

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

September 5, 2019 – 11:00am-2:00pm

Location:

DHS Lafayette Building Room 5134, 444 Lafayette Road, St. Paul, MN 55155, Vidyo Telepresence

Attendees:

In Person: Jennifer Pederson, Renelle Nelson, Michelle Schmid-Egleston, Jeff Lind, Alison Wolbeck, Melissa Balitz, Mary Kjosling, Joy Johnson Lind, Steve Huot, Jode Freyholtz London, Sarah Fuerst, Stephanie Hogenson, Jennifer Giesen, Sam Smith, BraVada Garrett-Akinsanya, Dave Lee, Nick Puente, Shelley White, Rozenia Fuller, Abigail Franklin, Sarah Dunne, Allison Stolz, Tom Delaney

Via Vidyo: Michael Trangle, Danielle Lien, Dave Johnson, Kim Stokes, Ed Morales, Holly Compo, Troy Homstad, Barb Caskey, Paul Coughlin

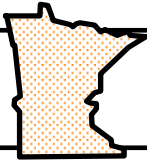
Joint Meeting Notes:

- Welcome in person and via Vidyo! First meeting testing telepresence technology to allow for more active participation even if unable to travel to the meeting.
- 2nd Annual Mental Health Awareness at the State Fair had many more visitors this year than last year even though we had to shut down at 2pm due to the weather.
 - Visitors to the Subcommittee on Children's Mental Health booth were asked: "What makes you happy, what do you do to take care of yourself?" **189 responses** on the Subcommittee tree all about self-care! Spending time with family, friends, and animals makes people happy. Being in nature, reading, and being creative all make people happy. Listening to music and singing make people happy. Walking, hiking, running, and yoga make people happy. Therapy, medication, meditation, and time alone make people happy.
 - NAMI has received over 100 requests for organizations to participate in Mental Health Awareness at the State Fair next year. Will be working to figure out criteria for exhibitors, stage line-up, tent set up, etc over the next year.

*****ACTION REQUIRED: State Fair Feedback Survey to be completed by 9/13**

<https://www.surveymonkey.com/r/HF2WTR9> ***

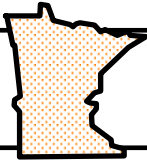
- Telepresence projects:
 - Holly & Paul: 2 year long project for telepresence in jail has increased access to services, saves staffing time by bringing professionals into the jail without them physically entering the jail. Saves money because do not have to pay providers to travel. Opens availability for last minute call-ins for short notice appointments if provider has had a cancellation and there is an inmate need. Provides stable environment for inmates to access services. One drawback is that it is difficult to look at side effects of psych meds



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so providers must rely on nursing staff to look for side effects. For more information about using Vidyo in the jail setting, read the article: [Mental Health Spotlight: Telehealth Unlocks Treatment for MN Inmates](#).

- Use telepresence for emergency appointments, twice monthly psychiatry appointments, vidyo on ipad for outpatient assessments doing up to 5 per week, provider meetings/trainings.
- Questions:
 - What is inmate reaction to using Vidyo? Only one inmate in 3 years refused to visit psychiatrist via Vidyo. Always explain the process to inmates. No provider has had complaints or needed to follow up in person due to technology challenges.
 - How do use nursing staff for follow up on vitals/lab work. Providers will order the work and jail staff will do all of the follow up.
 - Do you use telepresence for acute illness? We try to use the crisis team for this instead but is determined on a case by case basis.
- DOC provides about 17% of appointments via telemedicine. Saves travel time for MDs, can integrate interpreters into telemedicine.
- Barb Caskey = June 2014 Arrowhead Behavioral Health Initiative began a collaboration to explore telepresence in the region, predominantly very sparse/rural areas. 4 counties have lowest population density in the state. Travel to services is a major barrier for accessing care. Telepresence has allowed for improved care, expanded service delivery, and reduced administrative costs. 2015 = 100 users, now 400 users in the region joining the Vidyo network. Huge surge in users now people are more comfortable with technology. Recognize cost savings. One plus is reduced travel time. Pilot project using iPads with Duluth PD. It is secure and HIPAA compliant. Need to link even more providers and expand the network statewide. Mobile crisis is using Vidyo in some instances for RAP. Demoed at State Fair, people loved it!
 - Are there barriers in the terms of equipment or locations of where the technology can be used, specifically in schools? The technology can be used anywhere there is an internet/cell connection (iPad). Barriers in schools include not having staff available to set up the iPad or staff not being comfortable using technology. This is becoming easier with more people using things like FaceTime and other video chat in their personal life.
- Janis Allen = Range Mental Health Center, 13 telepresence supported schools. Biggest barriers = people not comfortable using the technology. If a hospital has Vidyo we can do assessments on the spot in the ER. Trying to streamline process so that people are not falling through the cracks in the system. Have 11 iPads in service in the community for chronically ill folks, has reduced no show rates significantly. Password protection "Locks" the virtual room used to meet with providers. Telepsychiatry has 1 provider who now lives in WI and sees people Mon-Thurs on Vidyo. Also use Vidyo for board meetings, cross agency trainings, interdisciplinary meetings. Over 5000 ITV psychiatry

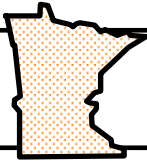


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appointments face to face per year, can do DA via Vidyo which leads to quick access to services. Multidisciplinary meetings from multiple states and localities.

- Any payment issues with insurance for telepresence appointments? None of note at this time.
 - Are there services that cannot be billed via Vidyo? Not aware of any. Have been successful at billing assessments, crisis. We are doing teletherapy via iPads. We could do ARMHS but have not used telepresence.
 - Systems of care grant – Troy Homstad – connects rural families with PRTFs and transition children back home. Trying to figure out the infrastructure with schools and in home technology can pose challenges.
 - No financial cost with charters with State of Minnesota for Vidyo network. What is the long term plan for funding Vidyo? Concerns about security of the system and how will the privacy issues affect cost. See the attached document, Telepresence Future in Minnesota.
- Review Statute 245.697 <https://www.revisor.mn.gov/statutes/cite/245.697> - The State Advisory Council on Mental Health shall: (1) advise the governor and heads of state departments and agencies about policy, programs, and services affecting people with mental illness; (2) advise the commissioner of human services on all phases of the development of mental health aspects of the biennial budget; (3) advise the governor about the development of innovative mechanisms for providing and financing services to people with mental illness; (4) encourage state departments and other agencies to conduct needed research in the field of mental health; (5) review recommendations of the subcommittee on children's mental health; (6) educate the public about mental illness and the needs and potential of people with mental illness; (7) review and comment on all grants dealing with mental health and on the development and implementation of state and local mental health plans; and (8) coordinate the work of local children's and adult mental health advisory councils and subcommittees.
 - Discussion points:
 - What is our charge?
 - How are we doing? What is going well?
 - How can we do better? How do we increase active participation?
 - Workgroups – what are your current tasks? What other topics should workgroups be discussing?
 - How do we make all of the work we do more relevant?
 - Challenges: sometimes DHS does not communicate and is closed to receiving information/feedback making Charge #2 very difficult. LAC workgroup does not have the capacity to support all 87 local advisory councils (#8) and needs more DHS support to do this. SAC/Subcommittee charge is clearly defined by legislation but does DHS / legislature have a reciprocal charge? How do we know that anyone is hearing our recommendations? Valuable role of oversight in MH grants – how do we get more involved in the grant making process at DHS (#2, #3, #7)?



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- Need to review previous legislative recommendations to see what has been implemented, why things were not included and any gaps that still exist. Council Staff will draft crosswalk of recommendations and legislative changes over past few years for review at future meetings. Also will review to see what recommendations require legislative action vs DHS decision to implement change.
 - Recommendations: utilize the Mental Health Legislative Network to push legislative recommendations forward; each workgroup find a “legislative champion” for their priority area. Hold press conference to present legislative recommendations. Network with others, always take information from these meetings to other coalitions/councils we are a part of. Meet with legislators on a regular basis to discuss the work of the council. Have talking points about the work of the council. Participate in bigger events that educate the community about mental health (Charge #6)
- Next steps: Chairs will draft a yearly workplan to guide our goals. This will be reviewed at October meeting. There is support for combined SAC/Subcommittee meetings in order to be productive in our work efforts; will be discussed at next meeting

Next Meeting:

October 3, 2019

DHS Lafayette Building

Room 5137

444 Lafayette Road, St. Paul, MN 55155

Vidyo Telepresence L5137 request access from abigail.franklin@state.mn.us

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