10/07/2021 Agenda

- Welcome and Introductions – Dave Lee, 10:00-10:30am
  - Approve last meeting's minutes and today's agenda
  - Welcome New Subcommittee Co-chairs
  - Other topics for discussion
  - Public Comment/Announcements
- Conversion Therapy Discussion with Dr. Marge Charmoli – Dr. BraVada Garrett-Akinsanya, 10:30-11:30am
- Criminal Justice System Funding, Elliot Butay, NAMI-MN – Michael Trangle, 11:30-12:15pm
- Mental Health Legislative Network Updates – Sam Smith, 12:15-12:25pm
- Workgroup updates – Lisa Hoogheem, 12:25-12:45pm
- State Agency Updates – Cici Hughes, 12:45-12:55pm
- Next steps and closing – Abbie Franklin, 12:55-1:00pm

Conversion “Therapy” with Dr. Charmoli

Margaret C. Charmoli, Ph.D.

Licensed Psychologist

Minnesota Department of Human Services

State Advisory Council

Subcommittee on Children’s Mental Health

October 7, 2021

Overview

- Presenter
- Primer on Sexual Orientation and Gender Identity
- Conversion “Therapy”
- Conversion Therapy Bans
- Policy Considerations
- Resources

Presenter – Dr. Marge Charmoli

- Psychologist in private practice
- Not a child psychologist
- Past President of Minnesota Psychological Association (MPA)
- Past member American Psychological Association Council of Representatives
- Past adjunct faculty Macalester College, University of Minnesota, St. Mary's University
- Past member St. Paul Human Rights Commission
- Provided testimony on behalf of MPA to state legislature supporting ban on conversion therapy in 2019

Primer on Sexual Orientation and Gender Identity

- Sexual Identity – 4 components
  1. Physical Identity: Biological Sex (genitals)
  2. Gender Identity: Psychological sense of being a female, male, or blend of both
  3. Sex-Role Identity: Interests, attitudes, appearance and behaviors
     - Masculine, Feminine, Androgynous
  4. Sexual Orientation: Gender(s)/sex attracted to sexually/romantically
     - Heterosexual (straight), Bisexual, Gay, Lesbian, Queer

Primer on Sexual Orientation and Gender Identity - Glossary

- Transgender: umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth. (APA 2021)
- Cisgender: a person whose gender identity, gender expression, and sex assigned at birth all align. (SAMHSA 2015)
- Gender Expression: the way a person expresses their gender identity (through dress, clothing, and body movement). Young children express their gender through choices for personal items such as toys and clothes as well as hairstyle and colors. (SAMHSA 2015)

Primer on Sexual Orientation and Gender Identity - Prevalence

- Estimated prevalence in the population
  - Transgender = 0.6% of the population (Williams Institute 2016)
  - Lesbian, Gay, Bisexual = 5.6%, up from 4.5% in 2017, of the population (Gallup 2021)
- Of the Lesbian, Gay, Bisexual, Transgender Population (Gallup) 2021)
  - Bisexual = 54.6%
  - Gay 24.5%
  - Lesbian = 11.7%
  - Transgender = 11.3%
  - Queer = 3.3%

Primer on sexual orientation and gender identity, cont.

- Major mental health and health associations view diversity in sexual orientation and gender identity as normal. They are neither pathological nor a mental health disorder. They are not viewed as a deficit or deviance or the result of trauma or parenting.

Conversion “Therapy”

- More accurately known as Sexual Orientation Change Efforts (SOCE) or Gender Identity Change Efforts (GICE). They are based on the false premise that there is something inherently wrong with LGBTQ people.
- They aren’t considered a form of therapy by major professional associations.
- They include a range of techniques used by a variety of mental health professionals and non-professionals to try and change sexual orientation or gender identity. They target gay, lesbian, bisexual, and transgender people. They do not target heterosexual or cisgender people.

Conversion “Therapy,” cont.

- Can take place in one-on-one meetings, groups, residential programs, conferences, online groups.
- The interventions include recommending dating someone of a different sex, using religious practices such as prayer, scripture study, and confessing same-gender attractions, practicing traditional gender expression and gender role behavior, shaming, and aversive conditioning (creating nausea, pain).
- Most now use talk “therapies.”
- They have been depicted in films such as “Boy Erased,” “Pray Away,” and “Trapped: The Alex Cooper Story.”

Conversion “Therapy,” continued

- Is not an appropriate professionally accepted therapy
- Appropriate therapies are evidence based and affirmative in that they provide acceptance and support, a comprehensive assessment, active coping, social support, identify exploration and development, and reduction of internalized stigma. They offer accurate information and do not have an a priori goal of any sexual or gender expression.

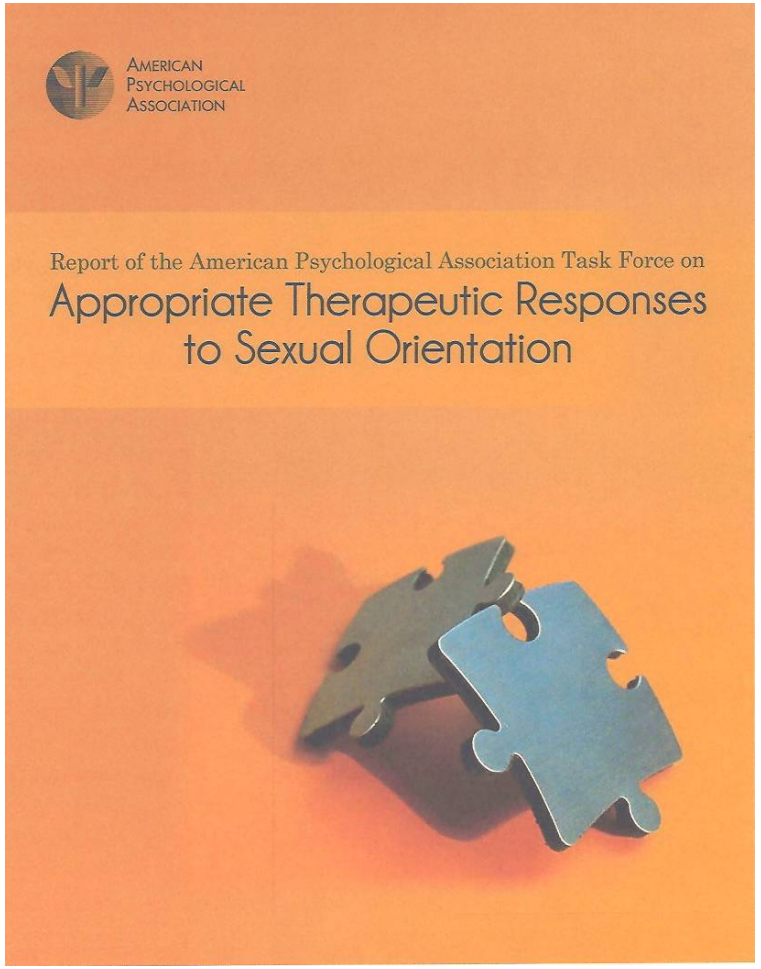
Conversion “Therapy,” statistics

- We don’t know how many people in Minnesota have undergone conversion “therapy”.
- Williams Institute (UCLA School of Law) Update on Conversion Therapy and LGBT Youth (2019) estimates that:
  - 698,000 LGBT adults in the U.S. have received conversion therapy, including about 350,000 who received it as adolescents.
  - 16,000 LGBT youth will receive conversion therapy from a licensed health care professional in states that do not ban the practice.
  - An estimated 57,000 youth (ages 13-17) will receive conversion therapy from religious or spiritual advisors before they are 18.

Conversion “Therapy” Research

- American Psychological Association (2009)
- Substance Abuse and Mental Health Services Association SAMHSA (2015)
- American Psychological Association (2021)

APA Appropriate Therapeutic Responses to Sexual Orientation



Research on Sexual Orientation Change Efforts

- 83 peer-reviewed studies between 1960-2009
- Most research conducted before 1981
- Post 1981 research lacked rigorous intervention trials
- Studies since 1999 assess perceived effects of sexual orientation change efforts (SOCE)

Appropriate Therapeutic Responses to Sexual Orientation

- “Overall, we found that the low quality of the research on SOCE is such that claims regarding its effectiveness and widespread applicability must be viewed skeptically.” page 27
- “The recent empirical literature provides little basis for concluding whether SOCE has any effect on sexual orientation.” page 34

Decrease in same-sex attraction?

- Early studies suggest modest short-term effects on reducing same-sex arousal
- These interventions involved aversion procedures
- Short-term reductions more common for people who reported other-sex attractions prior to treatment

Other-sex attraction increased?

- “The research provides little support for the ability of interventions to develop other-sex sexual attraction where it did not previously exist, though it may be possible to accentuate other-sex sexual attraction among those who already experience it.” Appropriate Therapeutic Responses to Sexual Orientation page 40

Benefits to SOCE? (recent studies)

- Place to discuss conflicts
- Cognitive frameworks that permitted people to reevaluate their sexual orientation in ways that lessened their shame and distress
- Social support, role models
- Strategies for living consistently with their religious faith and community

Appropriate Therapeutic Responses to Sexual Orientation pg 53

- “It is important to not that the factors that are identified as benefits are not unique to SOCE and can be provided within an affirmative and multiculturally competent framework that can mitigate the harmful aspects of SOCE by addressing sexual stigma while understanding the importance of religion and social needs.” Appropriate Therapeutic Responses to Sexual Orientation page 53

Do efforts to change SO harm people?

- Decreased self-esteem and authenticity to others
- Increased self-hatred and negative perceptions of homosexuality
- Confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality
- Anger at and a sense of betrayal by SOCE providers
- Increase in substance abuse and high-risk sexual behaviors
- Feeling of being dehumanized and untrue to self
- Loss of faith
- Waste of time, energy, resources

Do efforts to change SO harm people?, cont.

- Relationships harmed
- Blame parents for “causing” their homosexuality
- Anger/sense of betrayal toward SOCE providers
- Loss of LGB friends and potential romantic partners due to beliefs that they should avoid them
- Problems in sexual and emotional intimacy with other-sex partners
- Stress due to negative emotions of family/spouses because of expectations that SOCE would work
- Guilt and confusion about getting involved with other same-sex members of ex-gay groups to which they turned for help in avoiding attractions

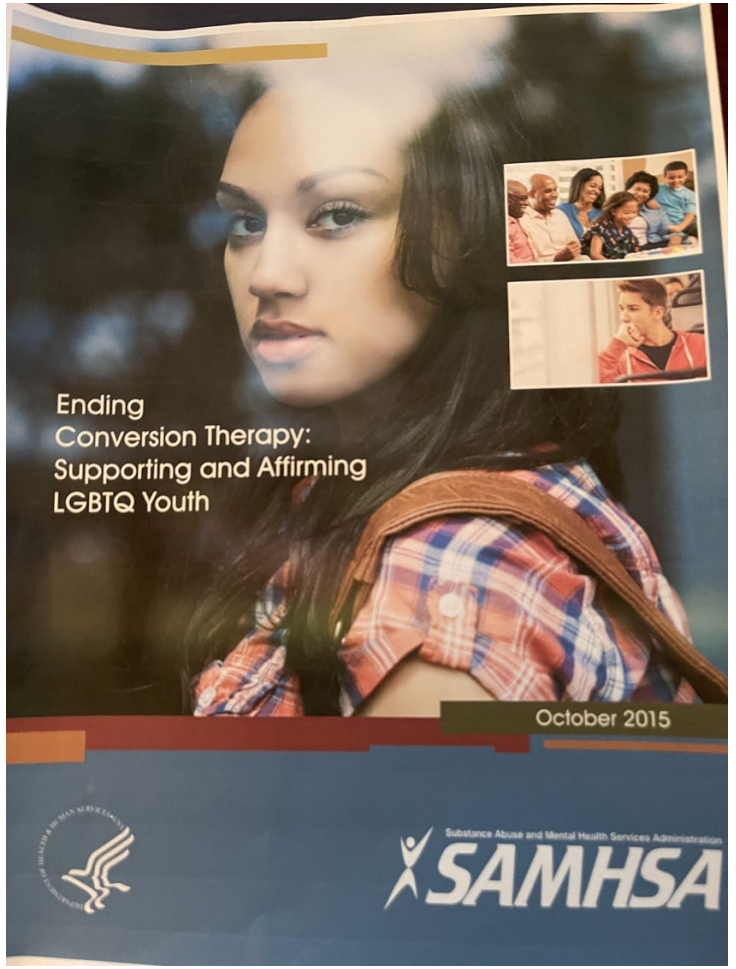
Conclusions regarding minors

- No empirical evidence that SOCE therapy directed at minors prevents homosexual orientation in adults
- Develop oversight for inpatient adolescent facilities to prevent harm
- Use multiculturally competent therapies for minors, including family therapy to increase support for minors and reduces rejection of them

APA Policy Statement

- APA concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation.
- APA advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder

SAMHSA Ending Conversion Therapy: Supporting & Affirming LGBTQ Youth



Conversion “Therapy” Research - SAMHSA

- Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth” (SAMHSA 2015) SAMHSA is part of the U.S. Department of Health and Human Services.
- SAMHSA and the American Psychological Association convened a panel of 13 experts (ten psychologists, two social workers, and a psychiatrist) who reviewed relevant research, professional guidelines, and clinical knowledge.

Conversion “Therapy” SAMHSA Findings

- None of the existing research supports the premise that mental or behavioral health interventions can alter gender identity or sexual orientation
- Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation are coercive, can be harmful, and should not be part of behavioral health treatment.

Conversion “Therapy” Research - APA

- American Psychological Association (2021)
- Reviewed research and literature after 2009 and updated resolutions on sexual orientation change efforts (SOCE) and gender identity change efforts (GICE)

Conversion “Therapy” Harm Associated with SOCE

- SOCE was the strongest predictor of multiple suicide attempts
- More sexual identity distress
- Dissociation and numbness, characterized by celibacy, compulsive behaviors, depression, and anxiety
- More substance abuse
- Feelings of anger and grief at having lost time and money, and feelings that they were betrayed by mental health professionals

Conversion “Therapy” APA Conclusions on SOCE

- After reviewing scientific evidence on SOCE published since 2009, the APA affirms that SOCE puts individuals at significant risk of harm
- The APA opposes SOCE because of their association with harm

Conversion “Therapy” APA Conclusions on GICE

- APA affirms that scientific evidence and clinical experience indicate that GICE put individuals at risk of harm
- APA opposes GICE because such efforts put individuals at significant risk of harm and encourages individuals, families, health professionals, and organizations to avoid GICE.

Conversion Therapy Bans

- 20 states, DC, Puerto Rico, and 94 municipalities ban conversion therapy for minors
- Minnesota does not ban it
- The following cities in Minnesota ban conversion therapy:
  - Minneapolis
  - St. Paul
  - Duluth
  - West St. Paul
  - Winona
  - Robbinsdale
  - Bloomington
  - Golden Valley
  - Red Wing
  - St. Louis Park
  - Rochester

Professional Associations Disavow Conversion Therapy

- American Academy of Child and Adult Psychiatry (2018)
- American Academy of Pediatrics (1993)
- American Association for Marriage and Family Therapy (2009)
- American College of Physicians (2015)
- American Counseling Association (2013)
- American Medical Association (1996, 2012)
- American Psychiatric Association (2000)

Professional Associations Disavow Conversion Therapy, cont.

- American Psychoanalytic Association (2012)
- American Psychological Association (2009)
- American School Counselor Association (2014)
- National Association of Social Workers (2005)
- Pan American Health Organization: Regional Office of the World Health Association (2012)

American Academy of Child and Adolescent Psychiatry

- The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of a “therapeutic intervention” operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such “conversion therapies” (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, “conversion therapies” should not be part of any behavioral health treatment of children and adolescents.

Policy Considerations

- Conversion therapy is discriminatory (State of Minnesota Human Rights Act opposes discrimination based on sexual orientation and gender identity).
- Conversion therapy is a form of consumer fraud (it makes false, deceptive statements about the scientific or clinical basis for services). Therapeutic Fraud Prevention Act of 2021 S.2242 is currently in Congress.
- Consider the state statutes for unlicensed therapists when making recommendations.
- Expect pushback from people who say bans impinge on their freedom of speech.
- Expect pushback from people who say that bans impinge on their religious freedom.

Resources

1. Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009)
2. APA Resolution on Gender Identity Change Efforts (February 2021)
3. APA Resolution on Sexual Orientation Change Efforts (February 2021)
4. Human Rights Campaign: Policy and Position Statements on Conversion Therapy
5. SAMHSA: Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth: HHS Publication No.(SMA)15-4928
6. Wikipedia: List of U.S. Jurisdictions banning conversion therapy
7. Williams Institute: Conversion Therapy and LGBT Youth (June 2019)

Contact Information

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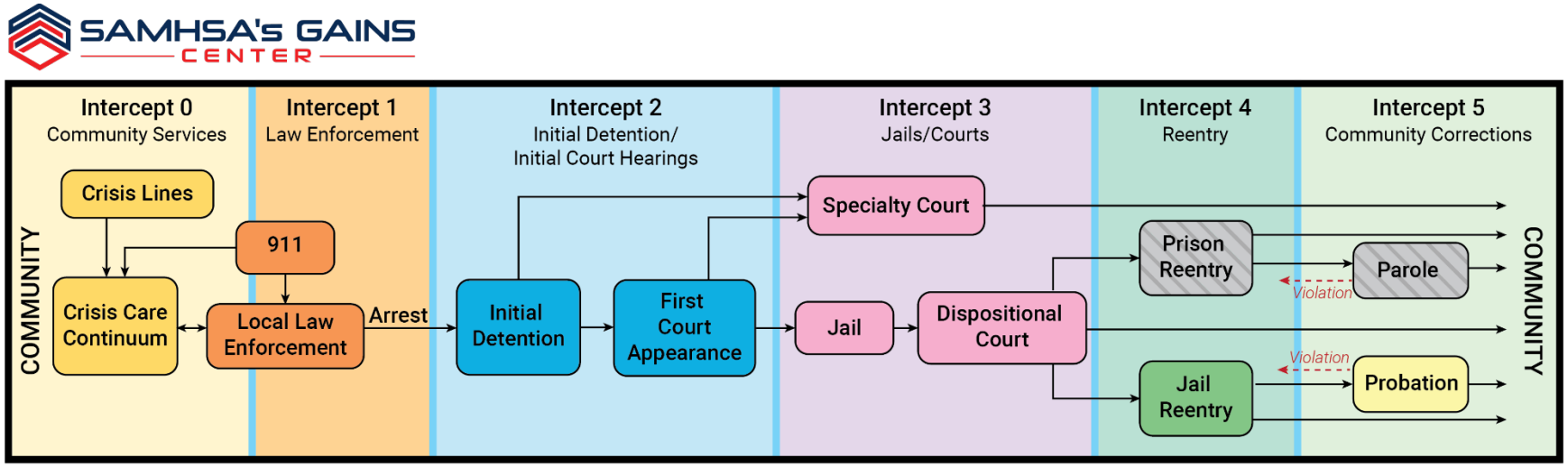
Decriminalizing Mental Illnesses in Minnesota

What We Do

- Education classes, booklets and fact sheets
- Suicide prevention
- Support groups, Helpline
- Public awareness presentations
- Legislative advocacy

Sequential Intercept Model



Crisis Response

- Mobile Mental Health Crisis Teams
  - $13 million base appropriation in 2021
  - Additional $16.429 million in FYs 22- 23 and $4.117 million in FY 24
- MMB reports cost savings of $102 per person avoiding hospitalization, and $1,080 per person avoiding the criminal court system.
- Issues
  - Inconsistency across the state
  - Not accessible through 911
  - Billing and funding

Crisis Response, cont.

- Travis' Law
  - Section 403.03, Subdivision 1.Emergency response services… (b) In addition to ensuring an appropriate response under paragraph (a), the 911 system shall include a referral to mental health crisis teams, where available.
- 911 telecommunicator working group
- Federal 988 number

What System Are We Building?

- We want to build the mental health system, not the criminal justice system

CIT INTERNATIONAL, INC.

Improving Crisis Response Systems

Why doesn't CIT International promote the embedded co-responder model?

CIT officers are doing amazing work providing compassionate, respectful, and effective responses to people experiencing mental health crises in communities across the globe. However, the presence of law enforcement at a mental health crisis event implicitly defines the situation as a potentially dangerous and criminal matter. This can become real in its consequences, as the mere presence of police can escalate the person in crisis, particularly if they have a history of trauma.

It is important to note that most people experiencing a mental health crisis are not violent nor are they engaged in criminal behavior. They report that having police involved is stigmatizing and increases trauma at a time when they feel extremely frightened and vulnerable. Furthermore, the negative impact of police involvement is disproportionately experienced in communities of color, who are demanding alternatives to law enforcement response. Simply putting a clinician in a police car does not address these concerns.

Diversion - Voluntary Engagement Services

- Eligibility
  - 18 and over
  - Exhibiting symptoms
  - History of failing to adhere to treatment
- Services
  - 90 days of assertive engagement
  - Provided by crisis teams, peer specialists, community providers, homeless outreach workers
  - Can be provided in jails

Diversion – Yellow Line Project

- Partnership - Blue Earth County Human Services, Sherriff's Office, Mankato Department of Public Safety, Horizon Homes
- Prearrest, prebooking, and postbooking
- 2016 costs to AMRTC and CBHHs peaked at $326,245 costs have since dropped to $24,960
- 2015 detox services peaked at $517,220 and have dropped to $385,216 in 2020.
- 68% of successful participants in 2019 had no further known law enforcement contact at 3, 6 and 12 months after plan completion.

Diversion – Region 5+ Comprehensive Reentry Project

- AMHI Region 5+: Aitkin, Cass, Crow Wing, Morrison, Todd, Wadena, and Leech Lake and Mille Lacs Tribal jurisdictions
- Embedded social workers in each county jail
- Screening, diversion, reentry support, telehealth, coordinated response
- Partnerships with Northern Pines and local crisis services
- Competency Restoration

Diversion – Stearns County CAT Team

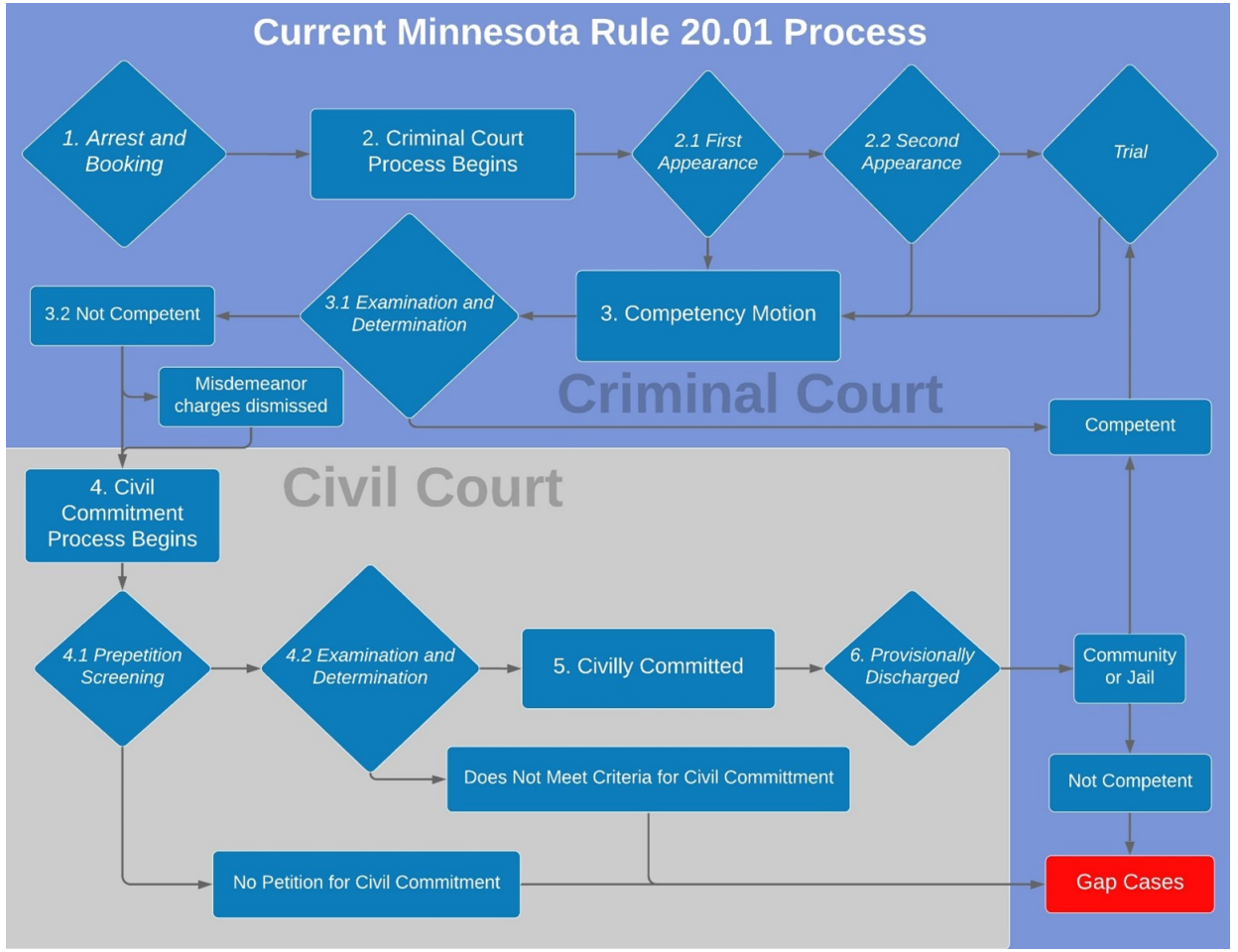
- Community Action Team - Central Minnesota Mental Health Center, CentraCare Health, Stearns County Health and Human Services, St. Cloud Police Department

- Weekly meetings and collaboration
- Over 30% decrease in ER, Jail, and Detox populations
- “Familiar faces” – 174 law enforcement encounters from 3 individuals dropped to under 15 in one year

Prevention and Diversion

- Build the Mental Health System
- Crisis Response
- Community Partnerships – Continuity of Care
- Mental health care in jails – Hardel Sherrell Act
- Protected Transport
- Housing
- Workforce

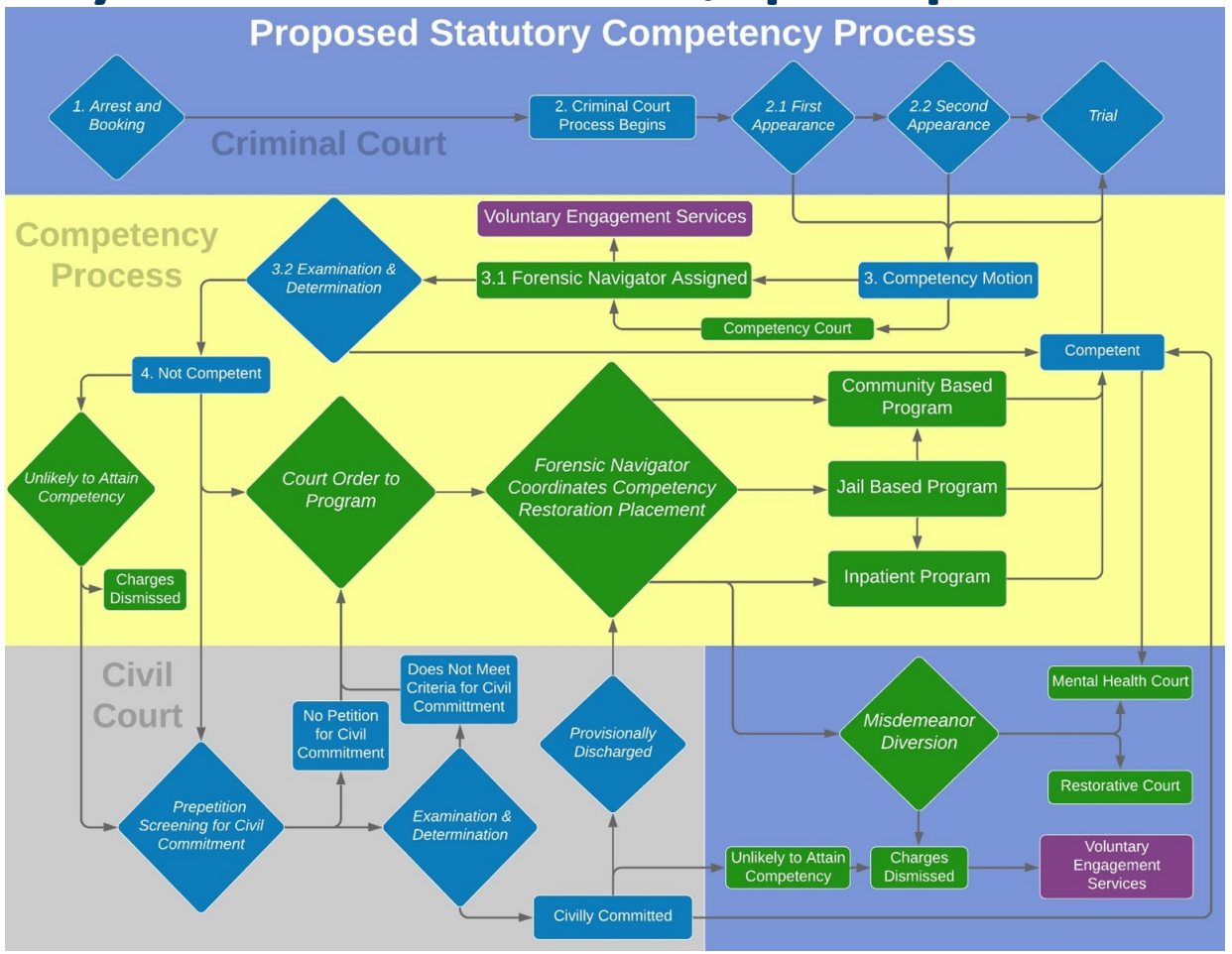
Competency Restoration



Community Competency Restoration Task Force Recommendations

- Pass a statute governing competency to stand trial with specific provisions for individuals who do not meet the civil commitment criteria, individuals who are unlikely to ever attain competency, and diversion opportunities for misdemeanor cases.
- Develop a standardized, flexible, statewide competency restoration curriculum.
- Establish and fund a continuum of inpatient, community, and jail-based competency restoration services.
- Establish certified Forensic Navigators to support defendants and expedite the competency process.

Competency Restoration, proposed process



Court System

- Establish minimum mental health training and continuing education requirements for judicial officials. (HF 2595):
- Fund mental health care in jails and incentivize partnerships between jails and community providers.
- Fund pilots to expedite the competency process through pre-screening and same day evaluations.
- Provide resources for the use of video technology for court ordered examinations and hearings.

Children and Families

- 81% of jails surveyed in March 2017 – 69% of incarcerated people were parents of a minor
- Minnesota has a higher proportion of prisoners who report being parents and living with their children than national estimates.
  - Incarcerated Men with Children MN: 66% US: 51%
  - Incarcerated Women with Children MN: 77% US: 62%
  - Living with Children Prior to Arrest MN: 56% US: 36%
  - Living with Children Prior to Arrest MN: 66% US: 55%
- Trauma, negative outcomes, visitation, connection

Rehabilitation and Reinvestment

- HF 2349 / SF 2295
- Creates incentives for early release
- Creates individualized plans for prisoners
- Reinvests in rehabilitative services and community supervision

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October 2021

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Request For Proposal (RFP) Involvement Process

- Survey tool to track member interests for participating in RFP reviews
  - Takes one minute to complete, let's do this now
  - Survey will remain open for updates by members
  - This info will be shared with BHD staff for participation in review of draft RFPs and to put application scoring team together
  - Council/Subcommittee members need to commit to doing the work of reviewing draft RFPs
  - If your entity intends to apply for the funds, you cannot be involved in the development of the actual RFP or score applications
- Survey tool to track mental health priority areas
  - Survey will remain open for ongoing updates
  - Submit initial mental health priority areas by end of day 10/29
  - Complete one (1) survey per priority area
  - The member listed as the contact should have sufficient information about the priority area to answer any questions that arise

RFP Involvement Process, cont.

- Question: How often should we be providing the updated priority lists to BHD?
  - Process says minimum of once per year, but we could do that more often
    - **Decision to review every 6 months**
  - This will determine how often the full Council/Subcommittee discusses the submitted priority areas to determine if it is something that should be supported by the Council/Subcommittee

RFP Involvement Process - compensation

- Council and Subcommittee members can submit vendor invoices for $55 per diem for meetings and activities related to reviewing and/or scoring RFPs unless being paid by your entity

Workgroup Reports

- Recovery Supports
- Outreach to Cultural Diversity
- Mental Health & Schools
- Mental Health & Juvenile Justice
- Local Advisory Council
- Integrated Care and Access
- Family Systems Prevention, Intervention, & Supports

Closing & Next Steps

- Next Meeting 11/04/2021, 10am-1pm
- Submit your workgroup meeting notes to mhadvisory.council.dhs@state.mn.us by end of day 10/15/2021
- Submit meeting invoices to mhadvisory.council.dhs@state.mn.us as soon as possible; remember you can submit invoices for workgroup meetings
  - If unable to sign invoice, include the following in body of email:
    - I hereby certify that the services and/or expenses listed on my invoice have been rendered or incurred, are correct and just and that payment has not already been received.
  - Please reach out to Abbie if you have questions about invoices
  - All invoices must be submitted electronically – cannot process invoices mailed/faxed to the office