25 does not have make sense to have a permissive rule

1 that says, "If you have," you know, opioids in
2 your -- opioids antagonists like naloxone, "if you
3 have that in your kits." I think it should be,
4 "You will have it in your kits," and you will train
5 at least a few people in the facility on how to use
6 it. That would be my other recommendation.

7 And with that I will stop. Again,
8 thank you, again, for what I think is a very robust
9 and a very inclusive process. And I appreciate
10 that. Thank you.

11 THE JUDGE: Ms. Gross, before you
12 step away.

13 MICHELLE GROSS: Yes.

14 THE JUDGE: You mentioned MNCIS.
15 And I just want to make sure that it is clear for
16 the record that you are referring to Minnesota
17 Court Information System, is that correct?

18 MICHELLE GROSS: That's correct.
19 Yes.

20 THE JUDGE: Okay. Thank you.

21 MICHELLE GROSS: Thank you.

22 DONALD KLICK: Our next speaker is
23 Will Cooley.

24 WILL COOLEY: Hi. I'm Will Cooley
25 from the Minnesota Justice Research Center.

1 W-i-l-l C-o-o-l-e-y. To the advisory committee and
2 Your Honor, thank you for the opportunity to
3 comment on the updated DOC 2911 rule draft on
4 behalf of the Minnesota Justice Research Center.
5 We are an organization dedicated to driving
6 meaningful change to our criminal system through
7 research, education and policy development.

8 Overall, the Minnesota Justice Research
9 Center believes the proposed changes are important
10 to protecting Minnesotans' health and well-being.
11 We appreciate that these changes work to address
12 overdoses and withdrawal management.

13 Research shows that people on community
14 supervision have higher rates of mortality. About
15 two times higher than the national average. While
16 incarcerated, access to medication assisted
17 treatment can lower the chances of overdose,
18 provide a period of stability, and connect people
19 to addiction programs.

20 In our effort to improve outcomes for
21 people on community supervision, we have
22 interviewed supervision agents across the state.
23 They are primarily tasked with compliance, but many
24 deeply care about their clients and take provide in
25 providing support, monitoring progress and

1 connecting them with resources. (Inaudible) --
2 again, that access to medication such as Sublocade
3 in jails can give clients a stronger chance at
4 long-term sobriety.

5 Relatedly, we appreciate the updates to
6 2911.6800 medication control, particularly, the
7 strength in language around the continuity of care,
8 prescription medication. These changes align with
9 the Larry Hill Act.

10 In review of the proposed rule changes
11 for Chapter 2911, we make the following comments to
12 ensure access to opioid antagonists and medication
13 assisted treatment.

14 In 2911.1300, Custody Staff Training,
15 subpart 2, at line 27.1 it should include that
16 opioid antagonists be required as they are in state
17 correctional facilities now.

18 At 2911.6500, Medication Storage,
19 subpart 4B should require opioid antagonists such
20 as naloxone in emergency kits.

21 And then section 2911.5810, Withdrawal
22 Management for Substance Abuse, this section should
23 encourage in some sort of language jails to
24 participate in medication assisted treatment to
25 improve post release outcomes. Sheriffs across the

1 country are seeing success in interrupting the
2 cycle of addiction with prescribed medications such
3 as Sublocade for opioid use disorder.

4 So thank you for your consideration.
5 We appreciate this process. We remain committed to
6 this issue and will be available to serve as a
7 resource as needed. Thank you.

8 THE JUDGE: Thank you very much.
9 I see two individuals online in Webex have
10 indicated an interest in speaking. If we want to
11 take those in order. Right now I see Jason
12 Urbanczyk. I'm probably not pronouncing that
13 correctly. But hopefully I'll be corrected. You
14 can unmute that individual.

15 Good morning. Please say and spell
16 your name for the record.

17 JASON URBANCZYK: Yes. It's Jason
18 Urbanczyk. It's U-r -- or J-a-s-o-n U-r-b-a-n-c as
19 in cat, z as in zebra y-k.

20 THE JUDGE: Thank you. Go ahead.

21 JASON URBANCZYK: Thank you. Good
22 morning, Judge Moseng. Thank you for allowing me
23 to share my testimony today. My name is Jason
24 Urbanczyk. I'm here on behalf of Impact Minnesota
25 for Minnesota Coalition for the Homeless. I'm also

1 here on behalf of the thousands of Minnesotans
2 whose lives are shaped whether or not counties
3 follow Rule 2911.

4 I'm a person with lived experience.
5 I've survived 17 years of heroin addiction, 15
6 years of homelessness, and multiple incarcerations
7 in county jails and prisons across this and
8 multiple other states. I have now been sober for
9 seven years and six months and I work statewide on
10 homelessness housing and drug policy reform in our
11 great state.

12 I want to be clear, what I'm about to
13 describe is not an outlier. It's what happens when
14 Rule 2911 is not followed. I've been booked in a
15 jail while withdrawing from heroin, I've been
16 booked while prescribed methadone and on the
17 buprenorphine program and had that medication cut
18 off immediately, in direct conflict with the intent
19 of Rule 2911.5800 on medical care and Rule
20 2911.3200 on detoxification. There was no taper,
21 no alternative, no immediate medical assessment.
22 Just gone. Here's what that feels like. Your skin
23 feels like it's going to crawl off your bones,
24 literally. Your joints ache so deep you cannot sit
25 still, but you're too sick to even stand up to try

1 and walk around. You are vomiting, shaking, losing
2 control of your body for days, sometimes weeks.
3 And when you ask for help, you are told you did
4 this to yourself, it's not our problem. Actually,
5 it is.

6 Also, I was also once cut off cold
7 turkey from a very high dose of methadone. For two
8 solid weeks I wanted to take my life every single
9 day. It's not because I wanted to die. It's
10 because the pain from that was so unbearable. That
11 is where -- (inaudible) -- Rule 2911 is optional.

12 I also wanted to add, upon release,
13 there was no bridge back to my program, no
14 continuity of care, even though the updated rule
15 requires it. On top of that, we have these
16 outdated prior authorization delays for
17 buprenorphine and methadone that nearly killed me
18 twice. The doctor prescribed it, a pharmacy had
19 it, insurance company said wait, I overdosed during
20 that wait.

21 Here's what I want the insurance to
22 understand. The moment someone is taken into
23 custody is the moment rehabilitation can and needs
24 to begin. Not at sentencing, not at a transfer,
25 not at a state facility. Right then in the county

1 jail. That is the window. And when we ignore
2 withdrawal, ignore medication and ignore people's
3 mental health, we are not just being cruel, we are
4 guarantying their failure. We are not
5 rehabilitating people. We are recycling them. And
6 some of them do not make it back.

7 Yes, it's going to cost money to do
8 this. But Minnesota is already paying for failure.
9 We pay for it in emergency room visits and repeated
10 bookings and foster care placements and in
11 funerals.

12 Rule 2911 is not a burden. It's the
13 cheapest and most humane and most effective minimum
14 standard that we have. When you take somebody into
15 custody, you take responsibility for their life.
16 Rule 2911 is the floor. Right now, too many
17 counties are operating below it.

18 I'm asking that this committee to do
19 three things: First, require counties to
20 demonstrate actual compliance with Rule 2911 not
21 just policy on paper, please. Second, Impact
22 Minnesota is specifically asking you to ensure that
23 withdrawal management, medication continuity and
24 medical care are treated as core safety
25 requirements and not optional services. Third, I

1 am asking you to create a clear accountability
2 process so when a county fails to meet these
3 minimum standards there is a consequence and a
4 corrective plan. These are not abstract reforms.
5 These are the difference between people returning
6 to our communities alive or not. We have to stop
7 sending people back into communities sicker than
8 when they came in and calling it justice. Thank
9 you very much.

10 THE JUDGE: Thank you. All right.
11 Let's take comments now from Richard Hodson --
12 Hodsdon. There you go. You are unmuted now.

13 RICHARD HODSDON: Thank you, Your
14 Honor. I appreciate the opportunity for the old
15 dog to figure out the technology. My name is
16 Richard. Last name is H-o-d-s-d-o-n. I am general
17 counsel to the Minnesota Sheriffs Association, a
18 position I have had since 1987. Before that, I was
19 -- I'm probably the only person involved in today's
20 conversation that can actually talk about what
21 happened in 1978. Because at that time I worked
22 with the Minnesota Attorney General's Office where
23 my responsibility included representing the
24 inspection enforcement unit of the Department of
25 Corrections relative to jails. So this is not an

1 issue that is new to me. I have been the MSA legal
2 and one of the representatives for the committee
3 that has been working with the Department of
4 Corrections these last five years. So I bring that
5 information to you to establish a little bit of
6 background.

7 Now, we have submitted, the Minnesota
8 Sheriffs Association and I have submitted at the
9 direction of our board of directors lengthy
10 comments on the initial March documents that were
11 submitted. I'm not going to sit here and repeat
12 those. I'm conscious of the Court's desire to keep
13 our comments to a minimum. And I will be
14 submitting follow-up comments to the recently
15 updated and revised draft documents.

16 I want to thank the Department of
17 Corrections for listening to the sheriffs, the jail
18 administrators and the county boards and the county
19 taxpayers, making some substantial changes and
20 progress. There are still some things that need to
21 be done. And that's what I want to address. But I
22 will be submitting, as I said, in written comments.

23 My first overall observation is I still
24 do not believe that the Department has adequately
25 addressed one of the requirements of statute. And

1 that is to address the fiscal impact of these
2 rules, the fiscal impact in particular on local
3 government. I note in the record Exhibit K, I
4 believe K1, there is an Office of Management and
5 Budget analysis. Their analysis was, yeah, there
6 is going to be a fiscal impact on local government,
7 but we choose not to, cannot or will not come up
8 with those numbers.

9 I took the comments that have been
10 submitted and I read them all, Judge. If you
11 haven't yet, it's going to take you several hours,
12 because there was a lot of comments. And I simply
13 found those comments submitted by jail
14 administrators and counties where they actually
15 took the numbers and said that this particular rule
16 will cost us half a million dollars, this rule will
17 cost us \$200,000, this rule will cost us \$10,000,
18 whatever. And I added those up and I put them on a
19 spreadsheet. And of the 15 -- 16 facilities that
20 gave comments that actually included a cost
21 estimate, just for those facilities on an annual
22 basis -- and largely these are staffing costs, so
23 they're only going to go up -- that was \$10,000,000
24 for those 16 facilities. And these are medium,
25 lower number facilities.

1 So if we take the number of beds in
2 Minnesota and we take the number of facilities and
3 we start to do the math, there are -- my rough
4 cocktail napkin math, for lack of a better word,
5 these rules as proposed could cost local taxpayers
6 as much as \$100,000,000 annually per year.

7 That's significant for a couple of
8 reasons. One, I think -- that's my rough math. I
9 don't have any expertise and skill set that the
10 Office of Management and Budget does. But I
11 suggest that under the rules that analysis should
12 be done. Not for abstract reasons, but for the
13 reasons of county governments have to plan. Jails
14 are funded virtually 100 percent, in most cases,
15 with property tax dollars. The proposed timeline
16 in the rules would put these rules to go into
17 effect in the middle of 2027. That means that
18 those costs are going to kick in in the middle of
19 2027. Counties operate on an annual fiscal year.
20 The budget for the sheriffs office will have been
21 set for 2027 and it's not going to be able to be
22 changed. If the county board does not increase
23 funding in the latter part of 2027 to make these
24 rules viable, sheriffs will have no remedy, they
25 will have no option but potentially be in violation

1 of the rule simply for lack of resources.

2 So at minimum I'm going to ask -- and I
3 will be having many follow-up conversations, I'm
4 sure, with corrections officials who will be very
5 open and willing to speak, but I would ask
6 consideration be given that the -- well, the rules
7 I think go into effect mid 2027 that no sanctions
8 be taken against the licensed facility for failure
9 to implement or comply with the rules at least
10 until 2028 so counties can plan accordingly and
11 come up with the resources.

12 The second overall concern I have is
13 these rules are supposed to be, according to
14 statute, minimum standards. And, unfortunately,
15 there are a couple of features that are in the
16 proposed rules, even the ones from a week or two
17 ago, that don't comply with that requirement. And
18 as such, to put it in legalese, I don't believe
19 that they meet the statutory requirements of a
20 SONAR. They do not -- they are not legally based.

21 Two specific areas where the rules I
22 think are aspirational -- and they are great from
23 the aspirational, good correctional practice, but,
24 unfortunately, that's not what the law provides.
25 Remember, a violation of any rule can cause the

1 Department of Corrections inspection and
2 enforcement to take severe, extreme enforcement
3 action against the facility. So I have to look at
4 this from a lawyer's perspective of protecting my
5 clients of reducing the risk that that's going to
6 happen.

7 And the problem with the rules are
8 twofold. One, they have provisions that are
9 clearly not minimum standards. There are several
10 rules, for example, that have certain mandates to
11 say if this -- for example, in-custody treatment,
12 if this is offered, then here's what you have to
13 do. By predicating that with the "if this is
14 offered," it clearly establishes this is not a
15 minimum necessary rule. So the legal incentive is
16 to never offer that. From a liability reduction
17 standpoint, if a jail could be sanctioned for
18 voluntarily doing something but doing it wrong and
19 they can't be sanctioned for not doing it at all,
20 any lawyer who has ever passed the bar exam is
21 going to tell their client from a liability
22 motivation, at least, then don't do this.

23 So I would ask that from the Statement
24 of Need and Reasonableness standpoint and I suggest
25 that it be made clear that a standard which a

1 facility chooses to use or a program or an
2 operation which the facility chooses to use that
3 exceeds minimum standards, and I ask this to be put
4 specifically in the rule, never be used as a
5 grounds in and of itself to impose licensing
6 sanctions against a facility.

7 Along the same lines, the rule
8 throughout, the rules throughout propose -- the
9 current rule generally provides a facility must
10 have a policy on one topic or another. The
11 proposal throughout these rule changes is the
12 facility must have and follow their own rules.
13 That's problematic in two areas. That,
14 essentially, opens the door for a facility to be
15 sanctioned not for any rule violation directly
16 written into the rules but because they had a
17 policy on something that they chose not to follow.
18 That means that they could be sanctioned for,
19 again, doing something that exceeds minimal
20 standards.

21 So the effect of this language, "Shall
22 have and follow policies," on the topic effectively
23 provides a strong disincentive to ever do anything
24 other than the legally bear minimum required
25 conduct. Because, once again, pursuant -- you

1 know, the legal standard of if you voluntarily
2 assume a duty, you have to do it correctly or face
3 liability exposure for doing it negligently, the
4 safest legal thing to do is simply don't
5 voluntarily assume the duty. That can be fixed.

6 What I would ask for consideration --
7 and I recognize, Your Honor, this may or may not be
8 within your authority, but I'm speaking to the
9 broader audience here, our colleagues in
10 corrections as well, that if this language of shall
11 have a policy and shall follow the policy is going
12 to be put into all these rules, that the rule also
13 be amended to add a provision to provide that a
14 facility, a licensed facility will not be subject
15 to licensing sanctions simply because of a
16 violation of its own internal policies if those
17 policies would otherwise not be a violation of
18 rules or statutes.

19 This would encourage what I think many
20 of the advocates are asking. That is, enhanced
21 benefits to inmates and other people in the
22 criminal justice system that go above minimum
23 standards. By facing a legitimate risk of being
24 sanctioned because of a policy one implements that
25 exceeds standards, once again, we have a situation

1 where the safest course of action is never exceed
2 the standards.

3 The other legal problem with using this
4 definition and being able to potentially impose
5 sanctions against facilities for not following
6 their own policies is that is effectively a
7 delegation of the rulemaking authority to local
8 governments. Instead of having one set of rules in
9 2911 for the 80 some facilities that are licensed
10 in Minnesota, we would theoretically, legally and
11 technically have 80 some different sets of
12 enforceable rules. That is simply not a reasonable
13 approach. And I don't believe it's consistent with
14 requirements of chapter 14 under the Administrative
15 Procedures Act. So these are not insurmountable
16 barriers to the current rule proposals.

17 There are some other language problems
18 with the rules that need to be clarified. I
19 submitted some of those. And we will again submit
20 those and work with the Department of Corrections
21 staff on those. One of the major areas is I
22 recognize that the rule attempts to take into
23 account -- there was discussion earlier this
24 morning about the Larry Hill Act and how that was
25 enacted in 2025. It was amended this legislative

1 session. The Department of Corrections -- and it's
2 only a few weeks ago -- the Department of
3 Corrections is gainfully trying to keep up with the
4 legislative changing landscape, but the rules as
5 they have proposed them are problematic. They
6 proposed to implement requirements that are not
7 medically supported by any medical provider.
8 Nothing in the SONAR -- in the 254 page of the
9 SONAR, I notice the Department of Corrections
10 doesn't submit one single reference to a medical
11 provider who believes the proposed rule is a good
12 idea. Not a one. Their primary justification is,
13 well, we are implementing this because of the
14 statutory elements. Well, actually, the proposed
15 rules now do not match the new statutory elements.
16 They exceed the minimum requirements of the
17 statutory element.

18 Again, I will address these in writing
19 and obviously submit them to the Court and to the
20 Department of Corrections. And, again, being
21 mindful of my time, I will end my comments with
22 that, unless the Court has any questions of me.

23 THE JUDGE: I do not. Thank you
24 for your presentation and I look forward to your
25 written comments as well.

1 We will take the next online commenter.
2 I will ask if anybody else in person has indicated
3 an interest in speaking?

4 DOUGLAS KLICK: No, we have no
5 more in person interested in speaking.

6 THE JUDGE: Then we have Margaret
7 Zadra, ombudsman -- ombudsperson for corrections.
8 If you want to go ahead and unmute.

9 MARGARET ZADRA: Good morning.
10 Thank you so much. My name is -- excuse me. Sorry
11 about that. My name is Margaret Zadra. I am the
12 ombudsperson for Corrections. And I am commenting
13 today with that -- officially in my role and
14 looking at these rules today for jail facilities.

15 Our office was established by the
16 Minnesota legislature to promote the highest
17 attainable standards of competence, efficiency, and
18 justice in the administration of corrections. Our
19 office is completely separate and independent from
20 the Department of Corrections and we are neutral
21 and independent from any correctional facility or
22 state agency. We have statutory authority to take
23 and investigate complaints from or about any
24 Department of Corrections staff or facility. And
25 we also have jurisdiction for any regional or local

1 correctional facility licensed by the Department of
2 Corrections in Minnesota.

3 Additionally, as ombudsperson, I chair
4 the state correctional facilities security audit
5 group, which is the legislative group that reviews
6 prison security audits and makes recommendations.
7 Our office works to resolve complaints -- I
8 apologize. I'm just getting over a cold, so I
9 apologize. Our office resolves to resolve
10 complaints, investigate concerns, make
11 recommendations and publish reports.

12 For our local facilities, our office
13 was particularly concerned with systemic and policy
14 issues. And so we may also initiate systemic issue
15 investigations at local facilities. The goal of
16 our office is to provide for a safer and more just
17 correction system for correction staff,
18 incarcerated people, and all Minnesotans.

19 The Minnesota legislature passed the
20 Hardel Sherrell Act in 2021 which mandated 2911
21 rule revisions. In July of 2025, our office
22 published a report entitled Languishing Behind Bars
23 which details the challenges in jails, high needs
24 for complex care of those jail residents, the right
25 for jail residents to receive appropriate health

1 care, and the lack of resources that many
2 facilities are facing. Meanwhile, multifactor
3 challenges, complex needs and gaps have led to
4 continued high-profile deaths in facilities. The
5 immeasurable costs to these jail residents, their
6 families and communities and the staff related to
7 deaths in facilities show that additional
8 guidelines are needed to work towards more safety
9 in facilities.

10 We are grateful for the ongoing robust
11 conversations related to these challenges and
12 appreciate the end goal for everybody involved in
13 these conversations is safer facilities and
14 communities.

15 Our office regularly hears from
16 families, jail residents and staff about these
17 challenges and concerns and our staff regularly
18 visits facilities to see these issues firsthand.
19 We are pleased that many of the concerns that our
20 office and others have brought forward in the last
21 few years during the 2911 rulemaking advisory
22 committee meetings are part of the proposed rule
23 draft. These proposed rules will provide updated
24 standards, more consistency, better expectations
25 more efficient guidelines.

1 I also recognize that these clearer
2 guidelines are needed not only for more consistent
3 rules but also for more consistent ongoing
4 investments into facilities that are often left to
5 address these crises.

6 These changes are critical to update
7 the 2911 rules to better align with current best
8 practices, remove outdated language, ensure rights
9 of incarcerated to appropriate care, and provide
10 more consistent safety and well-being frameworks.

11 I also want to recognize that while
12 there might be some additionally upfront costs
13 there are also long-term savings in preventing loss
14 of life incidents and harm to jail residents, harm
15 to jail staff, and harm to Minnesota families.

16 I am available for additional questions
17 that you may have. And really, again, I just want
18 to say how grateful I am for the intense, robust
19 conversations that have happened over the last
20 couple of years and the responsiveness to the
21 feedback that jails, community members, families
22 and office have raised about these issues.

23 THE JUDGE: Thank you very much
24 for your comments.

25 All right. I believe we have reached

1 the end of our list of people who have indicated an
2 interest in speaking. And so just before I call it
3 off, I will just ask if anybody else has an
4 interest in speaking, please indicate in the chat.
5 And I see at least one person has done that or
6 raised your hand. This is your opportunity to
7 provide oral comments. And, of course, there is
8 still an opportunity to provide written comments.
9 So if you hear something today and you develop
10 thoughts, you have 20 working days to provide
11 written comments in addition.

12 There are the deadlines again for the
13 comments. In written form, June 17th. And then
14 rebuttals by June 25th.

15 And I believe we are ready to hear from
16 our next commenter, Elliot Butay. If you want to
17 go ahead and say and spell your name for record,
18 please.

19 ELLIOT BUTAY: Thank you, Your
20 Honor. My name is Elliot Butay. E-l-l-i-o-t
21 B-u-t-a-y. I am speaking today on behalf of NAMI
22 Minnesota, the National Alliance on Mental Illness.
23 We are a statewide grassroots organization that
24 champions justice, dignity and respect for all
25 people impacted by mental illnesses. So these

1 rules have been an important process for us to be a
2 part of.

3 Just for some context, we have, you
4 know, people with mental illnesses, family members
5 have been waiting a long time for these changes.
6 In 2016, there was an Office of Legislative Auditor
7 report that detailed the needs for mental health
8 care in jails and the gaps and it has now been a
9 decade since those came out, and so we are eagerly
10 anticipating these changes. And I would say that
11 we are grateful for a lot of these recommendations
12 of the OLA being considered in these changes.

13 And we also submitted written comments,
14 and so I will just be as brief as possible in some
15 of our remaining concerns. I think the largest
16 concern or one of the most primary ones we have has
17 to do still with disciplinary segregation. There
18 is, you know, no evidence or really --
19 international standards point to 15 days being the
20 maximum of solitary confinement without it being
21 considered torture. And I really don't know the
22 reasonableness or need for allowing someone to be
23 in solitary confinement or disciplinary
24 segregation, or whatever we want to call it, for
25 more than 60 days. There is not really evidence to

1 show that this reduces misconduct or violence in
2 facilities. So I don't understand where the number
3 comes from, if it seems arbitrary. We understand
4 that there are situations in jails where people
5 need to be separated. That makes sense, whether
6 it's for their own safety or the safety of others.
7 But disciplinary segregation is a punishment for a
8 rule violation and so it should correlate with
9 something effective for stopping rule violations
10 and misconduct. And that's not something that we
11 see very evident in solitary confinement's
12 efficacy.

13 We are supportive of a lot of the
14 different proposed rules that work to reduce harm.
15 Like administrative reviews for people and
16 providing visits from health care personnel and
17 having housing management plannings and requiring
18 documentation. These are all important steps. But
19 we still would challenge what seems to be the
20 arbitrary nature of just choosing 60 days as a
21 maximum or -- and would hope for there to be some
22 sort of evidence that shows that that is effective
23 or useful in preventing misconduct or further
24 violence. So our recommendation in our comments
25 and now is also that no one be placed in

1 disciplinary segregation for longer than 15 days to
2 align with international standards.

3 We are grateful for the inclusion of
4 the mental status exam ,I'd say that as we listen
5 to the people that call our office and that have
6 lived through incarceration in jails and their
7 family members. There is a screening that all
8 jails have to provide for people to see if they
9 have symptoms of a mental illness. But the real
10 challenge is what happens after those screenings
11 and do people get any kind of referral to services.
12 So grateful that there is that kind of provision in
13 the rules. But we would just encourage counties --
14 and we've heard of the cost and I think Margaret
15 said before that there is different costs, whether
16 they be upfront or later on, there is a lot of
17 costs that come from not providing people with the
18 correct mental health care and not giving them the
19 referral that they need. So we just want to make
20 sure that those referrals actually end up going
21 somewhere, to mental health professionals, that
22 does seem in the rule. But there are also some
23 exceptions, too, if someone is not available, and
24 we hope that some of those loose ends could be tied
25 up.

1 I will point out one more specific
2 thing is that there is a statute that requires
3 phone calls to mental health providers, case
4 managers, even insurance navigators to be free of
5 charge. So these are mental health related calls.
6 This is Minnesota statute 641.15. And that's
7 something that we just think should be called out
8 specifically. People know that they can -- or most
9 people know they can call their lawyer for free,
10 otherwise, other calls are -- you have to pay for.
11 And these ones have -- calls for these mental
12 health purposes have been specifically called out
13 in statute to be free of charge to reduce barriers
14 to people getting the help that they need when they
15 are incarcerated. And we think that could be
16 provided -- that information could be provided to
17 people in admission processes and orientation
18 information packets.

19 I think, lastly, there were some
20 changes that were made in the most recent draft
21 that are good in referencing statute 253B around
22 involuntary medication. I think that still is a
23 little unclear to us whether that requires a court
24 order or not. It does require compliance with
25 253B, but it also says that there is, you know,

1 psychotropic medication for a psychiatric
2 emergency. So I wouldn't call it a double
3 standard. We just want it to be clear about can a
4 jail administer psychotropic medications
5 involuntarily to someone without a court order?
6 And that seems like a human rights, civil rights
7 issue that should be clarified.

8 I believe that is all. Again, we are
9 grateful for the Department for working with us and
10 listening to the needs of people with mental
11 illnesses and happy to continue to be a part of
12 this process. Thank you.

13 THE JUDGE: Thank you for your
14 comments. All right.

15 DOUGLAS KLICK: We do have one
16 person in person that would like to speak again.

17 THE JUDGE: Please, go ahead and
18 introduce them.

19 DOUGLAS KLICK: Michelle Gross.

20 MICHELLE GROSS: Your Honor, panel
21 members, thank you for the opportunity to speak
22 again. My name is Michelle Gross, M-i-c-h-e-l-l-e
23 G-r-o-s-s, again. I just wanted to address a
24 couple of points that kind of came up along the
25 way.

1 One of the things that has motivated me
2 to become involved in actually looking at these
3 rules is that, again, as a medical paralegal, what
4 I had noted is the increase in the number of deaths
5 that have happened in jails. For the last several
6 years the average number of deaths in jails has
7 been about 8 to 10 a year. In 2024, that increased
8 to 23 that year. And that was appalling to me.
9 And it looked to me to be a real problem. And so I
10 started looking into these questions.

11 And in addition to that, being somebody
12 who writes a lot of the lawsuits that our practice,
13 you know, looks at for jail death cases, you know,
14 when we look at things like costs, yes, it's going
15 to probably cost something for some of these jails
16 to meet the minimum standard. But at the same time
17 the cost for not doing it is just astronomical.

18 I look at things, for example, like the
19 Hardel Sherrell Act, you know, which is the genesis
20 of these rulemaking, in that particular case, the
21 Hardel Sherrell case -- which I wrote that lawsuit,
22 I'm intimately familiar with it -- that family got
23 \$2.6 million from Beltrami County Jail or from
24 Beltrami County. We had the Lundmark case out of
25 that same jail, 3.4 million. We just settled with

1 another county, whose name I will leave out at this
2 time, for two jail death cases for improper
3 withdrawal management. And in both of those cases
4 the county settled with us even before we filed the
5 lawsuit because they recognize that they had done
6 some things wrong. And they settled each of those
7 two cases. Just the county portion now for 1.25
8 million each. And, again, it was the same jail.
9 Two jail death cases within three weeks of each
10 other.

11 These things have cost to the
12 taxpayers. But more than that, they have cost to
13 the families. The families will never see their
14 loved one again. Going into jail because you broke
15 a law or you are suspected of breaking a law and
16 you haven't even been to trial yet should not be a
17 death sentence.

18 Under the, you know, 8th and 14th
19 amendments people have rights to medical care in
20 these jails and they have rights to proper medical
21 care. And I do want to say again that we have
22 worked hard with the Sheriffs Association and with
23 the legislators to make sure that the provisions of
24 the Larry R. Hill Medical Reform Act are practical,
25 are doable, are just and proper for jails. And so

1 I really have a problem that some of the other
2 speakers are saying that, oh, gosh, we can't do
3 this. We worked with you, we went to the table
4 with you, we made compromises so that you could in
5 fact implement the Larry R. Hill Medical Reform
6 Act. And it's absolutely necessary. Because we
7 cannot have any more people dying in jails or
8 injured in jails because they didn't get the
9 medical care they needed and didn't get their
10 seizure medications, their insulin, you know, their
11 mental health medications, et cetera.

12 So I think the rules are where they
13 need to be and I wouldn't change a thing about
14 them, except to add a provision in the admission
15 section on verifying the presence of a Jarvis
16 order. Thank you.

17 THE JUDGE: Thank you, Ms. Gross.
18 All right. Anybody else in person who wishes to
19 speak?

20 DOUGLAS KLICK: We have no other
21 individuals to speak in person.

22 THE JUDGE: All right. And nobody
23 else online has indicated. I will just pause for a
24 few more moments to give folks -- if you want to
25 have an opportunity to collect your thoughts, we

1 are soon to wrap up, so I just want to make sure
2 everybody who wishes to has had an opportunity to
3 speak.

4 Again, I will cover that initial
5 comments are due on June 17, 2026 and rebuttals
6 five working days later, June 25, 2026. There is a
7 holiday in there, in case you are counting days.
8 That's the explanation for that.

9 I will also put on the screen again the
10 address. Court of Administrative Hearings is P.O.
11 Box 64620, St. Paul, Minnesota 55164. You can fax
12 comments to (651)539-0310. But ideally, if you
13 have access to the internet, you can go to
14 eComments and provide your written comments through
15 the Court of Administrative Hearings website or
16 through the Department of Corrections website.

17 So having covered all that, I guess I
18 will just confirm that from the room whether or not
19 there is anything else that folks want to do on the
20 record here before we conclude?

21 AMY LAURICELLA: No, Your Honor.
22 Thank you.

23 THE JUDGE: I want to thank
24 everybody for your time and participation. I
25 really -- I genuinely appreciate the depth and the

1 complexity and the rule changes that are being
2 proposed.

3 I also appreciate the Department of
4 Corrections' efforts to ensure that stakeholders
5 are involved and that they considered stakeholder
6 comments. I believe that the Department of
7 Corrections has been engaged in that for some time
8 now and will remain engaged with that through this
9 comment period. And so I look forward to hearing
10 the -- and slash reading I guess the Department of
11 Corrections' responses to comments and reviewing
12 the rules with all those comments in mind.

13 So thank you all very much for your
14 time and participation. Have a good rest of your
15 day. And we are adjourned.

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17 (The Hearing adjourned at 10:24 a.m.)

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REPORTER'S CERTIFICATE

1
2
3 I, SUSAN M. STROM, do hereby certify that I
4 recorded in stenotype the Hearing on the foregoing
5 matter on the 28th day of May, 2026, via Webex;

6
7 That I was then and there a Notary Public in
8 and for the County of Dakota, State of Minnesota;

9
10 I further certify that thereafter and on
11 that same date I transcribed into typewriting under my
12 direction the foregoing transcript of said recorded
13 hearing, which transcript consists of the typewritten
14 pages 1 through 67.

15
16 I further certify that said hearing
17 transcript is true and correct to the best of my
18 ability.

19
20 WITNESS MY HAND AND SEAL this 1st day of
21 June, 2026.

22 /s/Susan M. Strom
23 Susan M. Strom
24 Court reporter
25