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

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October 7, 2021 – 10am-1pm

### Attendees:

*State Advisory Council on Mental Health members:* Alison Wolbeck, Amy Jones, Angela Schmitz, Anna Lynn, Beth Prewett, Claire Courtney, Claudette Larson, Claudia Daml, Cynthia Christensen, Dave Lee, David Nathan, Ken Moorman, Michael Trangle, Robert Bosl, Rodney Peterson, Rozenia Fuller, Abigail Franklin

*Subcommittee on Children's Mental Health members:* Addyson Moore, BraVada Garrett-Akinsanya, Cecilia Hughes, Corey Harland, Danny Porter, Dawn Ammesmaki, Debra Peterson, Donna Lekander, Jennifer Bertram, Kimberly Stokes, Linda Hansen, Lisa Hoogheem, Maleenia Mohabir, Meredith Jones, Michael Gallagher, Nicole Frethem, Sarah Dunne

*Guests:* Elliot Butay, Jeremiah Fuller, Jerome Perry, Marge Charmoli, Nathan Chomilo, Shannah Mulvihill, Tabatha Amundson, Tanya Carter

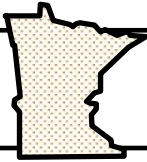
### Joint Meeting Minutes

#### **Welcome, Approve Minutes, Approve Agenda**

- Thank you Jeff Lind and Michelle Schmid-Egleston for serving as co-chairs of the Subcommittee on Children's Mental Health for the past two years.
- Welcome New Subcommittee Co-chairs Lisa Hoogheem and Cici Hughes. Thank you for agreeing to take on this leadership role

#### **Conversion Therapy Discussion with Dr. Marge Charmoli**

- See attached presentation pages 2-38
- The Council and Subcommittee have been specifically named by the Governor as an entity who should comment about conversion therapy and make recommendations about policy.
- Dr. Marge Charmoli is an expert, serving our community for over 40 years. She has received awards of service by the American Psychological Association and is the past president of the Minnesota Psychological Association. She received the "diversity leadership award" due to her efforts to bring about change. Dr. Charmoli is a psychologist in private practice located in the Midway area of St. Paul. She is qualified to write letters for people that are considering medical interventions for gender transition.
- Member of the St. Paul Human Rights Commission and reintroduced an ordinance in St. Paul to protect people on the basis of sexual orientation and gender identity. This ordinance was passed by the city council in 1980 and then on to vote as a referendum. It became the strongest human rights ordinance in the United States. 2 years later, the state of Minnesota adopted similar language becoming the 1st state in the nation to protect people on the basis of gender identity. Now, 29 states do not protect people on the basis of gender, identity and sexual orientation.



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- Sexual orientation and gender identity:
  - First component of sexual identity is our physical identity, what we see when we are born or our biological sex.
  - Gender identity and gender is a psychological sense of being a male female, or maybe both there are many people younger people, especially now that are coming along and coming out might call themselves gender, queer, gender fluid. They see themselves as not in a binary, either male or female. Historically, the professional standard was that you had to declare that you were a male or female, and in order to call yourself the other gender you had to go through surgery. These days the profession has evolved, we consider a continuum people do not have to declare that they are a transsexual or someone who's undergone gender confirmation surgery.
  - Sex role identity – are sexual stereotypes of masculine and feminine behaviors
  - Sexual orientation – gay, straight, bisexual, gender queer, etc. Can be fluid, people can change over the course of their life time
- Conversion therapy tries to change sex role identity, the behaviors, appearance, interest, and attitudes of a person. They do not have any success at changing gender identity or sexual orientation.
- All major mental health and health associations view diversity in sexual orientation and gender identity as normal.
- Conversion “therapy” is not considered a form of therapy by professionals in the field of psychology. We call it Sexual Orientation Change Efforts (SOCE).
  - It is based on the premise that there is something inherently wrong with being transgender or something other than straight.
  - Non-professionals practicing this tend to be people in religious communities.
  - SOCE are discriminatory
  - Aversive conditioning (creating nausea, pain) is not ethical
- We do not know how many people have undergone conversion “therapy” in Minnesota. We also do not know where it is happening but vast majority are probably happening in religious/spiritual settings.
- 2009 APA study – looked at all peer-reviewed studies between 1960 – 1999. Most research before 1981, possibly because until 1973/1974 gay, lesbian, bisexual was listed as a mental illness so the thought was that treatment was needed for sexual orientation.
  - Effectiveness of SOCE must be viewed skeptically
  - People who experienced it have said it worked for them
  - Cannot definitively say that SOCE have any effect on sexual orientation; there is insufficient evidence to support the use of psychological interventions to change sexual orientation
  - APA advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder
- SAMHSA study:



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- Collaboration between SAMHSA and APA reviewed relevant research, professional guidelines, and clinical knowledge as it relates to working with LGBTQ+ youth
  - Determined no existing research supports the premise that mental or behavioral health interventions can alter gender identity or sexual orientation
- APA study in 2021 reviewed updated research on SOCE
  - Determined these activities put people at significant risk of harm
- Minnesota does not currently ban conversion therapy. 20 states, DC, Puerto Rico, and 94 municipalities ban conversion therapy for minors. Adults can make their own decisions.
- Many professional associations disavow conversion therapy.
- Policy considerations:
  - Conversion therapy is discriminatory
  - Form of consumer fraud, makes false statements on what can happen
  - Tricky to make recommendations to people who are not licensed
  - Expect pushback about freedom of speech and freedom of religion
- Question: Is conversion therapy legal or specifically illegal in other states? If it is not banned, it is legal. There are about 20 states that ban it.
- Question: What is the profession that introduced the labels or was it the kids first saying gender queer, gender neutral, or non-binary and the profession adopted the language? I think it was the kids first and then the profession followed.
- Question: With gender identity and sexual orientation, you talked about children wanting long/short hair, playing with dolls, etc. Is there any research or data that shows children who had that experience getting past it? Do people outgrow gender non-conformity? The research shows that kids who experience gender non-conformity do not typically identify as transgender as an adult but are instead gay or lesbian.
- Question: What was the language of the bill that is in the Minnesota legislature? [House File 12](#), banning conversion therapy for minors and vulnerable adults, prohibits misrepresentation of conversion therapy services.
- Question: Do you have a sense of what if any penalties someone might incur if they violate a ban on conversion therapy where it is currently banned? Possible license suspensions.
- Question: How do we monitor this for those who are non-licensed? The fraud clause is there for quackery, so someone could run into a fraud lawsuit
- Question: Are there segments of the religious community that might support a ban on conversion therapy? The religious community is quite diverse and many do support conversion bans.
- Question: When we talked about the number of children receiving conversion therapy through religious institutions, is there any research about what kind of "therapy" that is today, what modalities? They are more toward behavioral, aimed at how do I act more like a man if I am a man. In religious settings, prayer is used. Sometimes shaming and ostracizing people.
- Minority stress adversely affects both physical and mental health. Laws and policies are continuing to contribute to the ongoing stress of those with minority status.



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**Criminal Justice System Funding, Elliot Butay, NAMI-MN**

- See presentation pages 39-56
- Criminal Justice Coordinator at NAMI-MN. Have done community organizing in the past and have always been passionate about criminal justice issues. Personally have been impacted by this and mental illness. I work under the Advocacy pillar at NAMI. NAMI provides education, advocacy and support. Lots of classes, suicide prevention, general information to help people navigate the system. We provide support groups, helpline, public awareness activities, and support to families and individuals who are experiencing mental illnesses for the first time.
- Sequential Intercept Model (SIM) created by SAMHSA Gains Center is the process of the legal system, when people with mental illnesses are in these steps are there ways we can divert them out of the criminal system or are there ways that we can serve them better? Best way to keep people out of the justice system is to not put them there in the first place.
- For people with mental illness, if symptoms are being criminalized, then we need to give them treatment and give them access to care. Criminal activity gets you into the court system but there are ways to support that process to ensure good outcomes for someone with mental illness.
- Minnesota has a comparatively low incarceration rate meaning we do not incarcerate nearly as many people as other states but our probation and community supervision is very high – in the top 5 in the nation for number of people on community supervision.
  - Question: Are you speaking in general that Minnesota has a low incarceration rate? I thought that in MN we have some of the highest rates in the nation for incarceration of black males and people of color.
    - I believe these numbers are proportionally compared to the rest of the US. We have a lower population in our prison system, but yes, they are disproportionately people of color.
- Mobile crisis in Minnesota is state regulated. Meaning they are in statutes and have high standards for what is required. These teams are chronically underfunded with base appropriation in 2020 at \$13M. The legislature did add \$16M for the next two years and then \$4M for fiscal year 2024.
  - Comparatively, Minneapolis Police budget is \$193M, St. Paul Police budget is over \$100M, several small community police budgets are \$1M+
  - Minnesota Management and Budget has reported savings of over \$1000 a person by avoiding going through the criminal court system when we use our mobile crisis teams for resources.
- Issues with mobile crisis: service availability is inconsistent across the state, not accessible through 911, billing and funding concerns.
  - Calling 911 does not connect you to a crisis team, but it does connect to law enforcement. We consider this discrimination. Why would a person in a mental health crisis need to know a different phone number for an emergency than anyone else?
- Travis' Law was passed during the last legislative session. It is named after Travis Jordan who was killed by Minneapolis Police in 2018 during a mental health crisis. The law adds referral to



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mental health crisis teams where available when a person calls 911. It is a step towards getting the 911 system to talk to crisis teams.

- 911 Telecommunicator Working Group making recommendations to standardize trainings for 911 dispatchers. We want them to have training to recognize what a mental health crisis looks or sounds like, be familiar with local mental health resources, and know how to connect people to those resources.
- We want to build a mental health system, not a criminal justice system
  - Jail Diversion programs are available for adults 18+ who are experiencing mental health symptoms and have a history of not complying with treatment.
  - Blue Earth County's Yellow Line Project has reduced costs to AMRTC and CBHHs to \$24,960 from a high of \$326,245 in 2016. Detox services have also reduced significantly. 68% of participants in 2019 had no additional law enforcement interactions 12 months after completing the program.
  - Region V+ Comprehensive Reentry Project has embedded social workers in the county jails and partners with Northern Pines and local crisis services
  - Stearns County Community Action Team has had a greater than 30% decrease in ER, Jail, and Detox populations due to the partnership with human services, mental health centers, and the St. Cloud PD.
- We want a robust mental health system and we want to have a crisis response system that is funded, standardized, and consistent across the state. Continuity of care is essential. We want community partners working in the justice system.
- Hardel Sherrel Act requires mental health screening and monitoring in the jails
- Protective transport is an alternative to police for transportation to a hospital. It is a billable services under Medicaid but is being under utilized
- Civil commitment is not meant to address competency in the criminal court system. Currently competency taskforce has recommended the creation of a statute to allow for more supervision, establish a continuum of services, require education for judicial officers related to mental health.
- 69% of incarcerated people in Minnesota jails were parents of a minor child at point in time survey in 2017. In Minnesota prisons, population of parents is much higher than the US average 66% of men and 70% of women are parents of minor children; over half were living with their children at time of arrest. This results in negative outcomes for the children.
- Minnesota rehabilitation and reinvestment act creates incentives for people to get treatment and they can earn early release. The cost savings of not housing people in prison will allow for more investment into community services.

**Mental Health Legislative Network Updates (MHLN), Shannah Mulvihill**

- Mental Health Day on the Hill is set for Thursday, February 24, 2022. It is unclear how much will be in person vs virtual.
- MHLN is working on the 2022 Blue Book. Long document outlining a variety of different issues around mental health and substance use, everything from adults to children, treatment services,



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criminal justice issues, housing issues, etc. This will be distributed to all legislators at the start of session.

- 988 will be replacing the National Suicide Prevention Lifeline number July 2022. MDH is leading the discussion to develop the implementation plan. 988 may incorporate texting and online chat in the future.

### **Workgroup Reports**

- RFP Involvement Process – complete the member interest survey now. This will be used to identify which members to contact for reviewing draft RFPs for feedback. One Mental Health Priority Areas survey should be completed for each identified mental health priority area. This one is more in-depth and workgroups should be identifying the priority areas and potential grant deliverables. Decision to review the submitted priority areas with full membership every six months. The priority areas and deliverables will be shared with the grant developers in the Behavioral Health Division.
- Recovery Supports – unable to meet this month due to scheduling challenges; need to find a new meeting time that will work for others.
- Outreach to Cultural Diversity – we've been discussing school linked mental health issues as well as issues around the emergency shelter task force, hope to recruit more diverse members to that. Also discussed the Waiver Reimagine project and ways the council/subcommittee could address violence in North Minneapolis. Our outreach needs to have more legs, have doable tasks that meet an immediate need. We are also interested in trainings that look at decision making in terms of diversity.
- Mental Health and Schools – Julie Neuerer from MDE provided some clarification on questions that came up after the September CTSS presentation.
- Mental Health and Juvenile Justice – we continued our discussion around wanting DOC and DHS to increase their collaboration and communication around mental health needs of kids in the juvenile justice system, how to get them to the right placement when they need it. Colorado has named they are a state of emergency for children's mental health; we are feeling like we are in the same boat. Next steps: bring together other associations as a task force to address these concerns.
- Local Advisory Council – we are in educational mode, learning about the role of local advisory councils and had some conversations around what was not working.
- Integrated Care & Access – arranging a discussion about what we could do to engage folks in rural areas more and how do we get beyond just having resources that nobody takes advantage of. Discussed how to strategically spend the American Rescue Plan (federal) funds. It is one time funding so we need to think how things can become sustainable. Need to address the closure of children's beds and how best to utilize the existing services to alleviate the shortages and access issues for kids.
- Family Systems, Prevention, Intervention, and Supports – have been doing some recruitment of members. Next meeting is going to be 10/18 at 4pm. Priorities: what can we do to help families



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navigate the mental health systems, kind of a population approach to helping families; provide support for families who are dealing with multiple different stressors; family peer support.

#### Next steps and closing

- Submit meeting invoices to [mhadvisory.council.dhs@state.mn.us](mailto:mhadvisory.council.dhs@state.mn.us) as soon as possible; remember you can submit invoices for workgroup meetings. All invoices must be submitted electronically – cannot process invoices mailed/faxed to the office. Please reach out to Abbie if you have questions about invoices
  - If unable to sign invoice, include the following in body of email: “I hereby certify that the services and/or expenses listed on my invoice have been rendered or incurred, are correct and just and that payment has not already been received.”

#### Next Council/Subcommittee Meeting:

Date: November 4, 2021  
Time: 10:00am-1:00pm  
Location: WebEx Only

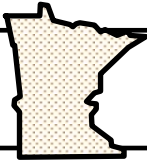
#### Request:

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.

#### Updates from state agencies:

##### DEED / Vocational Rehabilitation Services (VRS):

- Thank you to the disability advocates and advocacy organizations, DEED-VRS and DEED-SSB Community Partners, and individuals and their families who joined us on August 3, 2021 for the **DEED-VRS and DEED-SSB Strategic Overview Townhall**. Commissioner Steve Grove, DEED-VRS Director Dee Torgerson, and DEED-SSB Director Natasha Jerde provide information regarding DEED’s evolving service model for Minnesota CareerForce, DEED-VRS, and DEED-SSB. A recording of the Townhall along with reference materials are available online under “[Forums.](#)”
- Minnesota Governor Tim Walz has declared October as [Disability Employment Awareness Month](#). This year's theme is "America’s Recovery: Powered by Inclusion." National Disability Employment Awareness Month (NDEAM) is held each October to commemorate the many and varied contributions of people with disabilities to America’s workplaces and economy. The Minnesota Department of Employment and Economic Development, VRS and State Services for the Blind are marking the month in multiple ways, including virtual events, new disability inclusion resources for employers and more.
- CareerForce is Minnesota’s workforce system which consists of 50 locations across the state. Not all locations are currently open for in-person support, but all of them are providing online or phone support to career seekers. Expert staff can guide job seekers through all steps of job search and career planning. They offer many programs and services such as the [Dislocated Worker Program](#), [Veteran Services Program](#), [Youth Programs](#). You can find job search



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appointments near you at [careerforcemn.com/events](https://careerforcemn.com/events) where you can register to reserve a time to meet with staff either in-person, over the phone or online. Career seekers can also find a list of upcoming [online career fairs](#) with employers looking to hire for a wide variety of high-paying jobs. Watch this month's forum discussion on [DEED's YouTube channel](#).

- DEED released [jobs numbers](#) for the month of August. Minnesota up 4300 jobs, a cooling after a red-hot July. The current unemployment rate is down at 3.8%, a small decrease from the 3.9% for July. The U.S. unemployment rate also fell to 5.2% from the 5.4% from July.

#### **Minnesota Department of Health**

- MDH has received a Pediatric Mental Health Care Access Expansion Grant. We plan to use the funding to increase use of and enhance the state's Pediatric Assistance Line (PALs) as well as work with pediatric primary care providers to increase their capacity for screening for and responding to mental health concerns in children and adolescents.

## Workgroup Minutes:

### **Family Systems, Prevention, Intervention, & Supports**

No meeting this month.

### **Integrated Care & Access**

Minutes of 9/17/21 meeting

Attendees: Dave Lee, Claire Courtney, Claudia Daml, Sam Smith, David Nathan, Mary Kjosling, Michael Trangle

- Minutes were approved as is.
- Prior to the meeting Cynthia Christensen (who was unable to attend today's meeting) shared the following in an email: "I have two people in mind to join the conversation about rural mental health — Monica McConkey, one of the two Rural Mental Health Specialists for the State of Minnesota and Meg Moynihan, with the Minnesota Department of Ag who is actively engaged with providing resources and supporting rural mental health. I would be happy to invite them to a Tuesday morning intervention committee meeting whenever it works — maybe the November meeting?" The group discussed this and thanks her for her work and decided to try to arrange for this discussion to occur where the most members can participate and learn from it i.e at the joint meeting of the Advisory Council and Children's subcommittee. If that is not feasible in a timely manner then we'll arrange for it to occur at one of our upcoming workgroup meetings and invite members of the larger groups.
- Elliot Butay has agreed to facilitate a discussion about new funding opportunities, issues in the criminal justice system, and lessons learned from the Clay County study.
- Talked a bit more about more mental health resources yet ongoing lack of engagement by folks in rural MN. Considered trying to learn more from a recent State Fair panel, an APA (American Psychiatric Association) national Zoom call) where this was discussed.
- Sam Smith shared results of a recent NAMI consumer survey that highlighted ongoing problems (and potential deepening problems) with access; especially to inpatient psychiatric beds, PRTFs (Psychiatric Residential Treatment Facilities), and other residential facilities, with kids having it worse than adults. Basically all mental health services struggle with access delays and/or inability to get in at all.





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- Group discussed a looming deadline for recommendations involving the use of \$1.2 billion in 1 time ARP money. We agreed to draft a letter to leaders of the Advisory Council and Children's Subcommittee recommending that \$ be utilized for:
  - start up costs for new inpatient psychiatric beds planned for Children's Hospital, PrairieCare, and Regions Hospital
  - funding to enhance training for BIPOC professionals
  - mental health training for first responders
  - a 4-5 year study measuring access trends to psychiatric services (both inpatient and outpatient)
  - a 4-5 year study measuring the ways that integrating mental health resources with police so as to learn which models/pilots work better and are more cost effective
  - a 4-5 year MN study to learn the extent that COVID 19 long haulers develop mental health symptoms and learn which treatments (if any) are better at alleviating symptoms and promote better functioning and quality of life.
- The group further discussed the waste of resources that has occurred in Wilmar where a great deal of \$ has been wasted building a brand new 16 bed CABS Hospital in Wilmar whose annual census has constantly dropped and is now 3 and is likely to stay there (based upon budget and inability to recruit). Should the space and beds be repurposed? Mary Kjosling will further research this and follow up with us.

Potential Agenda for Oct 19 Workgroup Meeting

- Welcome and Introductions -if needed
- Minutes
- Follow up on scheduling discussion of rural mental health needs
- Recommendations involving the use of \$1.2 billion in 1 time ARP money
- Follow up on CABS beds in Wilmar
- Other issues?

**Local Advisory Council**

N/A

**Mental Health & Juvenile Justice**

**Date:** 10/7/21

**Chair:** Cici Hughes

**Co-Chair:** Melissa Dau

**Attendees:** Cici Hughes, Linda Hansen, Rod Peterson, Michael Gallagher, Donna Lekander, Beau Ra Ra

**Agenda / Current Tasks:**

- What are the next steps to move forward with helping JJAC and us work together to increase collaboration between DOC and DHS? Look for opportunities to get this issue out to the public.

**Discussion:**

- The walls are so thick between the systems DOC and DHS that it is hard to know where to start. Linda reported on a case example of a young girl that continually needs to return to JJC as the



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other levels of care aren't accepting or being able to keep her long enough to build relationships with her. Michael's idea was to have an independent 3<sup>rd</sup> party clearing house that coordinates and has all the openings in the state. Staffing and experienced staff are also an issue. Licensing issues and risks for trying to serve these kids.

- There were several facilities that were allowed to close and have not been replaced. Would like to know how many beds MN currently has and where they are located, how many are full, where are the openings. Group homes are also closing. Hospitals report weekly how many beds they have and how many are full.
- Do we need a White Paper? The 2020 report to the Governor pages 13-14 is a start. Share and discuss with chair of state mental health and legislation mental health lead.
- DHS licensing could be both code enforcement and training/resources to help agencies be in compliance. Similar to the Joint Commission that monitors hospitals.
- Colorado named a state of emergency for children's mental health.
- New DHS commissioner, AMC, DOC task force
- Discussed Rule 20 kids where community services were not provided early.

**Action Items:**

- Senate file 116 research and bring back to workgroup, Rod Peterson
- Send email to group the week before meeting to gather agenda items, Cici Hughes – Ongoing
- Connect with DOC Licensing & Inspection unit to speak at next subcommittee meeting regarding mental health treatment for youth in corrections and Rule 29, Melissa Dau – Done
- Reach out to Juvenile Justice Advisory Committee Liaison to attend upcoming meeting, Melissa Dau – Done
- Invite Kirsten Anderson from AspireMN, NAMI (Sam), and Disability Law Center to come to a meeting, Cici Hughes – hoping for November meeting

**Next meeting:** 11/4/2021, 9am

**Mental Health & Schools**

N/A

**Outreach to Cultural Diversity**

**Chair:** BraVada Garrett-Akinsanya, Ph.D., LP (Absent)

**Co-Chair:** Jode Freyholtz-London

**Attendees:** Mary Kjolsing, Jode Frey-Holtz London, Amy Conant, Jennifer Bertram, Sam Smith, Maychee Mua (DHS guest)

**Reviewed topics discussed** in last month's meeting. Minutes not formally approved.

- **AMHI: Jode lead a discussion on Adult Mental Health Initiatives (AMHI)** and the need to increase participation / engagement of BIPOC Community. Maychee described the efforts she made at DHS to ease the application process such as encouraging potential members to send a short personal statement and then get support to formally apply. Sam Smith agreed that this is



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a valuable strategy and noted that the Emergency Shelter Task Force took a similar approach. Mary shared her experience in an AMHI and that they found success recruiting members through local mental health providers. Another challenge is that participation can be voluntary, which creates financial hurdles for some and may require a per-diem.

- **Policy Update: Sam provided a brief policy update and noted that state agencies are currently making decisions about supplemental budgets for the 2022 legislative session.** One important opportunity is to submit ideas for using federal American Rescue Plan (ARP) dollars. **The deadline was originally 9/17 but was extended to 9/30.**
- **Other areas to track include the waiver re-imagine project to ensure that BIPOC and mental health community have the opportunity to submit feedback.** Jennifer was interested in waiver re-imagine and also hoped that the subcommittee could address the violence in North Minneapolis, including the tragic death of London Michael Bean.

**Recovery Supports:**

No meeting this month.

**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/>