

ABHI Children's Mental Health Initiative Meeting Summary (draft)

ICS Branch: **Legislative**

Meeting Date: **March 31, 2022 11:00 .m.**

Participants:

- Leon Flack – Community and Provider Liaison for Mental Health and Substance Use Disorders Services at UCare, attending in place of Mika Baer, who will be a regular participant
- Janis Allen – Range Mental Health Center
- Brittany Anderson – mental health worker for Grand Portage Reservation
- Hannah Alstead – Northeast Regional Outreach Director for Senator Tina Smith
- Diane Holliday Welsh – consultant for the Clarity Project in St. Lois County
- Jode Roberts – Early Childhood Community Hub Navigator for Cook County
- Heidi Seaton – Quality Assurance Director for North Homes Children and Family Services

Participants introduced themselves and identified their reason for attending or areas of specific interest related to this working group. Comments included:

- We are interested in this because we've worked extensively over the years trying to get services established for kids. We're in the schools, we are dealing with families and children in crisis, we are also part of the Clarity Project. Trying to be present and formulate any strategies where our agency can help.
- Interested in mental health and children's mental health, and happy to be here in a legislative conversation.
- Part of my responsibility is doing licensing and accreditation for all of our programs and services. Looking to be a part of this group to identify how we can simplify things for providers.
- Thru the Clarity Project and the exploration of behavioral health services, we are continually looking for opportunities for advocacy, to create efficiencies and to remove barriers.
- One of the big needs in our community is mental health support and substance use/misuse prevention. As I understand how Minnesota funds and supports programs, it seems as if many programs are funded as pilot project, which is not always sustainable. Legislation appears to be the avenue to seek and develop long term funding to sustain community health initiatives. Am applying to Project REACH at the University of Minnesota to learn how to communicate with legislators more effectively. Excited to jump into this realm as legislation and mental health impacts most of the families I work with.

Brief overview of ABHI Children's Mental Health Initiative.

- This is one of 8 work groups/ICS branches being convened. While each group will determine its own focus and work plan, there will likely be cross over between groups. We are not seeking to create additional silos but to promote communication between groups and integrate efforts

- Intent is to support core values of accountability, communication coordination, innovation and action in responding to mental health crisis.
- Initial meetings for each branch will be facilitated to help create action plan and reach consensus on initial goals, objectives and activities. Groups will transition to leadership from within (co-leaders preferred)

Action Plan Discussion

While Zoom format allows greater participation across distance, it can be clunky for developing collaborative work plans. A survey monkey survey will be distributed to work group members, with responses synthesized and shared for group discussion to help build the work plan and create a common understanding around goals, scope, actions, etc. Discussion today was intended as initial brainstorming about elements to consider in identifying the scope and intent of this group. Key thoughts shared during the discussion about topics this group could seek legislative appropriations for or pursue legislative fixes for issues included:

- When a child completes a program, there is not a connection or reimbursement/support for ongoing health maintenance (health coach, care navigation). Without that, the goals that have been achieved are not sustained. As we think about the continuum of care, if there was additional support outside of a formalized program for a child and family, how can we stay connected to that child/family/support system so that progress that has been made can be sustained and maintained.
- Some components of reimbursement for after care with youth, especially after leaving residential, is important. With QRTPs it is a requirement, but the quality of the after care is difficult because there is no reimbursement for it, so we are using existing resources and existing staff to provide this, and they are already stretched. Any funding to support this would help to sustain progress kids have made.
- Would be interested in a more formal designation for those working with youth, similar to how peer recovery specialist is certified to work with those with substance use disorders. Direct care staff in residential have a high turnover rate – it's an entry level job but very difficult. If there was some kind of recognition they could have to help aid in retention it would be helpful. Even with practitioners who work in the schools or communities with CTSS.
- It was noted that work force is a struggle statewide. The Governor recently rolled out an initiative to train certified nursing assistances for long term care and home health care. Is there a legislative solution that can address the workforce shortage? Reimbursement is an ongoing concern that impacts staff retention as well.
- 2960 – Children's Residential Facility Rule needs to be updated. All of the requirements for different services are a little bit different, so we try to stay with the highest standards across the board to make it easier when a child goes from one level to the next, but at times there is one word that is different for a shelter youth vs. a treatment youth. That rule should be updated similar to uniform service standards, which will help with outpatient services and help

sustain the level of care. Beds keep dropping, in part due to staffing, and this might make it easier for staffing.

- Offering a group-based program in an outpatient capacity is not cost effective, although it can be an effective model, especially with work force shortages. There are so many rules around it that it becomes cost prohibitive and it isn't reimbursed so that it's feasible for a provider. There are also restrictions on the environments in which group-based care can be offered, which also creates barriers.

Next steps

Survey Monkey will be shared with all group participants. Responses will be summarized and shared with the group for discussion at the next meeting.

Future meetings

The next meeting will be held via zoom on **Thursday, April 28 at 11:00 a.m.** Future meetings will ideally be held bi-weekly through early June, to support development of a work plan prior to the summer when it's more difficult to bring people together.

Communication

A written summary will be provided for all meetings. Meetings will be recorded to facilitate accurate discussion summaries and to capture participant feedback, but links will not be made public. They will be available for viewing upon request for 30 days following a meeting by a group participant unable to attend a meeting.

Participants consented to sharing of email addresses to support communication between group members. Email addresses of those present at today's meeting are included below.

- Leon Flack lflack@ucare.org
- Janis Allen jallen@rangementalhealth.org
- Brittany Anderson banderson@grandportage.com
- Hannah Alstead hannah_alstead@smith.senate.gov
- Diane Holliday Welsh hollidaywelsh@gmail.com
- Jode Roberts jtroberts@sawtoothmountainclinic.org
- Heidi Seaton heidi.seaton@northhomes.org