



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

September 7, 2023

Virtual Meeting

<https://minnesota.webex.com/meet/mhadvisory.council.dhs> Access Code: 1469517060

Attendance

Council: Alison Wolbeck, Amy Jones, Angela Schmitz, Anna Lynn, Beth Prewitt, Britt Olean, Claire Courtney, Claudia Daml, Cynthia Christenen, Damir Utrzan, Dave Lee, Ellie Miller, Eliot Butay, Eric Grumdahl, Jennifer Springer, Jode Freyholz-London, Mary Kjolsing, Patrick Rhone, Rakesh John, Rod Peterson, Rozenia Fuller, Sierra Grandy, Susan Hasti Total = 23 (quorum = 17)

Subcommittee: Alyssa Greene, Dr. Bravada Garrett-Akinsanya, Cici Hughes, Corey Harland, Danny Porter, Donna Lekander, Eric Grumdahl, Erin Marrone, Holly Hanson, Jen Bertram, Kim Stokes, Lisa Hoogheem, Michael Gallagher, Nicole Frethem, Ton Delaney Total = 14 (quorum = 12)

AGENDA

I. Welcome, grounding and housekeeping, – Co Chair, Claudia Daml, 10:00 - 10:08 started at 10:00

- Claudia introduces self as Chair and asks attendees to wait a couple of minutes to allow others to join the meeting
- Claudia asks attendees to read agenda
- Housekeeping rules reviewed by Claudia and respectful meeting guidelines read:
- Mute microphone when not speaking
- Verbal interruptions during the meeting are not allowed. Please utilize the chat function and “raise hand” feature to engage in the discussion. Appointed members of the Council and Subcommittee will be acknowledged to speak. Open and respectful dialogue is highly encouraged. Fighting words, obscene speech, and true threats are absolutely prohibited. Persons who engage in such prohibited conduct will be given a warning; if the conduct continues, the chat feature will be disabled and/or the person will be removed from the meeting. By remaining in the meeting by WebEx or phone, you are agreeing to follow these guidelines.
- Be sure to say your name, pronouns and role before speaking so everyone knows who is talking
- This meeting is being recorded for notetaking purposes

II. Land Acknowledgement – Claudia asks for volunteer member, 10:04 – 10:06

- Read by Beth Prewitt
- 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



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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.

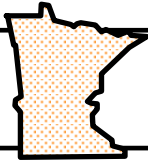
- Furthermore, we recognize that racism also expresses itself in policies and practices that either target or erase BIPOC communities and erect barriers to their prosperity. Therefore, we pledge to be vigilant in monitoring the formulation of policies and practices that produce harm to vulnerable populations. 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 via Padlet including workgroups – Roll Call, Sara Nelson 10:10–10:15 (10:06)

- Roll call for attendance is important to ensure group has quorum for voting procedures
- Sara Nelson adds Padlet link to the chat with instructions for people to register and directs people to the QR code on the slide or use the link provided in the chat
- Members are directed to add their name, preferred pronouns, whether they are a member or guest and which workgroup they belong to
- Debra Peterson, Children's MG Subcommittee – is joining by phone

IV. Orientation Overview, Claudia Daml, 10:12 – 10:15 started at 10:07

- Recently had orientation to talk about the work of the Council and Subcommittee and the work of the workgroups
- Handful attended; wish there had been more
- Will be opportunities in future for another orientation
- Longer term members who may not have had an orientation are invited to attend
- Will discuss next best time to hold another orientation
- Please let leaders know if you have ideas of inclusions for orientation
- For those who missed orientation, they can collect a packet
- Bravada asks if orientation could be recorded for future reference
- Members are responsible for the information contained in the packets
- Per diem invoices and necessary paperwork are contained in the orientation packets
- Rod reached out to new members about orientation and invites members to contact him for more information about orientation; Rod will call Beth Prewitt
- Sierra Grandy (new member) did not get information on the orientation and believes her contact information may be wrong

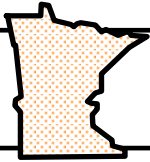


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- Dave Lee (long serving member and former Chair) thanks everyone for attending and for the hard work Sara and others put into preparing for the event

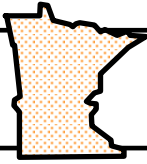
V. Governor's Justice Plan – Rod Peterson introduces Kathy ten Broeke (MICH), Assistant Commissioner and Director Interagency Council on Homelessness – 10:15 – 10:45 started at 10:16

- Kathy (she/her) thanks everyone for the invitation and reads her own organization's land acknowledgement statement, then shares slides
- Introduces MN Interagency Council on Homelessness
- Cabinet level body led by Lt Gov Peggy Flannigan
- Has commissioners of many agencies as attendees
- Formed with recognition that no one state agency works with homelessness alone
- Ending homelessness isn't correct because there are many housing crises
- Create true system of care working to prevent people from a housing crisis leading to homelessness
- Homelessness reflects profound impacts of racism and inequity
- American Indians in MN are 28 times more likely to experience homelessness than white Minnesotans and black Minnesotans are 13 times more likely to experience homelessness than white Minnesotans
- Justice Planning Process = strategic plan different from others in that it is focused on housing, racial and health justice
- First need to define these terms by talking to experts and members of the community
- Consultants hired to conduct listening sessions across the state
- Core concepts for the Council's next plan = justice definition, results and strategies (shown on slide)
- Results desired (slide)
 - Collaborate with people experiencing homelessness
 - Prevent homelessness where possible
 - Have robust response ready
 - People facing homelessness have access to housing options that meet needs and honor choice
 - Homelessness is treated as a crucial health and public health crisis
- Interagency budget and policy results to fuel the justice plan
 - MN's last legislative session was ground breaking in terms of funding for homelessness
- One Minnesota Budget - \$2.6 billion over next 4 years
 - Increase housing options
 - Address affordability of housing
 - Increase access to housing and shelters
 - Ensure adequate services and supports are also available
- Links provided in slides to website with more information
 - Acknowledges Assistant Commissioner Grumdahl to also speak to these efforts



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- Financing broken down by agencies such as housing finance, human services, corrections, etc.
- \$25m went to new line item for strengthening homelessness services
- Housing benefit has been at \$203 per month (since 1980's) will now be \$350 per month and increasing in line with inflation
- Significant changes to housing support program and payment methods; also changed definition of countable income; increased mobile crisis grants, substance use disorder
- Stay connected by signing up for MICH newsletter to hear more about this
- Kathy invites questions
- Claudia asks about largest population experiencing homelessness being Native American Indians and asks about funding to address this
 - There was a significant focus on tribal nations and addressing disparities in this last legislative session; able to work with Dept of Revenue through Rep Gomez's committee to get a direct Tribal Aid added to the Committee and significant funding never before seen
 - Direct allocations to tribal nations
 - White Earth Nation Adult Mental Health initiative is too specific to comment on here
 - Claudia hopes there will be good data to track outcomes and initiatives
 - Kathy adds that monitoring will use metrics including disparities in terms of who is experiencing homelessness
- Dr. Bravada is excited to see the focus on inequity and racism; asks about direct allocation which Kathy is unable to speak to
- Dr. Bravada asks about veterans, young people and elderly being addressed for people experiencing homelessness
 - Kathy says there are many dollars for young people – Office of Economic Opportunity to triple money for Homeless Youth Act which is ongoing money; agencies are so committed to this issue that they are working together to share funding and ways they work against homelessness
- Dr. Rakesh (new member) thanks Kathy for this important work and acknowledges the clear alignment with mental health issues and asks if there are dollars for psychiatric programs specifically
 - Kathy invites Eric to comment on this from Behavioral Health
 - Eric says other dynamic is that programs that recognize the intersection are still siloed between mental health and substance use and two important changes included expanding funding for PATH programs for assistance for transitions from homelessness program (federal which MN adds to) primarily focuses on those with mental health issues; state money adds to federal funds and this is a huge expansion to say diagnosis for SUD is also eligible for these services;



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these will be rolling out in next few months to see an integrated mental health approach

- Elliot Butay from NAMI notices there is supportive housing but recently heard from provider that services may not be included and questions this
 - Kathy says MN Housing has a primary focus to provide buildings, but this year has added money to find path to services to help sustain reliable service dollars to accompany buildings; DHS has several items in budget related to this – Housing Support Program, Housing Stabilization Program, etc. and continues to work at this
- Jen Springer worked at non-profit with case managers and says reimbursement for individuals receiving government support hasn't increased in years and says they can earn more money working at Dunkin Donuts so hopes to see support services include how to find useful resources to people in this position
- Rod Peterson, Dodge County Commissioner says counties see state plans that need to be implemented and acknowledges issues such as incarceration, substance use, etc. that revolve around housing which is holistic and much more than just providing a building;
- Thanks Kathy for her time

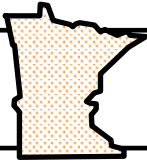
VI. Discussion on Behavioral Health Financing – Claudia Daml introduces Eric Grumdahl (DHS), 10:45 – 11:50 (started at 10:57)

- Acknowledges that shift to talk about funding may seem jarring but will work to tie it all together
- Excited to bring us an emerging concept to solicit advice and guidance on how to move forward
- Background/context (slide):
 - MN is geography and political entity with many connections to tribal nations, counties
 - Is state supervised county-administered system
 - DHS has oversight role but things are implemented locally
 - This results in much county variation; sees this as a feature and not a bug to allow local control; some may see this as a bug and not a feature
 - Complex healthcare landscape – privately funded healthcare with a little public assistance through Medicaid and Medicare impacting access to mental healthcare
 - Based on survey from Kaiser Family it is estimated that only 18% of those with mental health condition are on Medicaid, leaving rest with private insurance
 - DHS is MN's mental health authority through federal administration
 - MN can be proud of contributions toward how mental health is administered and is the envy of other states
 - Last year's Children's Summit help to galvanize shared vision for improving behavioral health system



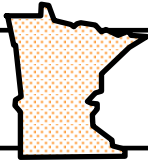
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- Eric leads DHS administration for behavioral health and housing (lead by Christine Preston) and Diane Neal is serving as Deputy Director
- (slide) shows DHS's authority, influence and responsibility
- (slide) continuums of adult/children's mental health services
- (slide) How do we pay for behavioral health services?
 - Medicaid
 - Behavioral Health Fund – expanded from SUD treatment funding
 - Medicaid and BHF (billable) = 1/3
 - Private pay (billable) = 1/3
 - Public funding (> 1000 grants/year) = 1/3
 - Question from chat: Nicole Frethem says funding can be a bug when property taxes need to aggressively be used to address city imbalance; rural counties remain underfunded, especially for transport
 - Eric says to ask how we fund physical health; are these grants due to stigma; How can adequacy and parity be addressed long-term?
 - Susan Hasti (Family Medicine Member) – 18% of funding covering 1/3 of population seems mismatched for formula
 - Eric thanks Susan for her comment
 - Billable services can be metered; typically reimbursement based
 - Reviews pros and cons for publicly-funded billable services (slide); DHS is currently involved in rate study to assess adequacy
 - Downsides of Medicaid processes is time which is long and requires many approvals; typically 2 years+ to modify CMS requirements legislatively (slide)
 - Slide showing landscape of mental health services
 - (slide) federal block grants from SAMSHA (sister council to this group) = \$15.5m and \$26.7m
 - Legislature recognized these needs and created new grant program to meet it as a default; has resulted in rapid expansion of mental health grants, more than doubling in seven years but no additional administrative support (46% increase in grants just this past MN legislative session)
 - Rod Peterson say funding is only for 2 years and requires hiring and training and then goes away before results are realized
 - Eric asks group to think about other ways funding could happen to make suggestion to legislature
 - DHS continues to streamline grantmaking process but legislature gave 12 new rules making grantmaking more challenging
 - Grants make sense when testing something to see if it works or not
 - Grants are better than not having this funding
 - It's complex for DHS to administer and staff spend much time on new #s resulting in less bandwidth to think about other behavioral health issues
 - Application process is also complex and slow
 - Slide showing billable and grant-based approaches



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- Eric invites discussion on thoughts of other ways to finance behavioral health; help build response to mental health needs; mitigate the drawbacks of existing funding approaches and maintain quality and accountability about the care provided with public funds
 - Claudia receives emails about public comment for CMS rates (open through 9/11); this is a direct rate and one direct way to get voices heard around rates; Claudia can send information on this for those who are interested
 - Anna Lynn says there are added values to grants not mentioned; block grants to counties take away the link to know exactly how monies are being spent to know what is happening with the money
 - Elliot Butay (NAMI) asks what the barriers are to moving away from grants to more sustainable funding;
 - Eric appreciates questions and says he wants to approach this with ideation around alternatives; calls services that shouldn't be billed for backbone services (crisis support for example); local government aid is another approach; first need to understand collectively what would work and this will shape legislative agenda;
 - Nicole Frethem says to fix CMS rates and geographies and also asks for a link where people can leave comments
 - Rod says legislature funds for 2 years so will have to go through this again; needs to be sustainable for longer period of time
 - Dr Bravada is concerned to hear MN is looking for other ways to fund because implicit bias among well-intentioned; shifting categories and changing the game may inequitably impact those in greater need;
 - Dr. Bravada recommends value-driven funding; who matters in our state? Education, childcare, etc. are so frequently underfunded; equity often doesn't reach cultural groups on the fringes; people are still learning these rules; learning new rules again may put access to funding more years behind until they get caught up
 - Eric thanks Dr. B for comment and says she may have charted path forward, rather than WHAT, focus on criteria for a better approach with equity at top of list
 - Susan Hasti talks about global funding model for schools to share resources; need needs assessment rather than values based; can private health care system be forced to provide services like publicly funded work? This isn't equity: look at global budget and needs and apply accordingly to places with higher levels of poverty, rural areas, etc. Can't equitably fund from a broken system. If 1 entity looked at MH in MN as whole project and dispersed funding according to service needs and pay in a structural way would be better way for equitable services. Fee-for-service would be part of this. If private pay and public



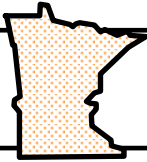
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pay aren't working well, don't use them as foundation for next method.

- Attendee says she just lost her (grant-funded) job that makes it difficult to keep seeking new jobs with short-term funding.
- Address barriers – Nicole Frethem – using CCAP money to pay for childcare
- Local public health does health assessment every 3-5 years; needs assessment could align with this process
- Eric thanks everyone for the comments and says this is the discussion he was hoping to have with this group.
- Cici has worked with grants and says you must have decisions around whether grants are working or not working. When does this happen? Legislature could add this mechanism. School mental health research says it's working and helping. How can this be moved from grant to budget? Cici did pilot project on reaching out to drop outs back in school and realized the expense didn't cover efforts
- Nicole Frethem: county funding model isn't equitable; Need to look at interdependencies – school-based services, childcare and parents with housing and jobs help people thrive; need to better fund those with higher risk factors such as poverty to account for need; need to ensure zip code doesn't determine access to services
- Eric thanks everyone for comments as does Claudia who is grateful for opportunity to provide feedback and hopes to continue to do this; **charges workgroup** with looking at this topic and providing feedback

VII. Voting to approve August's Meeting Notes – Lisa Hoogheem, 11:50 – 11:55 (11:55)

- Lisa asks for any changes to minutes and motion to approve; Rod Peterson motions for both and Jennifer Springer seconds
- Kelly takes roll call votes asking for yes or no response
- Alison W – Y
- Amanda Larson –
- Amy Jones –
- Angie Schmitz – Y
- Anna Lynn - Y
- Beth Prewitt – Y
- Britt Olean – Y
- Claire Courtney – Y
- Claudia Daml – Y
- Cynthia Christensen – Y
- Damir Utrzan – Y
- Dave Lee – Y
- David Nathan –
- Ellie Miller



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- Elliot Butay – Y
- Eric Grumdahl – Y
- Jennifer Springer – Y
- Jode Freyholz-London – Y chat
- Mandy Meisner
- Mary Kjolsing – Y
- Patrick Rhone
- Peter Fisher
- Rakesh John - Y
- Rod Peterson – Y
- Rozenia Fuller – abstain after stating “here”
- Sierra Grandy – Y
- Susan Hasti - Y
- Triasia Robinson –
- Approved with vote of 19 from Council members

VIII. Break – 11:55 – 12:00 begins at 12:01 Claudia calls for 5 minute break

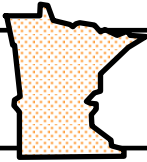
IX. Workgroup updates and conversation – Cici Hughes, 12:00 – 12:20 meeting convenes at 12:09

- Cici asks for updates from each workgroup
- Member expectations: this is where the majority of work gets done and all members are expected to participate in at least 1 workgroup; invites Sara to pass round sign up sheet for those in person
- Can also rename yourself on line to indicate which workgroup you would like to attend
- Please contact leaders to get you signed up for one group
- Sara says workgroup descriptions are on website
- Location of workgroup descriptions and contact information
- Attendance tracking and notes stored on 365 site
- Discussion of logistics workgroup – time sensitive
- Family Systems has not had regular members attending to be able to hold meeting; Beth Prewitt reached out to see if this would could restart
- Workgroup has been focus don developed community level supports to help families and caregivers; focus on promotion and prevention strateiges to support those dealing with MH needs and broader population than those with diagnosis;
- Meet 3rd Monday at 4 and are open to other times if needed
- Mental Health and Juvenile Justine – Cici – met this morning; typically meet before large group meeting monthly; discussed mental health and police and whether group wants to add to group or propose to larger group; focused on mental health and violence; Dr. Utrzan recommends mental health and first responder



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- Rod – knows commissioner on JJAC – started off and wants to ensure this group has voice on their team
- Dr. B has names and asks Sara to reach out to her
- Family Systems – Anna Lynne not here
- Integrated Care and Access – Mary Kjolsing – met last month; poor attendance and lost members; looking for new members; currently meeting 3rd Tuesday at 8am and are open to change if needed;
- Local Advisory Council – Alison Wolbeck – had exciting meeting; Wednesdays before Council meeting from 3:30 – 4:30; had new individuals but work was disrupted by community member and work had to cease; says website needs to be updated for their work; only 3 more counties to contact to completely gather needs and barrier
- Mental health and Juvenile Justice – discussing recommendations to make for next legislative recommendations; how long juveniles are sitting in JDC before receiving services (could be 1-5 months which doesn't count toward placement time); group discussing how to make this time more beneficial
- Mental Health and Schools – Lisa taking over for Amy – meets 3rd Tuesday from 3:30 – 4:30; didn't meet this past month; will be providing support, ideas to recommendations made in last legislative session
- Outreach to Diversity and Communities – Lisa for Dr. B – met last month and discussed loss of funding for CEMIG grants which was cut and is no longer available; these groups are now back into larger group of would-be grantees; hoping to provide statement to Governor/DHS to express concerns; Dr. B chimes in that group is seeking information to find out what happened to this important grant funding; CEMIG is to promote development of culturally diverse workforce through licensure supervision; 8 people started and ended up with 30 organizations without additional funding; also working to develop culturally specific healing modalities to deliver to communities where desired; were told that money went into new pool for all potential grantees; funding dwindled from \$20m to \$2m; money went to larger group; group felt undermined by DHS as they're trying to grow infrastructure and now can't;
 - Eric Grumdahl adds there is a misunderstanding that needs to be cleared up; Governor did increase CEMIG funding in both parts of work discussed;
 - Dr. B says challenge is that funding is now more competitive and will go elsewhere
 - Dr. B and Eric Grumdahl agree to meet separately and Cici says this may form part of a future meeting topic
- Recovery Support – Angie Schmitz – didn't meet past month; Gary, Sarah and Claire attend but Angie is only Council member attending; invite others to join; meet last Wednesday of each month 3:00-4:00 and are open to changing this if needed; attendance has been low so encouraging new members to join; see chat Recovery Supports Workgroup
Purpose:
Review policy, advocate for evidence-based programs and endorse the effective/efficient use of state funding in critical recovery areas such as housing,



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employment and community support programs

Advocate for an increase in available, affordable and supportive housing

Sustain and expand Individual Placement & Support (IPS) supported employment program throughout the state

Expand the use of Peer Specialists throughout the state

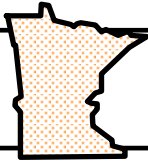
Explore ways to promote community support and social relationships for people of all ages with mental illness; Recovery Supports Group: angieschmitz19@gmail.com;

Those working on this should also help with MH Awareness Day at State Fair

- MH Day at State Fair - Dave Lee reports good event on August 28th; attendance was higher that day than opening day and weather was great
- Photos will be shared with members – thanks Angie for her volunteer work on ideas given by people
- Lt. Governor came and Gov Walz declared MH Day and had press coverage
- Medical Alley also attended along with other exhibitors
- 50 organizations attended
- This group has many long-standing members who are thanked: Claire and husband Mark, helped with logistics plus Alison, Angie, Dave
- Meet at 2 on the Wednesday before council meeting and will begin planning again in January
- Will start looking for original artwork for next year's shirts so get artists in touch with Dave
- Good line up of Native American Indian groups opening and closing the event
- Rozenia's sister spoke on stage
- Much going on; members always welcome to join this group
- Thanks to everyone for their help on the day!
- Would like to see BH division attend this event.

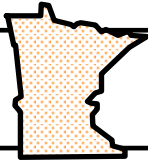
X. State Agency Updates – Lisa Hoogheem, 12:20 – 12:40 (12:37)

- Alyssa Greene (MDH) – speaking on Pediatric Mental Healthcare Access program Grant Review; realizes someone previously spoke about this program but wants to give update: grant awarded in 2021; receiving 445,000 each year to promote better BH supports in pediatric care, esp telehealth;
 - Have psych assist line (PAL) – continues to take calls from pediatricians to consult pediatric psychiatrists; experiencing summer slump; expect to get busier once school has started; provide information on MH topics such as suicidality and substance abuse; trainings are well-attended; want to expand reach; if they receive additional funding, hope to hire specialists to help consult on this line (neurologist, etc.);
 - Mental health collaboration club through Prairie Care and Aspire MN – started additional care pathways group to explore how children are boarding in ERs; group also helping with discharge planning using Fast Tracker for resources and access to care



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- Fast Tracker referral database providing updated information on MH services across state – working on getting Spanish and Somali translations onto website
- Dept of Corrections – no one present
- Dept of Human Services – Eric Grumdahl – wants help recruiting 2 new leadership positions – leader of Adult MH Services responsible for coordinating across MH programs and Children and Family MH Manager as well; thank Kirsten at Aspire for the suggestion to include families in naming; BHD email will go out shortly announcing these and this will be forwarded to all members
- Dept of Education – Tom Delaney
 - School year has started; be careful drivers!
 - Was in news that schools in MN now have free breakfasts and lunches; this is part of whole-child system which doesn't discount food in keeping good mental health
 - Developing interagency workgroup in children's BH; implementation will include working with DHS
 - Connected with Sr. Tina Smith showing federal interest in children's BMH
 - School behavioral health conference in September will focus on racialized and historical trauma
 - Will share link to conference information via chat
- MDH – Anna Lynn – relaunching new learning community and talking about MN Student Survey coming up shortly
 - Working on black youth MH in alliance with Brooklyn Park who are hosting event to support MH and wellbeing
 - CFH hosting event in November on protective community factors esp for black families and young people
 - No updates on suicide prevention – **perhaps next month?**
 - Colleagues working with MACMA to continue to support cultural providers network funded through MN Extension; if interested, reach out to Anna or MACMA for more information
 - SHIP – statewide health improvement partnership through county funding for policy and systemwide changes; now open to wellbeing efforts; trauma-informed care and social connectedness are main focal points; exciting community-led effort
 - Dedicated funding from CDC block grant to support and sponsor forest therapy guides (all BIPOC)
 - Cognito can also be **discussed next month**
- DEED – Claire Courtney
 - DSM not previously accessible to people with print disabilities; now have 87 hour audio recording
 - Sent written update to be included with minutes



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XI. Updates from Members – Cici Hughes, 12:40 – 12:50 (12:54)

- Dr. Bravada says African American Child Wellness Institute addressing black women deaths; program starting this month; recruiting pregnant African American mothers to learn about health pregnancies and births; free 8 week program culminating in community baby shower; please pass the word – give away car seats, buggies, and much more
- Working with MDH on Covid grant; last Friday of every month have podcast called Healing Circle hearing people’s stories and then moving to Restorative Room; **Dr. B will get flyers to Sara for distribution**
- Rod Peterson – new Children Youth and Families Agencies; 40 DHS programs will transfer over to this agency, along with other state agency programs; this is a good time to let this agency know who this group is; parity will be central focus
- Sept 11th deadline for making comment on CMS fee for service

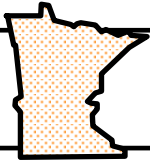
XII. Membership and DHS Updates – Sara Nelson, 12:50 – 12:55 (12:58)

- Thanks to everyone for attending
- Sec of State is auditing their website; please ensure outstanding paperwork is completed such as Oath of Office to ensure they are submitted this month;
- PLEASE ENSURE your info on their site is up to date for contacts
- Next round of invites to access the new SharePoint site will go out
- If you are new to Council please complete W9s – sent out 2 weeks ago
- Logistics workgroup will assist in coordinating so please reach out to Sara if you are interested
- Orientation materials also available in orientation email for all members
- Let Sara know if you didn’t receive that email and she’ll resend

XIII. Closing and adjourn – Sara, 12:55 - 1:00 (1:01)

- Submit invoices and per diems to email
- Next meeting is October 5th
- Thanks everyone for participating in this group!

Task	Who	When
Discuss next date for orientation	Leaders with Sara	ASAP
Collect packets in person (What to do with Claudia’s mention that packets can be mailed to non-attenders?)	Members	As needed
Reach out to Beth Prewitt and orientation non-attenders	Rod	ASAP
Check Sierra’s Grandy’s contact info	Sara	ASAP



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Task	Who	When
Consider recording next orientation for later use	Leaders and Sara	For next orientation
Consider other ways to finance behavioral health; help build response to mental health needs; mitigate the drawbacks of existing funding approaches and maintain quality and accountability about the care provided with public funds	Members	ASAP
Send information to members on public comment on CMS rates	Claudias	Before 9/12
Consider update on suicide prevention and Cognito for October's meeting	Leaders	By 9/20/23
Get flyers on podcast to Sara for possible distribution	Dr. B	ASAP
Ensure contact information is correct on Sec of State website and that all necessary paperwork has been completed (W9, etc.)	Members	ASAP
Anyone interested in participating in the logistics workgroup contact Sara	Interested Members	ASAP
Please review orientation email sent to members for member responsibilities and invoice + paperwork; contact Sara if hadn't received this email	Members	ASAP
Submit invoices to Sara via program email for per diem reimbursements for meeting attendance	Members	ASAP