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**STATE ADVISORY COUNCIL ON MENTAL HEALTH**  
*and Subcommittee on Children's Mental Health*

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February 4, 2021 – 10am-1pm

**Attendees:**

Addyson Moore, Al Levin, Alison Wolbeck, Amanda Larson, Amy Jones, Angela (Bartolomeo) Schmitz, Anna Lynn, Beth Prewett, BraVada Garrett-Akinsanya, Cecilia Hughes, Claire Courtney, Claudette Larson, Claudia Daml, Corey Harland, Cynthia Christensen, Danny Porter, Dave Lee, Dave Lislegard, Dawn Ammesmaki, Debra Peterson, Donna Lekander, Ed Morales, Erin Sutherland, Helen Ghebre, Jeffrey Lind, Jennifer Bertram, Jeshua Livstrom, Jode Freyholtz-London, Ken Morman, Kimberly Baker, Kimberly Stokes, Linda Hansen, Maleenia Mohabir, Mary Kjolsing, Meredith Jones, Michael Gallagher, Michael Trangle, Michelle Schmid-Egleston, Robert Bosl, Rodney Peterson, Rozenia Fuller, Sam Smith, Samantha Hedden, Sarah Fuerst, Stephanie Podulke, Tabatha Amundson, Tanya Carter, Thomas Delaney

**Joint Meeting Minutes**

Welcome, Approved Minutes, Approved Agenda

**Black History/Mental Health, Pastor Rozenia Hood Fuller**

Group discussed why Black History and mental health are important to talk about. Comments included:

- The more we talk about it, the more we normalize it.
- Acknowledging that the challenge of people of color is different than white people.
- How do we recruit and maintain black educators and mental health providers.
- Need for prevention and early intervention supports/services.
- Talked about trauma for Black, Indigenous, Person of Color (BIPOC) communities and how this is also about systemic racism.
- Stigma creates discrimination. If we could work on eliminating stigma, there could be less discrimination in regards to mental health.
- Limited culturally appropriate services for black families.
- It is not the job of BIPOC people to teach us what we don't know.

**Mental Health Day on the Hill, Pastor Rozenia Hood Fuller**

Not discussed.

**Vaccinations of Mental Health Providers Update, Grace Fleming, Office of the Governor**

Grace Fleming gave an update on COVID-19 vaccinations in Minnesota and answered questions. The State has run two weeks of successful pilots to see what works and what doesn't work. Now opening more permanent vaccine sites.



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### Request for Proposal (RFP) Process, Dave Lee & Jeshua Livstrom, DHS

- Discussed plan to pilot the proposed RFP process involvement. A workgroup will be developed to guide the Council/Subcommittee RFP process involvement. Michelle Schmid-Egleston has volunteered to co-chair the workgroup.
- Requesting 10-12 people to be members of RFP workgroup.
- Requesting members participate occasionally in RFP development and review. Everybody is a content expert in some area. That is why you are on the Council/Subcommittee. Everyone will have an important part to play.
- Questions/Comments:
  - a. Will members be receive stipends for reviewing RFPs? If DHS wants to create value, in order to tap into community members especially BIPOC communities, stipends should be offered.
  - b. If you are going to involve BIPOC individuals, they are recycled in so many different areas, it is eliminating their participation. When RFPs are developed they come from a space of privilege and advantage and it isn't understood what it means to have to get a responses together quickly. There is also advantage to those who can afford grant writers. The system is inadvertently eliminating a lot of people getting access and those communities that need the grants the most. How can we address them in this process? How can we look at this strategically?

#### **RFP Process Involvement – Pilot process-DRAFT**

This outlines the roles of the State Advisory Council on Mental Health (SAC) and Subcommittee on Children's Mental Health (SOCMH) and the Department of Human Services in regards to the Mental Health Related RFP Process.

#### **Pre-RFP Development:**

- SAC/SOCMH maintain an active list of mental health priority areas including detailed list of deliverables. This list will be updated regularly in response to changes in community needs and provided to DHS/BHD at least annually or when needs change.
- When DHS learns that there is an opportunity to apply for funding (State Legislature, Federal Government Discretionary grants, private foundation, etc.), DHS contacts the SAC/SOCMH for input to inform the application if time permits.

#### **RFP Development:**

- SAC/SOCMH to develop and maintain a list of council members that are interested in participating in RFP development. The list will include member names, along with subject area.
- Council Coordinator (Abbie/Tabatha) sends point of contact (to be identified by SAC/SOCMH) a notice when it identifies an RFP to be posted. The notice should include:
  - a. Title of RFP
  - b. Brief description (total \$ amount, spending parameters, target audience, proposed deliverables, how many projects will be funded, etc.)
  - c. Timeline, including how fast input is required



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d. DHS Contact Person (RFP Administrator)

- SAC/SOCMH will distribute the notice to appropriate council members, to identify interest
- If the SAC/SOCMH member will be contributing to specific content in the RFP, then they will sign a team-member agreement
- DHS staff provide updates to the SAC/SOCMH membership regarding progress on RFP development process (changes to deliverables, timelines, etc.), upon invitation by the Council. This can be via written communications or in-person meetings.

**After RFP Posted:**

- SAC/SOCMH members share the RFP with networks
- DHS contact [mhadvisory.council.dhs@state.mn.us](mailto:mhadvisory.council.dhs@state.mn.us) to request proposal reviewers
- Interested SAC/SOCMH members serve as members of the Proposal Review Panel
- SAC/SOCMH members sign non-disclosure agreements and conflict of interest disclosure forms

**Grant Outcomes:**

- DHS staff present outcomes and findings from previously issued RFPs at SAC/SOCMH meetings at least annually, upon invitation.

End Draft Process

**Council/Subcommittee Impact Priorities: Jeffrey Lind & Michelle Schmid-Egleston**

Discussed where to concentrate the energy of the Council/Subcommittee over the next few months.

Sam suggested that we divide our legislative goals into policy and funding, which can help organize our work. This year is a budget year for the legislature, so this year we could focus on funding priorities. The Walz/Flannigan administration recently released their budget proposal. We could look at it and decide how we align and what we would recommend for improvement. Next year we could look more at policy.

Anna mentioned that it would be nice to get formal response from governor's office regarding our biennial report and recommendations. Maybe 3 months after report, sit down with governor's office to discuss. See what the governor's office thinks is possible and what they may focus on. This may help us think about what work to do.

Discussed bringing early intervention into focus. We spend a lot of time on the children's side and adult side working on people who are further downstream. Can we get more bang for our buck putting more time and energy into early intervention? Are there things we can be doing by intervening earlier that will decrease the need for deep end services?

Anna added that the Family Prevention, Intervention and Support workgroup does some early intervention work, but we could benefit from a workgroup focused on early intervention.

Addyson mentioned that we should also include people who have disabilities within what we are doing. They also struggle with getting mental health treatment such as residential treatment, hospitalizations, etc.



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Talked about the need to track what is happening with Family First legislation. Family First appears to be targeting earlier intervention rather than deep end services. We also need to pay attention because it appears that there will be unintended consequences for families that need residential treatment services for their child. In order for a child to voluntarily access mental health residential treatment they would have to undergo a placement screening and relative care would need to be considered. This is taking autonomy away from family and the advice of mental health professionals. If a kid needs residential care, going to live with a family member will not treat the mental health.

### **Workgroup Updates, Michael Trangle MD & Workgroup Chairs**

#### **State Fair Workgroup: Dave**

The State Fair Workgroup meets the Wednesday before this meeting, at 2p. The fair board is planning to move ahead with Mental Health Awareness Day at the State Fair. Probably Aug 30, but not definite. We may be down to 50 partnering organizations. On Mental Health Awareness Day, we get the center of the fairgrounds from 8a-6p. Each group of vendors has interaction with fair goers. We also have a stage with acts that focus on mental health. Angela Davis was scheduled to do a show last year. Propose having Angela Davis do a show with BraVada this year.

If anyone is interested in being involved, contact Dave Lee.

#### **Mental Health & Juvenile Justice Workgroup: Cecilia**

The Mental Health & Juvenile Justice workgroup was not able to meet in January scheduling conflicts. They are trying to find a better time for everyone. The focus is on Psychiatric Residential Treatment Facilities (PRTFs) and high-end kids. Also looking at who they can bring into the group to give some training and let them know where the state is at in regard to juvenile justice matters.

#### **Family Systems, Prevention, Intervention & Support Workgroup: Anna**

Workgroup has met 1 ½ times. They are restarting workgroup, looking for new members and establishing focus. Have been talking about strategies to help families navigate which can be challenging and overwhelming. What should the supports be to help families navigate the system? The other thing talked about was in regard to promotion and prevention: Family peer support. How do we build that up?

#### **Recovery Supports Workgroup: Angie and Claire**

Workgroup did not meet in January due to meeting being scheduled on a holiday. The same situation is scheduled in February. They will look at scheduling for a different date.

Looking for guidance from the Council/Subcommittee as to whether or not the workgroup should continue. It is comprised of mostly state employees.

#### **Outreach to Cultural Diversity Workgroup: BraVada**

Last meeting focused on workforce development. Sam did a briefing on legislative work. Had Nelly Torori from DHS talk about cultural infrastructure grant. This grant hasn't had an increase in funding since it started. Jeff Hayden discussed strategies of getting ideas to legislatures.



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**Mental Health & Schools Workgroup: Lisa**

State staff came to talk about third party billing. The workgroup would like to talk about Children's Therapeutic Support Services (CTSS) and difficulties schools have with CTSS and bring this forward to entire group. Need more education about CTSS for group to get better understanding of the issues at hand. Would also like education on nontraditional therapies. Will continue to discuss funding and legislative proposals.

**Integrated Care & Access Workgroup: Michael**

Completed talking points for:

- Minnesota strategy for an interoperable public/private telepresence platform
- Loan forgiveness Program for BIPOC Mental Health Professionals
- Ensure parity between mental health/substance use disorder care and medical care

A number of committee members talking to legislative members.

**Resources Shared by Attendees during meeting**

Invisible Scars: America's Childhood Trauma Crisis

The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement

Minnesota COVID-19 Response Vaccine Data

2020 State Advisory Council on Mental Health and Subcommittee on Children's Mental Health Report to the Governor and Legislature Executive Summary

**Next steps and closing**

- Members interested in participating in RFP workgroup, email Tabatha.
- Members interested in occasionally participating in RFP development send email to Tabatha along with area(s) of subject interest.
- Tabatha will explore if stipends will be given to members for RFP reviews.
- Talking points from Integrated Care & Access and Mental Health & Juvenile Justice workgroups will be distributed.
- Workgroup chairpersons assure that talking points for areas that fall within your workgroup area of expertise are submitted to Tabatha to be shared with Council/Subcommittee members as soon as possible.

Next Council/Subcommittee Meeting:

Date: March 4, 2021  
Time: 10:00am-1:00pm  
Location: WebEx Only



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### Request:

Submit written updates from your Agency/Organization/Community about current mental health activities by 9am on the day of Council and Subcommittee meetings. These written updates will be included in meeting minutes.

### Reminder:

More information about the State Advisory Council on Mental Health and Subcommittee on Children's Mental Health, including meeting minutes, reports, and membership lists, can be found online: <https://mn.gov/dhs/mh-advisory-council/>

### Updates from state agencies:

#### Department of Employment and Economic Development (DEED)/Vocational Rehabilitation Services (VRS):

- **IPS Legislative Report:** Individual Placement and Supports (IPS) is a Mental Health Evidence Based Practice that provides employment services and supports to people with mental illness who are receiving mental health services from a mental health agency that has employment services embedded within their service array. Minnesota is part of an International IPS Learning Community managed by the IPS Employment Center at Westat (a research agency) to promote, develop and sustain IPS. Minnesota's IPS projects have the highest employment engagement rate in the country. In MN, the primary funding for IPS comes from a State legislative appropriation managed by DEED-VRS. This legislation requires a report every other year to the legislature. This year's report can be found [here](#). **IPS is one of the services that the SAC has strongly advocated for and supported for many years.** Recommendations to expand and sustain IPS were included in the SAC report to the Governor and Legislators. **Questions about IPS and the report can be directed to Claire Courtney at DEED-VRS**  
[Claire.courtney@state.mn.us](mailto:Claire.courtney@state.mn.us).
- The **Minnesota State Rehabilitation Council's annual report** on the **status of the VR program** is now published and submitted to the Federal Rehabilitation Services Administration and to the office of Gov. Tim Walz. The council is advisory to the Vocational Rehabilitation Program in Minnesota and is mandated by Federal Law. This year's report contains program data for the most recent program year (July 1, 2019 through June 30, 2020) along with reports on significant milestones (100 years of the public VR program) and inspiring stories of resilience during a time of pandemic. The report also features reflections on the many challenges and opportunities that arose during this most unusual year. You can find this year's annual report [here](#). For more information about the State Rehabilitation Council, contact Karla Eckhoff at [karla.f.eckhoff@state.mn.us](mailto:karla.f.eckhoff@state.mn.us).

#### DHS:

- No updates provided at this time



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**Department of Corrections (DOC):**

- No updates provided at this time

**Governor's Office:**

- No updates provided at this time

**MDE:**

- No updates provided at this time

**MDH:**

Updates from the Suicide Prevention Unit at MDH:

- President Trump signed into law a bipartisan bill that will make 9-8-8 a universal telephone number to reach the national suicide prevention hotline starting in July of 2022. The National Suicide Hotline Designation Act will allow individuals seeking help to dial the three digit number and be directed to the hotline, currently the lifeline is accessed through the 10 digit 1-800-273-8255.
- MN is in the early stages of planning what 9-8-8 will look like here in MN. There was an initial 9-8-8 Coalition meeting kick-off on February 2. If you would like to get involved or learn more about 9-8-8 planning, please reach out to [tanya.carter@state.mn.us](mailto:tanya.carter@state.mn.us) or [Emily.yang@state.mn.us](mailto:Emily.yang@state.mn.us).
- Minnesotans now have access to in-state National Suicide Prevention Lifeline call centers, this allows Minnesotans access to in-state resources. The National Suicide Prevention Lifeline is a network of more than 160 call centers around the country. Callers are routed to a call center near them based on the first five digits of their phone number. The following Lifeline centers are operational for Minnesota residents: Carver County, Greater Twin Cities United Way, FirstLink, and First Call for Help.
- Kognito At-Risk for K-12 educators continues to be available free of charge for teacher and school personnel. Kognito At-Risk for K-12 educators meets the educator suicide prevention training requirement per MN statute 122A.187 as determined by district. More information can be found about Kognito [here](#). Or contact [stephanie.downey@state.mn.us](mailto:stephanie.downey@state.mn.us).
- 2020 preliminary suicide data is showing a decrease in suicides from 2019. More data will be available in the upcoming months relating to 2020 suicide numbers.

**Minnesota Housing Finance Agency (MHFA):**

- No updates provided at this time



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## Workgroup Minutes:

### **Family Systems, Prevention, Intervention, & Supports**

Notes not yet available.

### **Integrated Care & Access**

Date: 1/19/2021

Members present: Dave Lee, Rod Peterson, Claudia Daml, Mary Kjolsing, Cythia Christensen, Claire Courtney, Sam Smith, and Michael Trangle

Minutes from the Dec.2 meeting were edited and approved

1. We discussed how to optimally leverage our 3 talking points (telepresence, parity and access, and workforce/loan forgiveness) into catalyzing change. At least six of us have talked with our own and key committee representatives and senators about these 3 issues and other key MN Mental Health Governor's Advisory Council recommendations. We talked about needing to expand this effort to involve all the members of key legislative committees and expanding the numbers of folks doing the reaching.
2. At the time of our meeting it wasn't clear which of our recommendations have been picked up and are being sponsored by legislators. We realized that it's crucial to get grounded in this and (I think it was) Sam showed us how to log on to the MN Legislative websites and look this up.
3. Sam updated us on the status of the work to integrate racial equity into all of our work especially in the context that the 2021 recommendations were sent in quite a while ago. Ultimately it falls upon all of us to do this when discussing and promoting these recommendations.
4. DHS' RFP for health plans to bid for contracts to manage MA business in MN does include goals for parity, racial equity, and integrated care - so perhaps our recommendations made a difference here.
5. We discussed NAMIs bill to require all 911 dispatchers to be trained to recognize folks with mental health and substance use disorder issues and divert them to mental health workers and agreed that it should be strongly supported.
6. Sam shared the impact and context of Fairview/HealthEast's likely closure of 16% of the metro inpatient psychiatric beds. We need to keep the pressure on to increase inpatient psychiatric RATES and then increase the number of inpatient psychiatric beds, locked and unlocked IRTS beds, and other intermediate resources.
7. Claudia is in the process of joining a key DFL party policy committee and she hopes this will allow her to raise the profile of social determinants of health, mental health and substance use disorder issues, and psychosocial solutions. She also reminded us that the larger joint committee and subcommittee need to eventually evaluate our performance so we can see which approaches are working and which need to be altered.

### Tentative Agenda for 2/16 Parity and Access Workgroup Meeting

1. Minutes
2. Updates on status of our 3 talking point issues (telepresence, parity/access, workforce issues/loan repayment pilot for BIPOC folks)





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3. Updates on other key Committee and subcommittee recommendations.

4. Next steps

5. Other issues?

**Local Advisory Council**

Notes not yet available.

**Mental Health & Juvenile Justice**

No January meeting.

**Mental Health & Schools**

Notes not yet available.

**Outreach to Cultural Diversity**

Attendees: Sam Smith, Tabatha Amundson, Lisa Hoogheem, Jeff Hayden, Nelly Torori, Ashwak Hassan, BraVada Garrett-Akinsanya, David Nathan, Dawn Ammesmaki, Donna Lekander, Rod Peterson, Yolonde Lee

**Workgroup Goals:**

- I. Discussed Open slots from the Recovery Supports group and the LAC group.
- II. Reviewed expectations of the group.
- III. Reviewed additional issues of importance to the group.
  - a. Continue to invite public members to the group. Today's Guest- Jeff Hayden, discussed strategies for getting to legislators, supported a process to be fully briefed by Sam regarding bill nuances and main points, and stated that he would provide any additional support in reaching out to make sure that our legislative agendas provided for inclusion and focus on ethnic minority communities that are often underserved. Also, discussed the process of providing "specialty fees" for organizations/providers that render culturally specific care.
  - b. Second invited guest, Ms. Nelly Torori, described the origination of the CEMIG grant that supports services to culturally specific populations as well as training support to increase the workforce for BIPOC groups. The grant has not received any additional funds and yet the community based demands for culturally specific services has increased.
  - c. Third speaker was Sam Smith, who provided a legislative briefing on the upcoming bills relevant to the workgroup with emphasis on a workforce development proposal now being put together.

**Action items:**

Action Steps	Person Responsible	Due Date
Invite a legislator from the Health & Human Services committee to our next meeting	B. Garrett-Akinsanya	02/11/2021
Generate Minutes	B. Garrett-Akinsanya	02/04/2021



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**Next meeting:**

*Date:* January 20<sup>th</sup> 2021

*Time:* 2:00pm

*Location:* WebEx Virtual Platform

**Recovery Supports**

No January meeting due to holiday.

**State Fair Planning**

1. Introductions
  - a. In attendance were Dave Lee, Dave Johnson, Sara Carothers, and Christine Popp who is the new Public Education Coordinator for NAMI Minnesota.
2. Regrouping for 2021
  - a. Any updates from fair staff? Options for 2021 – hopefully we will be in-person again!
    - i. Dave Lee is going to reach out to the state fair and ask for an update from them. He did report that he bought “early bird” tickets so believes they are planning for a more regular year. He also reported that through his work at the state, he feels vaccinations will be far enough along for the fair to be possible, but it may look/feel/operate a little differently than in the past, ie masks required, less people can be in the exhibit space, etc. Dave will talk with Nate from the fair to get a feel for the fair staff’s perspective on 2021, and then will report back to us.
    - ii. Dave felt strongly that topics around mental health are more needed than ever after a year of extreme stress and isolation. Sara suggested we make that into a positive theme for the 2021 mental health day at the fair.
3. Next Steps and Roles
  - a. Plan to fair
    - i. Dave will ask Nate when this is due, or if they will be able to just use our 2020 plan for 2021 given that 2020 did not take place.
  - b. Review of tasks and timelines
    - i. Sara has a list of tasks and deadlines prepared for 2021. Items will be added after Dave talks with the fair, and adjustments will be made accordingly. We do not know what that may look like yet, so need to complete this after we hear more from the fair. For example, more space may be needed between exhibitors, so we will have to invite fewer exhibitors to be present.
4. 2021 Planning meetings
  - a. February 3<sup>rd</sup>
  - b. March 3<sup>rd</sup>



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- c. March 31<sup>st</sup>
- d. May 5<sup>th</sup>
- e. June 2<sup>nd</sup>
- f. June 30<sup>th</sup>
- g. August 4<sup>th</sup>

The zoom link for all State Fair Workgroup virtual meetings is [here](#).