Local Advisory Council (LAC)-North

St. Louis County

October 15, 2020 Minutes

Present: Lacy Podlogar, Ann Marie Lubovich, Claudia Skalko, Jeff McNickle, Jennifer Rich, Michelle Long, Tod Swenson, Wendy Dickhausen, William Jacobson, Jessica Meyer

Absent: Daniel Triestman, Robin Laulenen, Christine Gunderson

Gena welcomed the members of the LAC and thanked them for the opportunity to improve services in our county.

Tod provided overview of structure of tonight’s meeting and agenda items. Tod discussed roles of the county taking the notes, the responsibility of the LAC to bring a report forward to the St. Louis County Board of Commissioners and bringing in speakers to address specific needs of the group.

Lynn came into the meeting to welcome the group and to explain the process that was taken in development of the LAC. Lynn will contact LAC in December to see how it is going (no meeting in December) and suggestions on ways to strengthen the group. Lynn reviewed the six values of the LAC: Hope, Prevention, Wisdom, Dignity, Recovery, and Inclusion.

One question asked of Lynn, when something more urgent comes up, who is the conduit to get that information to the correct person in SLC? This would be Melanie or Sandy (depending which one is doing notes for the meeting). Sandy will be primary this year (and 2021) with Melanie as back up. The two will switch roles for 2022.

The group did introductions explaining their interest in the LAC and experiences.

What mental health needs exist for adults and/or children during COVID 19?

* Not a space to go to meet for support groups. Clubhouses have not been open. Difficult to find places to continue to support people.
* Expected to see increased calls due to COVID at Wellstone (Crisis Stabilization program-Eveleth), but they haven’t been seeing this. The larger thing that is bringing in people is homelessness. Just not seeing the intakes that they thought would happen. Not sure if there is a fear or why exactly these intakes have been minimal. Some discussion on the belief that a lot of clients they’ve seen in the past would be coming in during this time of need and uncertainty. It was questioned if some people are finding that they are waiting longer to seek services (could be dangerous but could also be a good thing). The example of “what you do for somebody you do to somebody” may be a nice way to explain this. Recovery is when some people begin doing things for themselves. This has made some people stronger.
* Resources at school-faculty are required to go to trainings, discussing Adverse Childhood Experiences (ACES), but sometimes the recovery part of it may be missing. Where do we (schools) handoff to offer supports if there are concerns? There was discussion on it helping to sometimes identify a diagnosis because then at least it provides a direction of where to go for help, while recognizing not necessarily wanting to put labels on children. For a lot of kids, the only time they are getting support is when they are at school with the ADAPT worker or school counselor if the parent is unable to bring them outside of school. A question was raised on whether the ADAPT program is meeting the needs of the students. There was discussion on some experiences that members had that were both positive and negative.
* Some felt that there was an increase with individuals of all ages falling through the cracks. We see services starting and then something drops because communication didn’t happen or not even knowing what resources are out there for people to be referred to. Some feeling that this is more likely to occur due to pressures that are placed on workers and the feeling of being rushed that ends up happening. We need to figure out a way to put the priority in people first. How are we treating people? Are we only open to them from 8-5 or is there some flexibility to this? Most of the crises that people experience are not within business hours.
* Resources: Do we have a place where the community can go to in order to find out what services we have available and in which community? Discussed Fast Tracker (<https://fasttrackermn.org/>) but also recognized the limitations (i.e. providers are required to enter in their information and to keep their services updated). A recognized large gap is when people don’t know what services are out there or even who to call to find out what they are.
* Discussed our elderly individuals who may need to go on a 72 hour hold for their mental health, once they return to the nursing home there is not a lot of follow up for their mental health. This is particularly hard right now due to COVID restrictions within the nursing facilities.
* A question was asked on whether there is follow up happening for children in regards to referrals from the school system to community based services. Some felt that there are the services but it is whether or not they can get into them.
* When hospitalizations are happening, at times people are being sent across the state. How can we support people locally rather than having to go out of the area?
* Transportation has been difficult, particularly more so during COVID times because of fear of being near others (i.e. bus, taxis). Due to this, some people are missing appointments or delaying their treatment until after COVID is done. It would be helpful for each agency to hire someone separately to do transporting. We have these resources (i.e. vehicles). This includes people trying to come back from the hospitals. One mentioned Itasca County’s transportation option “First Call for Help” but is not aware of the details (<https://www.firstcall211.net/>). This may be useful to have further conversations about this to see if we can adapt this in our communities.

Next month:

* Check in
* Gaps in services (children and adults)