

Notes from the February 27th Statewide Policy and Planning Meeting for the System of Care project

Attendance: Joan Granger-Kopesky, Jamie Halpern, Bill Wyss, Verne LaPlante, Tom Delaney MDE, Jim Koppel DHS, Claire Wilson DHS, Maisha Giles DHS, Barb Dalbec MDH, Mel Sanco contractor, Melanie Ferris and Cheryl Holm-Hanson Wilder Research

Bill Wyss offered some updates, key among them being that the first Local Structures committee meeting was cancelled due to weather. (This is the committee with regional representatives from counties and collaboratives.) Most of the remaining state positions to be hired for the grant have either been filled or are near finalizing (cultural lead, systems change liaison, social marketing, data bridging). He noted that monthly TA calls are beginning with the state – Liz Manley, former Assistance Commissioner for Systems of Care from New Jersey, is primary TA lead for MN . Jamie inquired whether local structures will be able to access TA support from SAMHSA as well: Bill will check.

Bill also noted that he hoped that the initial RFP/funding plans for the grant will be developed and announced by late May this year.

The meeting was spent discussing evaluation plans with Cheryl Holm-Hansen and Melanie Ferris from Wilder, the co-leads on the System of Care evaluation. They first reviewed general data elements required to be collected under the grant, one component being primarily output and process measures, the next being the National Outcome Measures (NOMS) that are achieved at least in part through interviews with participants in the grant-funded services. The second were categorized as local evaluation elements. This included “research to action” briefs as background on the concepts of a system of care reform, local data (more in a minute), work plans / roles / priorities for the people hired or contracted at the state level to move the project, a local evaluation project template to be designed to plan and report on local pilots, and a website functioning like a nonpublic wiki for resource and evaluation materials.

The immediate step being asked of the partners from the departments at the state and from the counties and tribe is to look at the baseline and planning data elements being proposed by Wilder. An electronic version of their draft will be

disseminated soon —one option for data is collection of demographic information in general and then for children with an SED diagnosis specifically, the other option being more like mental health utilization within systems (MH, CW, JJ, Ed). The task before the next meeting is to circulate the draft baseline and planning data elements document among individual sectors for feedback (e.g. we send it out to MACSSA for feedback from counties). **Our feedback should include what relevant data points we have available currently, what gaps or issues exist with the data we currently pull, and what do we wish we could measure. Our next meeting will review those responses.**

Jamie recommended engaging the previous SAMHSA System of Care grant recipients in Minnesota for their perspectives on their reporting to SAMHSA: he'll connect Cheryl and Melanie to the county staff who have participated in those projects in the past. He also noted that the new State study being commissioned on intensive treatment services/needs in MN might also inform the data collection and reporting efforts under the SOC grant.

The conversation around this surfaced interest in a few approaches to evaluate. We may want to examine if children and youth are being served in the right system, or whether they are being pushed to a system that may be less appropriate based on where the resources exist to deliver services. Similarly, we may want to examine whether foster care is used in the absence of less restrictive community-based services. There was also comment about looking at the underlying social determinants of health that establish the preconditions for children needing mental health services. While those discussions were worth weighing, they were a bit of a drift from the more concrete, focused questions about what we would like to measure.

The process seems to be moving very slowly with much of the State's work focusing on hiring, contracting, and finalizing agreements with SAMHSA. The Planning and Policy Committee has had three two-hour meetings to date, primarily getting the group oriented to the grant, and reviewing draft documents created outside the meeting, with the direction to go forth and get feedback from our stakeholder group on it. While there is intent to issue RFPs for interest in piloting services, the key target populations, evaluation elements ... much is still undefined. DHS health services did not have representation at this meeting or last. NAMI and MACMH and/or possibly parent and youth representation will be

added to this meeting, and Claire Wilson seemed likely to follow up with Marie Zimmerman about having someone participate in future meetings, but the group still has the feel of being very early stage. It will be interesting to see whether the addition of the staff or the engagement of the contracted providers will kickstart the project, but for the moment things seem to be moving ahead slowly.