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

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September 5<sup>th</sup>, 2024, 9am-11pm

**Attendance (bold = in-person)**

Council: **Alison Wolbeck**, Amy Jones, Anna Lynn, **Claudia Daml**, **Dave Lee**, Ellie Miller, Elliot Butay, Jennifer Springer, Mary Kjolsing, Jody Freyholz-London, **Rakesh John**, **Sierra Grandy**, Shanna Langston, **Susan Hasti**, Britt Olean, Patrick Rhone, Angie Schmitz, Peter Fischer, Triasia Robinson Katie Twyman=Metzger Total = 21 (quorum = 15)

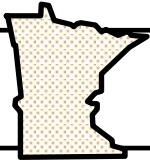
Subcommittee: Alyssa Greene, Bekki Baineau, Danny Porter, Dave Johnson, **Cici Hughes**, Debra Peterson, Donna Lekander, Erin Marrone, Holly Hanson, Jeff Lind, Jennifer Bertram, Michael Gallagher, Tom Delaney Total = 13

Other attendees: **Sara Nelson**, **Lea Bittner-Eddy**, **Kelly Deering**, David Vomastek, Beth Rye, Heather I (DHS)

Absent: Damir Utrzan, Cynthia Christensen, Beth Prewitt, David Nathan, Eren Sutherland, Jessica Gorneau, Dr. Bravada Garrett-Akinsanya, Addyson Moore, Lisa Hoogheem, Corey Harland, Kimberley Stokes, Mandy Goh, Nicole Frethem

**AGENDA**

- I. Welcome, grounding and housekeeping, – Claudia Daml - 10:00 - 10:08 (start 10:00)
  - Opens meeting and welcomes participants
  - Please mute yourselves unless speaking
  - Use the raise hand feature to indicate a desire to speak
  - Respectful guidelines reviewed
  - Meeting being recorded for notetaking
  - Chat is being monitored for questions
  - When speaking, please share your name first
  
- II. Land Acknowledgement – Claudia Requests for Member Volunteer, 10:08 – 10:10 (10:03)
  - (Dr. Bravada reads) 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.



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Therefore, we pledge to be vigilant in monitoring the formulation of policies and 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~~ chat – ~~Sara Nelson~~, 10:10 – 10:15 (10:04)

- Asked members to enter details into chat due to no access to Padlet and Sara's absence
- 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. DHS BHD updates – Cici Hughes introduces Diane Neal speaking on behalf of Kristine Preston (DHS) - 10:15-10:25 (10:07)

- In role 1 year as Deputy Director of Behavioral Health Division (BHD) in DHS
- Sharing updates
- BH Housing and Deaf and Hard of Hearing Admin was split into Homeless, Housing and Supports under Eric and BH Admin led by Teresa Steinmetz and with Kristine Preston as Deputy; Kristine unable to attend today due to a family funeral and sends her regrets
- With this split units can focus more on areas under their remit
- New Assist Commissioner Teresa comes from Wisconsin as Director of Bureau of Prevention Treatment and Recovery, along with SUD and prevention, harm reduction, treatment and peer support background
- Has worked for 5 yrs w Children's Youth and Family Systems and 5 years as area administrator; 10 years at BH Ctr working w counties and private agencies
- Worked privately for tribal nation and has worked with other tribal nations
- She will attend future council meetings and will introduce herself and her new role during this transfer

V. DHS BHD Legislative Updates – Cici Hughes introduces Diane Neal - 10:25-10:40 (10:11)

- 2024 legislation updates
- Added MH practitioners to being able to work with children in mental health crisis
- Diane came into role during transition and found not much implementation was needed
- This year focused on partnering with other departments and agencies to get implementation moving; demands assignments to specific individuals; Diane has assigned people in her area to transition; **if you aren't familiar with process, please reach out to Diane with questions or information needed**
- Specific questions about clinical trainee expansion or other areas of interest to group?
  - Susan Hasti: family member with MH issues found it difficult to access BH system for both patients and family members; single point of access would



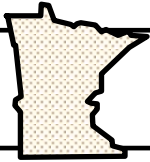
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make things easier; now that BH is in one division, something parallel to 911 access as single point of access; once in, navigation is very challenging

- Likes idea of access; challenge is that BH for MH and other divisions such as child welfare; great conversation will be how to engage with others to simplify knowing who to go to; describe challenges
- Not knowing where to go and who to contact within BH and having access to assistance for who to contact
- Diane hears “hub for DHS” similar; right now each county has own door so statewide system is complicated; big ask but great idea
- Would like to discuss what this would look like; ability to look things up easier; unsure of timing; may take long time due to largeness of effort; what would short-term assistance look like? Easier pathway to guest services and knowing services available without feeling overly complicated?
- **Will talk with Kristine about the potential**
- Rod: had similar problems in counties with housing access and lack of clarity on who to go to for specific issues; social workers didn’t know; county got grant and brought in housing specialist; could be replicated in BH; takes someone with knowledge of many avenues and where and how to direct; complicated, but helpful to all – practitioners and those seeking services
- Sierra: are you talking about emergency services or any services to assist with?
- Susan: all services; called number on back of insurance card to access services which eventually led to person who appropriately directed to services and local contacts to begin search with; this year family member needed help and had no number to call to begin search; no care coordination; left on own to find resources; some places didn’t have openings for months; time spent trying to find short list of potential contacts was overwhelming; unsure what care coordinator would need and what level of care was needed – intense, acute, etc? DBT? CBT? Difficult for regular community members to sort out jargon; need triage voice;
- Comparison to 911 may not work as this is for emergencies; requires more complex response; other resources to access may not be well publicized
- Can we build triage structure similar to having a care coordinator direct to short list of potential contacts
- Cici: each county could have door/number to assist
- Katie: United Way and Fairview’s empath model may be helpful; is one point of contact most desired? Easy to get frustrated with process and to abandon efforts
- Cici calls attention to comments in chat;
- Dave Lee: thanks for asking the question; Dir of Services for Carlton County; if health systems were better designed to include MH as part of services, would be ideal; counties are one door to receive comprehensive MH care; health systems seem to prioritize MH lowly; expect when calling healthcare provider, to be able to be directed and to access MH care as part of comprehensive



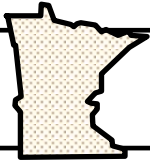
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services; vast majority of MNs don't want to go through county/govt agency and want one door access for all needs; need system to be funded well and to cover MH care

- Jen Springer: access can be so complicated – 911, 988, can be confusing; people may not have wherewithal or bandwidth to access or to wait (sometimes years) to get help needed; feels like a fight to get needed services; need to band together to simplify services and access
- Diane: focus is on integration with simplicity the theme; all areas should have ability to direct to appropriate services and it doesn't always work this way; lack of clarity in terms of state/county access; want simple triage; don't want to call many different place or have to wait long for treatment and services; how to make it simpler than getting diagnostic assessment before treatment? Crisis for a family or individual may be different than medically defined 'crisis'; need to increase capacity and access and opportunity and not let people fall in the cracks; this investment is new; will focus on how to gain services; access no use if team isn't in place; trying to find other ways to do this; making access easier is ongoing discussion and to define actionable steps; identify short-term fixes and focus on long-term gains; hub, non-critical, simplicity and
- Wayne: people directed to ERs as default and MH patients end up in ERs where long-term services are needed; lack of bed availability; Hibbing over capacity for 2+ years; need to get people in that need help and take burden off ERs; have been placing people on 72 hr holds which doesn't help;
- Diane: wants to alleviate people being stuck in hospitals and other areas; need to know what to build for future and what is needed now; would be helpful to get thoughts and ideas from this group; includes enticing people to go into professions and knowing which professions are needed; supporting families in sustainable ways; wants to hear more and move to action quickly; want to be proactive; knows the cycle; needs ideas for investment in workforce; don't have all the answers; on same page as council;
- Jode: hired more certified peers; need upstream support; have warm line contract with 2800 calls; 700 interactions; many people are not using more intensive services because of having someone to talk to; 20 applicants to recent opening; would like to meet quarterly with Diane and Kristine to discuss upstream services and avoiding crisis; peer supports know situations to bring to table on what works and what doesn't; emergency room feedback on people staying for weeks waiting for appropriate place to go; primary care hospitals also giving input
- Diane: under EJ Dean's team adding MH person to focus on RFPs and get training out for peer support; trying to figure out sustainable support for peer services and interventions; flip side is what is burden on professional overseeing non-licensed person; how to get reimbursement? How to support supervisors? Proposing more training for this; **happy to meet with Jode regularly**



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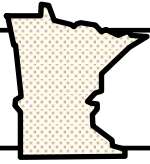
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- Diane's contact [diane.neal@state.mn.us](mailto:diane.neal@state.mn.us)
- Claudia: wants to highlight council's previous recommendations which were published in 2022 and they are ready to propose new recommendations before end of year; here to advise Governor and state leaders; hope Diane taps this group when making priorities and goals and reviews recommendations from group as they take 2 years to develop; invites Diane to return on a regular basis to consult with this group
- Diane: appreciates the opportunity; Kristine and Mike Gallagher will be regular attenders of meetings; Diane also remains available for contact
- Diane familiar with systems as parent and provider; wants to ensure people get what they need; acknowledges things move slowly; being on same page is good start;
- MH team is expanding and growing as part of this transition; would like to share updates with this group regularly;
- Angie: from greater MN and represents family members; have long way to go with 988 and other resources; from personal interaction standpoint; glad peer supports are being invested in; chair for recovery supports workgroup; family becomes backbone in absence of services; investment in train the trainer for family and peer supports to have tools to assist; 988 advertised for people in trouble, but has been frustrating for those around those experiencing MH issues;
- Diane: highlights 3 areas of peers: family, MH and recovery; knows how challenging it can be to get answers; will simplify and have train the trainer training or native areas and BIPOC people for people to grow (culturally specific) skills; families weren't utilizing appointments due to overwhelm; too many points of contact for people to be able to navigate; wants to look at streamlining; need hub to find peer, specific services, etc. and how to access;
- Cici thanks Diane

VI. Introduction of new council members – Claudia Daml – 10:40 – 11:10

- Wants to do better job of introducing new members
- Invites members to come off mute and to turn on cameras
- Introduce perspective held and areas of specialty, plus why they joined the council
- In spirit of new introductory process, wants all members to introduce selves so that new members can meet group
- Katie Twyman-Metzger: she/her; rep consumer position; accessing MH services since middle school; also recently finished MA in Public Health; have combined personal experience within the systems; experience in youth and trauma-informed care;
- Wayne – unable to get off mute; RN; later able to speak; Psychiatric RN; worked 17 years in corrections; familiar with system; hoping to share experiences and things that have/haven't worked with group; advocate for change to streamline system to work for all; get people the help they need; at crisis point and in fragmentation in healthcare system; have work to do



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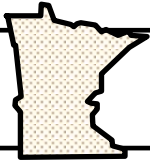
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- Angie; hasn't heard back from application; Sara advises to check spam as she's been reappointed
- Claudia invites those reappointed to introduce selves to new members
- Rod: Dodge Co Commissioner and active with MH Assn of MN Counties; originally took role as Chair of Hlth and Human Servcs Cmte and had no knowledge of MH issues; has been enlightening; brings back issues to LAC to promote with legislators; has tried to get other county commissioners to join so reapplied; has 2 more years as Commissioner then retires;
- Dave Lee: Carlton County; retiring in January and won't be eligible for role after January; was practicing psychologist; hopes to continue in another way; been involved in integrated care and MH Day at State Fair
- Eren: camera not working; they/them; rep of MN Disability Law Center; protection and advocacy center for ppl w disabilities; monitoring and investigations; unique to their work; have access authority to request information where ppl are receiving services; try to approach systemic issues in collaborative way; address entrenched issues in collaborative way; previously worked with MH grants; immigration atty before that; come to work as person with MH diagnosis and family members with MH disabilities;
- Cici: Subcommittee as provider reps for children, youth and families; now on council as family member; will continue work on both councils
- Laura Jean – Subcommittee who works with policy; PACER rep
- Mary Kjolsing: member for many years and has been reappointed; retired Psych nurse and MH administrator; has adult son with schizophrenia
- Sierra Grandy: has been coming to meetings but still doesn't know everyone; could all members introduce selves?
- Claudia: agrees wanting members to know each other, especially due to remote meetings; will come back to introductions time permitting
- Dave Johnson: long-time member; special ed teacher in Bemidji

VII. MNLN updates – Jode Freyholz-London introduces Elliot Butay - 11:10 – 12:00 (11:21)

- Having technical difficulties hearing Elliot; taking break now and will return to Elliot after break
- They/them; Sr. Policy Coord at NAMI
- Outcomes of MN's legislative session – sharing own slides
- Legislative process; Elliot is registered lobbyist and member of council
- State Advisory Council (SAC) provide advice to Governor
- Has 2 year cycle with budgets set every other year
- NAMI MN has own platform and is part of MN's Legislative Network; other SAC members belong to network and can attend meetings
- Platforms overlap between NAMI and SAC
- CEMIG funding increased to \$3M/yr through statute in 2023
- School Services – billable services clarified, student support personnel funded at \$64M in 24/25; school linked grants funded at \$14M in 2024 and \$12M in 2025

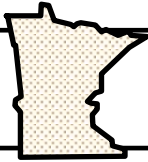


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- Telehealth in Schools: telehealth appointments are excused absences and schools must provide space for appointments
- Parity: MH parity and SUD Accountability Office in the MN Dept of Commerce established; director recently hired and is on call today (Angie)
- Collaborative Care: private health plans must cover collaborative care; work continues to get coverage under MA
- Juvenile Justice: eliminated life without parole; ended disciplinary room time and regulated strip searches; lower age of delinquency moved from 10 to 13 in 2026
- Recovery peers: DHS workgroup to make legislative recommendation on billing practices, supervision and regulation
- Housing: \$1B in housing investment (largest ever)
- \$10M each biennium for Bridge rental Voucher for ppl with MH to qualify and get housing while waiting for section 8 housing; \$1M for landlord risk mitigation funds; emergency calls protections and tenants' rights (Council wrote letter in support of this); employment Individual Placement and Supports (IPS) funding extended to 2025; has proven successful in past; lacks stable funding
- Rates: many services will now receive inflation adjustment; resource-based relative value scale (RBRVS) must be equal to 83% of the Medicare Physician Fee Schedule; adult day treatment received a 3% increase; rate study done by DHS over several years for outpatient services to compare reimbursements with federal rates; critical access rates which had been added on will sunset in 2025
- Questions: what about reimbursements for physical health?
- A: Member/rep Peter Fischer says same problem exists in medical services as well
- Transportation and distances most impacted
- What are recovery peers?
- A: Peers specific to substance abuse; family peer is one peer, mental health peers and recovery peers; some are certified as peer support specialist
- **Jode to share links on peers with members**
- Policy Peer Lead now held by former member Shelly White who could come talk to members more about work
- Wayne: who is supposed to enforce law around tenant's rights in MH issues? Is there an Ombudsman? Law no good if not enforced
- A: Rod: is attorney who supported landlord evicting someone receiving SUD treatment; tenant had public defenders representing them
- A: Eren: from Disability Law Center; haven't received intake calls; encourages people with issues to contact Disability Law center who can advocate for clients or connect them with attorneys; call intake # 612-334-5970; MN Legal Aid went to statewide intake system; causing confusion for users; this # will give direct access to appropriate assistance; invites Wayne to contact Eren directly to discuss further; matters regarding Health Care Bill of Rights; **Eren to send Sara information to distribute to group**
- Sierra: Homelinemn.org is another agency focused on tenant advocacy with volunteers to assist situations like this



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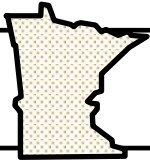
- A: Elliot: Atty General would be ultimately responsible for enforcing laws
- Detailed legislative summaries available via **link Elliot shares in chat**

VIII.BREAK 11:21-11:34

IX. State Agency Updates – Lisa Hoogheem – 12:10 – 12:25 (12:17)

- DOC – Shanna Langston: working on MH rehab investment act; starting in Jan 2025 looking at programs for incarcerated persons upon release; changes due to life sentenced individuals with comprehensive risk assessments due to raising of juvenile age to 13; peer supports in SUD in facilities; looking for continued staff training on MH needs
- DHS – Diane Neal: updates previously given; invites further questions; none received
- MDE – Tom Delaney: on Children's MH Subcommittee: many updates; much activity at MDE supporting school districts and charter schools; will **put all info in notes** for Sara to distribute; training in school MH system (research based framework) available w applications due tomorrow expecting historical high applications; many training opportunities Aug 8 school-bound MH systems; school MH conference; planning wrapping up now; **Tom will forward dates and registration info**; PBIS Aug 15<sup>th</sup> all-day event open for registration (links in info); 2024/5 cohort of schools doing PBIS training and linked to school-based MH work; national institutes for MH (federal) having national promotion of back to school MH resources and running campaign in August with many resources; can be part of effort by sharing resources of research-backed resources; Questions: Rod: anything on cyber bullying? School climate sector team with resources on this and in-school bullying; **Tom can send to Rod** and also available on MDE website; Rod questions if federal funding was available to focus on this; A: may have been part of larger efforts but Tom hasn't seen anything; more around social/emotional learning skills; Rod: difference between NIMH and NAMI; A: NAMI is national org making connection between people who need MH support and works to promote effective practices; HIMN is federal research in colleges and universities for components of MH disorders and effective treatment; Rod: is anyone going to training from Council? Schools put together teams and this is encouraged from communities; doesn't prohibit people working with schools to participate; need to support implementation of the PBIS system; fidelity is approach used – data collected and reviewed regularly to ensure best practices; Dr B: access to trainings and to what degree charter schools participate, esp those serving African American communities; A: charter schools are invited, however, it is more difficult to reach; **Tom will make point to ensure information is being received**; hard to confirm but will notify charter school team; **send school Tom's name**;
- MDH – Anna Lynn – no one present in meeting
- DEED – Claire Courtney: public voc rehab services; **put updates in chat**; new grant to partner w PACER (see link to press release) targeting low-income youth and young





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adults to transition into workforce; many RFPs but put some relevant ones in chat; check out competitive grant opportunities

- Other agencies: none
- Lisa thanks everyone for updates

X. Workgroup Meeting Updates – Cici Hughes - 12:25-12:40 (12:33)

- Groups have been working on recommendations recently; want general updates on focus of each group to inform future workgroups
- List on slide is on current workgroups and chairs
- Workgroup participation: each member is expected to serve on at least one workgroup for monthly meetings; chair submits meeting notes to council and subcommittee so they are available to other groups and interested people; consider whole-person, culturally relevant, social, whole-family, person-centered aspects and gather info from community where possible
- Please **bring up areas not covered for consideration via Padlet** (in chat); comments will be taken into account when considering new workgroups
- Outreach to Diverse Communities – all workgroups need to consider this element; review evidence and reduce disparities and increase proportion of racial providers to reflect general population makeup in MN; identify what's working and not working; hasn't received level of support needed; need reps from each workgroup to bring information back to workgroup; have talked about rotating workgroups but nothing has worked in past; access to technology challenging due to needing state employee in each meeting; Cici asks for questions/comments: Jode: hiring Dir of Cultural Engagement and will ask them to be part of this workgroup as part of their job; Lisa is parent and on subcommittee: this is everyone's job in thinking about outreach to diverse communities; it's what we are all here for; have breadth and depth of experience in members; provide more robust recommendations including diversity considerations
- Sierra: curious as to why this is a separate for outreach to diverse communities when every workgroup should have it as their priorities; could this workgroup show up to other workgroup meetings to reach out? Cici: many efforts have been tried; willing to receive suggestions via Padlet for leaders to consider in September; Claudia requests current meeting dates and times: **(link in chat)** on 3<sup>rd</sup> Wed of each month at 2-3:00; **Sara included link to SAC website** which has link to all workgroups and their meeting links;
- Integrated Care and Access – Mary Kjolsing – issues related to making care affordable and effective; getting better access; meet 3<sup>rd</sup> Tues of month 8-9:30am virtually
- LAC – Sierra – assists LACs with supports for advocacy at state and local level; small group; have good foundation; need help to build powerful tools; coordinate with LACs who help counties access MH care and resources; trying to map LACs and levels of activity and supports desired; meet day before council Wed before 1<sup>st</sup> Thursday 3:30 – 4:30;
- MH and Juvenile Justice: needs in system for children in or at risk of involvement in juvenile justice; meet before Council meetings; during split meetings, meet at 8:15



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rather than 9; have solid core group; always open to others; submitted many recommendations moving through legislature

- Family Preservation Intervention and Supports – Anna Lynn – not present; supports safe, stable, nurturing relationships to promote positive resilience; group meetings have trailed off; had talked about changing meeting time; reach out to Anna Lynn if interested; **see email in chat**
- MH in Schools – Amy Jones – not present; very active group focusing on accessing and improvement of MH resources for kids in schools; many recommendations in legislature
- Recovery Supports – Angie Schmitz – have struggled as group; haven't had many members; hoping to have new member joining soon; chatted with Family Systems and Supports to discuss potential combination to look at systems and supports; haven't been able to attend DEI meetings due to time constraints; questions? Dr B: have tried different models for workgroup members to also attend Outreach to Diversity workgroup; allows members of community to also attend; don't have to be council member; community members wanted to build diversity model to build on an integrate; community members not getting reimbursed for time like members; need to take this into consideration; **requests time to have significant discussion on these issues impacting policy recommendations in future meeting**; Cici says there is much room to improve but some changes have been made over years
- MH Awareness at State Fair – Dave Lee – have most volunteer slots filled from council; 5-8am filled and end of day filled out; need 11-3:30 slot filled; many t-shirts were ordered; stage acts filled; in good position
- Logistics Workgroup – involves working on bylaws; **Sara sending out Doodle poll to interested participants to schedule August meetings**
- Please use **Padlet link to provide suggestions** on workgroup changes
- Claudia closes meeting

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

XII. Membership and DHS Updates – Sara Nelson- 12:50 – 12:55 - tabled

XIII. Closing and Adjourn – Claudia Daml- 12:55 - 1:00

- Thanks everyone for coming

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**Thank You!**



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The next State Advisory Council and Subcommittee on Children's Mental Health is a split meeting on September 6th, 2024, Children's Subcommittee 9:00 – 11:00 and Council 11:00 – 1:00pm; All are welcome to attend both meetings.

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

Chat record: