

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

October 3, 2019 – 10am-2pm

Attendees: Donna Lekander, Lilliana Torres, Jeff Lind, Alison Wolbeck, Claire Courtney, Sue Benolken, Michelle Schmid-Egleston, Cindy Slowiak, Linda Hansen, Melissa Balitz, Steve Hansberry, Maleenia Mohabir, Dave Lee, Jennifer Pedersen, Elise Holmes, Allison Stolz, Cecelia Hughes, Nick Puente, Rozenia Fuller, Sarah Fuerst, Michael Trangle, Jennifer Giesen, Steve Huot, Mary Kjolsing, Jode Freyholtz-London, Bravada Garrett-Akinsanya, Sara Gable, Sam Smith, Gary Travis; Guest: Renelle Nelson

Location:

DHS Lafayette Building Room 5137, 444 Lafayette Road, St. Paul, MN 55155, Vidyo Telepresence L5137

Next Meeting:

November 7, 2019

10am-2pm

Elmer L Andersen Building, Room 2380

540 Cedar Street, St. Paul, MN 55101

REQUIRED: RSVP to abigail.franklin@state.mn.us

Joint Meeting Notes:

Welcome and Introductions:

- We are trying to figure out changes to our meeting time and structure so that we can better use our time, have more involvement with SAC, Subcommittee and the workgroups. Future meeting format we will try: Block 10am-2pm for meetings. Joint meeting from 10-11:30, workgroups meeting from 11:30-12:30, reconvene either as joint or separate SAC/Subcommittee 12:30-2pm.

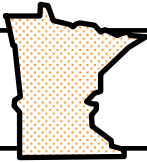
Home and Community-Based Services Partners Panel needs a new SAC representative.

<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/aging/hcbs-partners-panel/>.

- The location of the meetings varies, but typically meetings are held at the Hi-Way Federal Credit Union Admin office in St. Paul. A call-in option is provided for meetings. HCBS Panel Charter https://mn.gov/dhs/assets/HCBS-Charter_tcm1053-286734.pdf
- These are high level meetings. Information sharing meeting. Need someone with a very strong interest in mental health...the next few years is very important with all of the changes to waived services. Need mental health advocate to be on this panel as we need to stop leaving Mental Health out of the conversation about statewide services. Michelle Schmid-Egleston and Jennifer Pedersen are interested. Abbie will notify the HCBS Partners Panel.

MDH / DHS updates

- Elise Holmes, MDH: Title 5 needs assessment – prenatal through adolescents and women's health is wrapping up. 42 potential priority areas: access to behavioral health services, adolescent suicide are high priority. Official 10 priorities will come out end of month. 10 priorities will have workgroups to develop strategies. MDH wants greater participation from all

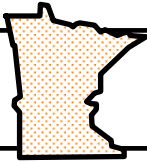


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stakeholders <https://www.health.state.mn.us/about/org/cfh/strategyworkgroup> More information about the [Title V Maternal and Child Health Needs Assessment](#) can be found online.

- MDH Children & Youth with Special Health Needs is hosting a Collective Impact Forum in partnership with Family Voices on 11/1. If you are interested in attending or learning more about these efforts, contact elise.holmes@state.mn.us.
- Nick Puente, DHS – governor quoted Minnesota student survey which has some mental health questions. Behavioral Health Division has been involved with Wilder to conduct a prevalence survey on Problem Gambling; Findings to come. Commissioner has appointed Stacy Twite as Chief of Staff and a transition plan is being worked on to fill the Assistant Commissioner position. Tom Moss appointed Assistant Commissioner Health Care Administration / interim State Medicaid Director. Positions have been posted, please share with others you think would be interested. Maisha Giles is filling key positions in BHD: Tracy Quinzon is new Fiscal/Contracts manager, interviewing for operations manager. Early Childhood services team has added staff. CTSS has upcoming trainings. PRTF RFP will be published in mid-October. The Hills PRTF will begin taking admissions in February 2020. SAC/Children's Subcommittee would like to have David Hartford provide update after opening at council meeting.
- One of the statutory requirements is to participate in the grant process for all Mental Health grants. How can we establish a process to be involved in? Participate in Behavioral Health Planning Council. There are 2 reps on that council. AMHI Reform Charter will invite SAC rep to the table. Previously each RFP would present data, outcomes, etc at the SAC meetings. SAC/Children's Subcommittee members believe it would be the most useful if we are involved in the process when the RFP is being drafted and deliverables are being written. If SAC/Children's Subcommittee members see SAMHSA grant opportunities, find out if MN is applying for these funds, recommend to DHS that they apply. Can we ask RFP writers to include SAC/Subcommittee for soliciting feedback as a task in their writing process? Can we provide input to MDH as well? SAC Chair will send letter to DHS Leadership requesting need to be included in the grant / RFP development process.
- How are things going with new policy of MA asset verification?
https://content.govdelivery.com/bulletins/gd/MNDHS-25f1274?wgt_ref=MNDHS_WIDGET_C36
Bulletin # 19-21-02
https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-312963.
People could be kicked off of MA due to missing deadlines. 10 days is not enough time to provide a response when many people struggle with opening/responding to their mail. NAMI and Aspire MN is working with DHS to come up with a plan so that individuals will not have a break in coverage and miss needed services. Council members concerned that DHS bulletins say "of interest to" and include a list of provider types but none of them say "consumers" or "individuals served" completely missing the opportunity to communicate directly with individuals served.
- This is the form that individuals need to complete for MA Asset Verification process.
<https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-7823-ENG>. If you are an individual served, family member, concerned person, provider, LAC member, affiliated with a drop in center, etc. please print this form and help others complete it. The form needs to be returned to their County or Tribal Agency.



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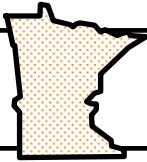
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Workgroups:

- *Integrated Care and Access*: bring DHS to workgroup to talk about integration; need to look at more than if there is a provider in the area when discussing access issues (distance, wait times for appointments, culturally appropriate, individual choice, etc.)
- *Local Advisory Council*: would like extra support from DHS to create a database of LACs; Community Capacity Building Team is developing a plan for how to better support LAC workgroup efforts. Would like to provide resources at annual County Commissioners Conference and other events (MACMHP, NAMI, Mental Health Day on the Hill, etc).
- *Recovery Supports*: looks at creative things that have not been done before. Housing, employment, peer supports. The workgroup “supports foundations of recovery: employment, transportation, education, and housing” and wants to be involved in the development, review, and oversight of RFP activities relating to the workgroup.
- *Mental Health & Juvenile Justice*: goal is to develop a more comprehensive mental health response for youth in the juvenile justice system and those that may be entering the system. The workgroup wants to look at data to see how we are meeting service needs (Recidivism rates for those receiving services in various settings: residential, secure, community interventions)
- *Mental Health & Schools*: goal is to focus on identification, access and improvement of mental health services in school settings. Need to bring the School Linked Mental Health grants team to the table for discussion.
- *Family Systems Prevention, Intervention, & Supports*: this is a relatively new group with the goal of supporting family systems to bridge services in order to address whole family needs. Looks at the intersection of children, adults, family. We are not in silos. Please look at why MA will not pay for individual therapy and family therapy in the same day. Has not met since December. Need to bring this voice to all workgroups
- *Outreach to Cultural Diversity*: Develop a diversity plan for both SAC and Children’s Subcommittee; focus on outreach methods to diverse communities; workshops that target immigrant and refugee populations; increase diversity in MH workforce; improve access to community based models that are inclusive
- Need workplans for each workgroup with top priority areas
- Important to consider the entire family system and culture when talking about all aspects of service delivery. These discussions should occur in all workgroups
- Discussed combining the Mental Health & Juvenile Justice workgroup with the Mental Health & Schools workgroup.
- Discussed folding the Family Systems Prevention, Intervention, & Supports workgroup and focusing on bringing this voice to all of the workgroups.
- Need DHS representation on all workgroups and need other state agencies (Education, Health, MNSCU, Transportation, Housing, etc.) on relevant workgroups

State Advisory Council / Children’s Subcommittee Accomplishments and Legislative Successes from 2018 legislative report recommendations:

- **School-Linked Mental Health**: Expands the list of eligible grantees for the school-linked mental health program to include a community mental health center or clinic, an Indian health facility, a Children’s Therapeutic Services and Supports (CTSS) provider, or an MA enrolled mental health or substance use provider with at least two mental health professionals or two alcohol and drug counselors qualified to provide clinical services to children and families. This legislation also

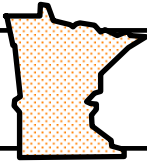


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clarifies that allowable grant expenses for school-linked mental health grants include identifying and diagnosing a mental illness; delivering mental health treatment to children and families via telemedicine; supporting families in meeting the needs of their child with a mental illness including navigating the health care, social services, and the juvenile justice system; providing transportation for students during the summer to receive school-linked services; building the capacity of school staff to meet the needs of students with mental illnesses; and purchasing equipment and developing the infrastructure for telemedicine. Grantees are also required to provide data to the Department of Human Services to evaluate the effectiveness of the program. The Department of Human Services must also collaborate with the Department of Education, representatives from the education community, mental health providers and advocates in order to assess and make recommendations for Minnesota's school-linked mental health program. These recommendations must include strategies to promote stability among current school-linked grantees, assessing the minimum number of full-time equivalents needed per students to effectively meet the goals of the program, developing a funding formula that promotes sustainability and consistency across grant cycles, reviewing existing data practices and evaluation strategies, and analyzing the impact on outcomes when a school has school-linked mental health services, a multi-tiered system of supports like PBIS, and sufficient school support personnel to meet student needs. This report must be provided to the legislature by January 15, 2020. Funding for school-linked mental health grants also increased by \$1.201 million in FYs 2020-2021 and \$9.6 million in FYs 2022-2023. (SS CH 9, Art. 6)

- **Safe Schools:** Increases funding for safe schools based on the closing balance of the safe schools supplemental aid on June 30, 2019. It could be anywhere from \$30 to \$33 million. It can be used for school liaison officers; drug abuse prevention programs; crime prevention; voluntary opt-in suicide prevention tools; violence prevention; licensed school counselors, licensed school nurses, licensed school social workers, licensed school psychologists, and licensed alcohol and chemical dependency counselors; facility security enhancements including laminated glass, public announcement systems, emergency communications devices, and equipment and facility modifications related to violence prevention and facility security; improving the school climate; or to pay costs for co-locating and collaborating with mental health professionals who are not district employees or contractors. (SS CH 11, Art. 5)
- **IPS:** Appropriates \$1.8 million in one-time funding for Individual Placements and Supports (IPS). This is an evidence-based program that supports people with serious mental illnesses find and keep employment. This funding must be used to expand to areas of the state without an IPS program and to expand existing IPS programs, including those that do not currently receive state funding. (SS CH 7, Art. 1)
- **Bridges Housing Voucher:** Increases base funding for the Bridges Housing Voucher Program by \$250,000 per year. The Bridges Housing Voucher Program provides rental assistance for adults with a serious mental illness who are on a waiting list for a Section 8 Housing Voucher. (SS CH 1, Art. 5); **Family Homeless Prevention and Assistance Program (FHPAP):** Appropriates \$3.5 million for FYs 20-21 for rental assistance to serve adults, youth, and children at risk of experiencing homelessness. (SS CH 1, Ar. 5); **Housing Infrastructure Bonds:** Allocates \$60 million in bonding dollars for the preservation of federally subsidized rental housing, construction of permanent supportive housing for people experiencing or at risk of homelessness, and for Community Land Trust land acquisitions for single-family home ownership. (SS CH 13); **Housing Support Eligibility:** Makes eligible for up to three months of housing support anyone discharged



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from a residential mental health or substance use treatment facility who doesn't have housing. This will help people leaving settings like a crisis home successfully transition from this level of care and not go from treatment to homelessness. Begins in July 2020. (SS CH 9, Art. 6)

- **Mental Health Provider Travel Time:** Allows for mental health providers to receive reimbursement under MA for travel costs to provide mental health services, so long as there is documentation that the service is delivered to a client on MA and not at the providers' office. Other information is also required for documentation. (SS CH 9, Art. 6)
- Increases the **Minnesota Family Investment Program (MFIP)** cash assistance by \$100 dollars a month. This is the first increase in 33 years for the cash assistance program for families with children and very low incomes. (SS CH 9, Art. 14)
- **Psychiatry Residency Programs:** Extends the length of the primary care residency program from three to four years so that psychiatry residency programs can access the program. The legislature previously funded a residency program for primary care, which includes child and adult psychiatry. A mistake in the legislation limited the program to three years when psychiatry residency programs require four years. (SS CH 9, Art. 11)
- **Traditional Healers:** Appropriates \$2 million a year through 2024 for traditional healing grants. This will support the tribal nations and five urban Indian communities to offer traditional healers and to increase the capacity of the culturally specific providers in the mental health substance use disorder health workforce. (CH 63)

Other business / closing comments:

- Thank you Renelle Nelson for such long service to the Subcommittee on Children's Mental Health
- Bravada Garrett-Akinsanya received the Distinguished Elders Award for Leadership in Minnesota Psychology – Congratulations Bravada!
- American foundation for suicide prevention – just finished hearings on the national suicide prevention line. Recommendation to congress is that we need a 3 digit number and that we want x11 not x88.
- Brochures on firearm safety for suicide prevention are available.
<https://stores.kotisdesign.com/afspexternal/resources/firearms-and-suicide-prevention-brochure-pack-of-25/40694>
- In Zimbabwe approach to mental health care is through "Friendship benches" trained peers are assigned 3 benches who watch and then if someone sits down that person will help. Similar approach to this in NYC. <https://www.nytimes.com/2019/07/22/opinion/depressed-heres-a-bench-talk-to-me.html>
- Wellness in the Woods, signed contract with DOC to do WRAP and Peer Support at the prison in Oak Park Heights. Received contract for warm line statewide, expanded staff from 9 – 30 people. Has cultural group that is supporting diversity resources for WITW.
- NAMI House Parties scheduled. Contact Sam Smith for more details: October 16 at 6PM at 2621 Abbey Hill Drive in Minnetonka; October 22 at 3 PM at the Greenfield Apartment Party Room on 1020 Feltl Court in Hopkins; October 23 at PM at 309 France Ave N in Golden Valley.