STATE ADVISORY COUNCIL ON MENTAL HEALTH

and Subcommittee on Children's Mental Health

May 4, 2023

In-Person

and Virtual Meetings

In Person Attendance, Department of Human Services, 540 Cedar Street (Anderson Building), Saint Paul, MN 55101, ROOM 2370 (Advisory Council) and 2222 (Subcommittee) second Floor (Public Area). Parking is available on the street through the PASSPORT parking app, and a small amount of visitor parking is available on the main level (street level) of DHS – parking code 8730.

The May Council meeting is from **11:00 a.m. – 1:00 p.m**. in Room 2370 also at Andersen.

Meeting link:
https://minnesota.webex.com/minnesota/j.php?MTID=m0d8956c1d429d4a25c11c27719f815ad

Meeting number:
2493 081 0618

Meeting password:
Buzj3VHZ2r3

Join from a video or application
Dial 24930810618@minnesota.webex.com
You can also dial 173.243.2.68 and enter your meeting number.

Join by phone
+1-415-655-0003 United States Toll
Access code: 24930810618

Council AGENDA

I. Welcome, grounding and housekeeping – Chair, Michael Trangle, 11:00 - 11:10

- Miachael opens meeting and welcomes everyone

II. Land Acknowledgement – Michael Trangle, asks for volunteer member, 11:10 – 11:15

- Amanda Calmbacher reads:
- We, the members of the State Advisory Council on Mental Health and Subcommittee on Children's Mental Health, acknowledge that the wealth of this country was built on stolen land and with enslaved and underpaid labor of African American, Native American, and Immigrant people. We acknowledge that the recent global uprising, which was sparked by the murder of George Floyd here in Minnesota, paired with the COVID-19 pandemic, makes for a time of profound uncertainty, shame, fear, and distrust. We also recognize that despite those feelings,

we all must actively challenge the impact of our own implicit biases and how they may influence our decisions as individuals and leaders.

- Furthermore, we recognize that racism also expresses itself in policies and practices that either target or erase BIPOC communities and erect barriers to their prosperity. Therefore, we pledge to be vigilant in monitoring the formulation of policies and practices that produce harm to vulnerable populations. We also commit to being open to other people's truths as we acknowledge the resilience, creativity and generosity of the human spirit and we hold firmly to a persistence of Hope.
- With these issues in mind, we commit to dismantling systemic and structural racism by initiating and supporting policies, practices, and the allocation of resources that promote diversity, equity, inclusion, and shared power.

III. Member Roll Call – Vice Chair, Claudia Daml and Sara Nelson, Padlet, 11:15 – 11:25

- Sara included link to Padlet in chat to click on and go to website to enter name and role in this meeting; if unable to access Padlet due to security settings, type name in chat and your attendance will be recorded by in-person team; can signal attendance at any time during meeting (for late joiners)

IV. Eric Grumdahl, Department of Human Services (DHS) Assistant Commissioner, DHS Response to Council Recommendations on Parity and Continuum of Care - Claudia Daml, 11:25 - 11:40

- Continuation of previous conversation; made it through 3 pages out of 7 and went over allotted time with questions so wants to gauge attendee engagement
- Won't go into same amount of depth, but can give headlines and go deeper where requested
- Parity (continued) from Memo shared at beginning of March and middle of page 4 from DHS response document; parity issues are outside DHS control; same issue came up in Subcommittee so consider inviting colleagues in to address
- Tremendous amount of agency work being led by pressure in BH division related to grant-making which has grown exponentially; over 900 grants issues compared to 200 a few years ago without increases in DHS capacity; also improving internal processes, specifically in contract integration system; MN BH system seems to be disconnected with financial support thinking; how can we leverage Medicaid authority to cover critical services? And how can partnerships with other governments help us think differently to approach distribution of funds? Many current resources are also subject to same criteria as RFP responders which doesn't seem appropriate or sustainable
- Invites further conversation with Council on other options; if can maximize billable, renewable funding stream, how can we then finance difficult services to scale up on per/encounter basis (such as recover support) to have consistent level of service? Leave grant making to other aspects of government as financing approach
- Collaborative Care model – thanks Psych Society and Michael who helped look at this model to ID next steps and leg auth needed;
- Michael says APS has done research on return on investment; evidence shows ROI doesn't go to decrease absenteeism, etc. or to diminish medical costs; fiscal note needs to show longer time frame is sustainable, but short term will not appear that way

- LACs – scope of work that Mikki Maruska is supporting with Alison Wolbeck and the LAC workgroup; contact Mikki if interested
- Juvenile Justice and possibly broader; DHS partners with other state agencies to look at doors and service provided to look for better calibrated responses; very active policy development at national level as well; excited CMS is more open to idea of providing care that spans periods of detention without eligibility cliffs; have legislative proposal to study how to build on successful 1115 medicaid waver CA had approved for 60 or 90 days prior to discharge to access Medicaid conference; talked with ppl interested in implementing this program at recent conference; interesting to see how BH and SUD can be impacted by early intervention prior to release
- High fidelity wrap around; much work happening here and leg proposals in play; updates as they occur
- Expanding peer support; talked to counterparts at conference to look at peer support (even federal regulators) to see if limits have been misinterpreted and to help correct record; CMS will issue additional guidance
    - Q: Did they talk about levels of care at conference? ARMS, ERs, in-patient units?
    - Heard this more at SUD end of treatment, despite applicability across MH treatment but enthusiasm for figuring out how to do this
    - Q: Did they talk about best practices for teaching/training people for quality assurance and bandwidth to increase numbers?
    - Eric didn't participate in this discussion but MN has great resources to connect to
    - Q: any other state with models for Medicaid during incarceration?
    - Yes, CA's 1115 waiver to Medicaid waiver to activate for IPs 60-90 days prior to release; MN's version is leg proposal to look at options available, but this was prior to CA's approval; may be able to move quickly on CA's model; be optimistic about IP care
    - statement: ensure residential providers have skills to support SUD
    - Q: Natl assn of counties wants to change CA inmate inclusion policy and shared link via chat;
    - Eric: this could be very useful nationally to get returns to community life successful which will benefit everyone
- School-linked BH efforts linked to CTSS program and look to broaden billable codes for schools (V and Z codes) to engage young people prior to clinical diagnosis; these codes are linked to situations indicative of later treatment such as conflict in the family; Amanda Calmbacher is working on this workgroup and anticipate DHS changes to medical records system to be able to process these codes so will take time; grateful for this group's recommendations
- Recovery support – not just for SUD but also for MH space; connected with leadership at SAMSA who launched new strategic plan with recovery-oriented system of care which is consistent with MN's system of care; recovery community organizations (RCOs) and leg recs behind these and growing these models and 19 orgs already working with them to amplify efforts
- Generally thinking about how to align system of care without focusing on crisis response, but supporting recovery

- Common theme emerging due to BH challenges; would be easy to think more crisis response or treatment capacity would solve all, but need to support long-term stability and expand breadth of those able to access care for recovery-oriented system of care
- Talked with Tom Insel (Natl Inst of MH) and Czar for CA MH wrote Healing and highly recommends on transformation needed in MH system; he challenged group to think about gaps in how many people needing services not getting any and those engaged in services don't keep it and get the longer term help they need which represents a 6% change, as opposed to focusing on 80% changes needed in full system
- Q: how to support RCOs – peer support?
- RCO is often conflated with peer support; mission is on having a recovery-oriented system of care and continual connection of services to maintain recovery; be sure scope of RCO is responsible for is much broader
- Affordable housing: as part of national conversation, social determinants of MH is being addressed at leadership level; Go and Lt Gov are making largest investment in affordable housing in state's history; this will help and not solve all problems; need to focus on how to commit to sustainability; MN part of national conversation
- Employment support: grateful for partnership with DEED to have platform to do more here; much more work to do; Sarah Gable is lead on these efforts

V. Voting to approve April's Meeting Notes and LAC proposed Language for Council Support of LAC (Alison Wolbeck) – Michael Trangle, 11:40 – 11:45

- Ran out of time in last meeting to vote on LAC proposed language:

  Local Advisory Council Workgroup Proposal Language (already accepted by the Subcommittee)

  The State Advisory Council, Children's Subcommittee, and the workgroups of the Council and Subcommittee should ensure that the work of LACs is included in their deliberations and recommendations on statewide policy issues.

  The Local Advisory Council Work Group will be working on behalf of the council to collect identified unmet needs from mental health local advisory councils across the state. That information will then be shared with the appropriate work groups for discussion, relevant action, and possible inclusion in reports to the governor and legislature.

  It is our goal to honor the work done at the county level and bring those common issues to the state. When we work together, we can build a stronger system for those that are served by it.
- Michael summarizes – trying to have multiple constituencies represented; historically have had LACs to do work, but they haven't been connected with each other and with State Advisory Committee; this is an attempt to get feedback with those with lived experiences and to learn from counties on what is working well and what needs to be improved upon; Alison clarifies LACs will know they are required to report to SAC and for Council to have authority to help support LACs
- Michael thanks Alison for perseverance and efforts and DHS for supporting these efforts by dedicating Mikki's time
- Q: How to get involved with LAC?

- Have 3 people on workgroup and need more; LACs can combine children and adult focus and each county is different; Hennepin appoints while others ask for interested members; contact county social services for direction;
- Q: How do LACs fit within County?
- Clay County has a collaborative to deal with children's MH issues and work with children's LAC; unsure if adult work has same process; have excellent support of county commissioners and recently submitted report which will well-received
- Jode would like to rejoin the LAC workgroup
- Alison motions acceptance of this; Claudi and Dave second this motion; have quorum
- Council members in favor must roll call approval: Toni calls out members for votes
- Alison Wolbeck – yes
- Angie Smitz - yes
- Anna Lynn yes
- Barbara Weckman Breckke yes
- Claudia yes
- Cynthie Christensen y
- DAVE Lee yes
- Eric yes
- Jode FL yes
- Mary K yes
- Michael yes
- Eren Sutherland yes
- Rodney Peterson yes
- Pastor Rozenia Fuller yes
- No nos or abstentions

VI. Results of Telehealth Study – Kristin Dillon (Assoc Dir of Research), Melissa Serafin (Wilder Researcher and Survey Coordinator) and Megan Loew (DHS Rep), Michael Trangle, 11:45 – 12:25 – Claudia Daml

- Wilder was contracted by MHD to do study and submit to legislature; got extension so this is interim update – Kristin and Megan speaking in-person
- Melissa joining remotely; reserve questions for end of presentation (10 mins reserved)
- Sharing slides
- Background
  - 2015 MN mandated telemedicine reimbursement parity; providers and MA enrollees could get needs met; DHS tracked data to see barriers and benefits
  - First utilization report shared in Dec 2020 when Covid hit
  - Wrote proposal for follow-up study incorporating recipient and provider perspectives; approved and funded through Money Follows the Person (federal CMS program)
  - Legislators had similar questions and MN TeleHealth Act of 2021 was passed and allowed coordination with MDH
- Study results
  - Better understand Telehealth utilization and experiences among MA enrollees

- Used focus groups
- focused on quality of care, access to care (barriers and benefits) and equity among people (geographic, racial, ethnic, etc.)
- assessed difference between video and audio-only services
- Methods – 3000 respondents
- Web version translated into several languages
- Included other DHS areas of interest in survey
- Yielded much data
- Telehealth Utilization
    - Chart shows huge increase during Covid (don't have audio only breakdown)
    - Declining slightly now
    - 2/3 of respondents had used telehealth before and 505 had received it in past year
    - Audio only, video only, mental health and physical health were equal categories
    - Interest in using in future was nearly 50%; only 28% said they wouldn't use again
    - Preferences for delivery format aligned with services previously used
  - Perceived quality of care was same
  - Slight difference in visual compared to audio-only when patients could both see and hear provider
  - Helped build relationship with provider and rapport development
  - Some reported feeling safer being able to access services where they felt safe
  - Providers did have challenges in developing rapport with some clients
  - Increased access to care
    - 78% believe this increased access to care they wouldn't otherwise have received
    - MH treatment was most common service
    - Providers said telehealth removed barriers and help consistent level of care and reliable attendance
    - Shared qualitative quotes from survey takers which align with data
    - Reasons for preferring telehealth included: nice to not have to travel and pay for parking, etc.
    - People who received video services were more likely to report ease of access in care, wait times, etc. than those who were audio only
- Key recommendations from data
  - Enough evidence to warrant continued support of telehealth until more data is available
  - Couldn't look at clinical, long-term outcomes; need more time to assess data points; includes extending audio-only care
  - Important to have authentic and equitable choice to choose what meets needs best
  - Providers also want discretion to make decisions for what is best for clients
  - Limitations include measuring cost-benefit analysis and payment parity, clinical effectiveness, esp of audio-only care
  - Providers have strong interest in continuing payment parity continued offering of these services
  - Telehealth policies should be tailored by service type

- Providers need training and support to offer best telehealth – best practices and best platforms to offer telehealth
- Need to understand social factors in affecting telehealth experiences; key populations had different experiences with telehealth which need to be considered
- Continued advocacy to continue funding and infrastructure to continue telehealth care and access
- Report will be available soon

- Q&A
  - Q: demographics of respondents?
  - 3000 respondents with many breakdowns which weren't included today due to time
  - Interested in differences reported among groups (children and adults, urban and rural? Diversity-related)
  - Geography and race were two prominent factors
  - Did one layer of breakdown analysis which yielded much data
  - Over 200 pages of data book in addition to report once available
  - Q: who are developing recommendations?
  - Partnership between DHS, Wilder data-informed decision-making process with DHS leaders and 3 sessions to hear key findings and develop recommendations; then used participant expert panel to help further develop
  - Michael applauds and asks to continue to distinguish between mental health and X; optimal care must look at mixes of care and treatments to service all types of people and preferences
  - This came up during the data-informed decision-making process; instead of looking at telehealth vs in-person look at telehealth vs no care
  - Q: Good News can help access to marginalized communities; need parity for those without phone and internet access; wants data on ethnic diversity; thanks group for presentation
  - There will be much nuance and variety in data
  - Michael thanks speakers and questioners
  - Megan Loew megan.loew@state.mn.us
  - Melissa Serafin melissa. serafin@state.mn.us

VII. Mental Health Legislative Network Updates – Michael Trangle, Update from Shannah Mulvihill, MHMN, 12:25 – 12:45

- Both Senate and House passed omnibus bills related to health and hum services and others
- All go now to conference committee (joint) to iron out differences in bills
- Conf Cmte working on omnibus Health and Hum Services met yesterday to walk through spreadsheet; shared with Michael to share with others (42 pages long)
- Outlined differences between bills
- Governor's proposed funding also reviewed; both Commissioners also testified from DHS and MDH
- Bill has much support for mental health work but also has differences
- Trying to engage with chairs of committee on priorities – related to funding, policy language and evaluating top priorities and what can be lived without

- Met with Cmte Chair last week and sent letter out to all Conf Cmte members outlining priorities; will go out to Legislative Network as well
- Highlights include: in Sente but not house – increased to Community MH rates including pay to keep people in field; $49m to increase rates by 8%;
- Network adequacy and allowing any willing MH provider be part of health insurance networks is important to expand access; don't want people to be locked out of network
- 988 implementation is funding in both bills but is funded differently; best funded through telecom fee which is similar to 911 fee in our monthly phone bills; goal is to set cap at 25 cents per month; House has this as general appropriation; concern here is that it can be cut during tough times;
- Mobile crisis response funding
- First episode psychosis programs
- Emerging mood disorder program to connect people with significant symptoms with the services they need as they can be life changing
- Children and families including working toward access to PRTF and school-linked MH; entire bill dedicated to children and families
- Both bills have return to federal demonstration project resulting in cost savings for state govt
- Workforce development including supervision for clinical trainees and grants for trainees; allows non-billable time to be reimbursed
- Expanded loan forgiveness programs including adding psychiatrist residency program to keep people in MN
- Next meeting will be called by Chair and will continue to give updates as available
- MH also being addressed through Education, Commerce, Housing and other bills which is exciting; session ends two weeks from Monday
- Q: is there something in a gun bill regarding red flag laws and MH providers being enabled to go to Judge to remove guns from concerned about individuals
- MH Leg Network has supported this ability
- Psychiatrists wanting to do in-patient work with those not meeting criteria for commitment where concern for safety with guns is an issue
- Senate language has pilot program involving voluntary engagement and changes to voluntary commitment language allowing counties to do more outreach based on reports of struggling individuals who don't meet criteria for commitment to engage them in treatment; hope to have $250,000 dedicated for demonstration project
- Q: Once legislative session is over what is timeline for final outcomes?
- House, Senate and Governor's Office are all same party, so end of May should yield final results but will take time for specific elements; will have report from June meeting; implementation to begin July 1

VIII. Membership and DHS Updates – Mikki Maruska and Sara Nelson, 12:45– 12:50

- Able to start Microsoft 365 external site for information to be shared among all members such as meeting notes and resources; you will receive email in next few weeks; need to complete 30 minute training on navigating training in order to access the site

- Website also being updated to reflect composition of Council; met with leadership and DHS Communications team to determine site content; invites photos and personal experiences from members to include on website; reach out to Sara or leadership if interested
- Thanks to everyone whose terms have ended and who've continued participation; hope to receive official go ahead for new members whose terms started in January; Sara will send out emails to those whose terms are ending
- Bylaws state that attendance is required and that missing 2 meetings consecutively will result in being reached out to by leadership; missing 3 meetings can result in being taken off Council;
- Reminding that all members are required to be involved in one workgroup; contact Sara or leadership to find out when workgroups meeting and if you'd like to join

IX. Workgroup Updates and General Expectations, Leadership nomination process and timelines Michael Trangle, 12:50 – 12:55

- Chair and Co-Chair of Subcommittee terms are due and nominations are open for these positions; have had 4 nominations at Subcommittee meeting for these positions
- LACs next meeting deciding meeting times – either Wed before these meetings at 3pm or at 3rd Thurs at 4pm
- Juvenile Justice has small meeting this morning because Anderson Building doesn't open until 8; next month's meeting will be 9 (on previous web link)
- Statement of difficulty in joining meeting due to several WebEx links and inaccurate meeting link being on website
- MH and Schools – had Tom Delaney present extensive slide deck detailing MH initiatives at MDE; will have speaker at next meeting Tues at 3:30; speakers have increased participation
- Outreach to Diverse Communities: We had 8 attendees at the meeting. Focused on outreach materials needed for parents who engage with schools in terms of disparate treatment of Black & Brown students. Also discussed reaching out to other multicultural communities by hosting open houses or listening sessions across the state. Finally, discussed reaching out to specific groups that may already be intact that serve Diverse communities to recruit work group members. Dr. B. volunteered to contact groups like the Association of Black Psychologists and the Cultural Ethnic Minority Infrastructure Grant program grantees to encourage their participation as community volunteers in all workgroups. Get out next mtg time.
- MH State Fair Day – meet day before these meetings at 2pm – thanks to Rozenia and others for contributions; have 14 spots out of 49 for exhibitors so please invite applications in next few days from interested vendors; Dave will send list of previous vendors for Mikki and Sara to send reminders

X. Next steps and closing – Alliant Facilitator, 12:55 - 1:00

- Next meeting at 6/1/23 is a combined meeting from 10-1
- Submit workgroup meeting notes to mhadvisory.council@state.mn.us and let us know if you need a template for this

- Submit meeting invoices to same email address

Thank You!

State Agency Updates and Member Updates will be emailed to membership with May meeting minutes

The next State Advisory Council and Subcommittee on Children's Mental Health meeting will be a combined meeting on June 8, 2023, 10:00 – 1:00

NOTE: May meeting minutes and resources from guest speakers will be emailed to members.