



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

May 7, 2020 – 10:00am-1:00pm via WebEx

Attendees:

Alison Wolbeck, Michelle Schmid-Egleston, Pa Kong Lee, Dave Lee, Michael Trangle, Sam Smith, Jode Freyholz-London, Kim Stokes, Claire Courtney, Steve Huot, Mary Kjolsing, Meredith Jones, Lisa Hoogheem, Tanya Carter, Addyson Moore, Donna Lekander, Dave Johnson, Jeff Lind, Kim Baker, Gertrude Matemba-Mutasa, Kris Manning, Maleenia Mohabir, Melissa Balitz, Ellie Miller, Dawn Ammesmaki, Sue Benolken, Elise Holmes, BraVada Garrett-Akinsanya, Jennifer Pedersen, Claudia Daml, Kat Preuss, Tom Delaney, Sarah Fuerst, Jennifer Giesen, Stephanie Podulke, Michael Gallagher, Anna Lynn, Kim Strand, Anna Burke, Hali Kolkind, Ashley Warling-Spiegel, Shelley White, and Abigail Franklin

Minutes:

Welcome, Introductions, approved minutes from 3/5/202 and today's agenda

Check-ins/Program updates: How is everyone doing during this challenging time?

- Wellness in the Woods has 40 staff across MN working very flexibly to allow for virtual peer support work. Funders have allowed for flexibility to meet needs. Mailing materials to participants via USPS. Virtual Peer Support Network – check online, have served 100 unique visitors in the first month. This is a lifeline for people. How many calls are coming to the warmline? 5pm-9am, calls have increased at least 50% in the past few months, many callers are new callers. Have been able to adjust budget to add staff taking calls. Increase in call volume from 5am-9am.
- Mental Health Minnesota has had an increase in warmline calls and text for help, due to loneliness, increase in anxiety, and increase in symptoms.
- NAMI has seen an increased interest in services: online support groups, classes,
- BraVada has seen an impact on staff and the community. Ethnic minority groups are faring worse in terms of COVID and impact on community. Needs technical access for the community: people are poor, do not have cell phones, internet. Lack of technology is a barrier to accessing services. BraVada has been in panel discussions via live stream and radio stations to increase awareness. The community is struggling. Staff is scared. It is really really rough in the field. Have you done any telephonic therapy appoints? Yes, we have been able to do some therapy appointments this way but we have run into challenges with people not having minutes on their phones or not knowing how to use their phones for this. If \$ were available, how would you use it to reach people in the community? Town Halls. If grants allowed us to buy technology to give or loan to clients, this would be very helpful. We would be able to do more family work if we have technology. If we could do community healing circles, that would be great.
- Michael Triangle - In larger systems of care, laying people off. Many of them are focused on the infrastructure to support mental health- whatever efficiencies we had is slowly being degraded. MH SYSTEM INFRASTRUCUTRE IS ERODING. New patients are not necessarily comfortable starting the relationship over the phone.
- Kim Baker - Distance learning for children with disabilities including mental health disabilities has led to challenges in supporting children through this trauma. When I reached out to our school to talk about what daughter is going through the school has been fantastic. The teacher



STATE ADVISORY COUNCIL ON MENTAL HEALTH

and Subcommittee on Children's Mental Health

calls her daily to offer support, para also calls daily to help with homework. Being a teacher, I am never off duty because the evening is when parents can help their kids with homework. 2 suicides in the community; one was a teacher at the local school.

- Sarah Fuerst...2 sides, this has been hard. Feeling like a new therapist, like I don't know what I'm doing. I see adolescents and many are doing ok with this but many are not. I am learning a new way of connecting with these kids. Kids are playing their instruments, beloved pets are shared, good things are coming from them being at home and connecting in that way.
- Jeff Lind – Beltrami Co had long waiting lists for mental health services about 3 months ago. Now workers are being laid off because people are not connecting with clients. One service has maintained in person and they are not seeing people come through the door. Worried because case managers are not getting referrals, what will happen 6 months from now when things go back to “normal”?
- Clinics are not seeing referrals coming in. Many have seen a decrease in their caseloads right now. People new to the system are not comfortable using telehealth for the first point of contact. I believe there is a mental health crisis going on but people are not accessing the services. People don't want to talk over video, phone, not comfortable because other people are at home and don't feel secure in talking. I think there will be a huge influx of people who have tried to put mental health on hold, there will be a mental health crisis later. We already have a workforce problem, how will we meet needs when people return to getting services?
- We have need for healthcare parity.
- Pa – husband is a case manager, doing intakes over the phone is proving challenging because there is no established trust. How do you track down homeless individuals who need the support because we can't be out and about meeting people in the community. Very difficult right now because I am Asian American, experiencing discrimination because of who I am and COVID-19.
- Social service agencies know the needs are growing but currently the demands are not growing. We are seeing Vulnerable Adult and child protection calls going down and Domestic Violence calls going up. How do we get ahead of this? Thank you for everything you are doing! We need a true telehealth plan.
- ARMHS needed full sessions at start of COVID, now need more frequent contacts but less time because of everything that is going on.
- Pacer is usually really busy this time of year but call volumes are down
- Jennifer from Disability Law Center – have been working very hard on state guidelines for rationing of medical care, to ensure there is no discrimination against people with disabilities. Also working on visitor policies to make accommodations for people with disabilities but those with mental illness are left out of this conversation. Looking at group home rules to allow for better guidance on visitor.
- Addyson had to request psych consult at hospital when hospitalized earlier this spring.
- Claudia concerned for folks with disabilities going into hospital settings, people are very isolated right now especially when they are seeking medical care. Need to consider ALL populations when setting up rules around access to care. Washburn Center for Children is completely telehealth. Stopped doing day treatment but are providing psychiatry and other outpatient services via telehealth. This is a change for many therapists because being a therapist is relationship based. Working with young children always includes play therapy; this is logistically not feasible right now, we need to be creative with our treatment modalities. Right now the



STATE ADVISORY COUNCIL ON MENTAL HEALTH

and Subcommittee on Children's Mental Health

attention span of children doesn't allow for 45-60 minute sessions. We may do 20-30 minute sessions. Clinicians have to see more clients on the caseload to make up for billing due to shortened sessions. Homelessness is a major issue right now because some people are not accessing shelters therefore not accessing services. Quality of video hardware – freezes, loses connection, no reliable service – these are crucial to being able to serve clients.

- Acute ECT is an emergency, need to have Disability Law Center talk with the psych society about concerns around this.
- Kris Manning, White Earth Nation: We have also seen an increase in homelessness, domestic violence and child abuse on the reservation. Our crisis calls have increased but we also have been able to complete those assessments via telehealth. We have been dealing with a high rate of deaths recently. 4 this past week, 2 due to OD and 1 COVID. I am anticipating it is going to get worse but we have been trying to be proactive in getting many services available as we can to the public and staff. We have a mental health thought of the day on our Nation's FB page that our Crisis Team monitors. White Earth does have many things in place: drive through testing, food shelf, one call center but we are also dealing with an increase of domestic violence, child abuse, relapse in substance use, overdoses, lack of transportation, poverty.... the list goes on.
- Tribal Nations are seeing an increase in suicides in their communities.
- IPS – less job losses than anticipated due to COVID, people are actually finding jobs right now.
- NAMI Legislative update: 2 omnibus policy bills moving through the process. Civil Commitment bill is included in both policy bills. PRTFs included as well. NAMI and DHS compromised on the Families First for voluntary placements. We are worried about bonding. Legislature will not support bonding until state of emergency is over. Emergency rental assistance – currently cannot be evicted but may be problematic once moratorium is lifted.
- COVID-19 surveillance in inpatient mental health units is needed. Hennepin Health is testing all inpatient mental health admissions; so far all positives have been in people without COVID-19 symptoms

Introduction and Updates from Office of Governor Walz Policy Team

- Hali, has been involved with the SAC over the past few years. This is a unique group to informing both Children's & Adult's Comprehensive Mental Health system. SAC needs to get information to the Governor's office early on when budgets are set. We are in a pandemic, the world is not going to be the same after this. What are our opportunities to improve the system? The governor's office has been talking to non-profit and business partners to learn about the needs of the community.
- Need a strategy for a ramp down so that services that have been set up via telehealth can continue once the peacetime emergency has ended.
- We need a strategy for telepresence.
- Chairs will meet with Policy Team to continue the discussion about how the SAC/Subcommittee can advise the Governor's Office

Prioritizing next steps: Short-term, Medium-term, and Long-term solutions

- Propose recommendation: No cuts to mental health services
- Concerns that powers that be aren't actually listening...recommendations will just sit on a desk. Disability Law Center is looking at what waivers expire after the peacetime emergency ends...need a plan for how to not see a break in services for people with disabilities.
- Of the 60 approved waivers for DHS, Assistant Commissioner Gertrude Matemba-Mutasa has been the point person for all of the MI/CD waivers and states she is personally committed to



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

doing things that make sense. When the peacetime emergency ends, DHS wants to hear what has/hasn't worked. You have power and everything you say matters. If you consider us your partner, we can do so much more together! I want to invite you personally to reach out to me and partner. Gertrude is committed to attending these meetings now on and wants to be a partner in this.

- Michelle, Dr. Trangle, Dave Johnson, BraVada would like to be part of the conversation for assessing the response to COVID in relation to mental health
- When are we going to get to the point to admit that mental health is health and that it can all be addressed in a unified system?

Next Steps:

- schedule work group WebEx meetings
- schedule follow up meeting with Governor's Policy Team
- follow up with Gertrude about meetings and ongoing communication with the council
- follow up with boards/commissions re: AIMHAC seat on SAC
- All final recommendations to Abbie by May 30 for discussion at June 4 meeting

Next Meeting:

Date: June 4, 2020

Time: 10am-2:00pm

Location: WebEx – follow the link in the calendar invitation you receive to join the meeting

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/>



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

State Fair Planning, May 6

1. **Attendees:** Sara Carothers, Dave Lee, Alison Wolbeck, Dave Johnson, Melissa Ballitz, Claire Courtney, Olga Mastrodemos, Abigail Franklin
2. **MN State Fair News:** No decisions have been made yet about the status of the 2020 State Fair; will move forward with planning Mental Health Awareness Day until any decisions are made by the State Fair
3. **Tents, Tables & Chairs:** We have lessened the number of chairs and tables based on the needs of the National Guard. This has lessened our overall cost. Sara has confirmed that we can wait until June 1 to send in the deposit to the vendor.
4. **Exhibitors:** Applications sent to potential exhibitors 4.15.2020
 - a. 1 declined – Serving Those Serving
 - b. 3 undecided – Disability Services, Nystrom Counseling, UMD EDU
 - c. 9 applied – MN Psychological Association, Options MN, Make it OK, Melrose Center, Call to Mind, HealthPartners, Aliana, AFSP, Care Clinic
 - d. Sara will re-connect with anyone we have not heard from by May 20 to remind everyone about the June 1 deadline.
5. **Stage Acts, Emcees & Photographer:** The committee approved Dave Lee and Sara to start reaching out to stage acts and the photographer to tentatively book them for the event, making it clear we can only pay if the State Fair takes place
6. **Logos:** Send logo materials to Sara at directorofoutreach@namimn.org as soon as possible.
7. **T shirts:** The group decided to use the alternative t-shirt design from 2019 for this year.
8. **State Fair Proposal** completed by Sara with information about Covid 19 and the greater need for mental health awareness and supports because of the pandemic. This will be signed by Sue and mailed to the State Fair staff by May 22.
9. **Next Steps:** Sara will begin working with the NAMI Minnesota's marketing team to create 2020 marketing materials. All agencies will help promote the event using the materials developed by NAMI Minnesota.
10. **Next Planning Meeting:** June 3 – Review of applications and select participants. This meeting will be from 1-3, giving the committee additional time to select the exhibitors who will be at the 2020 event.