

Meeting Minutes: Priority Admissions Task Force

Date: 10/30/2023
Minutes prepared by: Kari Gallagher
Location: Shakopee Community Center

Attendance

- Jodi Harpstead
- Keith Ellison
- Dr. KyleeAnn Stevens
- Bryan Welk
- Doug McGuire
- Kevin Magnuson
- Jinny Palen
- Lisa Harrison-Hadler
- Sue Abderholden
- Taleisha Rooney
- Dr. Eduardo Colon-Navarro
- Angela Youngerberg
- Heidi Heino
- Miranda Rich
- Tarryl Clark

Agenda

Opening, Review of Minutes, Introductions as Needed (1:00-1:15)

Old Business (1:15 – 2:15)

- I. Discussion of Responses to Homework: Ten Best Ideas Addressing Impacts of Priority Admissions
- II. Identifying Commonalties

Break (2:15-2:30)

New Business (2:30-3:45)

- I. Solutions and Recommendations Ranking Exercise

Next Steps (3:45 – 4:00)

- I. Report Preparation
- II. Other items?

Adjourn (4:00)

Next Meeting

Date: Monday, December 4, 2023

Time: 1:00pm-4:00pm

Location: To Be Determined

Meeting Notes

Opening, Review of Minutes, Introductions as Needed

- I. Reminder that the meeting today is being recorded. The recording and materials used or shared in today's meetings will be available to public and that subsequent disclosure may be beyond the control of the Department of Human Services (DHS). Your continued involvement in today's meeting provides the authority necessary for the Department of Human Services (DHS) to collect and retain said data and make it available to the public.
- II. Additional Work that's going on contemporaneously
 - a. The Hospital Decompression task force which also came out of the last session of the legislature.
 - i. Assistant Commissioner Natasha Merz for Aging and Disability Services has pulled staff together from Moving Home Minnesota (MHM), funding from Moving Home Minnesota (MHM) and Whatever it Takes Fund
 - ii. Conversations in the last week with several group home providers who are able and willing to take individuals out of hospitals
 - 1. Looking at ways to provide funding, prepping staff, hiring, and training, and a variety of things that would allow providers to take individuals from hospitals.
 - b. Direct Care and Treatment (DCT) is in conversation with the Governor's office about the proposals and capacity of Direct Care and Treatment (DCT)
 - i. Decided not to build a Substance Use Disorder (SUD) facility in Willmar, will move the staff to Child & Adolescent Behavioral Health Hospital (CABHH) which will open capacity for children and adolescents.
 - ii. Direct Care and Treatment (DCT) has purchased an apartment building and is planning to move some individuals there who do not need intensive daily care to live in a more integrated setting and community, using the new integrated community services waiver.
- III. Reminder to be sure that the final report reflects the charter the task force was given, which is about Priority Admissions to Direct Care and Treatment (DCT)
- IV. Terra Carey, Chief Quality Director for Direct Care and Treatment (DCT) and Stephanie Bue, Quality Director for Mental Health Substance Abuse Treatment Services (MHSATS) with Direct Care and Treatment (DCT) are helping with the task forces discussion of Ten Best Ideas submitted by task force members.

Old Business

- I. Discussion of Responses to Homework: Ten Best Ideas Addressing Impacts of Priority Admissions
 - a. Task force members reviewed the [Task Force Idea Generator](#) a generalized qualitative grouping of responses from Ten Best Ideas submitted by task force members
 - b. Task Force members were asked to look at their individual Ten Best Ideas and put their ideas on post it notes they were given for an interactive grouping and analysis.

New Business

I. Solutions and Recommendations Ranking Exercise

- a. DCT Bed Capacity and Access: Lack of bed capacity coupled with limited bed categories, increases the likelihood the demand is not met for long term treatment for individuals at high acuity and/or with chronic mental illness, resulting in harm.
- b. Community Bed Capacity and Access: Lack of a facility and/or supportive services for individuals at high acuity and/or with chronic mental illness, decreases the likelihood that (1) security and safety can be established and (2) that the individual is able to be treated in the least restrictive setting when discharging to the community.
- c. Admission to a DCT Facility: Bed placement is not based on clinical need and individual circumstances, increasing the likelihood that admission is based on variable features (i.e., location, legal status, which list the individual is added to, which category of bed the individual is slotted for, and ability/skill of referral source to communicate and inform on the individual's case.
- d. Funding
 - i. Does Not Meet Criteria (DNMC) Mental Health/Substance Use Disorder Treatment (SUD/ TX) (Not general fund)
- e. Community-Funding
 - i. Psychiatry Emergency Room (ER)/Intensive Care Unit (ICU) in community hospitals
 - ii. 1115 waiver (Jail re-entry) (Jail) (Community) (Etc.)
 - iii. Fund Jarvis Jails (Program)
 - iv. Intensive Residential Treatment Services (IRTS)
 - v. County resources
 - vi. Assertive Community Treatment (ACT)
 - vii. Housing Models (Innovative/Supports)
 - viii. Flex Funding
 - ix. Voluntary engagement
- f. Workforce
 - i. Direct Care and Treatment (DCT) and Community
 - ii. Pay
 - iii. Burn out/wellness/restoration
 - iv. Build general Substance Use Disorder/ Mentally Ill (SUD/MI) professional trainings
 - v. Specific training Mentally Ill and Substance Use Disorder (MI & SUD)
 1. Mentally Ill (MI) /De-escalation/etc.
 - vi. Build general Substance Use Disorder/Mentally Ill (SUD/MI) professional trainings

Next Steps

I. Report Preparation

- a. Task force members Kevin Magnuson, Dr. Eduardo Colón-Navarro, Sue Abderholden will help prepare a draft report, to bring back to Priority Admissions task force members to review and give input.

- b. Discussion regarding addition of county perspective in Angela Youngerberg in the drafting group.

II. Other Items?

- a. Schedule the next task force meeting within a month.