



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

July 1, 2021 – 10am-1pm

Attendees:

State Advisory Council on Mental Health members: Amanda Larson, Amy Jones, Angie Schmitz, Beth Prewett, Claire Courtney, Claudette Larson, Claudia Daml, Cynthia Christensen, Dave Lee, David Nathan, Ken Moorman, Mary Kjolsing, Michael Trangle, Rodney Peterson, Rozenia Fuller, Abigail Franklin

Subcommittee on Children's Mental Health members: Addyson Moore, BraVada Garrett-Akinsanya, Cecilia Hughes, Corey Harland, Deb Peterson, Donna Lekander, Jeff Lind, Jennifer Bertram, Linda Hansen, Lisa Hoogheem, Meredith Jones, Michael Gallagher, Michelle Schmid-Egleston

Guests: Alicia Dobias, Amy Schweigert, Anna Lynn, Ari Dionisopoulos, Ashley Warling-Spiegel, Cassie Kappelhoff, Eren Sutherland, Helen Ghebre, Hilary Hadfield, Jessica Reed, Joy Johnson-Lind, Katie Knutson, Kmeline, Meg Moynihan, Melissa Dau, Michael Koehler, Nancy Rhen, Neerja Singh, Nicole Archbold, Paul Fleissner, Sarah Dunne, Shannah Mulvihill, Shannon Lotthammer, Sheena, Tabatha Amundson, Tim Quan

Joint Meeting Minutes

Welcome, Approve Minutes, Approve Agenda

- Open Seats: please encourage members of your community to apply to the Council/Subcommittee. Applications are accepted on the Secretary of State's Boards and Commissions [website](#).

DHS/BHD Updates: Discussion of Psychiatric Residential Treatment Facilities (PRTFs) – Amy Schweigert, PRTF Clinical & Policy Lead

- See attached presentation
- DHS is working more closely with hospitals to have PRTFs in partnership with hospitals, possibly on site. Need to work out more details about how this can function.
- Currently there is only 1 PRTF provider in Minnesota. 3 facilities plan to open by end of 2021. Due to the capacity limitations, those age 18-21 are not able to access PRTF services along with youth who have juvenile justice involvement.
- Data presented is from one facility for 2019; it is known that there are many limitations with data collection, specifically gathering demographics, though DHS is working to improve this reporting with the provider.
- Wishes to have more successful partnership with state agencies for future PRTFs:
 - MDH & DHS at the table from the very beginning to assist with the setup of the facility and provide guidance on rules/regulations/policies/procedures
 - State agencies to coordinate efforts when they are performing site visits/investigations. Come at the same time to reduce the need for facility staff to provide the same information multiple times.



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- Access to self-monitoring tools so that the facility can ensure they are meeting state licensing requirements
- Questions and comments:
 - How many youth in PRTFs came from Hospitals or Regional Treatment Centers?
 - Working to collect this data but none at this time.
 - Can private insurance pay for PRTF stays?
 - Yes
 - How are you targeting outreach to Native American youth?
 - There are some efforts in the works to target specific communities.
 - We have concerns about location of PRTFs and access for BIPOC children as well as staff. How is it decided where beds are placed?
 - We want staff that look like the kids being served. Part of the evaluation for the next round of RFPs will look at access. We are finalizing the scoring tool for submitted proposals with an equity lens.
 - PRTFs need to be more diverse and inclusive of BIPOC communities. We may strive for equity but don't reach the goal. What are you doing in BIPOC Communities to prepare providers to respond to RFPs?
 - DHS will do active outreach before issuing RFP to have providers ready. We will support them to be prepared. We are currently developing scoring criteria.
 - Exactly how will you do outreach to small and diverse service providers? What will it look like?
 -
 - BIPOC youth are at high rates in juvenile justice, but where are they in PRTF?
 - The data about demographics has limitations. DHS is partnering with DOC to get data.
 - Please identify what you meant by creating more equitable access? Which groups are you targeting and what steps are you taking to increase access?
 - A future facility will focus on serving youth with Autism and Intellectual Disabilities; another will focus on serving those who are highly aggressive.
 - How are you including the voice of young adults in plans for PRTFs?
 - We are looking to capture these experiences. We hope to utilize a similar process as Youth Move to hear feedback. Possibly a World Café style session to gather feedback from the community. Plan to do focus groups around telemedicine involving parents and children.
 - Can you incentivize organizations to serve youth with higher needs?
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 - What will be different from a financial model to ensure the sustainability of these future PRTFs compared to Cambia?
 -
 - Are LGBTQ identities, including trans and non-binary gender identity being tracked?



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- LGBTQ data is not available currently though has been requested from providers.
- What are the barriers youth with juvenile records face when trying to access PRTF services?
 - Current capacity is too low to allow those involved in the juvenile justice system to access PRTF services.
- Why aren't we working on building facilities in the metro given the incredible need rather than waiting for facilities to set up? Is there a reason this can't happen? Seems like this would also help us recruit BIPOC clients and staff.
 -
- What is the plan for all the youth in need now until we have services available? We have been sounding the crisis horn for years.
 - We have to work with the Centers for Medicare and Medicaid Services (CMS) for establishing new facilities
- Rural areas have PRTFs placed there but have difficulty getting clients placed due to the fact that we often have less step-down services available – day treatment programs, in-home services, partial programs that have been able to be utilized by the client and family (because they are either too far or have too long a wait list) and then the client has not met the criteria for having been through enough services. It can be quite frustrating.
- Minnesota Disability Law Center has oversight of PRTFs under the rules and has worked with DHS and MDH to try to figure out how to streamline investigations. This is an ongoing discussion with DHS and MDH investigation units, hopefully this can lead to more streamlined information sharing with the new facilities coming online.
- Please clarify again, how are you going to bring Metro beds into the mix quickly?
 -
- What data is available about rates?
 - Estimated cost reports from provider is given to DHS. This does not show actual cost for operating the facility but what it is estimated it will cost.
- What is your sense about the role rates played in the closure of Cambia Hills?
 - This went beyond rates, there were more serious things at play in the closure.
- When you have an organization willing to work with DHS/MDH, who are open to improving their services, it seems they are an asset to the community. Investment in them and their staff could change the way DHS/MDH values and puts into action a sincere commitment to the folks with lived mental health experiences.
- Cambia had its struggles absolutely but there was some amazing work being done to correct and fix errors from previous leadership. We were also excited to build programming to address LGBTQ+ youth and our BIPOC populations. However, the damage done was more significant than initially thought and it was difficult building the programming and organization as we had youth in our care. Reach out to Corey if you have questions.



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- Can PRTFs be attached to a hospital? Could they be developed in small communities?
 - There is not enough data about financial sustainability of small providers to know if it is feasible to open small facilities.
- How do we advocate for converting closed mental health inpatient beds (ex. St Joe's) to PRTF beds? This could address a need in the metro area.
 -
- What can communities of color do to establish PRTF beds in the metro area now?
 -
- Does Minnesota still have the Children's Residential Treatment Centers (RTC) system? How many beds?
 - We don't have the exact number of beds. The Hills and Catholic Charities RTC have both closed
- I think we are still missing the point that there is a population of children/adolescents that need the structure and care of a residential program no matter what it is called. These are the kids that are being boarded in emergency rooms or worse yet being sent home because there is no service available. This is the same thing that happened with adults with the CBHH's. All of the acute mental health units in community hospitals now have many of their beds used by committed patients. It seems like DHS always promises more than they can deliver when these changes are made.

Workgroup Reports

- Recovery Supports: did not meet due to extremely low participation. This workgroup needs members
- Mental Health Awareness Day at the State Fair: former members of SAC/Subcommittee are helping with State Fair planning. Dr. BraVada will be part of Angela Davis' show on the stage at noon. Cynthia is recruiting panelists for an Agricultural focused Mental Health panel for the stage. There are 56 exhibitors and several more who are interested but not able to participate this year. The State Fair is excited to have us back for the 4th Annual Mental Health Awareness Day at the State Fair. Dave will notify everyone when t-shirts are available for order.
 - Rozenia shared that Devonte Patton is doing a showcase at the event and StairStep Foundation will have an exhibit. Has invited MN Senator Bobby Jo Champion and Dr. Joy Lewis. Trying to get workers from George Floyd Square to have a booth, many are interested but are stretched. Would like hoarding resources available at the event.
- Family Systems: Met last week with only 2 members present. Need to build momentum still but meeting was helpful to further clarify scope/purpose. We are clarifying what is available for families. We are working to get Family Voices to attend a future meeting to explain their work and eligibility. 3 Buckets of work we want to consider:
 - 1. SYSTEM NAVIGATION SUPPORT- Family Supports for those with a child who has mental health needs BEFORE they enter "the system"- to help navigate all aspects of the system. We know for example, that family peer support through MA is only available to families with CTSS- and children receiving CTSS is often after many steps to access services.



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- 2. FAMILY SUPPORT- At large family support for any family to help manage stress and create a more nurturing environment for children. Especially consider evidence-based programs like WRAP for families.
- 3. FAMILY PEER SUPPORT- Peer support, especially social and emotional support for those who have a child with a special health care needs, including mental health. This may include CTSS Family Peer Support, services through Family Voices, etc.
- Integrated Care and Access: big concerns about the severe shortage of rural psych beds
- LAC: this month's meeting had 2 guests – retired professor and a homeless man, both men of color. They discussed needs in the community and the importance of access to providers of color who are culturally competent. Concerns about black boys in the educational system ending up in the juvenile justice system when they have any educational struggles. Also discussed concerns related to the mental health needs of those in the justice system not being met currently.
- Mental Health & Juvenile Justice: concerns about the closing of Cambia Hills PRTF as well as the home school that is closing. This leaves a major gap for kids who have high needs. Happy that HHS budget language supporting transition services was similar to one of the recommendations by the Council/Subcommittee; however, we would like to see detention added to this language.
- Mental Health & Schools: are working to advance Comprehensive Mental Health systems. Future meetings to have Julie Nor (MDE) and Dan Porter discuss billing for CTSS.
- Outreach to Cultural Diversity: BIPOC workforce language went to stalemate. Board of Psych and Social Work did not like the language around alternative paths to licensure. This is necessary because to pass the test you must “think like a middle-aged white man.” We need to help more individuals from diverse communities become Peer Specialists. State Agencies should be using social media and other media outlets to reach more individuals for the various listening sessions. Al McFarlane, KMOJ, Insight News, MPR – Dr. BraVada will coordinate with Anna Lynn from MDH to partner on media messages for promoting mental health. We need strategies to diversify the Council and Subcommittee. It is not the role of people of color to bear the burden for recruiting more diversity. How do we include more meaningful access to volunteer within workgroups? How do we partner with allies without allies taking over?

Request for Proposal (RFP) Involvement Update

- We had a test run of reviewing the Housing Supports for Adults with Serious Mental Illness (HSASMI) RFP. It took about 2.5hrs of time to review the RFP which included a meeting to provide feedback.
- Michelle is currently making edits to the involvement process steps and will send it to the workgroup for review.
 - ACTION ITEM: workgroup members provide feedback about the process steps and then submit to DHS for agreement
- More members are needed in order for us to commit to the process. There are three different asks: assist with developing the process to review RFPs, review/provide feedback on RFPs before they are posted for applications (may only take a few hours per draft RFP), review/score submitted proposals (is time consuming to score multiple proposals).



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- ACTION ITEM: Abbie will send meeting invites to others who are interested in participating in the process development
- We have requested additional DHS support for this process as it is a large project and requires a great deal of coordination between the Behavioral Health Division and the Council/Subcommittee.
 - ACTION ITEM: Helen Ghebre will identify staff to offer this support

MN State Agencies Updates and Announcements

- Department of Health – Anna Lynn
 - MDH received Department of Justice grant to support the MN Model Jail Practices learning community. MDH is working with 6 jails (4 are part of the grant) including: Renville, Ramsey, Carlton, Stearns, Olmsted, and Sherburne. The objective is to support children of incarcerated parents by supporting the parent-child relationship while a person is in jail. We are doing a number of steps, including most recent training on an evidenced based parenting education program called Parenting Inside Out.
 - MDH just applied for a HRSA grant to support pediatric screening, assessment, and intervention, and promote telehealth. We will be working with American Academy of Pediatrics (AAP), Psychiatric Assistance Line, and DHS if we get this grant.
 - MDH has a number of media contracts as part of COVID response. Some are facilitating conversation or messages about mental health. MDH has engaged several of these contracts to support those efforts directly. Most recently, we are partnering with KFAI to do a series on mental well-being focused on: Social connection, access to nature, incarceration, and suicide prevention.
- Department of Public Safety – Nicole Archbold
 - During this legislative session, the Office of Justice Programs received funding for outreach and support around violence prevention and response. This also includes crime victim reparations allowing for reimbursement for lost wages and other expenses that resulted from an act of violent crime.
- Department of Agriculture – Meg Moynihan meg.moynihan@state.mn.us
 - “Shoulder to Shoulder: Men’s Sheds in Rural Ireland and Minnesota” webinar is July 21 from 9-10am. Register for the free event [online](#). Who should attend: farm and commodity organization leaders, county staff and board members, township officials, social workers and human services professionals, library directors and librarians, farmers, Farm Business Management and Extension educators, clergy, civic and business leaders, and anybody else who might want to join, sponsor, or support a Men’s Shed in their own community.
 - Men’s Sheds are activity-based social organizations for senior men to get out and do things with other men. They foster friendships, keep men active, reduce isolation and loneliness, and improve health and wellbeing. Most members are retired or, in the case of farmers, semi-retired. Sheds are independent: members decide what they want to do together, which may be anything from woodworking, to gardening, carpentry, fishing, community service, music, photography, cooking, biking, or other activities.



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- Videos about Men's Sheds:
 - [Men's Sheds - Celebrating Mates](#) (1 min 45 sec)
 - [The Aussie Men's Shed](#) (3 min 12 sec)
 - [Maitland Men's Shed Video](#) (3 min 54 sec)

Legislative Updates – Mental Health Legislative Network – Shannah Mulvihill

- Session went down to the wire but a state shutdown was avoided. Some highlights:
 - Telehealth – audio only approved through 7/1/2023. The language ensures telehealth services are reimbursed at same rate as in-person services
 - Crisis – received a one-time appropriation of \$16M. 911 is required to include referrals to mobile crisis when available and appropriate. Related workgroup includes a Mental Health Provider seat.
 - Workforce – cultural competency for continuing education. Provision to pay for training for BIPOC individuals to become supervisors. Licensing board should reflect the community being served. Loan forgiveness includes Licensed Alcohol and Drug Counselor (LADC). Taskforce being formed to address workforce needs, should be culturally informed and responsive
 - Mothers/babies – 12 months MA for post-partum support/care. Healthy Start release moms from MN prison system to a community based program in order to be with their baby for first year of life.
 - Youth & Families – additional \$2.5M / year through 2025 for School Linked Mental Health (SLMH). Education budget includes suicide prevention training for all teachers and school staff. Expanded eligibility for Youth ACT to 8-25 years of age. Alternative pathway to access residential treatment does not require youth to enter the child protection system.
 - Restorative Justice – creates specialized courts for Veterans. Access to necessary non-narcotic medications upon release from prison, 1 month supply plus 2months of refills. This allows time to connect with a provider in order to get continued medication support.
 - Sober Home Study was approved
 - Housing- Emergency shelters will increase efforts to help individuals access affordable housing.

Next steps and closing

- Dr. Verna Price is sponsoring a summer program for girls 13-18, \$10/week. Reach out to Rozenia for more information.
- Other updates: Look for an op ed being released soon about the release of the judge's rationale in the Derek Chauvin sentencing. The mental health community strongly disagrees with the judge's statements that the children present at the time of George Floyd's murder were not traumatized.
- If you have not done so, please sign up to receive notices of funding opportunities from [DHS](#) and [MDH](#). Communicate those opportunities with your networks.



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- Submit meeting invoices to mhadvisory.council.dhs@state.mn.us as soon as possible; remember you can submit invoices for workgroup meetings. All invoices must be submitted electronically – cannot process invoices mailed/faxed to the office. Please reach out to Abbie if you have questions about invoices
 - If unable to sign invoice, include the following in body of email: “I hereby certify that the services and/or expenses listed on my invoice have been rendered or incurred, are correct and just and that payment has not already been received.”

Next Council/Subcommittee Meeting:

Date: August 5, 2021
Time: 10:00am-1:00pm
Location: [WebEx Only](#)

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/>



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Updates from state agencies:

Governor's Office:

- Governor Walz signed the state budget. Sign up for [updates](#) from the Governor's Office.

DEED / Vocational Rehabilitation Services (VRS):

- DEED commissioner, Steve Grove, joined the Commissioner's Roundtable event hosted by the Minnesota Council on Disability on June 2 to discuss important issues in the disability community. The panel included Commissioners Malcolm, Harpstead, Mueller, and Lucero.
- *VR Stories of Impact*: Philip King-Lowe was well into adulthood when he learned that he'd lived his whole life as an Autistic person. "I had no idea," he said. "I had difficulty holding down jobs...and having relationships." Information about support services and resources is not as readily available for Autistic adults, which led Philip to develop a podcast: "[Today's Autistic Moment: A Podcast for Autistic Adults by an Autistic Adult](#)." He launched the podcast in early 2021, with hour-long episodes twice a month. Along the way, Philip has received assistance from DEED's VRS counselors and specialists in autism and small business development. VRS helped Philip write a workable business plan and provided funds to cover some startup costs. The podcast generates a small income through sponsorships and has a small but growing audience, with listeners in 13 countries. Now 52 and living with his husband in Edina, Philip is looking to expand the podcast's reach. It can be heard on nine apps, including Spotify and Apple Podcasts. Says Philip: "Among my greatest passions is to help Autistic adults tell our stories about what being autistic means to us."
- Every quarter, the Labor Market Information (LMI) Office of the Minnesota Department of Employment and Economic Development (DEED) publishes research articles that offer insights into important labor market trends. In the June 2021 issue of [Minnesota Economic Trends](#), LMI analysts provide a summary look at Minnesota's labor market and employment trends in our annual State of the State issue.
- [Good Jobs Now Update](#): Many Minnesotans are currently searching for jobs, and DEED is reaching out to help. Since March, the Job Service and Unemployment Insurance (UI) staff have called more than 30,000 Minnesotans who are currently receiving unemployment benefits to remind Minnesotans of the requirement to attempt to find employment. CareerForce tools that can help their job search and opportunities for training and work right now are also shared. The Good Jobs Now campaign started the week of March 1. Initial calls were focused on Minnesotans laid off from jobs in Leisure & Hospitality, the industry sector hardest hit by initial layoffs in 2020. Current calls are focused on retail workers and will soon shift to administrative and office staff. Over the course of Good Jobs Now, 11,954 people looking for work have created accounts on [MinnesotaWorks.net](#) the state's official job website, to look for open positions that meet their needs and share their information with employers.
- At [June's Immigrant and Refugee Affairs Forum](#), community leaders, state agencies, and nonprofit organizations came together to talk about the economic opportunities and challenges in the agriculture industry for Minnesota's Black, Indigenous and people of color (BIPOC) farmers. The forum also shared a range of resources from the Minnesota Department of Employment and Economic Development (DEED), the Minnesota Department of Agriculture (MDA) and community-based organizations for BIPOC Minnesota farmers.



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Workgroup Minutes:

Family Systems, Prevention, Intervention, & Supports

N/A

Integrated Care & Access

Date: 6/15/2021

Attendees: Cynthia Christensen, Clare Courtney, Claudia Daml, Mary Kjolsing, Dave Lee, Michael Trangle

- Minutes were approved as is.
- Cynthia Christensen has agreed to be the "back-up" to run the workgroup in Michael Trangle's absence (THANK YOU)
- Not much new is currently known about the status of bills during the interim between the closing of the regular legislative session and the upcoming special session.
- Mary Kjolsing talked about a recent event in the ST Cloud area which highlighted a new federal bill sponsored by Sen Smith designed to improve the mental health workforce. She will find out more details and share them with us (and potentially the broader Advisory Council and Subcommittee).
- We discussed the inpatient and intermediate mental health facilities/resources shortage everywhere in MN but especially in rural areas. We agreed that instead of rehashing the factors (\$, geography, workforce shortages, insurance payer reluctance to pay enough for intermediate levels of care etc.) and then making a formal Advisory Council/Subcommittee recommendation to go to the Governor and legislature; we are likely to increase our impact if we could catalyze the creation of an official multi-constituent taskforce to come up with recommendations and resources to improve the situation. Potential candidates include: MN Hospital Association (MHA), Farm Bureau, rural providers, us, NAMI, Mental Health MN, DHS, counties). Mary Kjolsing will seek out and share more info about EMPATH units, ?? will do the same regarding PRTFs {Does anyone remember who agreed to do this- it might have been me and I'm utilizing selective inattention!}.
- We bemoaned the lack of having an empowered DHS leader attend the joint Advisory Council/Subcommittee meeting on a regular basis *who also reliably shares his/her "take" on key mental health/SUD issues and listens to our perspectives on them at every meeting*. Dave Lee will follow-up on this by ascertaining the new language in the law on who should be attending, making this a routine agenda item, and letting the relevant individual know about this requirement.
- Concern was raised about the low census (and potential impact on longevity) at the new CABS unit in Wilmar especially when the state desperately needs these inpatient child/adolescent beds. I don't recall if we chose anyone to follow-up on this; if we did please share the info). If not could someone volunteer to help us learn more?

Tentative Agenda for 7/20/21 Parity and Access Workgroup meeting



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- Update on results of upcoming special legislative session and consideration of any appropriate actions by us.
- Status and details of Tina Smith's federal bill to improve the mental health workforce -Mary K.
- Rural shortage of beds/intermediate facilities/resources Update
 - Mary K will share info on Empath Units
 - ??? will share info on PRTFs
 - Everyone will share thoughts on proposed task force
- DHS leader to routinely share his/her "take" on key mental health/SUD issues and hear our perspectives on them
- Follow-up on low census DHS' new child/adolescent beds in Wilmar and it's low census- ???

Local Advisory Council

Date: 6/30/2021

Chair: Rozenia Fuller

3 attendees

Workgroup Goals: HEAR FROM FOLKS WITH MH LIVED EXPERIENCE

RE:UNMET NEEDS DURING PANDEMIC WHAT -THIS INFO INFORMS THE WORK F SACMH LAC/ ASK

Agenda / Current Tasks: INTRO TO SACMH/LAC WORKGROUP ACTIVITIES

Discussion: LAC AWARENESS- PART 1 CONCERNS ACCESS TO PROVIDERS MALE AFRICAN DECENT, MH ACCESS IN JAILS AND PRISONS-CRADLE TO PRISON PIPELINE- HOPELESSNESS-VIOLENCE & POLICE ACCOUNTABILITY-RESOURCES CENTERED IN THE COMMUNITY-JDAIB? NOT COVERED-

Decisions made: MR. VINCENT (SENIOR BLK MALE MH) SENIOR HOMELESS BLK MALE WITH MH

Action items:

- CONTINUE TO RECRUIT FOLKS FROM THE URBAN /RURAL COMMUNITY TO THE SACMH LAC, PASTOR ROZENIA 9/1/21
- CONTINUE TO ENCOURAGE TRI VALLEY INVOLVEMENT VIA NANCY RAMON, PASTOR ROZENIA 9/1/21
- CHECK IN WITH KAY AGAIN AT NAMI REGARDING HOARDING INFO/CONFERENCE, PASTOR ROZENIA EMAIL SENT
- CHECK IN WITH ABBY REGARDING WEBEX ? 9/1/21
- 7/7/21 PHONE CALL / EMAIL/TO NANCY RAMON PASTOR ROZENIA

Mental Health & Juvenile Justice

Date: 7/1/2021

Chair: Cici Hughes Co-Chair: Melissa Dau



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Attendees: (Members bolded were in attendance) **Cici Hughes, Linda Hansen** (rep to cultural diversity), **Corey Harland, Melissa Dau**, Stephanie Podulke, **Rod Peterson**. (Members not in attendance) BraVada Garrett-Akinsanya, **Jeffrey Lind**, Angie Hirsch, **Michael Gallagher**, Eren Sutherland,

Agenda / Current Tasks:

1. Checked in on how they were doing do to all the changes with program shutdowns. (Cambia Hills, Hennepin County home school)
2. Topics and speakers we would like to have present at these meetings.
3. HHS budget bill language supporting an RFP for "transition services" sounds close to our recommendation request but language was narrowed to include a mobile transition team to support transitions from PRTF and CABHH. Detention settings were not included. What are our options to work with DHS to include detention?
4. The identified issue is that the continuum of care for children and adolescents in Minnesota is extremely fractured. Different private providers offer vastly different services, but in order to be successful there needs to be movement up and down the continuum of care. Where we're at right now is that there is no capacity at the high acuity end of the spectrum so low acuity services are being inundated with patients outside of their ability to treat which then puts them at risk because they're attempting to manage patients and symptoms that they aren't able to manage safely. Lack of movement between levels of care puts every service and level of care at risk of failure and is resulting in the actual failure of major facilities.

Discussion:

1. Providers are having a hard time finding placements for kids that fit their needs. Providers are struggling with saying no to referrals as they don't fit their programs. CABHH funding not there to increase beds. Frustration levels are high with lack of placements and staffing levels. Feels like the system is crumbling.
2. Tabled for next meeting due to time. Members will email topics and names to Cici for next meeting discussion.
3. Calling a moving home Minnesota project and not from our recommendation.
4. One solution that has been being discussed is creating a third-party organization that can work with providers at various levels of care to improve communication, collaboration, and movement between levels. They could help by tracking bed availability, acting as a navigator for those in need of care and help triage difficult situations. Possibly even working as an arbitrator when disputes arise between providers about the most appropriate level of care. It's an idea in its infancy at this point, but might be a topic that is relevant to this group because often patients with high levels of aggression end up in corrections instead of treatment because the continuum isn't working. We still have a subset of kids that have high needs but not hospital levels that we don't have placements in MN for. Especially when behavior issues are present. Discussion on how the Restrictive Procedure Rule is tying the hands of provider to take these kids and work with them safely. DOC and DHS Licensing aren't consistent in how rules are interpreted or monitored/cited. The people making the rules aren't going to the facilities and observing how



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care and service is being done how kids are improving. Group homes that get created for one kid can cost \$1200/day and they generally then stay there their whole life.

5. Other topics discussed Sandford is breaking ground on a Psychiatric Adult facility with an empath room (23 hours rooms) for adults and one for children. Northwestern Minnesota. Grafton opening a PRTF in Coldspring for ADS and DD kids. (Nonprofit from Virginia) Leo Hoffman is also starting one.

Decisions made:

Action items:

| Action Steps | Person Responsible | Due Date |
|--|--------------------|----------|
| Senate file 116 research and bring back up to WG | Rod Peterson | Not set |
| Send email to group the week before meeting to gather agenda items | Cici Hughes | Ongoing |

Next meeting:

Date: 8/5/2021

Time: 9:00 am (Prior to full Council/subcommittee meeting)

Mental Health & Schools

N/A

Outreach to Cultural Diversity

N/A

Recovery Supports

- Did not meet this month. This workgroup needs more members in order to continue. Can change meeting time if that is barrier to participation