Forum Timeline: October 19, 2023

**Intro by Gena/Tod/Blair:**  
Gena: Welcome to representatives Igo, Lislegard and Skarka and commissioner McDonald  
Tod: Explains what the LAC is and what it does  
Blair: Intro of self and others in the LAC, goes over agenda/format of the evening

**Law Enforcement**

**Personal testimonial**: Tod Swenson – personal account

**Professional Speaker**: John Swenson Lieutenant Virginia Police

**Recommendations**: Blair reads Law Enforcement recommendations:

1. Embed trained mental health supports (mental health professional, practitioner, or peer support)with law enforcement, and fully fund mobile crisis response teams.

**Issue/Ask:** Embedded positions are grant funded, and the mobile crisis response teams do not have enough resources to meet the need especially in a geographically large county it can take time to get to a person in crisis.

1. Increase the availability of beds in the region. Crisis stabilization beds for kids and adults.

**Issue/Ask:** Psychiatric Residential Treatment Facilities were developed as an MA reimbursable facility for youth up to the age of 21. DHS has put a pause on rate development, and so no new facilities have been able to open. End the rate pause.

1. Improve follow-up to treatment by expanding aftercare programs to reduce the revolving door law enforcement often has to deal with.

**Issue/Ask:** People need access to mental health; substance use and recovery services. Often there is a wait to get into these services (can be 6 weeks or longer). Reimbursement rates need to increase so that wait times can be decreased and people can access services.

**Discussion:** Need for more staff the Virginia team is M-F 8 to 4:30 to cover additional hours. Positions currently funded by grants. Size of county makes it hard to cover entire area with embedded staff or crisis response. May spend 5 hours with one person to help them get to services. Transport holds law enforcement use when there is harm to self or to others. Questions about loved one who was suicidal, and hospital would not admit and need to advocate for family. Others shared similar experiences. Question -are law enforcement and embedded staff affected by calls they respond to – yes especially calls for youth and suicide calls.

**Schools and Children**

**Personal testimonial:** reading of Iron Range Mom submission –

Ever since we moved to the Iron Range from Duluth, I've wondered how the lack of resources (dental care, mental health care, specialized health care, alternative health care, child care) on the Iron Range affects workforce development here. My husband and I both had to travel outside of NSLC in order to receive mental health care when we needed it (me to Nashwauk, him to Duluth). We had access to transportation and flexibility at work to accommodate this, but I know many others are not so lucky.   
  
As a new mother, I know this lack of resources has a significant impact on my long-term thinking about living and working here. I am not confident about raising my children on the Iron Range when we cannot reasonably expect to consistently and swiftly get them care when they need it. I'm especially alarmed having learned about the absence of ANY resources for children in crisis on the Iron Range outside of the emergency room.  
  
Having crisis centers, resource centers, extensive health care resources, etc. in Duluth does not sufficiently serve the entire county. The Iron Range needs more funding for its existing resources, support to bring new facilities/programs, and serious help in attracting professionals to staff those facilities/programs

**Second Testimonial:**

A parent from Ely:  
My 12year old daughter is going through some major anxiety and OCD that comes out as self-harm thoughts. It took us many hours on the phone and emails trying to get her a therapist. The first therapy session I could book at the start was 8 weeks away. Having to wait 8 weeks when you are in the middle of a crisis is too long. I kept calling every organization I could think of to try and get her an earlier appointment. We finally called the crisis line twice to start working through her thoughts and to keep her safe. Eventually, we were able to secure a therapist that was 1 hour away with openings in her schedule and she was available within 2 weeks.   
  
We currently have her working with a therapist every other week. She was going every week all summer. Thank goodness we found someone that had spaces. We still have to drive an hour for her appointments. My husband and I have managed to rearrange our work schedules to be able to make it work. We are fortunate we could make appointments with still keeping our jobs. We are also fortunate that we have vehicles to drive the hour to the appointment and back.   
  
I really hope that one day soon there might be more appointments closer to where we live (Ely, Mn). Why did it have to take me so many hours of calls and emails to secure a therapist? I hope one day sessions are easier to book and more readily available. I Had to be very persistent. I imagine many people just give up and go without the help they need. It was one of the hardest things I’ve had to do.   
  
Mental health care is very difficult to navigate. I firmly believe that getting youth checked on a more regular basis could greatly improve the mental health and wellbeing of many young people. I’m not just talking about the survey they take at yearly physical exams. Please help make mental health checkups with an actual therapist a common practice.

**Professional Speaker:** Jordan Mesta, Youth Mental Health Night Program, Alicia School LICSW & Sara Rohr, RMHC Director of Early Childhood and School Linked Services

**Recommendations:** Blair reads schools and children recommendations

1. Expand availability of mental health providers in schools and local communities.

**Issue/Ask:** Mental health services in schools are not available to all students. Provide additional funding to schools to enhance mental health services that are not restricted. Increase reimbursement rates and increase grant opportunities to incentivize people to enter the field and open additional mental health service sites in the community, especially rural communities.

1. Expand access to mental health services in schools for all students that are not based on insurance eligibility or special education diagnosis.
   1. **Issue/Ask:** Mental health services in schools are not available to all students. Provide additional funding to schools to enhance mental health services that are not restricted.
2. Continue to provide adequate and sufficient mental health training for teachers and school staff.
   1. **Issue/Ask:** Require mental health training for all school personnel and increase funding for schools to pay for adequate training.

**Discussion:** Need to have mental health woven into every aspect of school and all staff trained to help students. Use a variety of ways to help kids get in touch with what they are feeling. Kids can have stomach ache and it may be anxiety or stress. Last legislative session there were funds directed at schools, but schools have many unfunded mandates, and everything costs more, transportation, sporting activities, etc. There are school based programs – check and connect, mental health in schools but the need is greater. Many things are grant funded and may not be long term. Youth may have to wait for services to get into counseling. How do we share the resources that are available open counseling appointments such as 211 and coordinated entry with housing. Lakeview Behavioral Health has open appointments. How could a system be developed to help navigate. TMH crisis response team can help find open counseling appoints just call and they will help.

**Older Adults**

**Personal testimonial**: Reading of Rural Adults provider testimonial –

I work with rural aging adults and service providers around memory loss, with the goal to break down stigma, bring research findings to communities, and advocate to bridge service gaps. Aging rural residents have higher rates of dementia diagnosis, are more likely to experience solitude, have more sedentary habits, and have more barriers in seeking/reaching/acquiring preventative care and specialty care, compared to urban counterparts.   
  
Some areas in need of improvement:   
Earlier diagnosis. Education and resources for patients and their families post diagnosis. Respite care. Rx management. Traveling clinics. Extended clinic hours. Childcare for caretakers. Communication and organization tools for caregivers. Caregiver support groups and mentors.

**Professional Speaker:** Dave Vukelich, St. Louis County Adult Protection Supervisor and Sasha Lehto waiver social worker St. Louis County

**Recommendations**: Blair reads older adults recommendations

1. Increase older adult access to supportive services and programs.

**Issue/Ask:** staffing and reimbursement rates. State reimbursement rates aren’t meeting operational costs in cases such as transportation

1. Increase public and professional education opportunities in aging.

**Issue/Ask:** Seek funding sources/opportunities to partner with community organizations to provide educational services on aging needs

1. Increase opportunities to mitigate social isolation and provide additional avenues for social connection.

**Ask:** Support funding for programs that serve people as they age. Work with communities towards becoming Age Friendly Cities designation.

**Discussion:** People have rights and sometimes it is hard to understand but the adult protection statute does not allow staff to do what family members may want adult protection to do. The population of our county is aging, and we will need additional services, especially for people who have mental health and behaviors. Often assisted living programs and nursing facilities will not accept as these are high needs individuals. Hard to find service providers across the northern area of county due to distance and workforce. People may have funding sources like the waiver or be able to pay for services but can’t find anyone to deliver services needed or transportation. People want to stay in their community where family/friends are nearby. When people have a physical illness like heart issues people ask how you are and support them but when it is mental health people don’t know how to support. Need to treat mental health like physical health and support the whole person. Ideas about how to fund and support services for people in the region.