

Benefits Advisory Committee (BAC)
April 11, 2019
Minutes of the Meeting

[**In these minutes:** Employee Benefits Update; Mental Health - UPlan Costs and Prevalence; Types of Mental Illness, Best Practices and Strategies, Helping Members Live Life to Their Fullest; Person Centered Care, Accessing Care and Helping Members, Substance Use Disorder, Long Acting Injectables, Virtual Visits]

PRESENT: Tina Falkner (chair), Dale Swanson (vice chair), Fred Morrison, Amy Monahan, Nikos Papanikolopoulos, Christine Bakke, Candice Kraemer, Cynthia Murdoch, Susanne Vandergon, Susann Jackson, Brenda Reeves, Connie Rosandich, Terri Wallace

REGRETS: Jon Christianson, Kenneth Horstman, Nancy Fulton, Steff Yorek

ABSENT: Susan Kratz, Carl Anderson, Kathryn Brown, David Bodick, Jennifer Schultz, Amos Deinard, Jody Ebert, Christine O'Connor

GUESTS: Sue Abderholden, executive director, National Alliance of Mental Illness (NAMI); Jennifer Garber, director of clinical operations and community initiatives, Medica Behavioral Health (MBH); Dawn Fogel, strategic account executive, Medica; Leanna Bodsens, client management, Medica Behavioral Health; Jay McClaren, vice president of public policy and government relations, Medica; Brad McNaught, licensed alcohol and drug counselor, Sand Creel

OTHERS: Karen Chapin, Linda Blake, Curt Swenson, Laura Manydeeds, Karen Wallin

Chair Tina Falkner welcomed the committee, and members introduced themselves.

1. Employee Benefits Update - Karen Chapin, pharmacy programs manager, Office of Human Resources (OHR), notified the committee that OHR is in the final stages of the dental RFP. There are further interviews being conducted next week. She noted that Terri Wallace and Brenda Reeves have been representing the BAC in the RFP process.

2. Mental Health - UPlan Costs and Prevalence - Chapin then presented some information regarding the prevalence of mental health issues at the University. She presented a [slide deck](#) that included statistics for the University community. She stated that total prevalence is up 12% over the past three years. The top three issues reported are depression, anxiety, and neuroses.

3. Types of Mental Illness, Best Practices and Strategies, Helping Members Live Life to Their Fullest - Falkner introduced Sue Abderholden, executive director, National Alliance of Mental Illness (NAMI) to present a variety of information regarding the different types of mental health problems affecting society. She presented a [slide deck](#) and gave the committee an

overview of mental health in the workplace. Some of the main highlights of the presentation were as follows:

- 1 in 5 adults suffer from some sort of mental illness and 1 in 25 have a serious mental illness.
- Anxiety and depression are the most common forms of mental illness and affect different people in different ways, especially in men versus women.
- Treatment for mental health issues are similar to physical health care and can involve screening, medication, therapy, nutrition, physical activity, and hospitalization.
- Barriers to proper mental health can vary from personal troubles to a lack of providers for assistance. Public awareness and stigma of mental health issues can also be a barrier to self improvement.
- Promotion of self-care and awareness in the workplace can lead to better mechanisms to cope with stress and anxiety.
- Suicide is a danger from unchecked mental health issues and employees should be aware of warning signs and resources to help others with their struggles.
- NAMI is extremely active at the State Capitol advocating on behalf of mental health issues and legislation.

Nikos Papanikolopoulos provided an anecdote where during a night class, he observed a student exhibiting suicidal tendencies. He asked what resources were available to faculty and staff to help in such a case. Abderholden said that the University has a website on mental health. Sue Jackson added that the website is as follows: <http://www.mentalhealth.umn.edu/crisis/index.html> Falkner asked if it is appropriate to dial 911 and ask the police for help. Abderholden said that this is an appropriate action as well as the UMPD have a dedicated mental health officer on staff. Laura Manydeeds added that there is a guide from the University of Michigan for faculty and staff that addresses how to interact with students with mental health issues and hopes the University of Minnesota can develop a similar guide for training.

Chapin stated that the University community utilizes mental health services more frequently than other companies compared to benchmark data. She asked if that means the University's employees are more aware of these services, thus resulting in a higher rate of usage. Abderholden said that there is a large population that does not seek treatment. A higher rate of usage should be a positive for the community. Manydeeds added that while utilization rates are higher, several people still do not seek treatment for issues such as financial insecurity or bullying.

Flakner commented that there always seems to be a shortage of mental health providers and asked what can be done to incentivize people to get into this field. Abderholden said that while a lot of people want to go into psychiatry there are just not enough residency slots and the state has a barrier for pay for supervisors.

4. Person Centered Care, Accessing Care and Helping Members, Substance Use Disorder, Long Acting Injectables, Virtual Visits - Falkner introduced Jennifer Garber, director of clinical operations and community initiatives, Medica Behavioral Health (MBH); Dawn Fogel, strategic account executive, Medica; Leanna Bodsén, client management, Medica Behavioral

Health; and Jay McClaren, vice president of public policy and government relations, Medica, to provide an overview of the services offered by Medica Behavioral Health. Garber said that Medica delegates the management of behavioral health services to Optum in order to provide a dedicated team to focus only on behavioral health issues. The goal of MBH is to provide “access to the right care, at the right time, in the right setting.” Wellness is about providing people with “quality” in their lives.

Garber continued by stating that members with quicker access to behavioral health care have higher levels of engagement and better treatment outcomes. Optum offers virtual care for online assistance as well as express access to help decrease wait times to see a provider. Bodsden added that faster access is important because some people may want to change their mind in the time it takes between scheduling a meeting and actually attending. Candice Kraemer agreed that a five day wait to see a provider may not seem like a long time, but for the person experiencing a mental health condition, it can seem like an eternity. Garber said that there are currently 248 providers participating in virtual care in Minnesota and visits can occur within one to two days of being requested. Blake commented that virtual care can be a bridge to accessing better in-person care. Susanne Vandergon asked if a virtual care visit has a different copay than a regular visit. Garber said the copay is the same.

Garber then provided information about how Optum applies clinical expertise to people with a substance abuse disorder (SUD) including opioid abuse. There are procedures in place to refer people to local in-network providers. They also provide a SUD helpline for anonymous assistance and provide information for further assessment. Part of the process to recovery may include medications that may increase the likelihood of positive outcomes. MBH staff will assist to connect the member to services which include:

- Mental Health Outpatient Therapy
- Mental Health Day Treatment (Intensive Outpatient or Partial Hospitalization)
- Mental Health Residential Treatment
- Mental Health Inpatient Treatment
- Substance Use Disorder Assessments
- Intensive Community Based Services (ICBS)

In addition, services and referrals may include the following:

- Substance Use Disorder (SUD) treatment of all different types and levels of care
- Eating Disorder Treatment
- Dialectical Behavioral Treatment (DBT)
- First Episode Programs
- Crisis Line / Crisis Services (Emergency Room, Intensive Residential Treatment Services, Crisis Residential)
- Community Resources (support groups, multicultural, Peer support etc.)
- Specialty providers (Deaf and hard of hearing, Hoarding, Home Based Therapists, Mental Health evaluations for Bariatric surgery)
- Urgent Appointment Access

McLaren added that Garber is a statewide leader in this area and commended her work with other workgroups and state agencies. He further stated that mental health is very much a hot topic at the State Capitol and Medica is working with state regulators to prove that behavioral health services are actually helping the population. Chapin asked if there is any other legislation the committee should know about. McLaren said that bills are being discussed about processing mental health claims similarly to other medical claims and are working to develop accreditation entities in order to better facilitate that process.

Hearing no further business, the meeting was adjourned.

Chris Kwapick
University Senate Office