



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

April 7, 2022 – 10am-1pm

Attendees:

State Advisory Council on Mental Health Members: Alison Wolbeck, Amanda Larson, Amy Jones, Angie Schmitz, Anna Lynn, Ashwak Hassan, Barb Weckman-Brekke, Beth rewet, Claire Courtney, Claudette Larson, Claudia Daml, Cynthia Christensen, Dave Lee, Ellie Miller, Eren Sutherland, Jennifer Springer, Jennifer Yang, Jode Freyholtz-London, Mary Kjolsing, Michael Trangle, Pa Kong Lee, Rodney Peterson, Shanna Langston, Abigail Franklin

Subcommittee on Children's Mental Health Members: BraVada Garrett-Akinsanya, Cici Hughes, Corey Harland, Danny Porter, Donna Lekander, Jeff Lind, Jennifer Bertram, Kim Stokes, Lisa Hoogheem, Maleenia Mohabir, Nicole Frethem, Sarah Fuerst, Stephanie Podulke, Tom Delaney

Guests: Ari Dionisopoulos, Erin Bailey, Melissa Dau, Sarah MapelLentz, Shannah Mulvihill, Sheena Denny, Tanya Carter, Alliant Consulting – Kelly, Lea, Mary, Toni

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
 - Approved January meeting minutes
 - Approved March Meeting Minutes
- Land Acknowledgement and Declaration of Commitment – Dr BraVada Garrett-Akinsanya
 - Group is to be vigilant in monitoring policy and practices that may be harmful to BIPOC groups. This statement will be read at the start of every meeting. Commitment Acknowledgement statement will be sent to committee members. Commit to dismantle systemic racism and structural racism within the decisions the group is making.
 - Thank you to everyone for being respectful and making her feel included. It is important the group looks with an equity lens when identifying issues and solutions for implementation. Worked on document to be a guiding principle toward the work the group is doing.
 - Land Acknowledgement and Declaration of Commitment attached at end of these meeting notes and will be published on Council/Subcommittee website
 - Comment from Dave Lee: Congratulate and commends the group on the work went into developing this statement. It is important the group has a responsibility to how money



STATE ADVISORY COUNCIL ON MENTAL HEALTH

and Subcommittee on Children's Mental Health

is spent on mental health within MN is in this statement. It is important how this group can impact how resources are distributed to all groups.

- Approved by the group to include the Land Commitment Acknowledgement Statement in the report to governor and the legislator.
- State Agency Updates:
 - Governor's Children's Cabinet – Erin Bailey, Assistant Commissioner and Executive Director: The Children's Cabinet goal is to align people, money and data around children's needs with cross agency alignment. The goal is to insure children's health and wellbeing in Minnesota under the One Minnesota plan by the Governor. The Children's Summit held in January was focused on mental health and wellbeing. This council can serve as a consultant body to the Children's Cabinet. State Advisory Council can be an important player in this role.
 - Children's cabinet worked with agencies to coordinate the \$5.1B that is committed to children's needs. Goals around racial disparity, mental health, childcare and early childhood education. \$2.6 B is committed to these programs. Home visiting support is included in this package. Hunger & Food Insecurity package aimed at schools. Free lunch and breakfast. Feeding each and every kid. Family preservation. Housing package. Expansion home work starts with home. Unstable housing providing additional resources to support those families. Providing rental assistance. \$212 M package for mental health. \$12.6 M for mental health for \$17M inpatient & psychiatric Mental Health screening. Additional support for school personnel \$77 M focused on this area. Workforce behavioral health is trying to expand this pool of providers. The month of May is Mental Health month – Need more conversations about how additional programs and events will meet the Children Cabinet's goals. Erin can share the proposals with the group.
 - Comment/Question: Are the proposals getting traction with the legislators?
 - There is traction and interest in expanding the workforce within schools to help students. Has met with Principals groups to raise awareness and support for the programs.
 - Comment/Question: Appreciate efforts from the Governor toward mental health. Concerned the State Advisory Council on Mental Health is only mentioned once in report. Subcommittee on Children's Mental Health is not mentioned. This group has incredible expertise. This resource is underutilized. Sponsor Mental Health at State Fair. Asked for Governor to speak and issue a proclamation.
 - Erin will speak with Governor about proclamation and how this group can be utilized more. If this group has comments on the report from the Children's Summit they can be included to add to the report. A [link](#) to the report was previously shared. Abbie will coordinate with members to add comments to the report and give to Erin.
 - Comment/Question: What are we specifically doing as both a children's cabinet and our advisory council to garner support in the Senate for bills that address and work to improve mental health (in particular for youth in schools)?



STATE ADVISORY COUNCIL ON MENTAL HEALTH

and Subcommittee on Children's Mental Health

- Worked to bring youth voices to the table, working with telling stories from different communities to get information to the Senators. She is their partner in getting more voices to add to the report. The Advisory Council comments should be included within the report.
 - The Children's Cabinet has worked and coordinated with interagency groups before the legislator to help shape legislation.
 - Comment: Reviewed the legislative agenda versus what was raised at the Children's Summit. As a state MN has actively avoided data collection to not make the changes required. Diversity commitment recommendations – challenges regarding data collection due to privacy issues. Juvenile Justice issues for African American juveniles not being screened before incarceration, but not having the data collected to address the disparate impact of policy within these communities.
 - Question: Will the Children's Summit be repeated?
 - Unsure at this time. Discussion has been around the Tribal Communities having a separate summit.
 - Comment: Need centralized data collection system for mental health issues for juvenile justice issues. Erin is willing to support connecting Cici to work on this.
 - Comment: Parents concerned about not wanting mental health history intertwined with schools reporting.
 - Data collection will need a balance of how this handled.
 - DHS: Jennifer Yang is now the Acting Assistant Commissioner for the Community Supports Administration. Neerja Singh is now Acting Director for the Behavioral Health Division. There will be a press release soon about changes happening and the creation of a Recovery Director.
- Request for Proposal (RFP) Involvement Process – Abigail Franklin
 - [Minnesota Statute 245.697](#) assigns the following duties to the State Advisory Council on Mental Health: advise the governor and heads of state departments and agencies about policy, programs, and services affecting people with mental illness; review and comment on all grants dealing with mental health and on the development and implementation of state and local mental health plans
 - Thank you to those who reviewed the CCBHC RFP; it will be posted for applicants soon.
 - Thank you for those who have volunteered to review submitted HSASMI (Housing Supports for Adults with Serious Mental Illness) grant proposals. Gary Travis will be in contact with you with more details
 - Priority areas discussed last month submitted to BHD Contracts Team
 - Council/Subcommittee's participation can help decide how funds are spent by serving as a reviewer on the RFP process. Members play an important role in this process.
 - Will continue to share draft RFPs with members for comments. Be sure to use an equity lens to ensure the RFPs reflect the group's commitment to serving all communities equitably.
- Mental Health Legislative Network Updates – Shannah Mulvihill



STATE ADVISORY COUNCIL ON MENTAL HEALTH

and Subcommittee on Children's Mental Health

- Grant program for organizations to pay for supervision of incoming training of mental health professions (interns and clinical trainees). Critical need to help increase the workforce while not being a financial burden on organizations.
- 988 (suicide prevention hotline) is part of the Department of Health budget proposal. Initial proposal for funding is a telecom fee \$0.12/phone bill. Using the fee model will help make sure the lifeline centers are fully funded. The 988 line will debut in July.
- Additional funding for school-linked mental health
- Shelter-linked mental health grants have been very successful in helping families who are homeless get the mental health services they need for their children.
- Senate bill proposes establishing grants for mental health Urgency rooms with a focus on serving children/youth under the age of 25. This is problematic because it isn't a lack of access to assessments preventing services but nowhere for youth to go for the services. A better use of funds would be to establish more crisis beds and other services to meet the increasing need for mental health services by children.
 - Comment: In rural areas, this might be a good option because at least it is somewhere to go to start the process of getting services
- Competency restoration in criminal justice is also being discussed
- Encourage group to reach out to legislators regarding the pending bills.
 - Question: If school linked mental health bills go through, what is the estimate of how many schools they would impact?
 - Will need to find that information and share later
 - Question: Is the Urgency Room proposal the same as the EMPATH program at Fairview to decrease inpatient hospitalizations?
 - No, this is an Urgency Room specific for mental health where you would be assessed for services.
- 2022 Govern & Legislature Report, Review Proposed Recommendations – Michael Trangle
 - Writing recommendations is only one step in the process. Need a formal process to review previous recommendations and actions taken on those recommendations
 - Currently we are writing the recommendations. Then there will be time to plan communications and strategies to lobby legislators for action. The report is for session that begins Jan/Feb 2023.
 - Abbie will draft process to track recommendations and assigning responsible task owners
 - Mental Health & the Schools
 - Leverage existing federal Medicaid funding to expand Individualized Education Program and Individualized Family Service Plan (IEP/IFSP) for school-based mental health services.
 - Schools are already doing this work and leaving money on the table. Schools have a legal mandate to use the required documentation and billing codes. Schools should look at this as a partnership with community providers. IEP/IFSP are the same for schools and community providers. Make this consistent and comprehensive.



STATE ADVISORY COUNCIL ON MENTAL HEALTH

and Subcommittee on Children's Mental Health

- Directly connected to the public sector versus students within a private school setting. A disconnect when services are not readily available in a public-school setting.
- Difference within the home setting versus the school setting on when students display different behaviors.
- Schools don't have difference between private and public. Same requirements for schools as within the community providers. Siloing and separation. Leveraging availability federal funding. Do ton of assessments within schools, but don't coordinate care with all providers. Coordinated care is critical. Disciplinary issues within schools raise the mental health issues. Over \$10 M dollars are available and are not being used. This needs to be culturally informed.
- Yes to include in report
- Please review the FAQs attached and send comments to Maleenia
- Permanent per pupil allocation for specialized instructional support personnel and training
 - This includes school psychologists, social workers, etc.
 - Yes to include in report
- Integrated Care & Access:
 - Collaborative Care Model
 - Care managers work with primary care doctors as the go between to help educate patients and ensure they do not get lost to follow up. Care managers are advised by psychiatrists. Minnesota is currently not paying for this model
 - Yes to include in report
 - Telehealth access for Minnesota students
 - Some form of access to mental health services in schools is important. Struggles in rural MN for providers. In person in schools is the gold standard, but having this telehealth resource could help the schools. Providing spaces for telehealth treatment within the schools would help students needing mental health services.
 - Significant research regarding the efficacy of this service for students using telehealth. Good data to support this program, but not for every student.
 - Yes to include in report
- Mental Health & Juvenile Justice:
 - Elimination of Mandatory Life Without Parole for Juveniles and Reduction of Children being Treated as Teenagers
 - MN still has laws which allow the state to sentence children to life without parole. Children 12 and younger should be treated differently versus children 13 and older. Two partner bills in legislature to eliminate this within the system. Mandatory life without parole. Second bill reduction of children being treated as teenagers. Recommend these



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

partner bills be combined based on the research on brain development of children and teens.

- Yes to include in report
- Mental Health Services and Centralized Data Collection System for Juvenile Justice System
 - Data collection is not centralized, not easily accessed, not consistent across all entities. NAMI is working on this too. Actions revolve around data. Need same definitions across all data collected. Demographic information. Where the offenders are being sentenced? What number of BIPOC members are going to community programs versus to being incarcerated? Protections needed on HIPAA. Need more to be able to make it consistent.
 - Having a data system will allow actionable information. Anecdotal info is not enough.
 - Add the following to the recommendation: Acknowledge, monitor, and address the racial disparities of youth in the juvenile justice system by disaggregating data in terms of system involved youth, updating the juvenile justice process to be more person-centered including more opportunities for diversion, mental health services, and engagement in voluntary treatment.
 - Yes to include in report
 - Question – Is there a program for adults to have a 48 hours rule regarding treatment for mental health. This is if the person has been committed for treatment. This rule has big impact in system capacity to treat all patients who need services.
- Recovery Supports:
 - Create one Minnesota board responsible for curriculum, certification and support of all Peer Support training, reporting, CEU management and quality compliance
 - Different entities oversee the various peer support trainings: Mental health peers certified through Recovery Innovations; Recovery Support Specialists certified through MN Recovery Board; Family Peers; Forensic Peers
 - Proposal brings peers together under one entity to track certifications, manage CEUs, and oversee fidelity
 - Recovery Support Specialists work in the substance use world. Peer Support Specialists work in the mental health world.
 - Training is different for all these different peer specialists. Curriculum is MN owned. What it means to be a peer support specialist. Breakdown the silos to make it easier to serve people. No cultural training within the programs. Self-care is missing for providers. Self-care piece is important. Create the curriculum that is universal for all peer specialists



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

- regarding MN programs. Then specific curriculum for their chosen peer programs.
- Yes to include in report with additional language to include the creation and funding for a Peer Support Board to oversee the curriculum or collaboration with an existing board to take on all of the Peer programs
- Increase employment support for individuals with mental health barriers to employment
 - Same language as included in 2020 report
 - Yes to include in report
- Increase access to affordable housing across Minnesota
 - Same language as included in the 2020 report
 - Yes to include in report
- Local Advisory Council:
 - Update Local Advisory Council statutory language to include the different types of facilities that may serve individuals in their communities and update language regarding the representatives who should serve on the LAC to be more inclusive of the diversity of communities and ensure that BIPOC and other underserved individuals are represented on the LAC
 - Broaden the language to include all facilities versus regional treatment facilities as not all communities have a “regional treatment facility”
 - Concerns regarding hospital providers cooperation versus required inclusion in the LAC
 - Need buy in to diversify the LACs. Don’t penalize counties that lack the diversity within their communities or use the words “must include.” Cleaning up language to make it as inclusive as possible without being authoritative.
 - Current statutory languages uses the words “must include.” There is no penalization for counties with LACs that do not meet what is outlined in statute. Will do additional work on this recommendation and then bring it back for further discussion
- Family Systems, Prevention, Intervention, and Supports
 - Expand Access to Wraparound through the System of Care Initiative
 - Expand Family Peer Support Opportunities
 - Concerns that training has been suspended for Family Peer Support
 - Currently a training underway that began on 4/4
 - Much more investment is needed for Peer Support programs that is intentional and sustainable. Those who are incarcerated as well as foster families could benefit from peer support.
 - Suggestion to combine this with the recommendations from the Recovery Supports workgroup.
 - Will work with Recovery Supports workgroup to see how to incorporate this into a combined recommendation for all Peer Support activities
 - Grow Family Support in Schools
 - Expands on the FAST model



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

- Yes to include in report
 - Build Community Initiated Care to support young people and families
 - Expanding community-initiated care – Living Life to the Full – offered to families, individuals – WRAP – Wellness Recovery Access Program, Kente Circle – Mental Health and Wellness. Start building infrastructure. Review of different models, guidelines and how they connect people to higher models of care. Exploring sustainable funding. Not just using grants. Invest in prevention.
 - Yes to include in report
 - Outreach to Cultural Diversity:
 - Will share recommendations via email
- Next steps and closing – next month will discuss more in detail the proposed legislative recommendations.

Next Meeting:

Date: May 5, 2022
Time: 10:00am-1:00pm
Location: WebEx Only