



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

March 3, 2022 – 10am-1pm

Attendees:

State Advisory Council on Mental Health Members: Al Levin, Alison Wolbeck, Angie Schmitz, Anna Lynn, Beth Prewett, Claire Courtney, Claudette Larson, Claudia Daml, Cynthia Christensen, Dave Lee, Jode Freyholtz-London, Michael Trangle, Abigail Franklin

Subcommittee on Children's Mental Health Members: Addyson Moore, BraVada Garrett-Akinsanya, Cecilia Hughes, Corey Harland, Dan Porter, Deb Peterson, Donna Lekander, Jeff Lind, Jennifer Bertram, Kim Stokes, Lisa Hoogheem, Maleenia Mohabir, Nicole Frethem, Sarah Dunne, Sarah Fuerst

Guests: Amanda Calmbacher, Amber Maki, Andrea Abel, Ari Dionisopoulos, Isabella Johns, Julie Neururer, Kelly Deering, Meg Moynihan, Melissa Dau, Monica Kramer, Neil Elavsky, Pam Sanchez, Tabatha Amundson, Tanya Carter, Toni Malanaphy-Sorg

Joint Meeting Minutes

- Welcome and Introductions:
 - Reviewed Respectful meeting guidelines: *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.*
 - Approved today's agenda
 - Acknowledgement of loss of Dr. Robert Bosl, representative of family physicians
 - Will send card to family from membership
 - Announcements from appointed Council/Subcommittee members
 - Due to the amount of information that must be covered during today's meeting, there is not time for public comment.
 - Reminders given to meeting participant to follow the respectful meeting guidelines which includes any information posted in chat.
- Ag and Rural Mental Health: Insights, Challenges, and Resources. Monica Kramer McConkey, LPC, Eyes on the Horizon LLC and Meg Moynihan, MS, MN Department of Agriculture – Cynthia Christensen=moderator
 - Monica: was school-based counselor serving Indian reservation in Mahnomen District, then did school admin near Bemidji; is now a mental health specialist funded through State legislature; contracts with MNSCU System an FBM
 - Services provided include:
 - Crises outreach in convenient locations and using virtual
 - Mental health outreach materials
 - Provide educational materials



STATE ADVISORY COUNCIL ON MENTAL HEALTH

and Subcommittee on Children's Mental Health

- Mental health support to post-secondary instructors and Ag students
- Collaborate with local authorities
- Work with Mobile Crises and Sheriff's Departments when needed
- Works with variety of recipients to recognize symptoms of stress and mental health
- The Agrarian Imperative = to farmers, ownership of a family farm is everything; don't want to lose family farm = shame, therefore endure unusual hardships to hold on to legacy farm
- What causes stressors in Ag families? Uncontrollable factors (Weather, market, etc.), Illness, Isolation, Competition, Increased need for competency, Irregular income, Transition/succession, Long/solitary work hours, Barriers to help, Lack of service, Attitudes and perceptions, Lack of privacy – everyone knows everyone's business, Health insurance
- Warning signs: Isolation, Mood changes, Abrupt sales, Disrepair, Injury and illness, Altered sleep patterns, Increased substance use, Lack of motivation, Unpaid bill, Hopelessness
- TransFARMation – It's ok to not be ok (video clip)
 - Goal = to remove stigma and barriers to seeking mental health care in rural MN
- Meg:
 - Recounts story of professional woman in need of mental health support who doesn't want to seek help to avoid having a pre-existing condition associated with her health care coverage
 - Approach is to support farmers in stress through the Dept of Ag
 - MinnesotaFarmStress.com website has details of resources targeted toward farmers
 - 1980s saw hundreds of thousands of farmers lose their farms
 - Worked then with universities and colleges to offer Advocates who help farmers connect with services needed (substance abuse, food help, mediation support, financial support)
 - Legislature continues to support this program
 - 2013: MN Farm and Rural Help Line
 - Promote complimentary services such as mobile crisis teams, mental or behavioral health care treatment, business/financial advice
 - MN's Mediation Program is mandatory prior to taking adverse actions
 - Run by Extension
 - USDA program determinators
 - Farm succession/transition
 - Neighbor disputes
 - Etc.
 - Farmer's Legal Action Group – non-profit law center
 - 2018 started foundational workshops targeted to people that farmers trusted such as clergy, banker, Dept of Ag consultants
 - Offered in 6 locations statewide
 - USDA Farm Service Agency and Sheriffs Dept were partners



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

- Sustainable Ag Assn gave funding to continue these workshop
- Partner organizations grew through programming workshops
- Programs include
 - TransFARMation
 - Navigating conflict and difficult conversations
 - Supporting farm youth in stress
 - safeTALK – suicide prevention in rural areas
 - suicide bereavement in farm country
 - MN Dept of Health Farm Suicide Data Study
- This year's USDA-NIFA Farm Stress Award
 - Expand and enhance existing MDA programs
 - 11 subawards
 - Examples include:
 - Marriage and personal growth retreats
 - More and better legal counsel for producers
 - Expanding TransFARMation
 - Farm transition and succession – teams of advisors assist
 - Culturally appropriate support for indigenous and ethnic populations
- Mn Dept of Health programs
 - Suicide prevention for faith leaders
 - safeTALK train the trainer
 - Psych autopsies on farm suicides
- U of M programs
 - Ambiguous loss (about decisions made/not made) – training trainers to work with families
 - 4H leader training
- Men's Sheds
 - Senior, rural, men talking should-to-shoulder
 - Making new friends
 - Helps with loneliness in rural communities
 - Research showing health benefits
- Contacts for both:
 - Meg Moynihan 651-201-6166, meg.moynahan@state.mn.us
 - Monica Kramer McConkey 281-280-7785, monica.mariekm@yahoo.com
- Questions
 - Is the issue engaging recipients of services and how do you engage rural people in need of mental health resources?
 - Partner with other credible organizations to add messaging to existing meetings on topics farmers attend
 - Giving resources for people to give to others (not for them)
 - Resources often leave the booth during break time when no one is there



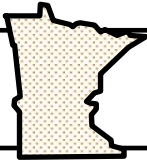
STATE ADVISORY COUNCIL ON MENTAL HEALTH
and Subcommittee on Children's Mental Health

- Trainings for rural health care providers to understand dynamics of farm stress and to know resources available
 - What could this group advise legislature on regarding rural mental health?
 - Continued work on broadband access = big issue
 - Integration of mental health care in rural clinics
 - Better health care options
 - Connection of everyone to rural life – not just farmers, but also farm stores, services, etc.
 - Farm family stress can adversely effect children who are self-insured with high deductibles and don't meet requirements for support programs
 - "business hours 9-5" do not suit farmers; need flexibility in service delivery
 - Is School Link mental health services happening in rural MN?
 - Some are only half day per week
 - May only see children who behaviorally act out
 - May not address the silent sufferers
 - Services are district-wide
 - Resources for FFA and 4H clubs?
 - No curriculum, but resources
 - U of M USTA awards involves training for 4H leaders
- Review of RFP Priority Areas – see slides 30-38
 - is in State Advisory Council statute 245.697
 - advise governor and heads of state about policies, programs and services affecting people with mental illness
 - review/comment on all grants dealing with mental health and the development of state/local mental health plans
 - current RFPs for review
 - Assertive Community Treatment (ACT)
 - Process was confusing for Behavioral Health Division (BHD) staff
 - Abbie meeting with BHD to improve internal process
 - Priority Areas for RFP 1 - Family Systems Workgroup
 - children's mental health continuum of services such as mental health beds in hospitals and residential treatment; community programs dwindling due to staffing and financial stability
 - Proposed deliverables include review licensing rules holding back new service development for more consultative approach
 - Review funding to ensure stability of current program
 - Is this truly RFP or is this legislative recommendation?
 - Could be both/and
 - Grants could be geared toward shortage areas
 - And legislative recommendations could be made
 - Is this something the council supports as priority area?



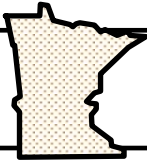
STATE ADVISORY COUNCIL ON MENTAL HEALTH
and Subcommittee on Children's Mental Health

- Point to consider: make mechanism to look carefully at those who qualify to participate in grant program for equity
 - i.e. charter schools vs large public schools
- ADD PRIORITY AREA: ensure school-linked programs are available in all schools
- Priority Area 2 – Mental Health and Schools Workgroup
 - Increased numbers of students impacted by mental health due to trauma and current instability; desired outcome = provide services early
 - Deliverables
 - School instruction on trauma
 - \$ for more support staff
 - \$ for space and supplies to support these activities
- Priority Area 3 – Recovery Supports Workgroup
 - increase input from actual service-users in all aspects of decision-making including rural, BIPOC, LGBTQ+
- Priority Area 4 – LAC Workgroup
 - Assess local advisory councils across state
 - Determine LAC needs
 - Develop strategic workplan for supporting LACs
 - Coordinate workgroup efforts
- Priority Area 5 – Integrated Care and Access Workgroup
 - Mandate health plans (private and public) measure # days to see psychotherapist
 - Measure initial access to prescribers
 - Mandate secret shopper surveys focusing on access and share results
 - Is this legislative or grant making?
 - Both – funding is legislative ask and RFPs are for positions to do this work; mandates indicate legislative request
 - May also need to go to MA/MCO Team – health plans contact
- Priority Area 6 – Integrated Care and Access Workgroup – Parity focus
 - Coverage and wait times for mental health are on par with physical medical care; this aspect needs to be built into every RFP
 - Could do deeper dive on this across the board
- Priority Area 7 - Integrated Care and Access Workgroup – embed mental health care into all aspects of health care – part of primary care
 - This is both policy and grant
- Must submit priority areas to BHD - all priority areas will be sent to Behavioral Health Division as recommendation for inclusion in grants/RFPs. A few will also be included as legislative policy recommendations: for children's mental health, review licensing rules that are holding back development of new services; enforce mental health parity; Mandate that health plans (public and private) routinely measure and publicize the average number of days it takes for a new patient to be seen by a psychotherapist (subcategorized by child/adolescent (less than 18 years of age) or adult (18 years and older)).



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

- It is also very important that RFPs are not written in a way to exclude organizations from applying; a specific focus must be placed on the applicant eligibility requirements to ensure BIPOC organizations have ability to apply
- 2022 Governor & Legislature Report Planning
 - workgroups need to focus on finalizing their recommendations for discussion at the April 7 full Council/Subcommittee meeting
 - Edits and wordsmithing will take place April/May 2022
 - To printer June 1
 - Must ensure report gets to Governor 10/15/2022
 - Due to Chairs of policy committees 11/15/22
 - Recommendations need clear problem statement with actionable items identifying who should take action (Governor, Legislature, specific state agency)
 - Consider the following when developing recommendations:
 - Answer all questions in the Report Recommendations Template
 - Does the recommendation clearly address racial equity in mental health?
 - Does the recommendation address current social, cultural, whole family and person-centered needs?
 - Is the recommendation clearly defined with understandable background information and expected outcomes?
 - Does the recommendation contain enough detail to be clearly understood by someone not in the mental health field/education/corrections/etc.?
 - Is the recommendation feasible at this time?
 - Are all acronyms clearly defined?
 - Discussion of Televideo recommendation (Claudia – Integrated Care Workgroup):
 - Some schools provide linked mental health services
 - Not all schools are amenable to this set up – limited staff time and resources
 - Individual school can decide to offer or not
 - Time and transportation can effect families being able to get student to services
 - RFPs could be submitted for grants for Pera support in classrooms
 - Concerns:
 - must have private place for student
 - would need an adult with the student as they are not meant to be left alone; could be underutilized time for teacher/para
 - co-pays can max out families' health care budgets
 - taking place at school can cut out parental involvement
 - many kids referred are students of color
 - students experiencing trauma may not benefit from virtual visits during the school day
 - rural communities may have only 1 provider for wide array of issues which may not be the case, especially with new and inexperienced providers
 - Benefits:
 - Access to health care



STATE ADVISORY COUNCIL ON MENTAL HEALTH

and Subcommittee on Children's Mental Health

- Have had successful school examples with Wilder, Art of Therapy which require parental permission
 - Could be more cost effective than time for 1-1 psychologist/Dr
 - Consider RFP for FT staff in schools to connect kids with mental health supports and services
 - Do members want copies of this proposal for comment? Yes; endorse for editing by Claudia
- Discussion of Collaborative Care Management Codes recommendation (Michael):
 - Improves outcomes
 - More people get treated due to more efficient process
 - Medicare endorsed
 - CCBHC and BH homes are two places in MN that use this
 - Primary care offices hire person to track
 - Recommendation to mandate DHS has to pay for full suit in whole setting
 - Financial people, not policy, didn't want to pay for it
 - Could include access for rural MN
 - Should be in trusted primary care setting
 - Abbie will get language to members
 - Added: When DHS puts out contracts for MA should also mandate that CC codes must be paid and utilization gets measured to ensure continual improvement
 - Can contracts incentive providers to move toward this model?
 - Consider for future recommendations
- Discussion of Medicaid Reimbursement recommendation (Lisa):
 - Tom Delany and Neerja presented previously on this topic
 - Increase revenue by billing Medicaid for services delivered by social workers
 - Complex discussion requiring ongoing development
 - All special ed-related staff can bill for 3rd party billing services under IEP except for school social workers and mental health care services
 - Education funds being used for these services
 - Would not impact caps for community providers as it's a different billing code
 - Would allow federal funds to purchase OT, PT, nurse, etc.
 - Julie Newer – Dept of Ed –
 - Medicaid is primary payer for IEP services
 - \$56M/year being sought for healthcare related services
 - Burden of additional paperwork for diagnostic assessments, etc. adds to frustration
 - Ask is for seeking Medicaid reimbursement for these services, thereby freeing up those dollars
 - Special Ed is underfunded by state to begin with – only get 17% of monies spent back so is already supplemented by General Funds
 - School services can still happen alongside community services (use different billing codes)



STATE ADVISORY COUNCIL ON MENTAL HEALTH

and Subcommittee on Children's Mental Health

- Currently, individual therapists must apply to MN for additional funding of services if cap is reached
- Mental health records – kept separate from educational records (per FIRPPA)
- Goal is to bill off IP
- Treatment in schools should involve coordination with others in support of the student
- Continue discussion at Schools Workgroup Meeting to clarify nuances
- Have support with edits
- Discussion of per pupil allocation for specialized instructional support personnel recommendation (Lisa):
 - Increase # school nurses, psychologists, counselors, etc. rather than using educational dollars to fund
 - Recommended at last report and want to be consistent
 - approved
- Discussion of workforce diversity recommendation (Lisa):
 - Much needs to be figured out
 - Alternate route to licensure
 - Diversify workforce
 - Workforce shortage
 - Culturally responsive and equitable services available in schools
 - Want to look at how to increase licensure pipeline
 - Review next meeting after sending language – Abbie to send to members
 - Plea to build in cultural relevance into all proposals
- Workgroup updates:
 - State Fair Planning Committee is looking for an artist to design this year's t-shirt for Mental Health Awareness at the State Fair. Send ideas to mhadvisory.council.dhs@state.mn.us
 - Outreach to Cultural Diversity has drafted a "land acknowledgement" for council/subcommittee review. It is proposed that all meetings begin with this acknowledgement. Also want to include training in the practice and invite others to bring practices into meeting spaces. Will route the draft to members for review and comment.
- Next steps and closing – next month will discuss more in detail the proposed legislative recommendations.

Next Meeting:

Date: April 7, 2022
Time: 10:00am-1:00pm
Location: WebEx Only