



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

January 6, 2022 – 10am-1pm

Attendees:

State Advisory Council on Mental Health Members: Al Levin, Alison Wolbeck, Angie Schmitz, Anna Lynn, Barb Weckman-Brekke, Beth Prewett, Claire Courtney, Claudia Daml, Cynthia Christensen, Dave Lee, David Nathan, Gertrude Matemba-Mutasa, Jennifer Springer, Jode Freyholtz- London, Ken Moorman, Mary Kjolsing, Michael Trangle, Nathan Chomilo, Rodney Peterson, Abigail Franklin

Subcommittee on Children's Mental Health Members: Addyson Moore, BraVada Garrett-Akinsanya, Cecilia Hughes, Corey Harland, Dan Porter, Donna Lekander, Jennifer Bertram, Kim Stokes, Linda Hansen, Lisa Hoogheem, Maleenia Mohabir, Michael Gallagher, Nicole Frethem, Sarah Dunne, Tom Delaney

Guests: Amber Maki, Boyd Brown, Brittany Wright, Emily Hawkins, Jeff Bauer, Liz Harri, Melissa Dau, Neil Elavksy, Sarah Washington, Sarah MapellLentz, Shannah Mulvihill, Sheena Denny, Stephanie Hogenson, Todd Archbold

Joint Meeting Minutes

- Welcome and Introductions – Dave Lee
 - Approved last meeting's minutes and today's agenda
 - Welcome New Members to State Advisory Council on Mental Health
 - Barb Weckman Brekke is new to the Council as a Representative of Parents. Also a Scott County Commissioner
 - Jennifer Springer representing consumers
 - Jode Freyholtz-London representing Consumer-run Mental Health Advocacy Group, founder and executive director of Wellness in the Woods, over 40 Peer Support Specialists operate the warm line and the virtual peer support network.
 - Announcements from members:
 - Linda Hansen is retiring from Dakota County Juvenile Detention and Treatment Center and is resigning from the Subcommittee on Children's Mental Health. She has been involved in the Subcommittee for over two decades and appreciates the professionalism and dedication others have about improving mental health services in Minnesota.
 - This seat will be posted on the Secretary of State's Boards and Commissions website. Please share with community members about this opening. Anyone interested in applying should submit an application [online](#).
 - Children's Summit is scheduled for 1/11-1/14. All are encouraged to attend as many sessions as possible
 - January 18 is webinar on landscape of telehealth in Minnesota for disability and behavioral health services
 - School mental health conference January 28



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- Question re: Open Meeting Law – some counties are stating that a meeting cannot be virtual to be counted as an official meeting, is that true for the State Advisory Council?
 - [Minnesota Statutes 13D.021](#) Meetings during pandemic or chapter 12 emergency allows for the use of phone or interactive technology for meetings that are subject to open meeting law. Once we are back to “normal,” the use of phone and interactive technology for meetings is also allowable under [Minnesota Statutes 13D.02](#) Other entity meetings by interactive technology. For meetings such as the State Advisory Council on Mental Health, we will have a hybrid approach once in-person meetings resume to allow for remote participation. You can also contact the [Department of Administration](#) for more information about Open Meeting Law. They will provide advisory opinions about various practices related to open meetings.
 - Public Comment – Recommended guidelines being developed for discussion in future meetings. No public comment period during meetings at this time. Members are encouraged to use the “raise hand” feature to be acknowledge for wanting to speak.
- Pediatric Mental Health Care Access Expansion Grant, Sarah MapleLentz, MDH; Todd Archbold, Prairie Care; and Jeff Bauer, MN-AAP
 - See slides 2-26 on attached presentation
 - \$14.2M was made available to Minnesota Department of Health for pediatric mental health care access expansion grants and began 9/30/2021; \$445,000 available per year for 5 years. Red Lake Nation also received the same funding.
 - Previously, 21 states had received funding to advance the mission of integrating behavioral health into the pediatric setting. An additional 24 states received the funding summer 2021 for this purpose.
 - Screening rates of adolescents for needed mental health supports vary by geographic location as well as by race with Native Americans in rural communities having the lowest screening rates in the state.
 - Many Minnesota children live in a mental health workforce shortage area. The use of telehealth services could help to alleviate some of the challenges in accessing services.
 - Our project will enhance the state's current psychiatric assistance line, the centralized statewide network of pediatric mental health care teams that provide support to primary care sites via telehealth. But ultimately, expansion of that, in collaboration with training, done through the Minnesota AAP will allow for advancement of identification of mental health concerns, and children and youth and increase access to care for those kids.
 - Minnesota chapter of the American Academy of Pediatrics has 2 main workgroups: one focused to improve mental health screenings and referrals the other focused on anti-racism and disparities.
 - Minnesota is 1 of half of the states in the country that have some type of consultation service where primary care providers and health care providers across the state can get quick access to mental health consultation.



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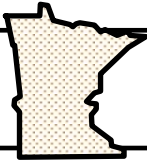
- Fast Tracker has created an on demand telephonic service that's accessible to again all healthcare providers in the state of Minnesota doctors, nurses, social workers those helping with triage to get immediate on demand access to to both the consultation to simply get guidance in a specific case all the way to connecting with a psychiatrist to help with medication management.
- Question: Prairie Care's collaboration with schools is it still in place? Yes
- Question: Is DBT also used as a long-term therapy option to youth? Yes, this is available as is the hospital and partial hospital program. Also, Fast Tracker can connect you to even more of these therapy resources throughout the state.
- RFP Involvement Process Discussion, Boyd Brown, DHS Behavioral Health Division (BHD)
 - The RFP Involvement Process came about because the Council/Subcommittee are charged with advising the governor and heads of state departments and agencies about policy programs and services affecting people with mental illness and also reviewing and commenting on all grants dealing with mental health.
 - Members have worked closely with the BHD Contracts team to develop a process to comment on and provide feedback on RFPs before posted for applicants. This process helps to ensure the needs of the communities are included in grant programs and also that barriers to applying for those funds are removed prior to the proposal being published for applications.
 - If members are actively involved in the process, we can have a very positive impact on the mental health services system.
 - Question: What are the next steps?
 - Mental Health Priority Areas should be submitted to the division and will be helpful for our policy teams to be aware of these priorities. Helpful to have a list of members interested in reviewing the RFPs.
 - Question: What have you learned about having stakeholders involved in the past?
 - We appreciate the willingness of people to be involved because it is very time consuming. We want to have a balance of people from various backgrounds participating in the review panels.
 - Question: Having a place where those who were not successful in getting funds, if we are not in the running, how can we learn that so we can move on?
 - We have a "courtesy notice" saying you are not moving onto the next step in the process. You will also get a notice at the very end once contracts are executed. If you have applied for grants and not been funded, ask for feedback about your application. We are happy to provide you the feedback that was received on your proposal. It would be helpful information for applicants to have for future proposal development.
 - Question: I do believe that all of the need to be evaluated with the diversity/equity lens. Unfortunately, those developing RFPs and the scoring tools do not always have this lens. How are you going to ensure those voices are at the table?
 - Our goal is to have as diverse of voices as possible on the RFP Review Panels.
 - I would encourage our joint committee to consider prioritizing and approving a change in our application to the subcommittee and the state advisory council that people are willing to participate in these activities.



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- Need to set concrete expectation that people participate in the review process for RFPs.
 - Process of being involved in how funds are distributed is far more impactful than legislative changes because you are determining the grass roots level of where funding is going. This can really make changes in what happens in the community.
- Mental Health Legislative Network Updates, Shannah Mulvihill
 - Legislative session begins 1/31/2022
 - MHLN is finalizing the legislative Blue Book with priorities for consideration during session and goes to all legislators, their staffers, the Governor's Office
 - Mental Health Day on the Hill is virtual this year on February 24 from 9-11am for the policy briefing followed by individual online meetings with legislators
 - 988 Implementation – national suicide prevention line. FCC in late November moved texting and online chat to July 2022 for 988. Currently drafting legislation for funding of 988 in MN. We want to make sure the calls are answered in state. There are centers in MN that answer calls, but there are 9 backup call centers in other parts of the country that calls from MN may be routed to. Currently only 44% of calls are answered in Minnesota, the rest roll over to a backup center. We need to ensure Minnesotans are getting support in state.
 - Question: Please explain concerns about calls going out of state. Is it because call centers out of state would not know local resources.
 - Other states would not have the information about our crisis system. It is important to be able to make a warm transfer to a local resource
 - Question: Are Council/Subcommittee recommendations included in the MHLN Blue Book?
 - Any MHLN member can bring recommendations forward. Most of what the Council/Subcommittee have recommended are included in the Blue Book
- Workgroup updates
 - MH & Juvenile Justice: discussed upcoming Children's Summit. Also discussed opioid and fentanyl deaths and will do more research about this.
 - MH & Schools: Discussed the letter that will be coming from Council/Subcommittee urging the Governor to declare a state of emergency in children's mental health. School mental health conference on 1/27 & 1/28 is completely full with 500 registrants. Discussed crowd sourcing for mental health and a virtual platform for allowing students and staff to post questions and resources
 - Outreach to Cultural Diversity: We are developing a diversity and equity declaration for the Council/Subcommittee. It needs wordsmithing so we will have it available for discussion at a future meeting. We also discussed policy and budgetary decisions about the CEMIG (cultural and ethnic minority infrastructure grants) and concerns about the decreases in funding. We as a group need to be more clear about our recommendations and understanding the inner workings of DHS. We support the letter requesting a declaration of state of emergency in children's mental health. BIPOC children are disproportionately impacted by workforce shortages and other challenges in the mental health system. We hope to develop stronger alliances with partners in Minnesota so that we ensure there are explicit statements in legislative recommendations and other



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work expressing our commitment to diversity, equity, and inclusion. Let's make greater effort to ensure this is in everything we do.

- Integrated Care & Access: discussed the letter regarding state of emergency in children's mental health. Had a guest speaker, Dr. Richard Suthery who discussed workforce shortage issues and some potential solutions. Therapists have many barriers including low reimbursement rates, challenges in getting authorizations for various services, etc. Discussion about trying to collect data, suggestion to have professional groups to collect the data about the challenges in the system.
- LAC: did not meet this month. Trying to figure out a better time that will allow for additional staff support in hopes of alleviating some of the issues we have been having in the workgroup. Thanks to members to allow for extra support for the workgroup.
- Recovery Supports: will be sending a survey to all members to find a better day/time to meet.
- Family Systems, Prevention, Intervention, and Supports: no meeting in December.
- State Fair Planning: first meeting recapped 2021 event. 5 from Council/Subcommittee + new NAMI staff. Hope to increase social media impact. Possible change in day for Mental Health Awareness at the State Fair. We have room for more members to join in the planning process. We are looking at exploring other options for t-shirts for this year.
- State Agency Updates:
 - Vocational Rehabilitation Services – it is healthcare month for all of the Career Force Centers throughout the state.
 - Department of Human Services – Behavioral Health Division has an interim director, Assistant Commissioner for Community Supports Administration Gertrude Matemba-Mutasa is acting director due to Paul Fleissner's departure the end of December.
- 2021 Year Review / 2022 Year Preview
 - One year ago today was a very difficult day in the United States. January 7th was the first Council/Subcommittee meeting of the year and we took that time to reflect. It was a very powerful meeting. Thank everyone for your continued commitment to everything you do and coming to these meetings. You recognize this is a space to be honest and authentic and really work toward improving the mental health of all Minnesotans.
 - In 2021 we hosted 12 virtual Council/Subcommittee meetings, one every month, in a pandemic
 - With Dr. B's leadership and others, we have a strong commitment to equity and diversity in all of our work
 - Some of the things we learned about last year: Telemedicine study; Conversion Therapy; Fairview EmPATH Units; Early Childhood Mental Health; Adult Mental Health Initiative Reform; Legislative Actions; Psychiatric Residential Treatment Facilities (PRTFs); Virtual Peer Support Network; Children's Therapeutic Services and Supports (CTSS); Criminal Justice System Funding; Mobile Crisis Expansion Plans; Behavioral Health Services in Schools Collaboration; Federal Block Grant Funding for Mental Health
 - 4th annual Mental Health Awareness at the State Fair
 - Partnered with BHD to develop the Request for Proposal (RFP) Involvement Process that is an ongoing activity for the Council/Subcommittee



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- Issued several communications to the Legislature, Governor, State Agencies, etc. on very important mental health topics:
 - POST Board re: Implementation policy for Matthew's Law
 - Governor & Legislature re: state budget and potential government shutdown
 - DHS re: PRTF closures concerns
 - Legislature re: Telemedicine waivers
- What are we going to accomplish in 2022? Issue position statement on conversion therapy and letter to governor requesting state of emergency in children's mental health; 5th Annual Mental Health Awareness at the State Fair; 2022 Report to the Governor & Legislature; Active participation in reviewing/developing RFPs with the Behavioral Health Division; and continued discussion about many mental health topics: Continued discussion with MDE & DHS about CTSS, Reimbursement Collaborative, etc.; Family First Legislation; Implicit bias and impact on mental health systems – who should we invite to present on this topic?; Family Peer Support; 988 Text Line Implementation; other ideas?
 - Mental Health & Child Care – look to the Center for Inclusive Childcare for resources
 - Are there ways we can reformat how we meet to increase participation? Do we want to have separate Council/Subcommittee meetings? Pilot meeting separate in the morning, then coming together for a joint meeting later in the day. Getting acknowledgement that this is a good idea. Important to have joint presentations and maybe separate discussions. Will need to figure out the technology. Some find value in meeting together.
 - Will survey members on how to best hold meetings in the future.
 - Something we need on our radar is the adolescent mental health facility in Willmar that is virtual empty. 16 beds with an average daily census of 3-5 since it opened 2 years ago. Budget for the facility has been cut overtime; staffing is not a concern.
 - Children's Summit may be good space to raise the concerns about this facility.
 - Concerns that new PRTFs are set up for success and have all of the resources needed to support the growing mental health needs of children and adolescents.
 - Concerns that system is too siloed to support transition from one level of care to another. Children are falling through the gaps.
- Wellness in the Woods wants to thank everyone for all of their support after the death of Melinda Schamp.
- Governor's Children's Cabinet – Brittany Wright new program manager ensuring children's mental health and wellbeing is a priority. Stephanie Hogenson, former member of the Subcommittee on Children's Mental Health, current Policy Director for the Governor's Children's Cabinet.
- Other comments: Substance use in children, Pacer is receiving more calls about this as a concern – how can we think more proactively about services and supports for children?
- Next steps and closing



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- Action Steps: Attend the Telehealth Webinar and speak up about the need for continued use of audio-only telehealth for mental health services; Attend the Children's Summit; submit RFP priorities via the survey tool – priorities will be vetted by full Council/Subcommittee; draft formal recommendations for the legislative report

Next Meeting:

Date: February 3, 2022
Time: 10:00am-1:00pm
Location: WebEx Only