

## CARVER COUNTY Mental Health LAC Meeting

**DATE: 04.12.2022**

**LEADER: Derek Gunderson**

**TIME: 4:00-6:00 p.m.**

**RECORDER: Courtney Iverson**

COUNCIL MEMBERS			LIAISON MEMBERS			GUESTS
Name	P	A	Name	P	A	Name
Derek Gunderson	X		Beth Fagin	X		
Mary Myss	X		Melissa Hanson	X		
Katelyn Theimer	X		Sam Deweese	X		
Courtney Iverson	X		Melanie Warm	X		
Sandy Menzel	X		Diane Pagel			
Judy Kieffer	X		Stephanie Combey	X		
Michelle Iversen			Tim Lynch	X		
Mike Duzan	X		Katie Downing, Nystrom & Associates			
Lindsey Konchar	X		Richard Scott	X		
Ellie Krug		X				
Jenny Swan	X					
Stacy Zellmann	X					
Daniel Nelson		X				

<b>Agenda</b>	<b>Activity/Discussion</b>	<b>Decision/Action</b>
<b>Agenda Item 1:</b>	<p><b>Call to Order: Derek Gunderson 4:00 PM</b></p> <p><b>Approve April Agenda:</b></p>	<p>Approved by consensus</p>
<b>Agenda Item 2:</b>	<p><b>Approve March Minutes: no changes; approved</b></p>	
<b>Agenda Item 3:</b>	<p>Guests: None today</p>	<p>Approved by consensus</p>

<p><b>Agenda Item 4:</b></p>	<p><b>Staff Reports</b></p> <p><b>Melissa Hanson:</b> Next adult mental health initiative is Wednesday, April 20<sup>th</sup> Will be in person or via Microsoft Teams, at the Public Health Conference Room at Government Center in Chaska Amanda Calmbacher is a manager of MN Dept of Human Services Behavior Health and will be providing updates and sharing information / seeking feedback about the MN Olmstead plan-making sure people who are receiving services are getting info on it. The AMHI Reform formula detailed information will be provided and discussed at the meeting, as well as Steiner-Kelting representative from People Incorporated will provide updates regarding the program Many new referrals and new people receiving services</p> <p><b>Beth Fagin:</b> Referrals continue to come into Carver school staff Most staff have a wait list, and it can be up to 3 weeks before they can take A referral. They will be working over the summer so open to taking on clients if they are available. It has been a challenging year for school staff everyone is stressed. Things are improving overall, but children are somewhat traumatized by all the disruptions in their lives. They lost valuable developmental time as we all coped with the pandemic. Staff are busy getting read for the PREP Adventure program. Staff look forward to providing this intensive social/emotional intervention in the park.</p> <p><b>Stephanie Combey:</b> State approved uniform service standards statute It is budget time, so they are beginning that process Dr. Sudduth is retiring and his last day will be May 10<sup>th</sup>. Got APRN prescriber time. Have an ad for onsite contracted psychiatrist and receiving no interest at all.</p> <p><b>Melanie Warm:</b> Many kids are presenting complex crisis situations Psych beds for kids is tight With any behavioral issues like autism, it is extra hard to get them a bed</p>	<p>Information</p> <p>Information</p> <p>Information</p> <p>Information</p>
------------------------------	---	---

<b>Agenda Item 4:cont</b>	<p>We are not able to meet all needs and it's sad Working with the 988 initiatives Marketing coming up with that 20 co area has turned to a 9 co area</p> <p><b>Richard Scott:</b> Last week was national health week They acknowledged mental health as a key critical component of mental health Good to see recognition on a federal level Looking forward to moving to a better normal</p> <p><b>Diane Pagel: Not Present</b></p>	Information
<b>Agenda Item #5</b>	<p><b>New Business: N/A</b></p> <p>Shared situation regarding a person who has gone through crisis moment Had to send her out of state Has been to TX, MT, UT She can't get local help We should make a letter to help our communities How do we start at step 1, and how do we improve this? Continue to talk about your stories whenever possible Insurance doesn't cover travel for family when someone must go far for help Don't need to send this letter right away</p> <p>A member shared she is very passionate about this as she has been impacted, 2 hrs. in the AM and 2 hrs. in the PM to commute for treatment</p> <p>Jenny is happy to write a letter</p> <p>Stacey supports this as well</p> <p>Mary talked about Steiner- Kelting process, that it was supporting a solution You would have it hard pressed to find Where are the greatest voids we can put our energy into?</p>	Information Discussion

**Agenda Item #5-  
cont**

Do we need a brick-and-mortar facility?  
We don't have options  
Prospect mining

Mary- Our job is to talk to the professionals in the community where we can say we have spoken to a specific number of people, and we have determined the biggest need.

Lindsay-We need actual concrete numbers. Are we talking in patient or outpatient?  
Do we have the numbers on how many we are serving vs how many needs are there?

Derek-Are unable to gauge how many people are getting services outside our county

Mike-maybe we reach out to prairie care and see if someone of their team would come out here

Jenny-Annica and Prairie Care are it for partial hospitalization in Carver county-it forces people to go elsewhere

Could possibly get them as a guest in August

Derek-facility that keeps people in the county, not driving everywhere. Is there something that is a better option?

Sandy-Adult mental health initiative has so many numbers, is there good information we can get from them?  
Wasn't there a facility for kids where they could stabilize for a night?  
Crisis would have numbers on people we could not service

There aren't services and structures to deal with these kids  
There are some intensive treatment facilities without case manager  
Foster care use to have some more intensive mental health cases, but this is not just a simple foster care patient  
Sandy-information is missing from the website

Melanie-We can present this is a gap in services to the county

Discussion

**Agenda Item #5-  
cont**

Katelyn-week long intense stay  
Traditional therapy vs nontraditional  
Nontraditional can teach skills  
Melanie-level of credentialing and licensing is where we would start

Stephanie  
A few things shifted  
Residential treatment programs  
Fed gov came in and said they needed to be considered institutes of mental disease-  
quick shift in agencies  
PRTF-more intensive with a behavioral health medical component for children  
Implementing, setting up and staffing them  
Several throughout the state that have been in operation  
Partial hospital programs-prairie care-designed to be short term interventions (1-2  
weeks) Insurance moves in and moves people along  
A child not being able to get stability, it disrupts them-as soon as they start to stabilize,  
they are immediately discharged  
False sense of you can go from here, to there, to a next place is not helpful for mental  
health  
Child develops a trusting relationship with the therapist and then it is disrupted and sets  
it back-ANICCA tries to have that service for 6-9 months in a trusting supportive  
environment.  
Many kids they are trying to get re-auths every 6 days

Mike-Facility to have space/room-Oak Ridge Conference Center-has been sitting  
empty for years

Mary-Children's care, when you have kids who are struggling, the parent is struggling.  
The responsible adult really needs help as to how do you create stability in a very  
unstable world. Would like to see mental health issues for children viewed as a family  
issue.

Jenny-when you are sending kids out of state it is a crisis  
What we lose from this it is life and death

Discussion

**Agenda Item #5-  
cont**

We need more places or more resources  
Mary feels we should ask professionals

Beth-continuum from prevention to treatment to intensive treatment, and it's where do you put your money/resources.

In the field they have this discussion for years

It's not a problem to get the numbers, or prove need, it's the leadership who determines it is important enough to put the resources into

Insurance industry puts a claw into this and makes this so difficult

They are impossible to get to and no one addresses that

We must break this down into workable parts

Some will cost small amts and some more, and we must prioritize

Scenario on cost of what happens to the ignored child and bring legislative or public awareness to it

Mike did a ride along with Dean Phillips, maybe he would do a visit with us to see if there is any way of steering assistance our way

We now have congressman Emmer as well, as it will take reps from both of their parties to get something moved on this.

We will start with Prairie Care

Sandy-agrees with Mary

Old Business:

Health needs assessment

What would we like to see?

What other information would be helpful for advocacy

Dr Scott-wants to plant the seed with us so we are an active part of the community health assessment process

Wants to make sure we had a chance to weigh in

Derek-this is a lot like fighting a fire, there are lots of different techniques

How do we fight from all angles?

What are questions that address this head on

Discussion

**Agenda Item #5-  
cont**

What are things that help us fill gaps  
Send recommendations to group and we can forward to Dr. Scott  
We use info we gather for a lot of purposes  
It shapes and informs our own practice  
Provides the background for policy/advocacy  
Conversations from today around this topic are clearly from the heart.  
Legislative leaders are also driven by the idea that addressing the issue of mental health is the right thing to do  
Public health is from where you are  
How can we equip all of us to do a better job to support each other?  
What would we like to know from our community?  
What have been the economic and family hardships that they are experiencing  
Dr. Scott will bring the drafts to the group.

Is it reasonable to ask how comfortable someone is about mental health?  
If you scale from 1-10 you need to have a follow up question as to Why.  
Stacey-How do you feel would help?

Mary-Need to have skill to get people to open up about their challenges  
Questions about how to have the conversation are important

Regardless of the response, the goal is to remove the stigma

Katelyn-people must come to terms with not being ok  
And if you tell them something beyond ok you are judged  
The people who say they are not comfortable talking are the ones who are concerned they would get judged  
This type of conversation gives us great qualitative information  
Quantitative allows for management and coordination on services-does but does not affirm all issues.  
Would we be willing to have a focus group on this or know of anyone who could give valuable qualitative data? This type of insight is very hard to get on a survey. Dr. Scott feels he has gotten a lot out of this.

Derek-how do we expand our bubble and bring people in  
We might disagree on process, but our motives will never be questioned

Discussion

**Agenda Item #5-  
cont**

Does the survey have an anonymous testimonial?  
Questions sometimes are phrased; how do you feel others feel about this?  
Quotes are highlighted the issue to personalize it

We are hard wired for 3 things:  
Safety (physical and psychological, spiritually)  
Sense of Significance (valued and put in a position where our contribution matters)  
Genuine need for a sense of belonging (accepted for who you are)

Any way we can gather insight from our residence the more equip we are to address the 3 things above more quickly?

Teacher from Victoria reached out about her daughter-find out what they need and what they are looking for-want to make it more acceptable to talk about this. They are not a part of our bubble but are in our community  
We may be missing a bigger piece of something  
May is mental health month  
Contacting prairie care will be a bit of a process-Mandi seems to know what is going on and can direct Mike to the right person

As the county grows our underserved populations will grow  
The goal is to position ourselves to address these needs

How do we continue to expand our sphere of influence?

Beth-NAMI has training for peer support groups  
Role for us to support more people who have a space and place to gather  
1 support group in Waconia that NAMI sponsored that is not dependent on convincing someone to spend money

Stacey has been a peer support specialist for a few year  
The Hive does charge  
Brielle house-does support groups  
The food shelf has one-Stacey will be doing this with Shelly Storms

How do we bring groups like NAMI back into the fold on a regular basis?

Discussion



<p><b>Agenda Item #5- cont</b></p>	<p>Melissa shared that May is Mental Health Month: a NAMI presentation “Hope for Recovery” is scheduled for May 17<sup>th</sup> from 4-7:30 via Zoom that focuses on schizophrenia, depression, anxiety, and co-occurring disorders Designed for family and friends of teens and adults living with a mental illness. This is virtual- they could not do a hybrid presentation.</p> <p>Wear a ribbon to the next meeting regarding the mental health issue you support Kelly Green is the color of mental health</p>	<p>Discussion</p>
<p><b>Agenda Item #6</b></p>	<p>Open Forum: NA</p>	<p>Information</p>
<p><b>Next Meeting</b></p>	<p>June 14, 2022</p>	<p>Next Meeting</p>
<p><b>Adjournment:</b></p>	<p>Adjourned 6 PM</p>	<p>Adjourned</p>