



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

December 3, 2020 – 10am-1pm

Attendees:

Mary Kjolsing, Angie Schmitz, David Nathan, Michael Trangle, Beth Prewett, Claire Courtney, Kim Strand, Kim Baker, Linda Hansen, Dave Lee, Michelle Schmid-Egleston, Ari Disanopolis, Cynthia Christensen, Ken Moorman, Michael Gallagher, Shanna Langston, Amy Jones, Lisa Hoogheem, Addyson Moore, Jennifer Pederson, Kim Stokes, Donna Lekander, Jennifer Bertram, Al Levin, Rozenia Fuller, Cecilia Hughes, Dave Johnson, Maleenia Mohabir, Tom Delaney, Bravada Garrett Akinsanya, Dawn Ammesmaki, Jeff Lind, Meredith Jones, Anna Lynn, Claudia Daml, Claudette Larson, Sam Smith, Rodney Peterson, Angie Schmitz, Ashwak Hassan, Ellie Miller, Gertrude Matemba-Mutasa, Helen Ghebre, Tanya Carter, Renee Edelhauser, Abigail Franklin, Tabatha Amundson, Mariah Larkin

Joint Meeting Minutes

Welcome, Approved Minutes, Approved Agenda

Check in with members, updates, how are you doing, coping tips, COVID concerns

- How are you managing 9 months into this pandemic both personally and professionally?
 - Teacher is concerned about children and their mental health. All the changes between digital and in-person schooling have caused confusion. We have not taken the time to pause and give kids a platform to talk about how they feel right now. Concerned about fallout. We (schools) need to be proactive instead of reactive to the needs of students.
 - We are all burned out, need to share public health messages/resources to all families to help them manage. This is not just for those with a mental health diagnosis but also for everyone.
 - The cost of care is a concern for many. If insurance companies waived fees for mental health services related to COVID stressors, this would allow people to have greater access to care.
 - Right now therapy is crisis management, asking how are you doing in this moment. People need a safe space to talk. School linked mental health services have been a great thing.
 - Dr. BraVada is trying to get the word out about serving those who are uninsured/under insured. The community is ravaged by COVID; it is painful every week to know about another death. We need more funding to do our work. BIPOC providers/community is worse off but also the last to get resources. Systemic barriers exist to getting funding; have not heard back from DHS about COVID relief grants. Would like to create a series of Town Halls/Healing Circles/listening sessions for children and elders in the community.
 - Kids are not engaging with others right now. They are not well enough to engage with school in a remote setting.
 - Ever-changing restrictions are confusion.
 - Our MDE 2020-2021 planning guidance for schools emphasizes recognizing the traumatic aspects of the pandemic, school closures, etc. It is available on our [website](#).



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- Per MDE, schools can use their planning days allowed under the Governor's Executive Orders to plan for student engagement as well. Individualized student planning for prevention of crisis is also possible, especially for students who need individualized behavioral supports. As a state agency, we provide the priorities and guidance, and then work to support local level action planning to help students and their families. School-linked mental health grants are awesome! An important part of making a real local level comprehensive school mental health system a reality for kids and families.
- I think the big "change" in this pandemic is that now EVERYONE is struggling with these issues that those with mental health have been dealing with (in a more severe form) for quite a while.
- What things are you aware of that are helping people cope, find support, or get needed help?
 - St. Paul Public Schools – teachers wanted more mental health supports for students during their last round of contract negotiations. There are now mental health teams in ALL SPPS schools but they are still figuring out the details. There is a lot of secondary trauma in schools right now.
 - We need to pay close attention to educators and their mental health needs
 - When MDE interviewed school districts on the factors in providing high-level behavioral supports to students, staff health and morale was a huge factor.
 - People are picking up new hobbies – Sam plans to try ice fishing this winter as a way to cope.
 - NAMI has online support groups for individuals and families.
 - In Beltrami County, Social Emotional Learning (SEL) activities were implemented prior to the pandemic that included the development of calming rooms in elementary schools. Now schools in Bemidji have created [virtual calming rooms](#).
 - ISD 728 has also created a [virtual calming corner](#).
 - [Just Breathe video](#) by Julie Bayer Salzman and [Mindful Schools videos](#)
 - [Change to Chill](#) is a really nice website for teens started during COVID
 - PACER Center has some COVID specific resources that may be helpful related to school: <https://www.pacer.org/special/covid-19.asp> And here are some specific resources related to social/emotional learning and children's mental health: <https://www.pacer.org/cmh/covid.asp>, including some wonderful videos of our Youth Board members
- Given that we represent all of Minnesota as the State Advisory Council on Mental Health and Subcommittee on Children's Mental Health, what thoughts or recommendations do you have on what we could be doing?
 - Creating PSAs to remind people we are in something we've never been in before and give basic coping skills for all.
 - Share resources you have with others!
 - Improve awareness around what mobile crisis teams can and cannot do.
 - Partner with other organizations for outreach. Examples: Stairstep Foundation (Babbington Johnson) played a critical role in getting COVID testing into urban communities. MN Black Nurses Association did COVID testing during voter registration



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- and feeding people on site. Churches are open as a resource. Need to connect with faith-based communities.
- Engage the Governor's Office around COVID 19 vaccine distribution – need to prioritize getting this to mobile crisis teams, clinic and community-based mental health providers, homeless outreach workers, etc.
 - Need to follow up with DHS about grants. There needs to be an equitable distribution of funds, not just funds going to big organizations that have the grant writing resources.
 - How do we help communities navigate the RFP process, specifically in the BIPOC community?
 - Would like a workshop on grant writing/responding to RFPs
 - The Council/Subcommittee needs to stay in close communication with DHS for participating in the RFP process as written in our [statute](#).
 - DHS Assistant Commissioner Gertrude Matemba-Mutasa is looking at the list of current grantees, big names are the ones receiving funding. Disappointed to hear that people are not getting the communications about RFPs.
 - Going to proactively reach out to all members to ensure you are signed up to receive RFP notifications and will work with team to ensure outreach is happening
 - [Open Grants, RFPs, and RFIs](#) – includes link to sign up for regular updates
 - DHS will help organizations by providing Technical Assistance for writing the grant proposal.

2020 Legislative Report – Next Steps Planning Discussion

- Report submitted electronically to Governor, Legislature, and DHS
- Posted on our website: full report, executive summary, and top priority
- Following internal DHS process for printing
- Identified Next steps:
 - Submit to incoming members of State Legislature and heads of ALL State Agencies
 - Members share with community partners
- Other next steps and who is responsible:
 - Before session starts 1st Tuesday in January, contact your own senator/representative and talk about whole report – all members
 - The asks will be different for each Representative/Senator depending upon their committee membership
 - Report back in February about the meetings you have had with representatives/senators
 - By December 18th:
 - Share with members who represents you – all members send info to mhadvisory.council.dhs@state.mn.us
 - Each workgroup create talking points about the recommendations you created and what is the ask about the recommendation – send to mhadvisory.council.dhs@state.mn.us



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- Share personal stories – all members send to mhadvisory.council.dhs@state.mn.us
- Prioritize reaching out to House committees first: Health Finance and Policy (Liebling); Preventative Health Policy (Freiberg); Human Services Finance and Policy (Schultz); Behavioral Health Policy (Fischer).
- Send report and talking points to Committee Administrators and Legislative Assistants
- Rozenia will reach out to Sam/Claudia re: conversations with representative/senators
- If know of organization that could be a partner in writing a bill to support these recommendations – advocacy groups, key stakeholders (Aspire MN, MN Farm Bureau, etc.) – reach out to the organization
- Council Intern will create a crosswalk of member districts and their Representatives/Senators committee membership
- Pacer Center has resources about how to share personal stories to decisionmakers: "[sharing your story](#)," [power of a parent story](#), [working for change](#).
- For next report (Due October 2022), we need to be much more proactive about planning our outreach. Also, need to clue new members into this being a role they play on the Council/Subcommittee.

Next steps and closing

- Integrated Care & Access – Changing this workgroup meeting time to 3rd Tuesday at 8am
- Need to figure out how best to partner with the Governor's Children's Cabinet, members of the Subcommittee are on the cabinet, Abbie working on improving communication with the coordinator.
- Mental Health Awareness Day at the State Fair planning to begin in January. Meetings will be the Wednesday afternoon before full Council/Subcommittee meetings from 2-3pm via Zoom. This is an event spearheaded by Dave Lee and co-sponsored by the Council/Subcommittee and NAMI-MN.
- Next Meeting 1/7/2020, 10am-1pm, there will be new members of the Subcommittee beginning at this time
- Submit your workgroup meeting notes to mhadvisory.council.dhs@state.mn.us by end of day 12/7
- Submit meeting invoices to mhadvisory.council.dhs@state.mn.us, reminder you can claim per diem for workgroup meetings
- Tabatha Amundson will be filling in for Abbie while on leave beginning January somethingth

Next Council/Subcommittee Meeting:

Date: January 7, 2021
Time: 10:00am-1:00pm
Location: [WebEx Only](#)



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Request:

Submit written updates from your Agency/Organization/Community about current mental health activities by 9am on the day of Council and Subcommittee meetings. These written updates will be included in meeting minutes.

Reminder:

More information about the State Advisory Council on Mental Health and Subcommittee on Children's Mental Health, including meeting minutes, reports, and membership lists, can be found online:

<https://mn.gov/dhs/mh-advisory-council/>



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Updates from state agencies:

DEED / Vocational Rehabilitation Services (VRS):

- VRS is the public vocational rehabilitation (VR) program in MN. It is a Federal program operated by the State of MN under the umbrella of the Department of Employment and Economic Development (DEED). Funding is 80% Federal with a 20% state match. Most VRS offices are in CareerForce Centers across the State. VRS staff continue to work virtually during this Pandemic as do most DEED employees who are in Telework status. Minnesotans who are disabled and are having difficulty finding employment should access resources on CareerForceMN.com. You can find additional resources for job seekers with a disability on [DEED's website](#).
- **VRS Opens Priority for Services.** The Rehabilitation Services Administration has approved VRS's updated state plan and the opening of priority for service categories #2 & #3. Both of those categories were opened beginning on Monday, Nov 30th. Priority for Service categories are required by federal law when a VR program can not meet the needs of all people with disabilities in their State. Minnesota VR has been on an order of selection since the early 2000s with 3 of 4 categories closed since 2014. Now MN VR will have 3 of 4 categories OPEN.
- **The 14th Annual Veterans Career Fair was held virtually this year** cohosted by DEED and the MN Department of Veteran's Affairs (MDVA). Nearly 200 veteran-friendly employers from around the state participated and over 800 job seekers registered for the event! DEED, through CareerForce Veterans Employment Services, offers career exploration, assistance transferring military skills to civilian jobs, resume writing and other specialized employment services. Find out more on the [Veterans Resources page](#) on CareerForceMN.com.
- DEED's **Labor Market Information (LMI) Office released their quarterly edition of the magazine Trends.** Check out the [economic trends](#) on Minnesota's labor market.
- DEED **celebrated Launch Minnesota's One Year Anniversary on Wednesday.** [Launch Minnesota](#) is a statewide collaborative effort to accelerate the growth of startups and amplify Minnesota as a national leader in innovation. It began last year with bipartisan approval and funding from the Minnesota Legislature and Governor Tim Walz.
- DEED launched the **#GetTakeoutMN** social media campaign encouraging Minnesotans to buy takeout and promote their favorite local eateries online.

DHS:

New Behavioral Health Division Director, Paul Fleissner began in December. He joins MDH from Olmsted County.

Department of Corrections (DOC):

No updates submitted

MDE:

MDE is working with Wilder Foundation to develop learning modules for educators on mental health topics:

- Destigmatizing the Face of Mental Illness
- The Impact of Trauma on Brain Development



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- Self-Care and Personal Wellness

MDE continues to participate in the national School Mental Health Collaborative Improvement and Innovation Network (ColIN) with a second cohort of schools in 2020-2021. Participating school districts include Northeast Metro 916, Rosemount-Apple Valley- Eagan, Stillwater, Parkers Prairie, South Washington County Schools, and Mounds View. Each district has completed the district quality assessment and school mental health profile. They have identified the domain where they see opportunities for improvement and they have completed their first Plan-Do-Study-Act improvement plan and monthly data collection. MDE is partnering with MDH to support school access to Kognito At-Risk. In addition, suicide prevention coordinators will be using the School Health Assessment and Performance Evaluation (SHAPE) with school districts in their regions across the state. MDE will provide support to MDH to implement their own ColIN.

MDE received a five-year Project AWARE (Advancing Wellness and Resiliency in Education) grant award to build or expand the capacity of MDE and three local education agencies to:

- Increase awareness of mental health issues among school-aged youth;
- Provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and
- Connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance or serious mental illness), and their families to needed services.

AWARE grant Partner districts are: Redwood Area Schools, Intermediate District 287, and North St. Paul-Maplewood-Oakdale. The AWARE grant will also expand upon previous MDE and interagency school-based mental health by implementing evidence based programs (EBPs) which will positively impact student mental health across the continuum from prevention to treatment services. The following evidence based programs will be implemented throughout the grant: Interconnected Systems Framework (ISF) includes the following three tiers:

Tier 1: Prevention and promotion

- Trauma Informed Schools and ACES training for all school staff
- PBIS and other prevention activities
- Youth Mental health first aid (YMHFA) and Sources of Strength (SOS) training
- Social Emotional Learning supports

Tier 2: Early Identification

- Targeted screening and parent education
- Individual and/or group progress monitoring
- Small group interventions – Cognitive Behavior Intervention for Trauma in schools and Bounce Back

Tier 3: Intensive Intervention

- Individualized assessment, intervention plan, and wrap-around family supports
- Care coordination via SLMH and telehealth
- Collaboration between LEA and mental health provider



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MDE is hiring a project coordinator, evaluator and a trainer, see attached information.

MDH:

No updates submitted

Minnesota Housing Finance Agency (MHFA):

No updates submitted

Workgroup Minutes:

Family Systems, Prevention, Intervention, & Supports

No meeting notes submitted

Integrated Care & Access

11/17/2020

- The group met from 8-9 AM. The time was switched to 8-9 AM on the 3rd Tues. of each month so that Claudia can attend.
- The minutes were approved with one correction. Kim Strand was not the individual whose sister has a compelling story. Could that person please let us know who they are and the gist of the story.
- We discussed the talking points created so far and the group unanimously endorsed Claudia Daml's example as a template to be replicated for our other areas. See below:
 - **Title:** Pilot Program to Enhance the Representation of BIPOC (Black, Indigenous, Person of Color) Mental Health Professionals in Settings that Serve BIPOC populations.
 - **Problem Statement:** There is a shortage of mental health professional of color in some agencies that serve diverse communities.
 - **Recommendation:** It is proposed that a loan forgiveness pilot program be instituted to attract and incentivize BIPOC mental health professionals to obtain employment in agencies that are working to increase diversity in their professional representation in order to provide the best care they are able to within their community.
 - **Expected Outcomes:** The expected outcome will be an increase in professionals of color in mental health agencies that serve diverse clientele. Mental health agencies will be more representative of the communities that they serve.
- Dave Lee, Cynthia and Courtney agreed to further revise their talking points on tele-medicine along these lines with a turn-around time of about a week so we can review them in the larger group meeting
- Michael Trangle and Mary Kjolsing agreed to do the same for the talking points related to parity and access.
- Sam Smith and Claudia will do the same for workforce issues.
- The group discussed future actions once the talking points are finalized. They include:
 - Each member of this workgroup reaches out to their MN Senator and Representative in December to introduce themselves if necessary and share the recommendations of the



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Advisory Council and Subcommittee and say that we'd like to follow-up later to discuss a few key details later.

- we follow up with them in Jan. with a couple/few talking points.
- once we know what which Senators and Representatives are on key committees, we send our key talking points to these members
- We reach out to members of our committee and subcommittee, friends neighbors, fellow advocacy organizations (such as Mental health MN, NAMI, etc.) to solicit personal stories.
- No updates yet from the Racial Equity Committee (but Sam Smith who is our representative there will have one for our next meeting
- At this time we will intently follow the upcoming state budget update and strategize how to best mitigate the upcoming cuts.
- We learned about a recent meeting of East Metro mental health organizations brainstorming how to increase beds and intermediate resources in the region.

Local Advisory Council

Date: DECEMBER 2, 2020

Chair: PASTOR, ROZENIA HOOD FULLER, MDIV

Attendees: PASTOR, ROZENIA HOOD FULLER, MDIV- SACMH LAC CHAIR-OLDER ADULT REP, ALISON WOLBECK- SACMH-LAC CLAY COUNTY/ MOORHEAD MN LAC, KIMSTRAND (SPECIAL GUEST NATIVE AMERICAN TRIBAL REP)

Workgroup Goals: WHAT NEXT? (QUESTION FORM LAST MEETING)

Agenda / Current Tasks:

- 1.) REVIEW 2020 SACMH LAC LEGISLATIVE ASK DOCUMENTS
- 2.) RETRIEVE ELECTRONIC COPY OF LOCAL ADVISORY GUIDE BOOK
- 3.) CONVERSATION ABOUT CREATING NEW LETTER OR UPDATING OLD LETTER?

Discussion:

2021 STATE FAIR MH DAY AT THE FAIR? AW

WHERE DO WE FIND AN E COPY OF THE SACMH LAC GUIDE BOOK ? RF

SACMH 2020 LAC ASK? INTEREST EXPRESSED IN HOLDING DHS & MDH ACCOUNTABLE? AW

SHOULD THERE BE A NEW DRAFT /UPDATED DRAFT OF LETTER OR UP DATE OLD LETTER? RF

CHIAR INVITED KIM STRAND TO ATTEND SACMH LAC MEETING & HAVE REP ATTEND WHEN SHE CANNOT. RF

REVIEWED SACMH LAC LEGISLATIVE ASK DOCUMENT EMAILED BY ABBY RF



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WHAT WAY ARE THE NATIVE TRIBES MENTIONED AND RECOGNIZED DHS & MDH, SACMH KS

FUNDING FOR MN LACS TO DO THE WORK AND BE SUPPORTED -KS

MH DAY ON THE HILL 2021 ACTIVITIES OR WAYS TO BE INVOLVED -RF

WOULD LIKE TO REVIEW UN MEET NEEDS OF COUNTIES-RF

GUEST SPEAKERS FROM LACS TO LEAD CONVERSATIONS ABOUT THE IMPORTANT WORK -RF

Action Steps:

EMAIL ABBIE ABOUT ELECTRONIC COPY OF GUIDE BOOK PLACEMENT WITH LAC WEBEX PASTOR, ROZENIA, JAN 6, 2021

MAKE SURE GUEST EMAILED SACMH DIVERSITY INVITE (INVITE HER TO REP SACMH LAC AT MEETING BY CHAIR) PASTOR, ROZENIA, JAN 6, 2021

QUESTION ABBIE ABOUT HER LETTER SUGGESTION? NEW OR UP DATE DRAFT TO BE EMAILED TO CHAIR PRIOR TO JAN 6, 2021 LAC MZ. ALISON JAN 6, 2021

KIM STRAND CONFIRMED ATTENDANCE AT JAN 2021 SAMH LAC MEE

TING INVITED TO SEND REP KIM STRAND JAN 6, 2021

REVIEW OF NEW OR UPDATED LETTER AT SACMH LAC MEETING WED JAN 6, 2021 ROZENIA

Next meeting: JANUARY 6, 2021, 3:30-4:30PM

Mental Health & Juvenile Justice

No meeting notes submitted

Mental Health & Schools

Tuesday, November 17, 2020

IN ATTENDANCE:

Lisa Hoogheem, Kim Stokes, Maleenia Mohabir, Sam Hedden, Al Levin, Amy Jones, Ellie Miller

Co-Chairs Sam and Lisa called the meeting to order. Introductions were made and everyone spoke about why they were passionate about serving on this particular subcommittee.

MINUTES:

The previous minutes were read and reviewed. No questions were raised on the minutes.

GROUP DISCUSSION:

Amy suggested that we regroup on the recommendation on CTSS funding that was ultimately removed from our report to the Governor and revisit it. Discussion followed.



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The CTSS Recommendation has some complexities to it and Maleenia gave a summary of what her intention had been in including and explained some of the discussion in favor of removing it. Some of the complexities had to do with reimbursing certain staff persons within Minnesota school districts.

Part of the recommendation's complexity is explaining who can be reimbursed at the school level as very few districts do this now. The goal is to not let money sit on the table; we should access it if we can. There is a clear path on the special education reimbursement as schools are already doing this work and we want them to be able to access federal funding on this. There was clear support to continue CTSS and bill MA but the hope was to expand this. We have many schools with psychologist and social workers who are not getting reimbursed this way for their services. This is Minnesota specific. Other states are billing this way. Not clear on why the opposition was present; need to delve more into this to answer the questions and understand why.

One interpretation was perhaps some only wanted mental health providers in community to get reimbursed and not those already in the school.

What was the reason for the pull: not enough understanding the recommendation or was it actual opposition? We would like to learn more so we can understand it and move forward with either adopting, revamping, or deleting this recommendation.

Lisa will reach out to Julie Neururer to attend our January work group as a guest to help us understand third party billing and. Maleenia will ask Sam Smith to attend the January meeting and share his (and NAMI's) thoughts on the proposed CTSS recommendation as well.

DECEMBER MEETING IDEAS:

- Alternative therapies
- Discuss more of what is in the report and who we should get the report out to
- Previous reports and progress on school-related mental health issues
- Maleenia asked if there was interest in meeting with a hard of hearing group who is working to try and figure out how to get services to these children with mental health needs. Some may need residential treatment and then they get sent out of state. Perhaps joining our group will help connect them to a bigger picture of what is out there instead of trying to build from the ground level up. Maleenia will check in with them for February meeting. We might need an interpreter for our meeting with them. Maleenia will report back to us possibly at the next meeting.
- AI – Art of Counseling: talking about better mental health supports for educators and the great need. Could get a speaker.
- Amy will pull together other mental health in school bills that made it partway through the system the last few sessions so we can see if we want to put our weight behind it.
- Lisa is working on a project with the Wilder Foundation and MDE – and she would like some feedback before it gets rolled out. AI agreed to help out.
- Ellie is wondering if this is a good forum to engage homeless liaisons in schools and reacquaint ourselves with homelessness affecting our youth. She is interested in connecting with homeless liaisons statewide; an idea is to start with Covid conversations and how this has accelerated the



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issue and how applying rental assistance could make a positive impact and start generating request for proposals to get resources to families with greatest need. Long-term agenda item. Hopes to learn more about homeless systems through the schools. It is an issue that definitely needs more exploration.

- Some brainstorming on other speakers then took place: from the county collaboratives and the models used; perhaps to model in other areas.

Minutes will be sent to all those who attend, those who said they were interested, and to Abbie. It was thought that the minutes would be shared at the large monthly group. Bearing this in mind, please edit these minutes so they are acceptable to share with everyone.

Outreach to Cultural Diversity

Date: November 18, 2020

Workgroup Name: Outreach to Cultural Diversity

Chair: BraVada Garrett-Akinsanya, Ph.D., LP

Co-Chair: Jode Freyholtz-London

Attendees: Mary Kolsing, David Nathan, Kim Strand, Sam Smith, Lisa Hoogheem, Ashwak Hassan, Rosella Collins-Puoch, Richard Oni, BraVada Garrett-Akinsanya

Attendees introduced themselves and described their roles and/or interests in participating in the group.

Attendees reviewed the Agenda and general tasks for all Council and Subcommittee members. The members were reminded of the following expectations: (1) Each member of the Council and Subcommittee will participate in at least one workgroup; (2) Members self-select workgroup(s) of choice; (3) Members identify a chair (and co-chair) for this workgroup; (4) Members meet monthly or more often if needed; (4) Workgroups are to submit notes from each meeting for inclusion in Council/Subcommittee meeting minutes (form will be provided); (5) All workgroups will consider current cultural, social, whole family, and person-centered needs in all aspects of their work efforts; and (6) All workgroups will gather input from the community.

Attendees also reviewed the Goals for the Outreach to Diverse Communities Workgroup:

- a. Review the evidence of mental health disparities in health care
- b. Recommend ways to eliminate those disparities to improve access to quality care
- c. Increase the proportion of racial minority providers in the Mental Health Workforce to better reflect the diversity in the general population of the State of Minnesota

Discussion: Community Member (and former Diversity Workgroup Chair) Dr. Richard Oni was our guest speaker. Dr. Oni joined the meeting to provide information about the statutory requirement to have the Diversity Workgroup as well as the historical projects and impact that has resulted due to past Workgroup efforts. He further described future opportunities and directions that our group may need to take as we advance the agenda of equitable access for all. Using a Virtual Talking Stick each group



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member described their unique skills, lived experiences, goals and expertise in an effort to identify what they would like to see happen as the result of their participation on this workgroup. The following areas of concentration and concern were highlighted:

1. Changes are needed in the ways in which individuals and families access services because processes are convoluted and difficult to navigate. There is also a need for increased advocacy support regardless of the ages of individuals who are diagnosed with mental health challenges.
2. There continues to be a huge need for systemic changes within Behavioral Health systems so that there is more equity and commitment to Family Centered Engagement-especially as noted in racial/ethnic minority populations -who are often over-involved and trapped in the systems.
3. School systems do not always provide accurate diagnoses for Black boys and consequently, parents experience an uphill battle in order to gain more equity and support in the process.
4. Organizations and Policy-makers need to make greater efforts towards listening to communities in order to identify the most culturally appropriate supports and legislation required to meet their needs. They also need to explicitly support an increase in the development of a BIPOC Workforce with particular attention to the intersectional identities across groups.
5. As a field, the Minnesota Psychological Association has reported that there is a steady decrease in the numbers of psychologists of color, which constitutes a significant loss for the field. Therefore, increased opportunities to assist the growth of BIPOC psychologists are needed. For example, funding should be directed towards generating more programs through which potential providers of color can be given resources (i.e. pay for their licensure, supervision, training) that will aid in their promotion and retention in the field.
6. There is also a need to amplify the role of BIPOC groups to serve as consultants to our communities as well as to other workgroups. Therefore, the goals of outreach, equity, diversity and inclusion should be to elevate these groups in their roles as "Culture Carriers."
7. There is a need to create a sense of belonging for young BIPOC mental health professionals and helpers. Our committee should engage in efforts that will amplify our voices as we create strategies to bring in more young BIPOC group members.

Decision: Committee members decided to invite additional Community Members to our group and to continue in our process of identifying cross-cutting goals that intersect with the concerns brought up by other workgroups. Dr. BraVada will contact former State Senator Peter Hayden and Representative Rena Moran to serve as future guests at our meetings.

Action items:

Action Steps	Person Responsible	Due Date
Contact Jeff Hayden	Dr. BraVada	12.02.2020
Contact Rena Moran	Dr. BraVada	12.02.2020



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Next meeting:

Date: 12/16/20

Time: 2:00 pm

Location: Virtual – WebEx

Recovery Supports

Date: 11/16/20

Workgroup Name: Recovery Supports Work Group

Chair: Angie Schmitz

Attendees: Angie Schmitz, Rod Peterson, Gary Travis-DHS BHD, Sara Gable-DHS BHD, Claire Courtney-DEED-VRS.

Workgroup Goals: See below

Agenda / Current Tasks:

- 1) Whether to continue the committee and what the focus of the work should be.

Discussion: Gary Travis provided some background on the group and its work. The last report to the Governor had recommendations from this group so it would seem important to follow these recommendations. Additionally, many of the issues, peer support services, employment and housing support continue to be entrenched needs in the MH system. People and their family members struggle to access and use these resources.

Gary indicated a new healthcare tool; the new MA benefit **Housing Stabilization Services** has been launched. We could look at ways the BH (Behavioral Health) system can use and promote these new services. Could be “game changing” for people who need housing and services and it’s not tied to having a BH condition. Gary pointed out that Peers could be an additional service provider for these new services. New provider list which is expanding weekly as this is a new service. Over 120 providers right now. Claire remembered that the Council recently had a presentation on the new Housing Stabilization Services that was content focused. This may have occurred prior to all the new Council members coming on board. Others suggested that perhaps a presentation on the overarching concepts like Housing First, Employment First to the entire Council may be helpful as background. In addition to content, the Council and the workgroup need to understand how they can have an impact and what can be done by Council members going forward. [Link to Housing Stabilization Services](#)

Rod shared that AMC (Association for MN Counties) has included related issues to this group in their priorities for the next legislative session: *“AMC seeks a county voice in legislative deliberations on systems design/redesign in key areas of health and human services. Systems redesign should address racial disparities, include a role for county-based purchasing and **broaden supportive housing services**. Counties continue to advocate for a more efficient health and human services system that improves outcomes for Minnesotans. Minnesotans deserve a health and human services system that addresses*



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*broader issues such as **social determinants of health** and a system that is responsive to Minnesota's population **with health equity as the central focus of any transformation**".*

Claire shared that on the employment side, an Individual Placement and Support (IPS) legislative report will be coming out and could be reviewed perhaps at a Jan. meeting of this group if it continues. IPS may be a potential target for State budget cuts as it is currently a 100% state funded line item. It may be important for the group to stay on top of this as the state agencies prepare their budgets going forward.

It was suggested that some of the lack of participation in this group recently may be because these make topics can seem overwhelming and it may be difficult for Council/Subcommittee members to know what they can do to support system change in these areas. Defining a clear focus may be helpful to attract other members.

Angie indicated that clarifying the mission of the group may be helpful. This is the stated purpose of this workgroup at present:

- Review policy, advocate for evidence-based programs and endorse the effective/efficient use of state funding in critical recovery areas such as housing, 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

There was some interest in learning more about Peer Services. There are two pathways for training. On the BH side, Shelley White/BHD staff could attend this group and provide background. There are also noncertified Peers who work within the BH system. This may be true in the Homelessness system as well. [Link to more information about Peers.](#)

Decisions made: There seems to be interest in continuing. We recommend the group continue with the following 3 focus areas: 1) Housing First; 2) Employment First; 3) Peer Support Services.

It would be helpful to have additional Council/Subcommittee members join who are interested in these topics.

If this work group is dissolved, it would be critical that these topics find another group to cover these critical services.

Action items:

Action Steps	Person Responsible	Due Date
We recommend the group continue with the following 3 focus areas: 1) Housing First; 2) Employment First; 3) Peer Support Services. It would be helpful to have additional	Work Group Chair, Angie will report back to the Council	December 3 rd , 2020 Council meeting



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Action Steps	Person Responsible	Due Date
Council/Subcommittee members join who are interested in these topics.		

Next meeting: Already Scheduled for December 21st via WebEx by the Council staff.