**Hennepin County Adult Mental Health Initiative**

**Quarterly Meeting**

**February 8th, 2018**

Present: Patrick Bayle, Rick Crispino, Mallory Hansen, Beth Scheetz, Jolene Peterson, Dianne Kelley, Rozenia Fuller, Tom Haselman, Todd Heintz, Martin Marty, Rosie Kolman-Stich, Dan Lontkowski, Lynn Price,

 Shelley White, Barbara Tisdale, Karen Berg Moberg, Mike Radcliff, Nancy Noetzelman Don Ryan, Gary Travis, Joshua Wiechmann, Heather Bjork, Leon Flack, M. Baer and Mallory Hansen.

1. Introductions/General Announcements – Completed.
2. LAC Unmet Needs Process for 2018 Update

Rick Crispino, LAC member, led a discussion of what how providers and programs were addressing some of the unmet needs and note both successes and barriers.

1. Marty commented on some of the efforts being made to find and keep employment (unmet needs #2 – Suitable Employment)

Hennepin County has its own operated program called Vocational Services Program (VSP) they have been providing supported employment services in the county for over 30 years. They are particularly experienced with people with serious and persistent mental illness and they also work with people with substance use disorders. VSP staff are also part of the extended team for the County’s specialty case management programs The core of what VSP does is job placement or extended employment. 83 percent of people starting with VSP support have reached 90 day job retention and 61 percent had a one year retention.

- The County has contracts with Jewish and Family Services to do supportive employment and with also Rise. CSPs have historically have had job clubs and employment focused, the Clubhouse model (Vail Place) is all about work and that.

1. Rosie Kohlman-Stich of Mental Health Resources (MHR) responded to unmet need #5 (To be Accepted), noting their agency’s approach to being culturally responsive to people they serve. They have used a consultant to provide a three day training with all of the managers and leadership; a phase 2 consisted of 25 people from the agency applying to be a part of the train the trainers where they will get a 4 day training to train the rest of the agency on race, racism and white privilege. There is a concerted effort to increase the number of people of color and also how to retain the staff once they are brought into the agency. There is also a committee that is working on how they can make the agency more welcoming to anyone who walks in the door not only the people they serve but people they hire to serve.
2. Mike Radcliffe of HC Housing Stability, in response to unmet need #1,A Place to Live, noted – Hennepin Housing Key: a web portal that is designed to connect clients and individuals seeking supportive housing for persons with mental illness to housing providers with openings. For more information go to the link <https://housingkey.hennepin.us/HousingKey/Advocate>

3. Round Robin – Updates, New Initiatives from Community Providers

* Touchstone – Opened up an IRTS facility in Fridley last November and they have a few crisis beds. They are also working on an housing project with alliance housing for a site on lake street with a potential opening date of 2019 which would have some GRH as well as some customized living in the building. A few weeks earlier some of the Touchstone staff conducted a 6 hour training with Aeon Staff educating them around understanding some of the symptoms they are seeing in the residents that they are working with onsite. Regularly the Rising Cedar Staff and the Minneapolis IRTS meet with the local law enforcement in the Seward neighborhood to make sure when they arrive on site that the approach is the best as possible and that staff are supporting them when they arrive.
* Don Ryan of Intitial Contact and Access- Reported that he will be attending a meeting later on in the day regarding a for profit company named Vitals that will be working with the Hopkin PD to allow individuals to communicate their specialized needs with police and first responders.
* Vail Place – Has a partnership with the History Theater and the history theater comes in the clubhouse almost every week to help people tell their story in a sort of presentation and every year there is a presentation at the history theater and the next event is On Tuesday, February 13th from 6:30-7:30pm Vail Place members will perform at the History Theatre in St. Paul. Scenes, monologues, poetry, song, and dance will be among the theatrical expressions used to reveal the often devastating challenges of living with a mental illness.

4. DHS Updates – Shelley White

* There has been several changes in staff.
* Certified Peer Specialist - Shelly gave an overview of the program with a ppt. One of the changes as of 2017 no longer is a high school diploma required. For Peers to learn more about peer services or to apply for the training, visit [www.peerslinktohope.org](http://peerslinktohope.org/) or contact Peers Link to Hope staff at 218-999-4012. Providers should contact Shelley White at Shelley.white@state.mn.us or by calling 651-431-2518.
* State Advisory Council Updates – The Mental Health both children and adult which is combined and the substance abuse which is ADAD are trying to become integrated over a two year process is moving forward the provider agencies will probably be receiving a survey to vote for a name the them.
* RFPs – Shelly reviewed Open grants, RFPs and RFIs for more information go to:

<https://mn.gov/dhs/partners-and-providers/grants-rfps/open-rfps/>

5. AMHI and other grants of Interest - Nancy Noetzelman/Martin Marty

* Marty – we are in the 2nd year of the 2 year grant cycle. For CY21 grant cycle, DHS expects to utilize an-RFP like process for AMHI funding (similar to the mobile crisis grants).

6. Hennepin County Mental Health Housing Coalition Update – Patrick Bayle, Coordinator, MHR

The Adult Mental Health Housing Coalition group formed several work groups in that larger coalition: the landlord’s standards and practices workgroup and a services workgroup and it was ultimately decided to fold both of those groups together because there was on overlap in the conversations.

7. Other Housing-related Updates from Hennepin County – Mike Radcliff

* Discussed earlier

8. Hennepin County Updates: Nancy Noetzelman/Martin Marty

* Nancy – For the providers if you are having conversations with the health plans and there is a possibility that you may not continue to contract with the health plans, let your liaison to the county know.
* Nancy – Thank you to the Target Case Management contracted agencies, Hennepin County did go out and do a review of the files due to the person centered planning work and letting the county look at the work and the agencies are doing a fabulous job. They are really incorporating person centered thinking and planning.
* Nancy – The County is still looking at the possibility of adding a couple more IRTS.

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**LAC Unmet Needs - 2018**

***1. A PLACE TO LIVE***

Expand and support housing development, attainment, and retention for people

living with mental illness.

a. Increase housing supports for people leaving treatment settings (hospital, AMRTC,

IRTS, etc.)

b. Expand partnerships between housing providers and service providers

c. Increase educational programs for landlords to better understand tenants with

mental illness and available tenancy supports.

d. Expand tax credits or other incentives to landlords to provide housing for vulnerable

populations

***2. SUITABLE EMPLOYMENT***

Increase the employment rate for people living with mental illness.

a. Increase the types of services that support employment: Clubhouses and community

support programs; Individual Placement and Support (IPS); and transitional

employment support

b. Increase/ advocate for the education of employers to better understand how to work

with individuals with mental illness

c. Fund more supported employment for individuals living with mental illness

d. Fund scholarship and other funding for education/ continuing education for

individuals with mental illness

The **Local Advisory Committee** (LAC) recommends action on five

priority unmet needs. This yearly process is required by Minnesota

Statute 245.466, subdivision 5, which states that the county’s Local

Advisory Committee shall “provide to the county board a report of

unmet mental health needs of adults residing in the county” to be

considered by the County Board.

12.21.17 approved

***3. SAFETY & HELP IN A CRISIS SITUATION***

Continue current efforts to increase crisis intervention and de-escalation skills in

law enforcement so officers are well trained to work with people experiencing a

mental health crisis.

a. Provide funding for Crisis Intervention Training for staff in suburban Hennepin

County police departments, the Sheriff’s department and the county jail.

b. Advocate for training in de-escalation techniques to be included as part of standard

law enforcement training, and reinforced throughout a police officer’s career

c. Expand use of COPE staff as co-responders with law enforcement officers for people

experiencing a psychiatric crisis

d. Continue support and implementation of the jail diversion programs in Hennepin

County

e. Advocate for mental health support for police

f. Explore legal remedies / alternatives to address the Rule 20 (48 hour rule) bottleneck

***4. TO BE ACCEPTED***

Decrease stigma about mental illness by increasing mental health awareness and

education.

a. Focus anti-stigma efforts at the high school and university level

b. Expand wellness education, particularly as it relates to mental health and substance

use disorders, and the impact on overall wellness.

c. Leverage the support of high profile people to speak up about mental illness.

***5. TO BE UNDERSTOOD***

Increase mental health services and providers who represent a variety of cultures,

languages, ethnicities, genders, and sexuality so service providers reflect the

populations they serve.

a. Fund a study of current provider demographics and consider request for proposal to

attract culturally specific providers where needed

b. Recruit and hire diverse staff (culture, language, age, sexuality, gender, ethnicities) for

mental health and medical positions (include community health workers and peer

specialists)

c. Develop an initiative for dialogue with faith leaders of immigrant communities about

issues of care for persons living with mental illness.

d. Spark interest in young people of diverse backgrounds to enter the mental health

profession.