# Southern St. Louis County LAC

## Meeting Minutes

September 16, 2021

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| Present: | Andrea Rose, Bert Brandt, Carly Hiti, Ina Newton, Jacquelyn Hanson-Hietala, Justin England-Sullivan, Liz Strohmayer\*, Nathan Glockle, Roger Raymond Jr, Gena Bossert (guest), Chris Heazlett (guest), Susan Vitulli (guest), Anje Dreiling (guest), Laura Birnbaum (guest)  \*- Facilitator |
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1. Welcome and check-in
2. IMPORTANT UPDATES: Membership and by-laws; co-chair nominations; meeting online host change; SLC Health and Human Services Conference

* Discussion on how to choose new members
  + There are currently 3-4 applications that have been received from individuals in the community
  + Suggestion to have membership committee to review applications, narrowing down the number of applicants before presenting to the whole group- general agreement this would be a good idea
  + Let Liz or Sonja know if you are interested in being on the membership committee- ideally the group will have around 2-6 members
  + Rochelle will look into county implications and bylaws regarding participation in a subcommittee
* Discussion on selection of new co-chairs
  + Vote for new co-chairs will take place in November
  + Review of previous procedure for co-chair elections
  + Nominations (either for the member themselves or another member) should be sent to Rochelle. Deadline set for nominations: October 14th
  + Rochelle will reach out to those nominated to ensure they would like to be a candidate and all candidates will be added to a Google poll prior to the next LAC meeting
* St. Louis County Health and Human Services Conference
  + A few members are still interested in being present at a booth at the SLC Health and Human Services Conference October 13-15
  + Per Gena, there probably will not be a county Public Health and Human Services table, but she will reach out to conference staff and let LAC members know

1. Gena Bossert and colleagues SLC

* Gena and other staff from St. Louis County present to answer questions and respond to the LAC South recommendations made to the county
* Staff present: Gena Bossert (Director of Behavioral Health), Chris Heazlett (Director of Children and Family Services South Division), Laura Birnbaum (Supervisor- Housing Support and Homeless Program Teams as well as Assertive Community Treatment Teams), Susan Vitulli (Public Health Educator), Anje Dreiling (Supervisor- Adult Mental Health South)
  + All expressed gratitude for work being done by LAC and shared that the goals of Public Health and Human Services are in alignment with the LAC recommendations
  + Big focus this past year was crisis response; an RFP was sent up and committee formed to select service providers to provide county crisis response going forward; two LAC members were a part of this committee
  + The chosen service providers are First Call 211, who will take crisis phone calls (First Call is a call center that takes crisis calls for 23 counties and provides mobile crisis response in Itasca County) and HDC who will provide in-person crisis response
  + Arrowhead Behavioral Health Initiative holds the contract for crisis response
  + NAACP, Democratic Socialists of Duluth, and Duluth Initiative have started working with the city of Duluth to develop a different crisis response than is currently in place.
  + Crisis response requirements are defined in DHS statute, money from DHS is attached
  + The county is hoping that through these groups, an improved crisis response system can be developed; there is a great deal of money also coming from the legislature
  + Everyone in organizations that deal with crisis response (police, fire department, etc.) has tended to agree that many 911 calls received are not a police emergency, but re-allocating calls to specific providers has been challenging
  + There is a big need to publicize the crisis response number and share what the Clarity Project intends to accomplish so that people in the community know there are other options. Parents in the community do not know that they can call crisis response instead of law enforcement
  + In the summer of 2022, the national 988 Mental Health Crisis Line will be active to connect individuals in a mental health crisis to a trained counselor who can address their immediate needs and help connect them to ongoing care – these calls will be directed to the most appropriate local resource (i.e., the crisis response team)
* Question posed by member: Will the number of staff at 211 be increased to meet the demand? Noted that historically calling 211 has been unhelpful with either no response from 211 or a long wait time with no callback.
  + The current 211 service is United Way 211, a separate operation from the First Call 211 which will be utilized for crisis response calls as early as December 2021
  + LAC member who was on the committee to select the crisis response organizations noted that First Call 211 seemed well organized, have a great system, and really care about staff
* Question posed by member: CCBHC was a pilot program in 2018, is there any more information on its sustainability? How is it being supported when it is still non-profit?
  + HDC is a CCBHC and there is a pilot program for one in the North that has two years to certify to become a CCBHC
  + Services are very comprehensive and described as “the way of the future”
  + Care coordination and movement to integrated care is very important
  + Because organizations that are CCBHCs need to provide an array of services, HDC is hiring staff
  + Accend has walk-in services on Thursday mornings
  + It is hoped that when the Clarity Project opens in 2022 it’s other options for same day services
  + HDC is striving to be a walk-in model (having appointments available within 2 days currently)
  + The goal is to meet the needs of individuals in the same day with as much as they can be given
  + County staff are hopefully that HDC/Clarity will be able to help people only need to share their story once to get all services and not repeat it to multiple different programs
* Question posed by member: What are the efforts being done to get more peer support specialists? There are many places having trouble hiring.
  + Recovery Alliance Duluth is offering peer support as is HDC
  + Sometimes training to be a Recovery Support Specialist is a barrier (due to financial and background study issues)
  + Minnesota Recovery Alliance is offering support to parents involved with CHIPS court
  + Per Laura, on a statewide level, there is a group in place that recognizes the importance of partnerships between public health and behavioral health is helpful and they are learning and developing ways in which to build and strengthen people holistically and support people with cross-training—they recognize the value of Peer Support Specialists and are thinking about possibly created a paid certificate for peer-homeless individuals
    - Another issue recognized was seeing Recovery Support Specialists becoming LADCs and social workers. The group is advocating to improve the Peer Support Specialist experience so that it is a viable career option
    - Bert reported that Wellness in the Woods has peer support available 24/7 and if anyone has any questions about peer support to contact him
* Question posed by member: Could you talk more about the current trainings for DPD and Sheriff’s department? Is there CIT training for all patrol officers or just a CIT unit? There seems to be a large gap between what police see as trauma-informed and what people who actually serve the people see.
  + Security guards, staff from CHUM, and triage team are all trained
  + The trainings are all pretty open, but the cost and time for training is an issue for some organizations; law-enforcement and fire department are generally interested and willing to learn more, but are constrained by daily job requirements
  + DPD and fire department do not always get the same notice about trainings that the social work field gets
  + The COR unit (mental health unit) with DPD provides a lot of information to police officers who learn a lot from the LICSWs and RN. They are trying to have staff members present for all patrol shifts, day, and night. It is a work in progress, but there is some impact. Any officer that has had the opportunity to work with COR comes away with a different perspective
  + Patty Whelan (social worker with the DPD) has been invited to be part of a crisis negotiation team training being done with the FBI. It’s an intense training and it is significant that they are including a non-officer
  + Gena recommends increasing funding and support for imbedded mental health professionals
  + Work is being done with response organizations (i.e., Sheriff’s department, 911 dispatch, fire department) to establish what services are actually needed by individuals calling 911. It is challenging to decipher what is happening in an emergency and what the appropriate response should be: they do not want someone to get hurt when police would have been necessary, but also don’t want to send police when only mental health services are needed
* Public Health Perspective (Susan)
  + They provide complimentary services and are more prevention-focused; they are not as equipped to deal with crises as human services
  + Mental health has been a priority area identified in community needs assessments and the county has designated staff to mental health to see what can be done
  + They offer prevention and education, providing information to show community members what resources are available
  + Also working with community partners to provide them with the tools and resources needed to connect individuals with the best, most appropriate services; communication is a focus
* If anyone has any feedback to provide about 211, please contact Laura -([BirnbaumL@StLouisCountyMN.gov](mailto:BirnbaumL@StLouisCountyMN.gov) ; 218-726-2492
* There will be more opportunities in the future as HDC moves forward with their work on the Clarity Project

1. Moving forward/ Updates continued

* Discussion and questions about the exact role of the county in crisis response
* Per member, the county is mandated to makes sure that crisis response is provided by an organization. Since the county is overseeing to make sure state-mandated work is being done, the county should be the one hearing what is going well and what is not. They have the power to push that organization to do better
* Moving forward, group would like to hear more from people who receive services, particularly those who are currently utilizing services
* Idea posed to learn more about veterans and their needs
* Could be beneficial to have someone who has had an experience with crisis response share their experience, if they are willing
* Suggestion made to talk to more frontline workers: case managers, ITSS workers, group home staff; people who do not have a PR mindset

1. Check-out and action items for next meeting

Action Items:

* Email your nominations for LAC South co-chairs to Rochelle by October 14th
* Rochelle will reach out to those nominated to ensure they would like to be a candidate and all candidates will be added to a Google poll prior to the next LAC meeting
* Rochelle will look into potential county-implications in the formation of sub-committees
* Let Liz or Sonja know if you are interested in being on the membership sub-committee- ideally the group will have around 2-6 members
* Liz and Sonja will work with Gena and the North LAC to coordinate presence of LAC members at the Public Health and Human Services booth at the PHHS Conference. They will provide further information as it becomes available
* Research LEAN Duluth and the CAHOOTS-style mobile crisis response (ALL-as interested)
* Look into funding for transportation to LAC meetings (Rochelle)
* Coordinate with the North LAC for a booth at the PHHS Conference (Rochelle, Liz, & Sonja)
* Email LAC members to gauge interest in working the booth at the conference (Liz & Sonja)

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| **Next meeting:** | **October 21, 2021**  **4:30pm-6:00pm** |