# Southern St. Louis County LAC

## Meeting Minutes

April 15, 2021

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| Present: | Andrea Rose, Bert Brandt, Carly Hiti, Jacquelyn Hanson-Hietala, Liz Strohmayer, MaKenzie Johnson, Moira Villiard, Roger Raymond, Sonja Wildwood\*, Traci Laughlin, Tawna Schilling  \*- Facilitator |
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1. Welcome and brief check-in
2. Report-backs: African Heritage Needs Assessment: Ina; Health Equity Northland: Andrea; Metro Area LAC norms: Liz; Carlton County LAC conversation: Sonja

African Heritage Needs Assessment (Ina)

* Ina unavailable; will report back next meeting

Health Equity Northland (Andrea)

* Many needs for communities of color are not being met for health care- even before COVID
* The issue for such communities is not always that they do not have insurance, it’s that they do not trust the health care system
* Technology and access are issues- internet is not the best way for a lot of people and even phone calls can be frustrating
* Discussed different aspects of health care needs and potential action items to address the situation
  + Many places, including Essentia (noted by Essentia Director of Clinical Operations and member of Human Resources) do not have a way of getting people’s feedback to change their system to make it more user friendly, available, culturally responsive/sensitive- they need a better way to get feedback from the community
  + Potential action item: Get a system in place for listening and responding to patient needs
* Andrea will try to upload more information to the Google Doc
* *Post-meeting note re. inquiry from meeting: Health Equity Northland collaborative includes the Duluth Branch NAACP Health and Environmental Equity Committee, Healthy Alliances Matter and Wilderness Health. Organizational partners include UMD College of Pharmacy, Generations Health Care Initiatives, St. Louis County Public Health, Essentia Health, Lake Superior Community Health Center, St. Luke’s Hospital, DanSan Creative, Digiterp Communications, Warrior Pinterest Design*

Metro Area LAC norms (Liz)

* With regards to question of having non-members attend meetings as guests (not presenters)- Hennepin County (and other metro counties) LAC lets the group be open to anyone who wants to join and be part of the meetings as they consider the group to be under Open Meeting Law that state anyone can join and participate
* Process in place and advertised for community members to request to attend the meetings; someone in the group was elected to manage requests
* Hennepin County committee member reported no disruptive behavior or contentious issues with guests in 3 years of participation, if issues arise, they are handled by facilitators
* Liz noted that at other meetings in which she participates, there are communication agreements: simple statements reviewed at the beginning of every meeting that establish a code of conduct for the upcoming meeting discussions—having the agreement improved communication and conduct of meetings
* Majority of guests are guests of specific members
* Meetings are transparent; Hennepin County prides itself on being open
* Nothing in bylaws regarding meetings besides the note that meetings are open

Comments from LAC Members regarding Open Meetings:

* ACTION: Rochelle to ask SLC leadership if the St. Louis County LAC is required to follow Open Meeting Law
* There could be value in having community participate and be interested; encourages council to develop a communication agreement
* Member’s previous experience with open meetings- it became an issue when a group of individuals who had definitive ideas on the direction the group should go took up meeting time and created uncomfortable atmosphere and members left due to loss of interest
* Previous meetings had discussions about meeting guidelines that could be used for the open meeting format- a draft is on the Google Drive
* Member shared example of communication guidelines
* Might be helpful to have people fill out a form and contact the LAC first before getting the invite
* LAC page on SLC County website could be utilized as a starting point for requests to attend the meeting- a comment/contact/question form is in progress
* ACTION: Vote on open meetings at next session; continue to update LAC web page

Carlton County LAC conversation with Jan Ashmore (Sonja):

* Cloquet LAC has been around for 10 years
* They are split into two groups: children and adults
* Work out of outreach center- they try to survey members of the community who use county services; trying to keep it simple; focused on mental health awareness (many mental health awareness campaigns)
* The group is made up of a lot of individuals who experience/live with mental illness; identified needs and recommendations are consumer driven
* Feels different from SLC LAC, which has many professionals in the mental health field along with consumers
* Almost certain meetings are open
* ACTION: Sonia will confirm with Jan whether Carlton County LAC meetings are open
* If anyone has any further questions, Jan Ashmore is really open to talking; if there is anything we want to know-she would be happy to help out or even talk to group

1. LAC Organization and 2021 Focus

* Rochelle shared guidance from PHHS provided to LAC regarding the best way to report to the county board:
  + Would be great if each LAC could have a report with their recommendations to give to the Behavioral Health Director (Gena) and PHHS Director (Linnea) by June 1, 2021-This would allow time to review the information and to see what might be for the county and/or there may be recommendations for others
  + June 1st deadline would give PHHS leadership time to incorporate ideas, services, changes etc. into a Board Memo for the county board this summer
  + It would also give time to be able to see if there are things that they would need to include in the budget (if there is money and/or an idea may be a priority) for the next year, 2022 as those discussions begin by mid-June or July each year
* Group was unsure whether this report was considered end-of-year report as noted in bylaws or in addition to that report and how much detail to put into recommendations
* Hennepin County LAC- there is no formal response beyond a written report
* ACTION: Rochelle will clarify recommendation/report requirements with PHHS leadership
* Sonja sent out email about topics that have come up frequently; the two main include crisis response for all ages and COVID response
* Also noted housing crisis, mental health crisis, Maslov’s Hierarchy of Needs—basic needs not being met
* Member noted it makes sense to have a focus given the June deadline
* Members noted they are still unsure of whole picture of mental health services for the Duluth area, only what they use as a consumer- If someone has mental health issues, where do they go?
* Discussion held regarding the need for a resource hub or a comprehensive guide/network map on how navigate the mental health system
  + People on the LAC do not even know everything available; the system is hard to access and complicated
  + Members know of a few guides for services, but they are all disjointed, not one primary
* Suggestion made for clarity about available services: possibly make posters or campaign on how to navigate the system; maybe gather information over the year to develop a mental health campaign (like Mask Up Minnesota)

1. St. Louis County and Duluth Police Department (DPD): Patty Whelan and Sergeant Kelly Greenwalt

* There are many moving parts to mental health services
* Would be great if LAC could provide recommendations to ensure entities working together and communicating
* The DPD mental health unit currently has two social workers: Patty Whelan (DPD) and Megan Tezak (CADT), two police officers: Officer Angela Robinson and Bob LeClair, and one psych nurse: Marissa Lianzo (HDC) and is supervised by Sergeant Kelly Greenwalt
* Patty discussed the history of social workers working with the DPD and how it has evolved
  + Formerly there was a relationship between the DPD and SLC with an imbedded social worker in 2015-16 funded by an innovation grant
  + DPD had one dedicated officer working with Deb Holman and individuals experiencing homelessness
  + The officers had more of an “Ask, Tell, Make” mentality, but the vast majority of situations do not need Ask, Tell, Make- it’s more crisis intervention; 20-30 years ago, was not even recognizing mental illness; chemical use was not seen as a mental illness- having imbedded social workers has been great not only for outreach and stabilization but also for changing the departments approach
  + Patty joined in 2017; now they can identify chronic consumers in Duluth generating a high number of 911 calls (either they called themselves or others are calling about them) and focus on them to help them stabilize and reduce calls for service
  + There was a 30% reduction in calls for service between 2018-2019
* The social workers are co-located with the police department
* They utilize a Sequential Intercept Model- a mapping tool that communities use to identify six intercepts where people can be diverted from decriminalization of mental illness; our community has a lot of different points along the way
* ACTION: Look more into the Sequential Intercept Model
* Officers go through crisis prevention training and are well-versed on local resources for individuals and the basics of mental health
* Many people officers were having contact with was not just a matter of referring out since their symptoms were interfering with their ability to accept help or access services
* People do not present in crisis one day- they evolve to that point
* The social workers respond to some in-progress calls to people who they are familiar with; but they work based on referrals from patrol (i.e. not suicidal, but a lot of depression, not getting enough food, etc.)
* The first interaction with an individual is always with a law enforcement officer and a social worker; after triages, 50% of subsequent encounters are without an officer
* Sometimes dedicated officers bring clients to appointments and other social work
* Officers use active listening skills taught to them which rolls into de-escalation techniques
* From Sergeant Greenwalt’s perspective, they have been doing social work for years, they have just been doing it very badly. They would ty to counsel people but never had resources to fall back on- social workers that get clients after crisis do their best and are no longer symptomatic. Having the social worker imbedded, they get first-hand interactions which helps them because they are there when individuals are symptomatic
* Some clients are connected with other services. Now there is more communication- the police will call those services to let them know about their clients which helps both providers and the client
* Patrol officers love it because they are seeing the reduced calls for service. They care about people and that people are being stabilized. In their day-to-day job they just want to get onto the next call so they are grateful that social workers or mental health resources do the work so they can.
* A lot of the work is relationship building: between police officers, the social workers, and clients seen on a regular basis
* The unit is trying to push hours later into the evening to have more interaction with the night patrol
* A lot of mental health units around the country wear “soft uniforms” or casual clothing. DPD has gone back and forth but has decided to keep the full uniform because they want to change the perception of officers so they can be seen as people who help
* Question from member: where do officers point individuals to for crisis response for mental health services, especially since Birch Tree services have been reduced?
  + Depends on the day. The default has been for patrol officers to manage the call. They are encouraged to deal with the situation, most are CIT trained, and encourage them to use Birch tree but it has been a struggle because officers want immediate action and often resort to leave the individual in the home or in the hospital. Either way a referral is sent to the Mental Health Unit-but it doesn’t always get to them
  + It’s a definite gap in service. There are a lot of referrals coming in after the crisis, but they see a lot of cases that should have been rapid response services or CIT
  + They had close to 800 referrals in the last two years
* There are more calls to 911 that deal with mental health than people in the community realize
* Suggestions for resources needed to serve individuals:
  + 23 hour observation beds (Clarity discussing)- a model other communities are using; a skillset a little higher than CHUM
  + If CADT staff not rejecting people- if someone comes in they cannot stay if they have severe mental health symptoms in addition to substance use
  + Would be nice to see hospital picking up detox or detox getting hospital staff in order to keep people; but that would mean changing their contracts
  + Hospitals get angry when officers bring in intoxicated individuals. They do not want to be a place for people to sober up. They assess them medically but then they get released
  + Community needs a forensic ACT team (there is a rigid admission criteria for current teams) or at least a vision of having teams that can be nimble, fluid, flexible, available, and with extended hours
  + Staff turnaround is an issue, people need to keep retelling their story and it can be painful
* Currently they have a lot of anecdotal evidence of success, but what is really needed is a monetary analysis and expansion

1. Post-Meeting Co-Facilitator Voting Results

Liz Strohmayer selected by online vote to be the South LAC Co-Facilitator

Action items:

* Rochelle to ask SLC leadership if the St. Louis County LAC is required to follow Open Meeting Law
* Sonia will confirm with Jan whether Carlton County LAC meetings are open
* Rochelle will clarify recommendation/report requirements with PHHS leadership
* If interested in being part of RFP for new crisis response organization, email Rochelle
* Discuss focus and develop recommendations
* Sonja will send an email out to see if anyone wants to elaborate and share what they see as service needs
* Rochelle will send email with results of co-chair voting following today’s meeting
* Talk about new membership, how to get members to get the group as diverse as possible
* Ina to present information
* Vote on open meetings at next session
* Look more into the Sequential Intercept Model
* Email Sonja with anything to add to the agenda

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| **Next meeting:** | **May 20, 2021 - 4:30p.m.- 6:00p.m., via Zoom** |