



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

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January 2, 2020 – 10:00am-2:00pm, Work Groups 12:00-1:30pm

**Location:**

DHS Elmer L Andersen Building, Room 2360, 540 Cedar Street, St. Paul, MN 55101, **Parking Code: 7243**  
Vidyo telepresence upon request ELA2360

**Attendees:**

Michael Gallagher, Linda Hansen, Meredith Jones, Addyson Moore, Michelle Schmid-Egleston, Jeff Lind, Michael Trangle, Dave Lee, Alison Wolbeck, Maleenia Mohabir, Claudia Daml, Dawn Ammesmaki, Melissa Balitz, Ed Morales, Stephanie Podulke, Lisa Hoogheem, Kimberly Baker, Jennifer Bertram, Cecilia Hughes, Rozenia Fuller, Mary Kjosling, Tom Delaney, Jennifer Giesen, Lisa Jore, Amy Lopez, Abigail Franklin, Helen Ghebre and via Vidyo: Donna Lekander, Dave Johnson

**Joint Meeting Minutes**

- Welcome and Introductions, Approved Minutes from 12/5/19 and today's agenda
- MDH Updates: Suicide Prevention, Amy Lopez  
<https://www.health.state.mn.us/communities/suicide/>
  - Federal grant through SAMHSA for youth suicide prevention across the state. Offer a variety of community based grants and have increased the amount to [18 grants](#). 14 in greater Minnesota, 4 in metro. It is known that there are higher rates of suicide in rural MN, some grants are focused on culturally specific providers and are being action oriented to address suicide in these communities. Will start with a readiness survey to know at what level interventions need to begin. "Comprehensive Suicide Prevention" model implements as many evidence based practices related to suicide prevention in a community. One project in Iron Range focused on middle aged males (farmers, veterans, active military members). One project will be working with first responders regarding secondary trauma. Info re: all grants online. National Suicide Prevention Lifeline will have 4 call centers in MN to answer calls beginning February 1. This will allow for more coordination with mobile crisis teams and crisis text lines.
  - Received funding for social emotional learning, have interagency agreement with MDH/MDE to create social emotional learning frameworks within school districts across the state. Will fund up to 18 districts. This is different from the PBIS training implemented by MDE.
  - Zero suicide model, creating more comprehensive model of suicide prevention; coordinates behavioral health and primary care. Being implemented in tribal communities and rural areas. Will be expanded with additional funding.
  - MN Department of Ag is focused on farmer suicide prevention.  
<https://www.mda.state.mn.us/about/mnfarmerstress>
  - Veteran related and active military related initiatives: has the Council and Subcommittee looked into this? There are federal dollars to work with military families.
  - Is there [data](#) available breaking down rates of suicide in the state? There is info available by race, age, and county. Concern that there are many different doors to get access to services (if



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you are x, then do this). What is being done to target older adults? Age 85+ focus on suicide risk assessments with primary care; these individuals may be showing more somatic symptoms of depression but aren't actually saying they are depressed. What kind of funding is available for older adults? MDH has not received funding specific for older adults, but they serve the full lifespan. Focus on veterans is one way to target older adults. Need to be more intentional.

- DHS Updates: [Certified Community Behavioral Health Clinic](#) (CCBHC), Jane King
  - Started as a federal demonstration project to redevelop community mental health clinics into integrated care clinics (behavioral health with primary care). Originally 24 states received funding, now only 8 states have funding. July 2017 the project began with 6 clinics in Minnesota. The project was originally to run July 2017-July 2019, but it has been extended to May 2020. It is possible the demonstration will be extended another two years. There are some SAMHSA grant funded CCBHCs (2 of these are in MN). Goal of the demonstration is to improve access to services. One organization has a cultural broker to assist with outreach. CCBHCs have integrated treatment plans (therapy, LADC, ARMHS, etc) to coordinate services. Everyone who goes to a CCBHC will be served; no one can be denied services based on inability to pay or county of residence. Person choice on which services they receive. CCBHC is all Medicaid dollars. DHS is working with MMIS and MCOs to figure out billing challenges. Ongoing funding and planning dollars for clinics that would like to be certified.
  - Any discussion as to how this can be applicable to children? CCBHCs must serve all ages. Are there any restrictions on the type of organizations that can be a CCBHC? They must be non-profit or a government clinic (county, Indian Health Board).
  - The state legislature confirmed the sustainability of CCBHC in Minnesota and approved medical assistance funding for the future while directing DHS to make CCBHC a Medicaid benefit. CMS has given Minnesota approval to continue using Medicaid to pay for CCBHC with a required deliverable being a state plan amendment application by June 30, 2020. DHS will apply to make CCBHC a Medicaid benefit through a state plan amendment (SPA). Two other states have already had their SPAs approved by CMS.
  - Demonstration Year 1 Outcomes: 6 CCBHCs served more than 20,000 people, 15,000 of those served were Medicaid recipients. About 7000 were new clients. Approximately 70% were between the ages of 18-64. 68% of the people served identified as White, 12% Black or African American, 5% Asian, 5% More than one race, 2% American Indian or Alaskan Native, 8% did not report their race or reported their race as Unknown. The CCBHCs and DHS are required to collect and report data on the 22 federally required quality measures. There are two client surveys, 9 clinic-led measures are collected and reported by the CCBHCs, and the rest calculated by DHS. 8 measures were developed collaboratively with the CCBHCs to show the impact of the CCBHC service delivery model. Some areas where CCBHC made an impact during DY1 included: timely access to care; telemedicine as a way to expand access to services; peer services. Areas for improvement included improving access to communities of color, tribal nations, and non-primary English speakers.
  - [RFP for Qualified grantees to develop and expand Certified Community Behavioral Health Clinics in Minnesota](#). Key dates: Letter of Intent to apply 1/10/2020; Proposers' Conference 1/16/2020; RFP due 1/31/2020; Project duration 4/1/2020-6/30/2020



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- Plan for 2020 Legislative Report with help from Bill Burleson
  - What should we all do to help move written recommendations forward, how should we focus our energies to make the most impact? How do we make our report stand out from all of the other reports?
  - Unclear goals result in failed reports. Need to write an interesting report with a really good executive summary. Need one or two recommendations that get media coverage. Have more latitude to be creative as not a DHS Council, we are able to use better template than DHS standards. If you don't get a ton of attention, do not be disappointed because you are doing fantastic work! Use pictures, it helps get attention. Pullouts and headings that tell the story are helpful. Send the report out to email lists. Make ancillary materials, fact sheets, table at conferences, talking points / one pagers, need to find something that has enough curb appeal to drop a press release, launch event, publish article in trade journals, slide shows, enlist provider communities to spread the word, 1:1 with legislators. The design team at DHS has long timeline, possibility of using Creative Circle (clearinghouse of designers) to make infographics – may cost \$1000 per infographic. Are data graphs helpful in these reports? Yes, they may be interesting for some people while others will scan over the graphs. Are personal stories good? Yes, these are the best! Nothing substitutes for telling the personal story. People “buy” with their emotions.
  - Our recommendations are for the 2021 session. We want to get most of the report done by May 2020 so that it can be finalized over the summer and we can identify allied organizations, key legislators, and plan fall meetings at the Legislature. We need to be able to tell the human story so that the legislature knows what our recommendations are prior to the budget decisions being made.
- Other business:
  - MN DNR wants to have more input from mental health community and is requesting applicants for the Outdoor Recreation Task Force. Applications are being accepted until **January 10, 2020**. Interested individuals may complete the application form online on the DNR's website at [www.mndnr.gov/ORTF](http://www.mndnr.gov/ORTF) or print it out and return it to Attn: Minnesota Department of Natural Resources, Parks and Trails Division, Attn: Minnesota Outdoor Recreation Task Force, 500 Lafayette Road, St. Paul, MN 55155. Questions about the application process should be directed to the contacts on the [webpage](#). A letter of reference is also required for applicants.
  - LAC Guidebook has been printed! LAC Workgroup and support staff will distribute the LAC Guidebook to counties. The online version of the LAC Guidebook can be found under LAC Resources: <https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/lac.jsp>
  - Governor's Cabinet on Children's Mental Health and Wellness, Michelle Schmid-Egleston is part of this group. They are not aware of the work being done by the Subcommittee on Children's Mental Health. They are tasked with determining a way to address Children's Mental Health in Minnesota. They have based their goals on results from the Student Survey and want to decrease the percent of children who have identified mental health concerns on the student survey. How can we get this group to collaborate more with the Subcommittee? Can more members of the Subcommittee be part of the Governor's Cabinet? Michelle will take previous



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reports to the cabinet. Concerns that the student survey does not ask the right questions. Do they take public testimony at the cabinet meetings? Anna Lynn from MDH and representatives from MDE are on the cabinet. High level administrators are on the Cabinet, what about the voice of parents? Need a liaison between the two groups. Will invite Tammy Wherley, chair of the action group, and Stephanie Hogenson, policy lead to present at February meeting.

- If you want to connect via telepresence, work with Abbie [mhadvisory.council.dhs@state.mn.us](mailto:mhadvisory.council.dhs@state.mn.us) to get access. Telepresence is available for everyone and can also be used for workgroups. There is no cost to Council and Subcommittee members for Vidyo.
- Would like a speaker related to addressing immigration and detainment of children – Claudia will look for someone. The state could make a resolution about this subject.
- October 3, 2019 meeting reexamined the statutory requirements of the council. A decision was made to send a letter to the Behavioral Health Division (BHD) highlighting three of our tasks: “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; and 7. Review and comment on all grants dealing with mental health and on the development and implementation of state and local mental health plans.” At the next meeting in February, Jeshua Livstrom, BHD Operations Manager will present about a plan for the Council and Subcommittee to provide feedback on RFPs.
- The Council and Subcommittee sent a letter on December 12 to the president of Fairview Health Services regarding the possible closure of St. Joseph’s Hospital in Downtown St. Paul. *The letter is attached at the end of the minutes.*
- Please add Day on the Hill to the agenda for the next meeting

### Workgroups:

- Local Advisory Council: did not meet this month
- Mental Health & Juvenile Justice: Spirited discussion about juvenile justice and mental health. Plan to develop a recommendation around early intervention and partner with other workgroups (Mental Health & Schools and Family Systems) to design social emotional learning recommendations for all age levels. Transitional care – developing idea of pilot grants directed towards programs that are deeper end. Need to find the number of children who are sent out of state for residential treatment. Jeff will work with MACSSA to get this data. Wilder has studied this in the past, would be an update to that data from 2017. Need to also look at complex medical issues in relation to MH treatment. Also need to enhance workforce at all levels. Juvenile Justice Advisory Committee (JJAC) continues to work with Juvenile Detention Alternative Initiative (JDAI). Invite this group as a speaker to a Council and Subcommittee meeting to see if there is good data about the outcomes of JDAI.
- Mental Health & Schools: Reviewed 2018 recommendations, would like training for all school staff and requirements for schools to develop crisis planning, social emotional learning to be integrated into ALL curriculum and not just a “home room” lesson.
- Recovery Supports Workgroup: did not meet this month



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- Integrated Care & Access: Has set of recommendations they are working to refine. Need to get data from state agencies to assess how we are doing, specifically wait times for services. Measure discrepancies in prior authorizations and how that impacts access to treatment. Leverage the use of telepresence for mental health services. MN should put money into loan forgiveness programs targeting minority providers. Increase mental health bed capacity. Analyze health plan data.
- Family Systems: did not meet this month
- Outreach to Cultural Diversity, **Wednesday, January 8, 2:30-3:30pm virtual**: Identify members of each work group to attend this group

### Next Meeting:

Date: February 6, 2020  
Time: 10am-2:00pm  
Location: DHS Elmer L Andersen Building, Room 2360  
540 Cedar Street  
St. Paul, MN 55101  
Video telepresence upon request ELA2360

**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/>



STATE ADVISORY COUNCIL ON MENTAL HEALTH  
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December 12, 2019

James Hereford, President  
Fairview Health Services, Corporate Building  
2450 Riverside Avenue  
Minneapolis, MN 55454

Dear Mr. Hereford,

The State Advisory Council on Mental Health and Subcommittee on Children's Mental Health are deeply concerned about the potential closure of St. Joseph's Hospital in downtown St. Paul. This is a health equity issue and feels like M Health Fairview is abandoning individuals and families impacted by mental illness and substance use concerns. Losing this hospital would be devastating to St. Paul and the mental health community throughout Minnesota.

The need for mental health and substance use treatment beds is a collective problem which needs a collective solution. Long emergency department wait times and the lack of available inpatient services lead to individuals with mental illness being transported hundreds of miles away from their own community for care; even worse, some individuals are turned away from hospital care altogether because no beds are available. These problems will be made worse if St. Joseph's Hospital closes its doors. How can we come up with a creative solution to meet the rising need for mental health services in Minnesota that does not include closing over 100 treatment beds?

St. Joseph's history of connecting patients with community supports and services has not gone unnoticed. At a recent State Advisory Council on Mental Health meeting, one member spoke very passionately about the work St. Joseph's does in supporting individuals and families experiencing a mental health crisis. This hospital is a life line for many struggling with mental illness and substance use disorders.

Closing St. Joseph's Hospital would be in direct conflict with the mission and values of M Health Fairview and the identified priorities in your 2018 Community Health Needs Assessment which notes mental health and well-being as the number one issue across all Fairview hospitals. In addition it conflicts with the larger goals in St. Paul and the entire metro area to reduce disparities in our communities.

We are asking that you strongly consider the human cost of any decision that would result in less access to needed mental health care in Minnesota. To keep with our goals of advising and educating the state about the needs of individuals with mental illness, we cordially invite you to attend any State Advisory Council on Mental Health and



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Subcommittee on Children's Mental Health meetings in the future. This would allow you to gain feedback on programming changes you are considering that impact the mental health community. We meet the first Thursday of every month from 10am-2pm at DHS Elmer L Andersen Building.

We urge you and the board of directors to vote against any measure that would result in the closure of mental health beds.

Sincerely,

Michelle Schmid-Egleston  
Co-Chair  
Subcommittee on Children's Mental Health

Dave Lee, MA, LP, LMFT, LICSW  
Chair  
State Advisory Council on Mental Health

Jeffrey Lind  
Co-Chair  
Subcommittee on Children's Mental Health

Michael Trangle, MD  
Vice-Chair  
State Advisory Council on Mental Health

CC: Governor Tim Walz  
M Health Fairview Board of Directors  
St. Paul Mayor Melvin Carter  
East Metro Mental Health Round Table  
NAMI Minnesota