



---

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

---

January 4th, 2024, 10am-1pm

In-Person and Virtual Meeting

In Person Attendance, Department of Human Services, 540 Cedar Street (Anderson Building), Saint Paul, MN 55101, ROOM 2370, First Floor (Public Area)

Attendees:

Members: (Council) Rakesh John, Susan Hasti, Alison Wolbeck, Amy Jones, Anna Lynn, eth Prewett, Britt Olean, Clare Courtney, Dave Lee, Ellie Miller, Elliot Butay, Eric Grumdahl, Jode Freyholz-London, Eren Sutherland, Patrick Rhone, Peter Fischer, Sierra Grandy, Triasia Robinson, (Subcommittee) Cici Hughes, Lisa Hoogheem, Kim Stokes, Alyssa Greene, BraVada Garrett-Akinsanya, Corey Harland, Danny Porter, Dave Johnsons, Donna Lekander, Eric Grumdahl, Holly Hanson, Jeff Lind, Jennifer Bertram, Michael Gallagher, Nicole Frethem, Tom Delaney

Others: Sara Nelson (DHS), Kelly Deering (Alliant Consulting), Lea Bittner-Eddy (Alliant Consulting), Beth (IT), Pam Sanchez (DHS)

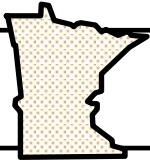
**AGENDA**

I. Welcome, agenda, grounding and housekeeping, – Lisa Hoogheem, 10:00 - 10:08 (started at 10:02)

- Please mute yourselves unless speaking
- Respectful guidelines reviewed
- Meeting being recorded for notetaking
- Chat is being monitored for questions
- When speaking, please share your name

II. Land Acknowledgement – Jode requests Volunteer Member to read, 10:08 – 10:10 (10:03)

- Read by Kim Stokes
- We, the members of the State Advisory Council on Mental Health and Subcommittee on Children's Mental Health, acknowledge that the wealth of this country was built on stolen land and with enslaved and underpaid labor of African American, Native American, and Immigrant people. We acknowledge that the recent global uprising, which was sparked by the murder of George Floyd here in Minnesota, paired with the COVID-19 pandemic, makes for a time of profound uncertainty, shame, fear, and distrust. We also recognize that despite those feelings, we all must actively challenge the impact of our own implicit biases and how they may influence our decisions as individuals and leaders.
- Furthermore, we recognize that racism also expresses itself in policies and practices that either target or erase BIPOC communities and erect barriers to their prosperity. Therefore, we pledge to be vigilant in monitoring the formulation of policies and



---

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

---

practices that produce harm to vulnerable populations. We also commit to being open to other people's truths as we acknowledge the resilience, creativity and generosity of the human spirit and we hold firmly to a persistence of Hope.

- With these issues in mind, we commit to dismantling systemic and structural racism by initiating and supporting policies, practices, and the allocation of resources that promote diversity, equity, inclusion, and shared power.

III. Member Roll Call via Padlet – Sara Nelson, 10:10 – 10:15 (10:06)

- Use link in chat or QR code at top of slide to sign in
- Can use phone if needed
- Add your first and last name, pronouns, whether you are a council or subcommittee member or guest and which work group(s) you are a member of

IV. Children's Psychiatric Residential Facility (PRTF) Crisis Stabilization Services, Lisa Hoogheem introduces Diane Neal (Deputy Director, DHS) and Nancy Just (Supervisor, DHS) - 10:15-10:45 (started at 10:07)

- Diane introduces Nancy
- Nancy introduces policy people for PRTF – Jessica Ortiz and Cassie Stewart (PRTF Specialist)
- Jessica = PRTF clinical and policy – PRTFs
- PRTFs provide active treatment for those under 21 presenting with complex MH conditions; in-patient level of care instead of hospital
- Deliver services under physician 7 days per week: family and group therapy, etc.
- Coordination with individual and their family and community-based providers
- Previously those under 21 weren't getting treatment needed and were boarding in hospitals
- Many were displaying highly unpredictable behaviors plus aggression or self-harm
- Needed to remedy this
- 2015 legislation directed DHS to enroll up to 150 PRTF beds with the goal of reaching up to 300 statewide
- Staffing, capacity and other challenges identified and exacerbated by Covid have created longer-than-usual wait lists
- PRTFs are unique in that oversight comes from several entities
- Must successfully complete for RFP and be enrolled in MN Health Care Programs (MHCP) to be eligible
- Must be accredited
- Certified
- Licensed
- All currently have on-site schools in tandem with district and MDE oversees educational piece
- List of 4 current providers (see slide)
- Some specialize in autism, male-only treatment, Nexus treating adolescent females
- Grand Rapids hoping to open this year
- Covered services =

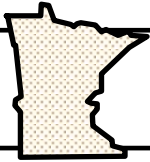


---

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

---

- Therapy twice weekly minimum
- Family engagement activities once per week
- Consultation with other professional including case managers,, primary care pros, community-based MH providers, school staff or other support planners
- Coordination of educational service between local and resident school districts and the facility
- 24-hour nursing services
- Direct care and supervision, supportive services for daily living and safety, and positive behavior management
- Discharge planning from Day 1
- Services covered outside the per diem rate
  - Arranged services provided by facility and by licensed professionals
  - Concurrent services in the community
  - Contact MN Healthcare programs Provider Resource Center 651-431-2700 or 1-800-431-5411
- Have leave days
  - Therapeutic:
  - Supports discharge plan
  - Doesn't exceed 3 days without approval
  - May be home visit
  - Includes support for family to support person
  - Get paid 75% of per diem to work on skills
  - Hospital:
  - Medical or acute psychiatric care
  - Doesn't exceed 7 days without approval
  - 50% of per diem rate while in hospital allowing hold of bed at PRTF
- Brief overview of PRTF Referral Process – Cassie
  - Must be under 21 yrs at time of admission
  - Services can continue until 22 years
  - Have MH diagnosis and clinical evidence of aggression or finding person is a risk to self or others
  - Functional impairment and history of difficulty in functioning safely
  - Must be referred by licensed MH professional
  - Medical necessity determined first to establish eligibility
  - Utilized and exhausted other community-based MH services or clinical evidence indicating those services cannot provide level of care needed
  - Requires psychiatric treatment under physician to improve individual's condition or prevent further regression so that services will no longer be needed
- MA FFS PRTF referral and eligibility determination (see slide for details)
  - Contact insurer
  - Similar to MA fee for service
  - DHS-7697 completed by licensed MH professional



---

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

---

- Contractor review process (AFMC)
- Determination made within 3 business days (approval, pending needing further information or denial); if approved or denied, individual and family would be notified
- Once eligible, admission to PRTF after reaching out to PRTF providers; AFMC performs clinical reviews every 90 days until completion of treatment
- [Dhs.prtf@state.mn.us](mailto:Dhs.prtf@state.mn.us) for general enquiries
- Questions
  - Dave Lee: are there updates on crisis stabilization services and Medicaid coverage?
  - Unsure of answer
  - Susan Hasti: what is the wait list like and what is mechanism for expansion of services? (RFPs or statewide program looking for partners to help develop these with high needs regional partners?)
  - Publishing another RFP soon in next month or soon; presenting information to MN counties, Native Americans, Indian Counsel, etc.
  - Rakesh: length of stay in PRTFs?
  - A: 3-6 months anticipated, but seeing 9-12 months; highly individualized
  - Chat: Heather Prior: How many beds in new RFP?
  - A: 100 beds left within state to reach 300 total
  - Eric: be cautious about RFP-specific details as it pertains to that process
  - Kim Stokes: How many beds are empty due to staffing shortages?
  - A: each site running below licensed capacity due to staffing challenges; Grafton 14/30, Hoffman 20/40, 33/48 and Nexus has 5 but just opened; DHS hoping to support facilities to bring up capacity
- Lisa thanks for the presentation and for giving contact information and for answering questions
- They appreciate the opportunity to share this information

V. Implementation of Office for the Department of Children, Youth, and Families - Jode Freyholtz-London introduces Elizabeth Ebot (Engagement and Equity - MMB) - 10:45-11:15 (10:39) (started again at 12:00)

- Hasn't joined meeting yet
- Jumping ahead to legislative process
- Cici says Claudia is out ill today
- Began presentation at 12:00
- Here to share information and continue the conversation
- Goal of conversation:
  - Provide brief overview of statute that established the new Dept of Children, Youth and Families and an Implementation Officer
  - Highlight recent implementation updates and progress
  - Share how we're connecting with community partners
- Vision 1.4m children in state including diversities and disabilities



---

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

---

- Assigning commissioner to solely focus on this population
- Coordinated, aligned approach across the state
- Current services live within structure and systems that often compete
- New DCYF will align outcomes and policy and pursue equity for children, youth and families across the state
- Will elevate priorities and fundings needs of children, youth and families
- Will focus local partners on improving front door for services, with goal to ease access and navigation for families and improve service
- Sharpen focus of state agencies to best address issues central to the people they serve; no one agency can tackle this
- Practicing child-centered government (see slide for details)
  - Families are asking for coordination, engagement and culturally responsive programs
  - Govt reports, cross-agency work, OLA reports and learning from other state have built the case for additional alignment
- Children's Cabinet tasked with working across state for whole-family approach for government decision making; improve outcomes for children and youth ultimately
  - Cross-agency teams have leaders, programmers, others
    - MH and wellbeing
    - Child care and early ed
    - Child wellbeing
    - Housing
    - Early beginnings
- Learnings from MH History and Governance
  - Still have critical need for coordinated childhood systems
  - Programs need to be easier to access
  - More funding to sustain program for equitable outcomes
- National trends and governance evolution (see slide for details)
  - 8 other states have had similar efforts
  - Washington state was example for MN
  - WA realized new agency has allowed for greater focus on children at state level and across state enterprise
  - More opportunities focused on children and family services to innovate how services are delivered
- Why?
  - Focus on whole family
  - Focus on children throughout their life
  - Consolidation of early childhood programs
  - Services easy to access
  - Access, coordination and equity
- 4 areas moving under this new umbrella
  - Child care and early learning



---

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

---

- Child support, child safety, and permanency and other family-focused community programs
- Economic support and food assistance programs
- Youth opportunity and older youth interventions
- Expectations over next year
  - Office will be created
  - Have team of 12 to work across impacted agencies and transfer agencies to DCYF
  - New Commissioner will be appointed, along with Executive Leadership Team
  - Guarantee employee protections
  - Engagement throughout internally and externally to communicate progress and to inform and guide decisions
  - Statute to support additional funding
- DCYF phases slide
  - Shows activities from 2022 through July 2025
  - Once stood up, implementation office will cease to exist
  - Arrows at bottom show system transformation, interagency partnerships and engagement and partnerships across sectors
- Programs identified to transfer
  - DHS children and family services
  - Office of Inspector General DHS
  - HR, Finance, Compliance
  - Program for Early Learning Services Division except for children with special needs remaining in Dept of Ed
  - After school community learning program
  - Juvenile justice from public safety
  - MDH Help Me Connect
- Timeline for moves
  - July 2024 – July 2025
  - Will be paused or canceled if impacting quality of service delivery
  - Want to ensure seamless transfer
- Some agencies have proven too big to focus sufficiently on children and families
- Shared org structure chart – see slide
  - DCYF will have Operations and Management (Comms, Legal HR, Reporting), Equity and Engagement (Tribal consultation, County partnership, school district partners, community engagement) and Cross-agency workstreams (staff and labor relations, compliance and legal, budget and finance, organizational planning, IT/data, vision for policy and equity)
- Transition Report due March 2024
  - Need input from stakeholders and recommendations for improvement
  - Called out from legislature
  - Want to go above and beyond this
- External engagement



---

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

---

- Hosting listening sessions, town halls, surveys, advisory councils, organizations, etc.
- Discussion questions will be left with Council; want this group to be strong advocates for MH community
- Highlight key ways to stay connected
  - Implementation office newsletter monthly
  - Website at [mn.gov](http://mn.gov)
  - Email [DCYF.implementation.MMN@state.mn.us](mailto:DCYF.implementation.MMN@state.mn.us)
  - MN story collective – run from MMB and enterprise-wide to share experiences; hope to inform policy changes
- Questions:
- Chat – will slides be shared?
- A: Yes, Sara has them
- Jennifer: When will Commissioner be named publicly?
- A: Before July 1; creating timeline with Governor's Office now
- Anna: will children's cabinet continue and what's the diff?
- A: yes; they provide recommendations across agency; will coordinate with DCYF to align; doesn't make policy recommendations and have own budget
- A: Erin Bailey is leading transition office so will still work with this Council as part of work
- Role of Ombudsman's Office moving forward; they liaise across agencies
- A: don't represent Ombudsman's office; their connection to families and constituents and advocating at state level through agencies will continue; DCYF is simultaneous expansion; cannot leave children and youth out of policy decisions; this will be the focus of the new office and Commissioner
- Many things merging are deep-end services; is there concern this would further distance or unbalance the continuum of services?
- A: is concern it will take away from other programming?
- Yes, consolidations are deep-end. Will that focus be expanded, creating more of a gap?
- A: external feedback has been that programs transferring have not received focused deserved where they currently live; are often disconnected from other agencies; want to be connected to continuum of care; hope to achieve the inverse by pooling agencies under one roof
- Nicole Frethem: speaking from moving office; during 6 years in department, needs and expansion were buried due to Olmstead focus, MSOP lawsuit focus, MNSure issue, which took Commissioner's time; now looking forward to focusing on work needed; legislation in place for new Commissioner to blend existing programs to make them more accessible to families and communities; goal is to get more attention and to expand accessibility
- Apologies she's got to run to another meeting; please email her with other questions
- Lisa was glad we got opportunity to have robust discussion with Elizabeth; can have her back in future if needed



---

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

---

VI. BREAK 11:15-11:25 (taken at 10:51)

VII. note Brit Olean joined meeting 11:04

VIII. Reimagine Black Youth Mental Health, Cici Hughes introduces Anna Lynn (MDH) - 11:25-11:40 (11:02 – going early due to Elizabeth Ebot being late; ended at 11:20)

- Overview of grant and policy identification process
- Excited to launch project in 2023
- 3-year grant from Office of Minority Health
- Aim = identify and implement local policies to improve black youth mental health
- Partnering with Brooklyn Bridge Alliance for Youth in Brooklyn Park
- How to define and talk about MH? Typically use WHO definition talking about resilience and what it takes to thrive; everyone can see selves in definition
- Focusing on improving: sense of belonging, social competency, parent and peer relationships, personal growth, empowerment, positive identity
- See slide of chart on student survey data showing decline for black youth across all domains previously listed
- Brooklyn Park and Brooklyn Center are highly diverse and including people from across the African diaspora
- History of youth leadership development
- Much engagement with youth and City leadership
- Not service organization; about building capacity and leadership
- Consistent philosophy and approach
- Who will be centered?
  - 10,400 black youth ages 10-17
  - Live or go to school or connect with Brooklyn communities (live, work or play)
- Goals
  - Focus on black joy; lifting up things that are good about black people; honoring diversity and strengths
  - Change the conditions that perpetuate harm; inherent in changing policies
  - Strengthen the ecosystem; broader than community organizations; includes families, schools, youth, partners, etc. all those that contribute to wellbeing of black youth
  - Model community-driven change; includes partnership with local community and state to share power and to lead policy change; builds self-determination and capacity
- See slide – demonstrating effective policies to promote black youth mental health
  - 1<sup>st</sup> step = Identify policies impacting black youth mental health
  - Implement policy change in 3 settings





---

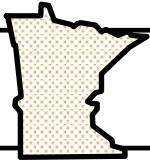
STATE ADVISORY COUNCIL ON MENTAL HEALTH  
*and Subcommittee on Children's Mental Health*

---

- Much evaluation and dissemination goals
- Shows flow of MDH's work
- The approach is black- centered, youth-led, community-driven and with local/state partnerships
- Key milestones
  - Established advisory council - 2023
  - Established State resource team across 10 state agencies - 2023
  - Black Joy Retreat July 2023
  - Black Youth Summit October 2023
  - Reimagine Black Youth Mental Health event November 2023 including state and local leaders; over 150 attendees and research leader presented about community protective measures for black communities
  - Working on next steps now
- Policy areas – from summit and based on 9 months of conversations with black youth and leaders
  - Social media
  - Identity
  - Family
  - School
  - Safety
  - Will have greater clarity on policies moving forward
  - Want to promote more community-drive policy work
- Questions?
  - Chat: can members get slides? Sara has them to send out along with summary report for year one and for the event
  - Jode: Next steps are to summarize youth summit and involve youth in prioritizing policy development; implementation then evaluation; thinking how these efforts can be used across other communities; inspiring shifts seen already in these communities
  - Youth have talked about wanting to see more black teachers in schools and leaders in government; impacts sense of wellbeing and belonging
  - There are endless possibilities: access to low-cost sports is one door opener
  - Sara: Was November event recorded? No. Have slides to share with Sara for distribution
  - See also website
  - Cici thanks Anna for the contribution
  - Lisa thanks everyone for their grace as one presenter is unable to attend and Elliot will be next

IX. NAMI/MN Legislative Network Update, Lisa Hoogheem introduces Elliot Butay (Sr. Policy Coordinator, NAMI) - 11:40-12:00 (start at 11:24)

- Sharing own slides
- 2024 Session



---

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

---

- 2<sup>nd</sup> year of the biennium – “policy and bonding year”
  - May likely have a supplemental session
- \$2.4b surplus
  - Legislators not advertising this
  - Looking at future deficits and funding past efforts
  - Don't want to spend much more money
- Session begins Feb 12<sup>th</sup>
- Deadlines will be around end of March/early April when omnibus bills will be developed
- **Mental Health Day on Hill = March 7<sup>th</sup>** – save the date – all invited to participate
  - education/training session in morning
  - help people set up meetings with legislators
  - rotunda rally including speakers and legislators
- MHLN Bluebook – priority list for year; given to all legislators; **happy to share with this Council**
- NAMI works in collaboration with many others so these represent a collective approach
- MHLN priorities
  - ACT Team Policy issues
  - Increase funding for protected transport under NEMT
  - Add occupational therapy to Adult MH Rehab Servs
  - Fund voluntary engagement program for early intervention
  - Fund an Emerging Bipolar Disorder Program
  - Allowing texting under targeted case management
  - Require MMB to conduct an evaluation of financial impact and ROI of moving recurring grants into a reimbursable formula (crisis, school-linked, FEP) rather than a competitive grants program to help address sustainability
- **Elliot will share slides with Sara for distribution**
- Priorities for children
  - More peer specialists
  - Increased funding for respite care and licensed homes
  - Youth transition care grants; get more funding to sustain
  - Children not boarding in ERs
  - Infrastructure development to support CIBHC, Youth ACT, In-Home, CTSS, CIBS, ...
  - Children's licensing categories updates
  - Doing away with disciplinary room time; now gone and looking at original rule to better standardize residential care and training
  - School-linked ongoing funding
  - Working with legislators to sustain funding and to avoid high/low funding which challenges budget setting



---

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

---

- MHLN priorities
  - Increase outpatient rates
  - MNCare coverage of room and board for adults accessing intensive residential treatment services and residential crisis services
  - Allow reporting and reimbursement of estimated direct staff and facility improvement costs in coast based MH services
  - Eliminate co-pays for MH meds in jails
  - Fund jail social workers
  - Create new Juvenile competency restoration system
  - Require peace officers to be 21 years or older (currently silent)
    - Don't think arming 18 year olds is a good idea
  - Fund warmlines
  - Better align expectations for mobile crisis response; add 988 call center referrals as a priority
  - Increase mobile crisis funding for next biennium
  - Fund college-linked MH grants
  - Fund and require MH screening of students K-12
  - Ensure access to telehealth in schools
  - Create DEED task force on employment for people with mental illnesses; don't fit into traditional vocational rehab services
  - Increase funding for evidence-based employment program for people with mental illnesses (IPS is successful program in this area; needs sustaining funding)
  - Increase funding for HSASMI grants
  - Access to supportive housing services and investment in housing services to match infrastructure
  - Coverage under Medicaid for collaborative care, coordinated by specialty care and child mode for NEMT
  - Continue Uniform Service Standards updates
  - Adopt the SUD rate recommendations
  - Develop a group peer recover rate
  - ASAM certification/Alt licensing inspections
  - Submit a 115 waiver for incarceration
  - Expand list of qualified SUD staff
  - Expand alt paths to licensure
  - Other technical and workforce issues
  - Change clinical trainee definition to mirror practitioner to allow post-intern and pre-program completion employment as a clinical trainee
  - Align peer standards with SAMHSA and create board to track cert and CEUs
  - Increase funding for loan forgiveness program for MH profs
  - Add 'rural' to supervision funding statute as priority
  - Create and fund MH and SUD workforce center at MDH



---

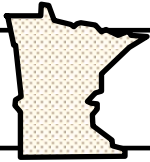
STATE ADVISORY COUNCIL ON MENTAL HEALTH  
*and Subcommittee on Children's Mental Health*

---

- Expect to have these in legislative recommendations
- Other issues
  - Still looking at cannabis implementation
  - School resource officers
  - 48-hr task force
  - Competency attainment
- Questions?
  - Dr. B: wonderful job; overwhelming due to many priorities; outreach to diverse communities hopes to reach out to let communities know what's going on and how they can give feedback on process; are there others on the MHLN who can share perspectives on how these issues impact their communities?
  - A: always open to feedback; public info; all priorities are linked on website; can send any feedback to Elliot; happy to meet with groups/providers; Wilder Foundation and other groups focused on equity are represented on the MHLN; somethings may be difficult to change now, but please let him know about any major concerns
  - Dr. B says issue is how to bring people into process? Coordinating with county/tribal government pulls in people, but other issues seem to lack cultural or ethnic priorities represented; wants NAMI and MHLN to be open to feedback and input from diverse communities; would have been nice to have been included earlier; in future, how can people weigh-in on priorities?
  - Elliot: hears Dr. B and is happy to consider more formal way for meetings to involve others; **can get list of members and send to Sara for distribution**
  - Lisa thanks Elliot for comprehensive presentation
  - Moving back in agenda to Jode to introduce Elizabeth

X. Overview of Legislative Recommendations Process, Cici Hughes - 12:00-12:15

- Sara sent out templates for legislative recommendations; need to change dates from 2022 to 2024
- Promote legislative change to improve MH services and systems for adults and children in MN
- Each workgroup is charged with developing 3 or 4 recommendations to bring to legislature
- Put in template and submit to Council
- April/May meetings will be reviewing recommendations (2-3 in each meeting) and voted on for inclusion or editing
- Legislative recommendation timeline – see slide for specifics



---

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

---

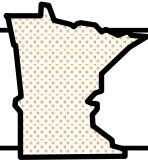
- Jan – groups identify 3-5 priorities and drafting recommendations
  - Each workgroup indicates a problem statement of 1-2 sentences, include background information and data;
  - Identify who must take action – Governor? Legislators? Specific state agency?
  - Action plan is included in template; who does what next; will also help track
  - Recommendations need to be in to Council by March 15<sup>th</sup>; Council needs to review these first so the sooner the better
  - Will be presented and voted on
  - Once approved, will go through DHS editing process, then go to publisher which takes time, then report to Governor goes out October
  - Eric: process used for 2022 report added step to elicit feedback from state agencies; doesn't see window on current timeline for state agency input and questions if this is still part of the process; **Cici says leaders will discuss and add**
  - Eric points out the responsibility can be time consuming as some agencies had several pages of responses
  - Other questions/comments?
  - Dr. B: Outreach to Diverse Community members re-read recommendations to ensure they were explicit in commitment to equity and diversity as all recommendations are written
  - **Dr B will send out checklist** for workgroups to use when formulating recommendations to ensure these areas are central to all recommendations
  - Template has “What is impact on diversity for each recommendation?”
  - Sara thanks Dr. B for comment and stresses the time required to get recommendations in so that these aspects and state agencies have time to fully contribute to the process
  - Anna via chat; need more clarity about state agency response
  - Eric: 2022 report many reps talked about benefits of having formal response and statements from state agencies to see impact of Council's work; was helpful for Council to ensure barriers and issues involved in recommendations; want recommendations to be fielded and responded to; time intensive; tried last time for agencies to respond BEFORE recommendations; may or may not be possible this time
  - Taking break now to contact presenter
- Lisa says, due to time lacking, updates will be garnered via other ways noted below.

XI. Workgroup Updates – Jode Freyholtz-London - 12:15-12:30

- Please **come prepared to** give updates on top priorities in future meetings

XII. State Agency Updates – Cici Hughes - 12:30 – 12:40 – **please submit in writing**

XIII. Updates from Members – Lisa Hoogheem - 12:40 – 12:50



---

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

---

XIV. Membership and DHS Updates – Sara Nelson - 12:50 – 12:55 (12:44)

- New RSVP worked well; thanks to those who did this; average time to complete was 33 seconds; please use in future; 21 people RSVPd; helps plan for next meeting
- Questions about invoicing; finance department is asking **when submitting invoice to list one meeting per invoice and one invoice per email; don't combine; need digital or signed signature on each separate invoice; contact Sara with questions;** per diems are for one meeting day only;
- Term has officially ended
- Appointments expect to be made in early March; Chairs working on this
- Several positions are still open
- Please stay in position until someone new takes the place; so attend through March meeting; this will also be MH Day on the Hill; ask Sara about term times; continue going to workgroup meetings
- Sara shares complete list of currently open positions; working on flyer to distribute info about Council and to access SoC website;
- If you reapply, please submit all information requested including cover letter, resume and published work; being reappointed is not guaranteed; update contact details; some emails have bounced back; please also let leaders know if not reapplying
- Thanks for all the hard work

XV. Closing and Adjourn – Lisa Hoogheem - 12:55 - 1:00

- Lisa invites updates from member or for thoughts on presenters; want meetings to be dialogues; thank you for joining

---

**Thank You!**

The next State Advisory Council and Subcommittee on Children's Mental Health is  
February 1st, 2024, 10:00 – 1:00

January meeting minutes and resources from guest speakers will be emailed to members.