



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

August 6, 2020 – 10:00am-1:00pm

Attendees:

Addyson Moore, Al Levin, Alison Wolbeck, Dawn Amesmaki, Tanya Carter, Ellie Miller, Dave Lislegard, Robert Bosl, Amanda Larson, Angela Schmitz, Ashwak Hassan, Beth Prewett, BraVada Garrett-Akinsanya, Claudette Larson, Claudia Daml, Claire Courtney, Cynthia Christensen, Dave Johnson, David Nathan, Diane Medchill, Donna Lekander, Elise Holmes, Gertrude Matemba-Mutasa, Jennifer Bertram, Jennifer Pederson, Joy Johnson-Lind, Kim Stokes, Kimberly Baker, Linda Hansen, Maleenia Mohabir, Mary Kjolsing, Meredith Jones, Michael Trangle, Michelle Schmid-Egleston, Mike Gallagher, Rozenia Fuller, Rod Peterson, Sam Hedden, Lisa Hoogheem, Stephanie Podulke, Tom Delaney, Sam Smith, Chelsea Magadance, Jeshua Livstrom, Amanda Calmbacher, Kristy Graume, Helen Ghebre, Ann Bobst, Abigail Franklin, Danny Porter, Courtney Iverson, Savannah Steele

Joint Meeting Minutes

Welcome, introductions, thank you to past members

- Approved Minutes 06/04/2020 and Today's Agenda
- Public Comments: Hennepin County Local Advisory Council, Savannah Steele – Unmet needs (see Hennepin document at end of minutes)
- Courtney Iverson – RecuperAcres, a private mental health park. Providers can use the park preserve space to meet with individuals and incorporate "Ecotherapy" into the therapeutic process. Also allows for social distancing while meeting face to face. More information www.recuperacres.com

Legislative Updates and Discussion with DHS Community Supports Administration, Kristy Graume – see presentation at end of minutes

- 2020 was a very unique session, 2nd year of biennium = policy year
- Peacetime emergencies are for 30 days. Special sessions are being called to continue the work of the Legislature and they are meeting remotely/safely
- Policy provisions did pass, and a few budget bills. There was no bonding bill.
- Bensen & Rand bill on HHS Policy Omnibus APRN changes related to homecare to modernize the nurse practice act
- Per Michael Trangle – allow APRN to do 72 hour holds as part of the commitment
- Guardianship modernization – updated terminology related to disability, making it person first language, supported decision making
- Tobacco 21 raises age of purchasing tobacco and compliance checks
- Substance Use Demo Waiver 1115 – CMS allows providers to enroll into a demonstration to provide care in alignment with addiction services society; data is being gathered
- Telemedicine package by Dept of Commerce requires originating site to include person's residence
- David Nathan – telemedicine does it include telephone visits or just exclusive to video? DHS is unsure. For MA we do allow phone visits as billable, this is part of the emergency order; this is



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not permanent. The Telemedicine waiver is extended until 6/30/2021 dependent upon federal approval

- Opiate Epidemic Response Account grants – direct appropriation to list of providers \$2.7M for naloxone, training on evidence based assessments – this is a onetime appropriation
- Termination of services – adds criteria for Minnesota State Operated Community Services (MSOCS) to ensure when someone does not have a complex need they can be transitioned to a community site which opens up space for people with more complex needs
- 2nd special session – HF 1 Criminal Justice reform passed and was signed by Governor
- Bonding provisions around crisis mental health – one package for RFP and one specifically for Duluth...why the separate packages, same standards for Duluth as RFP? Want to make sure this is actually increasing crisis bed capacity. Dave Lee will share information from Duluth area about the bonding bill for crisis residence
- Huge deficit now. DHS legislative process is a year round process.

Updates about current telemedicine waivers under peace-time state of emergency, Kristy Graume & Ann Bobst

- Flexibilities have been extended until 6/30/2021 contingent upon MN Peacetime emergency and Federal Public Health Emergency...unknown how long these states of emergency will be in place
- Hope to have State Plan Amendment ready end of August will be opened for stakeholder review
- Next legislative session will look at what provisions we want to make permanent
- Considerations for HIPAA compliance
- 60 day ramp down for services not extended to 6/30/2021
- Bed holds extended only to December 2020
- Any discussions around alternatives to telehealth – DHS is doing stakeholder engagement to measure the efficacy of telehealth, Mel Mokri is point person for the study
- What can we do as a Council to assist in getting waivers permanent? When amendments go for public comment, review and provide feedback. DHS would like stories about what is really working.
- Is DHS looking at getting rid of weekly limits on telemedicine? Unknown at this time
- BraVada especially concerned because pre-COVID people could not access care. If you can save a person from death through suicide over the phone, you can do behavioral health therapy over the phone and make a difference. This is a classist process, giving people with access to computers/cars access to more services. Obama phones do not have cameras so this limits a person's access to telemedicine resources. I don't see much support in any of the grants to give people access to buy technology or to buy PPE. We need common sense in this era. CARES Act \$ have not gone to mental health.
- There are technology options that exist making smart phones HIPAA compliant. Many providers are using a variety of tools to meet compliance
- Who is the point person to receive data about increasing needs of MI/SUD? Ann & Kristy. What is the most effective way that we can lobby at the federal level to continue phone? NAMI might be the best way



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- Direct questions to MDH and the State Emergency Operations Center (SEOC) for PPE

Next steps for our report recommendations, Abigail Franklin

- Integrated Care & Access: needs to elaborate on a few of their recommendations by providing more background information and simplifying so that a non-medical person will understand
- Mental Health & Schools: Council and Subcommittee members raised many concerns about the CTSS recommendation. Members will need to review this recommendation in detail and go back to their agencies/community partners to determine if they can support this recommendation. Recommendation regarding training school personnel in recognizing mental health symptoms may not be necessary at this time. [Kognito](#) training is now in place for all schools and can be accessed through an online platform. Some information about Kognito At-Risk: The Minnesota Department of Health, the Minnesota Department of Education, and Kognito have partnered to bring free, online mental health training to Minnesota schools. The training initiative provides **free** access to Kognito At-Risk for Minnesota districts and schools. At-Risk is a series of three online interactive modules. The modules will help educators and other school staff improve their skills, confidence, and willingness to help students in distress. The modules are for staff at the elementary, middle, and high school grade levels. Participants engage in role-playing simulations, interact with virtual students showing signs of mental distress, and receive tips from virtual coaches. The modules can be completed in one hour.
- Concerns that the presentation was missing recommendations specifically related to equity needs. This presentation only included brief highlights about the recommendations and not the complete recommendation. All workgroups were asked to assess if their recommendations addressed current social, cultural, whole family, and person-centered needs. We need to do better at discussing equity issues as part of every aspect of work performed by the Council and Subcommittee.
- We may need additional workgroup meetings to finalize the recommendations. The entire report will be sent to full membership for review prior to September 3 meeting. Will approve final report at September 3 meeting.

Nominations for State Advisory Council Chair/Vice-chair

- Look for information in your email about role of Chair/Vice-chair and how to nominate. Will discuss nominations and vote at next meeting. Only members of the State Advisory Council can be nominated and vote.

Other business

- Workgroups – Rozenia Fuller will chair the Local Advisory Council Workgroup
- Suicide data from MDH: We are aware there is a lag in suicide data from MDH and at the federal level at CDC. In 2018 there were 745 deaths by suicide in Minnesota, a slight decrease from 2017, in which there were 781 deaths. Since 1999, the age adjusted mortality rate for suicide has increased from 9.2 deaths per 100,000 to 13.2 deaths per 100,000. The age-adjusted mortality rate for suicide in the US in 2018 was 14.2 per 100,000, compared to the Minnesota rate of 13.2 per 100,000. The state of Minnesota saw a decrease in the rate of suicide for males and females from 2017 to 2018. In 2018, the age-adjusted mortality rate for males in Minnesota



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was 21.6 per 100,000. The age-adjusted rate for females in the state for 2018 was 4.9 per 100,000. The rate of suicide for males in the US in 2018 was 22.6 per 100,000, and for females was 6.2 per 100,000. In 2018, there were fewer deaths amongst every racial group than in 2017. There were 33 less deaths amongst white Minnesotans (704 in 2017 and 671 in 2018), one fewer deaths among African Americans/ Africans (23 in 2017 and 22 in 2018), two fewer deaths among American Indians (21 in 2017 and 19 in 2018), and three fewer deaths among Asian American/ Pacific Islanders (27 in 2017 and 24 in 2018). There has been an increase in the rate of suicide among every racial group except for African Americans/ Africans from 2009-2013 to 2014-2018. The most substantial increase in the rate of suicide is among American Indians, where the rate of suicide has increased from 17.6 per 100,000 from 2009-2013 to 23.2 per 100,000 from 2014-2018. The rate of suicide in Greater Minnesota was 15.9 per 100,000 compared to that of the 7-County Metro Area, which was 11.3 per 100,000. The rate of suicide among males in Greater Minnesota was 25.6 per 100,000 compared to males in the 7-County Metro Area, who had a suicide rate of 18.5 per 100,000. Females also had a higher rate of suicide in Greater Minnesota, with a suicide rate of 5.9 per 100,000 compared to 4.3 per 100,000 among females in the 7-County Metro Area.

Next Meeting:

Date: September 3, 2020
Time: 10:00am-1:00pm
Location: WebEx only

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/>

Adult Mental Health Local Advisory Council

Established by M.S. §245.466

2020 CO-CHAIRS

Joseph Musco *
Savannah Steele *

MEMBERS

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Lauren Bahe
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Esther Muturi *
Fatima Peterson
Gary Reagan
Marjorie Schaffer
Jennifer Slauch
Cathy Spahn
Kathryn Walton
Michele Willert
Shannon Williams
Johnnie Williams

* Executive Committee

Members include
people living with
mental illness,
family members,
service providers,
and advocates

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June 01, 2020

RE: Emerging Needs in Adult Mental Health

Dear Hennepin County Commissioners,

People in Hennepin County who have health conditions that involve changes in emotion, thinking or behavior are facing challenges as efforts to slow and prevent the transmission of Covid continue. As members of this vulnerable population and stakeholders in the well-being of people living with mental illnesses, the Hennepin County Local Advisory Council on Adult Mental Health operates under statute M.S. 245.466 Subd. 5 to make recommendations regarding the services provided by our local mental health system, as well as other duties.

In effort to inform our Commissioners of new issues affecting quality of life and resilience, **Hennepin County's Local Advisory Council on Adult Mental Health has composed the following list of Emerging Needs**, ahead of our biennial presentation of Unmet Needs set for 2021¹:

- 1. Physical distancing must be coupled with social support.** Promote social participation, contact and connection that are in harmony with infection prevention. Being unable to connect physically may lead to underuse of supportive services that bolster health as well as decomposition of critical networks and health promoting routines.
- 2. Supports are needed for people living and working in congregate settings.** With decreased access to visitors and disrupted routines people in congregate settings face intensified needs for care. Continued outreach to persons living with mental illnesses in psychiatric treatment, after care facilities, adult detention, Adult Corrections Facilities, Anoka-Metro Regional Treatment Center, customized living and other housing support services is necessary to promote resilience.

¹ 2019 Unmet Needs are attached.

3. **Tools and technical assistance provide pathways** for people to get needs met from new formats of care. A streamlined educational toolkit to help people with basic computer or phone tools would be of benefit. Those without access to internet connections, technology tools and skills are experiencing gaps in participation in digital interfaces.

4. **Promote access to stabilizing and protective resources.** The Adult Mental Health Community is at a disadvantage when faced with navigating access benefits that people with mental illness are eligible for during changing circumstances, such as Medical Assistance Employment Program (MA-EPD) premium payments, Social Security, family supports available, benefits/insurance recertification processes. Basic resources such as housing and protective masks are in demand.

5. **Reduce stigma, shame and judgement in Mental Health care and treatment.** Negative attitudes towards mental illness can decrease willingness of families and individuals seeking vital support. Culturally competent services are important; stigma can be culturally based and can further contribute to racial disparities in Hennepin County. It is unacceptable that people of color, particularly men from black or African-American descended groups do not have equitable access to mental healthcare services. Crisis intervention services, first responders, and the justice system that governs them have implicit and explicit biases against people of color. Unresolved injustices that have been perpetrated by government bodies continue to re-enact trauma in these communities. The recent civil unrest in response to racist police brutality in Hennepin County, as well as the anguish, sadness and rage that are happening now are matters that the Commissioners need to take on. We should work towards equity and equality that engage the whole community.

Mental illnesses can cause tremendous suffering, loss of livelihood and death. However, these health conditions are treatable, and in many cases manageable with supports. As we move from a rapid infrastructure building in response to Covid, we hope this letter foregrounds the strain on those who are experiencing mental health conditions.

Sincerely,

Savannah Steele, Co-chair

Joseph Musco, Co-chair

Hennepin County Adult Mental Health Local Advisory Council