

DATE: October 13, 2015

LEADER: Sam Deweese

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

RECORDER: Lisa Gjerde

COUNCIL MEMBERS			LIAISON MEMBERS			GUESTS
Name	P	A	Name	P	A	Name
Caroline Beise	√		Alene Chelman	√		Shannah Mulvihill, Mental Health
Sam Deweese	√		Melissa Hanson	√		Minnesota
Lisa Gjerde	√		Gary Norman	√		
Lisa Inman		√				
Sue Kunitz	√					
Becky Maas	√					
Ben Maas		√				
Rod Sawtell	√					
Twyla Sawtell	√					
Becky Sorenson	√					
Eddie Tipton		√				
Virginia Wright	√					

Agenda	Activity/Discussion	Decision/Action
Call to Order	Sam called the meeting to order.	Approved by consensus.
Approve October agenda	Caroline made the motion to approve the agenda; Twyla seconded.	Approved by consensus.

**Guest Speaker,
Shannah Mulvihill,
Executive Director of
Mental Health
Minnesota**

Mental Health Minnesota Background:

1. The Mental Health Association of Minnesota was formed 76 years ago and was the first mental health advocacy organization in Minnesota.
2. Mental Health Association of Minnesota and the Consumer/Survivor Network combined in April 2015 to form Mental Health Minnesota. This strategic partnership provides CSN with executive leadership and enables them to continue to offer programs and services. CSN is now in the dissolution process and its programs have moved over to Mental Health Minnesota.
3. Mental Health Minnesota's tagline is "the voice of recovery."

Client Advocacy Program:

1. Currently two on staff; program in existence for 30 years.
2. Advocates help people (via phone) to maneuver through "red tape" and get help.
3. Example: Help client determine housing eligibility and go through process of applying for Section 8 or Bridges.
4. Example: Call the client's county social services agency to help find what might be causing a delay in receiving services.
5. Client interaction generally is limited to 2-4 hours.
6. Hope is to help client problem-solve, find resources, and be empowered to advocate on his/her own behalf in the future.

Warmline:

1. Phone line for clients working on recovery; open Tuesday-Saturday from 4-10 p.m.
2. As of April 1st, only take Minnesota calls and limit clients to one call/day. This opens opportunities for more callers, and reduces client's reliance on service.
3. One more "tool in the tool box." Helps clients stay independent and out of hospitals.
4. Operators are certified peer support specialists, and they have a mental health diagnosis.
5. Taking more calls now than at this time a year ago.

Steps to Wellness:

1. Materials to help clients prepare a crisis plan, a medication card, and other helpful tools.
2. Would like to promote materials and create related workshops around them.

Guest Speaker cont.

Public Policy Work:

1. Work with legislators to make changes in public policy.
2. Work with local advisory councils; will hold two more LAC workshops in Nov. and Dec.
3. Is working with DHS to revise LAC handbook.

Mental Health Screening on Website:

1. Online resource provides screening for depression, bipolar, anxiety, and post-traumatic stress disorder.
2. In 2014, around 14,000 screenings were done (not just in Minnesota); as of Oct. 1, 2015, around 80,000 screenings have been done.
3. Clients can get information on a diagnosis and see how consistent their symptoms are with that diagnosis (average 90% consistency).
4. Two-thirds of clients are between ages 18-24 (the average onset age period for many mental illnesses).
5. Screening is anonymous and provides clients with information. Clients can realize it's okay to ask for help.

Ambassador Network:

1. Working on forming ambassador groups of people with a lived experience of mental illness to do speaking engagements or health fairs.
2. Provide opportunities to have voices heard in many different ways; may even reach out to legislature or media.
3. Right now will be sending out a monthly question to potential ambassadors.

Guest Speaker Q&A

What to do when parents/family need support for mental health issues?

1. Call advocacy line, even if you have services and/or a case manager already.
2. Services are free; not meant to be a replacement but to fill in missing pieces.

How do people learn about/access Mental Health Minnesota?

1. Working on the website to make it accessible.
2. Referrals from the Warmline, and other agencies, such as NAMI.
3. Coming to speak at LACs and spreading the word.
4. Volunteer receptionists provide a welcoming presence and make that "first phone call" easier.

**Guest Speaker Q&A
cont.**

How do you access the mental health screening online?

1. There is a link on the website's homepage.
2. When "screenings" is googled, the website pops up a lot!
3. Conduct outreach at health and wellness fairs and many colleges.

What kind of direction do people receive after taking a screening?

1. Basic directions for the "next step" such as calling one's health insurance company to find a mental health provider.
2. If person presents suicidal ideation, a message will pop up directing them to the Suicide Hotline.
3. There is room to grow in this area; 2/3 do the screening from a mobile device.

How does Mental Health Minnesota work with other advocacy organizations?

1. Shannah is co-chair with Sue Abderholden from NAMI on the Mental Health Legislative Network. This coordinates efforts from 30 mental health organizations to work with DHS in order to build an agenda to move legislation forward.
2. In response to the concern about overlapping services, Shannah says "there is plenty of work for everybody."
3. Mental Health Minnesota advocates will refer clients to other organizations as necessary; for example, the United Way 211 hotline is often a resource.

What should LAC membership look like?

1. Should we have some Consortium members on our LAC? Yes, the broadest representation of members leads to the most active discussions.
2. No legislative changes in the works to require commissioners to be assigned to the LAC, but it is recommended as a "Best Practice."

What are helpful ways to involve county commissioners in the LAC?

1. Make sure the annual "unmet needs" report to the commissioners offers recommendations for how to address them. Being solution-focused is often the best route to take.
2. The more sources the legislators hear from, the better the outcome.
3. Keep Mental Health Minnesota informed about what's going on in your county.
4. Issues are often "rural vs. metro" rather than "Republican vs. Democrat."
5. We can try to be more prescriptive in annual report to commissioners.

<p>Approval of September minutes</p>	<p>Becky S. made the motion to approve the September minutes; Sue seconded.</p>	
<p>Roundtable Discussion</p>	<p>Caroline asked about the issue of duplication of services; could the Consortium join the LAC? Gary said the Consortium’s primary focus has historically been different than that of the LAC, but discussion could be had on how the two could interact. Becky S. feels that the separation of the two groups is unnecessary and inappropriate. The background of many LAC members brings a real-world perspective to the table, and the separation of “consumers” vs. “professionals” only promotes stigma.</p>	
<p>Lisa G.’s Notes on MACMHP Conference</p>	<p>Lisa G. mentioned the upcoming Jewish Community Mental Health Conference on Nov. 8th. Sam also mentioned the NAMI State Conference on Nov. 9th, as well as an art fair by People, Incorporated.</p>	
<p>Lisa G.’s Notes on MACMHP Conference</p>	<p>Lisa G. presented information from three of her favorite sessions which she attended at the MACMHP Conference Sept. 16-18. Topics included the mental health of refugees, integrative/alternative medicine, and setting approach goals rather than avoidance goals.</p>	
<p>Adjourn</p>	<p>Virginia made the motion to adjourn; Sue seconded.</p>	<p>Approved by consensus.</p>