

Welcome!  
Statewide Safety Council  
March 27, 2026, Meeting

# Council charge

*On December 16, 2025, Governor Walz issued Executive Order 2025-13 establishing the Governor's Statewide Safety Council. This initiative responds to a series of tragic events in Minnesota in recent years and reflects a commitment to convene leaders from state government, academic institutions, and non-profit organizations to develop actionable recommendations that will inform policy and strengthen the existing legal framework to enhance public safety statewide.*

***Preliminary report due: April 6, 2026***

***Final report due: January 6, 2027***



The Safety Council's objectives are to:

- a. Develop an immediate **action plan** to prevent mass violence, targeted attacks, and domestic terrorism;
- b. **Recommend strategies** to combat radicalization, domestic terrorism, politically motivated violence, and extremist ideologies;
- c. Address **the intersection** of mental health and gun violence;
- d. **Promote and support** Threat Assessment and Threat Management Teams across Minnesota;
- e. **Coordinate with federal, state, and local partners** to align efforts and share best practices;
- f. Make **policy and funding recommendations** to the Governor;
- g. Meet monthly or at the call of the chair;
- h. Submit a preliminary report to the Governor **within 90 days**; and
- i. Submit a final report to the Governor **within 365 days**

## Message to observing public



Refrain from *any* behavior that disrupts the orderly conduct of the Council's work.



Public comment periods will not be part of these meeting procedures. If you wish to engage members in conversations before or after meetings or during meeting breaks, first ask if they have the time. Their conversations with other members must always take precedence.



If you have any logistical concerns such as access to meeting materials or ability to hear, connect with the meeting planners/facilitators (Kris, Stacy, or Julie) during a break.

A person is sitting on a wooden dock that extends into a calm lake. The person is seen from behind, looking towards a vast mountain range. The mountains are covered in dense green forests, with some rocky peaks visible. The sky is clear and blue. The water in the lake is still, reflecting the surrounding landscape. A large, semi-transparent blue circle is overlaid on the right side of the image, containing white text.

# Observer introductions

Name  
Organization  
Perspective

# Meeting outcome and agenda

## Members:

- Identify challenges at the intersection of mental health and gun violence, assess what practices effectively prevent gun violence, and determine opportunities to implement these best practices.
- Are confident the Council can identify ways to implement best practices.

Reminder: take care of yourself during any discussions you find difficult. Stepping out is okay as is stepping away from the table. Help create a space in which everyone feels supported.

	9:00	Welcome
	9:25	90-Day report update
	9:45	Presentation: Mental Health and Mental Illness Overview
	10:30	Break
	10:40	Small group discussions and recommendation activity
	11:20	Themes and points of interest
	11:30	Announcements and Walk about activity

A simple act of free-form sharing to help draw your focus to this work and away from other demands on your time and attention. As a full group, members “tap in” by sharing their answer to one of these questions:

- *As we center today’s work on mental health, what are you hoping we can accomplish together?*

*or*

- *What questions or goals are top of mind for you as we enter this conversation on mental health?*



# Housekeeping

- 90-Day draft report overview and update
- Motion to accept draft report with changes
- Council vote



# Mental Health and Mental Illness Overview

*Through education, support, and advocacy, NAMI Minnesota champions justice, dignity, and respect for all individuals and families affected by mental illnesses.*

**Mental health** is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

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**Mental illnesses** are conditions that affect thinking, moods, feelings, and the ability to relate to others. They are medical illnesses whose symptoms are behaviors. Mental illnesses are treatable.



# Risk Factors

- Biological & genetic factors
- Environmental exposures
- Life stressors
- Physical health factors
- Brain injuries
- Trauma & abuse (ACEs)
- Substance use
- Sleep factors
- Nutrition factors
- Recent loss
- Discrimination
- Age, culture and gender factors
- Barriers to care



## Person

Rates of cardiometabolic disease are twice as high in adults with serious mental illness

People with serious mental illness have an increased risk for chronic disease, like diabetes or cancer

19% of U.S. adults with mental illness also have a substance use disorder

Caregivers spend an average of 32 hours per week providing unpaid care



## Family

At least 8.4 million Americans provide care to an adult with an emotional or mental illness

70% of youth in the juvenile justice system have at least one mental health condition



## Community

20% of people experiencing homelessness also have a serious mental illness

37% of people incarcerated in state and federal prison have a diagnosed mental condition



## World

Depression is the leading cause of disability worldwide

Depression and anxiety disorders cost the global economy \$1 trillion each year in lost productivity

# Treatment & Recovery

Important elements:

- Involvement of the individual in treatment plan
- Effective treatment plan that works

Recovery means regaining:

- Participation in something meaningful
- A safe environment
- Meaningful relationships



# Recovery is difficult but possible!

- Treatment takes time and work from all involved
- Medication may be only one part of any treatment plan
- Effective treatment plans can include:
  - Counseling & Peer Support
  - Exercise & Nutrition
  - Sleep
  - Community Supports



NAMI, 2022. Making the Most of a Psych Ward Stay: Strategies from a Psychiatric Nurse

# Hitting a Roadblock

Many people experiencing a mental illness choose not to participate in treatment

Those who do participate may experience temporary setbacks



# When There's a Roadblock or Setback

## What Does Work

- Empathy
- Listening
- Cooperating
- Collaborating
- Setting boundaries
- Support Groups

## What Does Not Work

- Group interventions
- Bullying
- Complaining
- Confronting
- Forcing
- Guilt

# When a Crisis Happens

- Even with good community support and access to care, a crisis can occur and may include:
  - Suicidal ideation, inability to take care of themselves, not knowing what is real and not real, inability to control feelings and emotions
  - Inability to resolve the situation with the skills and resources available
  - Behaviors/actions may increase risk of harming themselves or others
- Without crisis response services, the person is likely to have significantly reduced levels of functioning

# Mental Health Crises and Suicide

- Most people experiencing a mental illness will not attempt suicide
- People in a suicidal crisis are usually in unbearable emotional pain
- The peak of a suicidal crisis is relatively brief; for most people it is less than 20 minutes
- Attempting suicide once can increase the risk of future attempts, but 90% of those who survive an attempt will not go on to die by suicide

# Our Mental Health System

- 73% are not content with the status of mental health treatment in US
- Average delay of 11 years between onset of symptoms and treatment in US
  - Stigma and discrimination
  - Difficulty navigating the system
- Medicaid is the single largest payer for services
- Discrimination in coverage for treatment makes it difficult to access
- More services than ever before but low reimbursement rates have led to waiting lists

# Our Mental Health System

- Past overreliance on 911 has led to increased contact with police with people ending up in the corrections system
- Now: 988 and mobile crisis teams covering all 87 counties
  - 78% have heard of 988, 28% familiar with
- Caregivers of adults with mental illnesses average 32 hours unpaid care/week
- We don't always engage families, and people with SPMI often end up alone, vulnerable, homeless, or in the juvenile or criminal justice system



# Mental Illness and Violence Overview

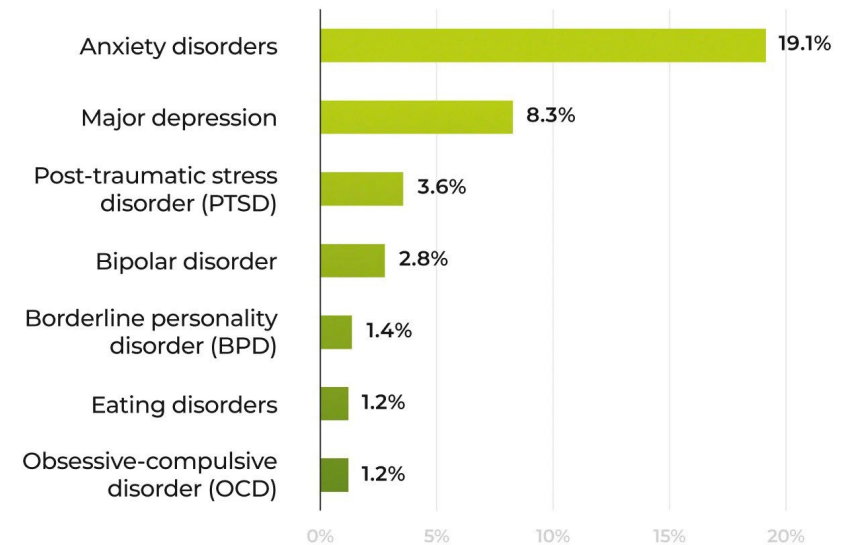
**Dr. Jillian Peterson**

*Co-Founder & Executive Director  
The Violence Prevention Project Research Center*

# Prevalence of Mental Illness

- Approximately 300 mental disorders
- Annual prevalence – around 25%
- Serious mental illness – 5-6%
- Lifetime prevalence – around 50%
  - (National Institute of Health, 2024)

## The Most Common Forms of Mental Illness

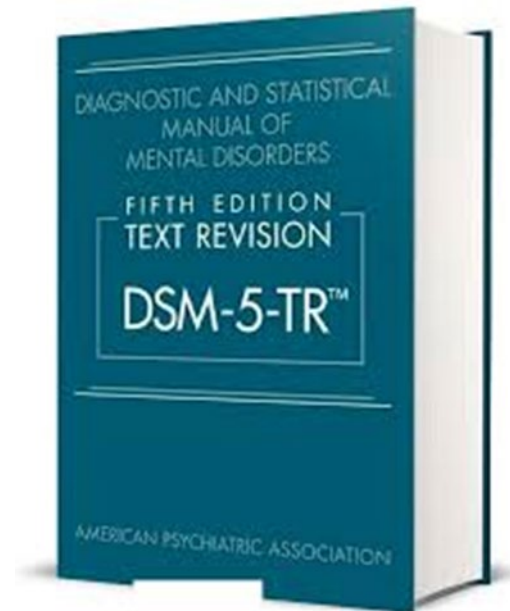


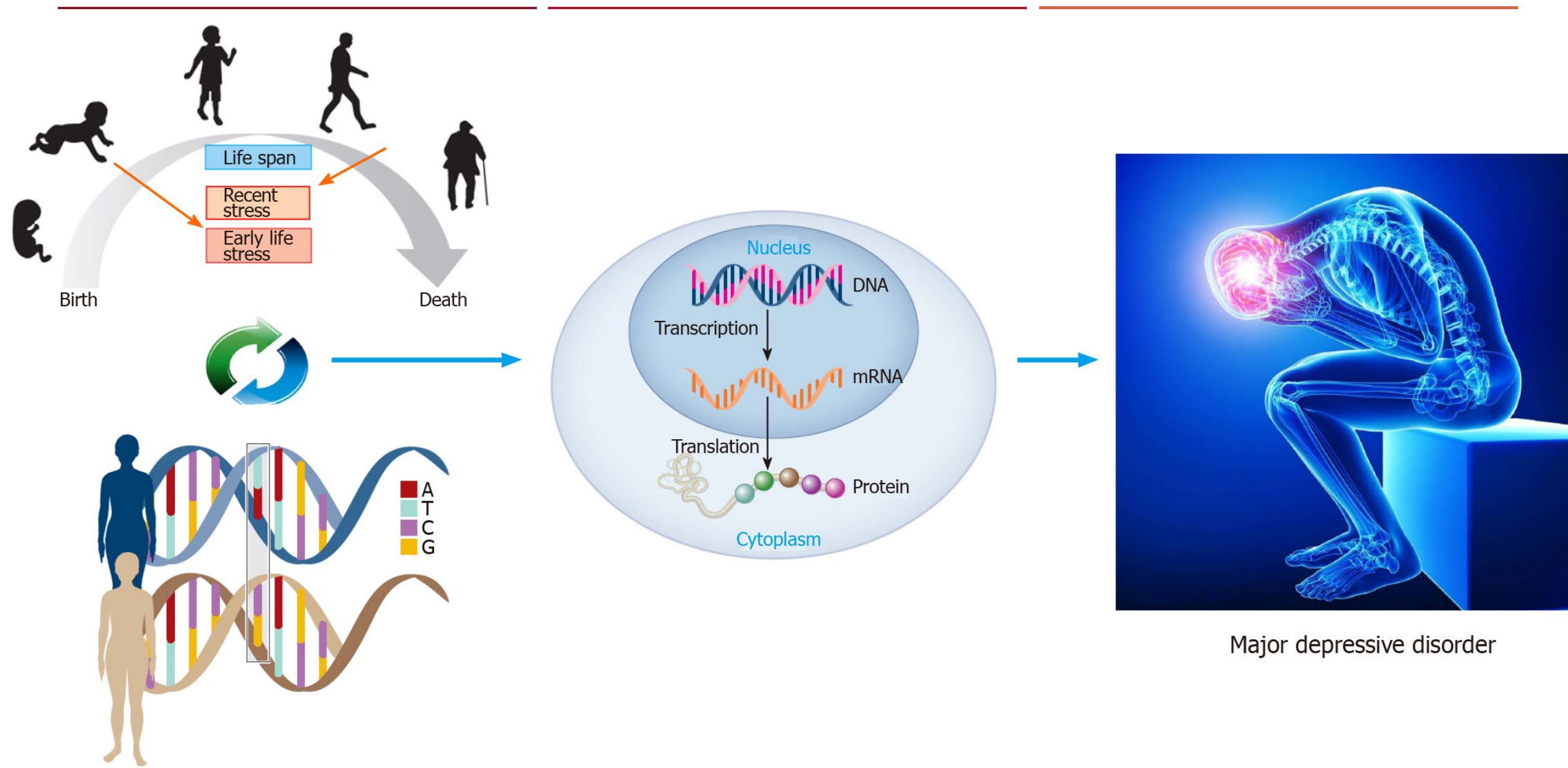
Source: NIH

Data is the prevalence from the past year.

# Serious and Persistent Mental Illness

- **SERIOUS MENTAL ILLNESS** (SMI or SPMI) is a diagnosable mental, behavioral, or emotional disorder which results in serious, chronic, long-term functional impairment.
- Schizophrenia spectrum
- Psychotic disorders
- Bipolar Disorder
- Major Depression
  - severe or treatment resistant
- Post Traumatic Stress Disorder
- Borderline Personality Disorder





Major depressive disorder

# WOMEN VS. MEN

## PSYCHIATRIC DIAGNOSIS

RATIO GENDER DIFFERENCES ARE SCALED TO 1

### MAJOR DEPRESSIVE DISORDER



### ALCOHOLISM



### ANTISOCIAL PERSONALITY DISORDER



### ANXIETY



### SCHIZOPHRENIA



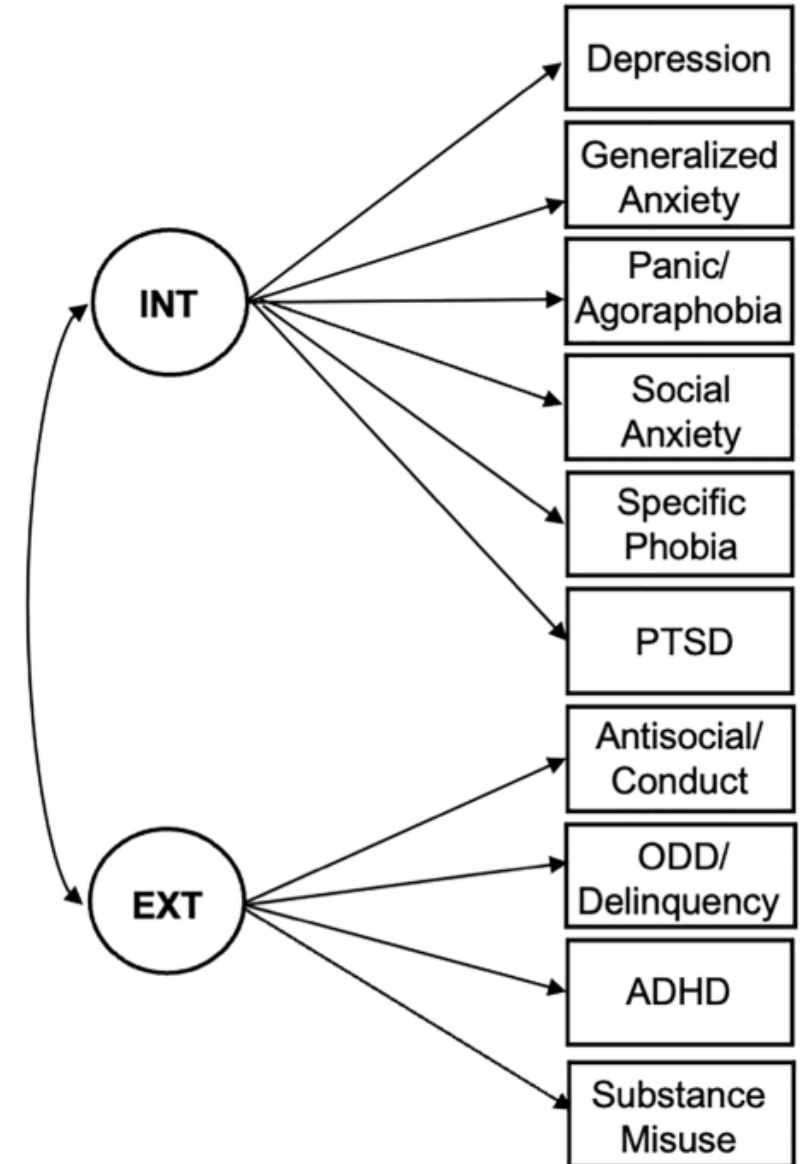
### BIPOLAR



### ADHD (IN CHILDREN 3-12)



GRAPHIC BY KAITLYN THOMPSON

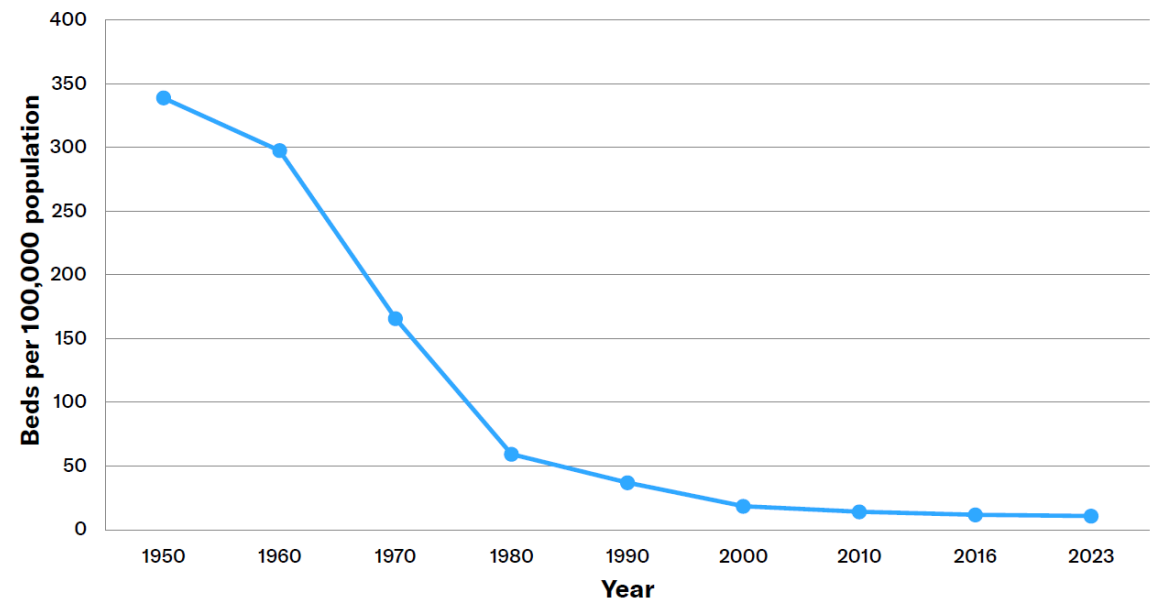


# Mental Illness and Crime

- De-institutionalization
- Criminalization of mental illness
  - 3-5x higher rates in prisons
- Largest treatment centers are all jails
- Revolving door – higher recidivism rates
- Direct-Cause model
- Indirect Model
  - Substance use
  - Homelessness / poverty
  - Peers / social support

Figure 6

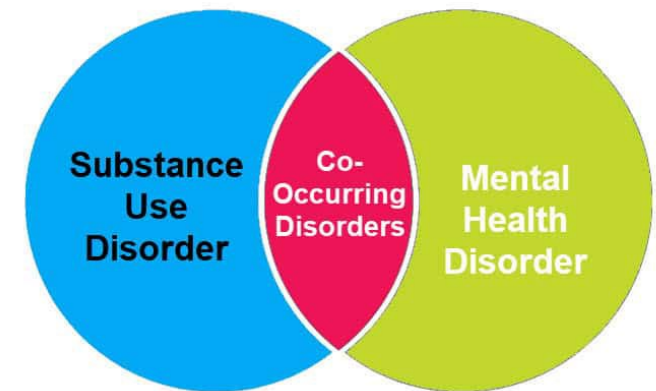
Number of State Psychiatric Hospital Beds per 100,000 Population



Source: Treatment Advocacy Center

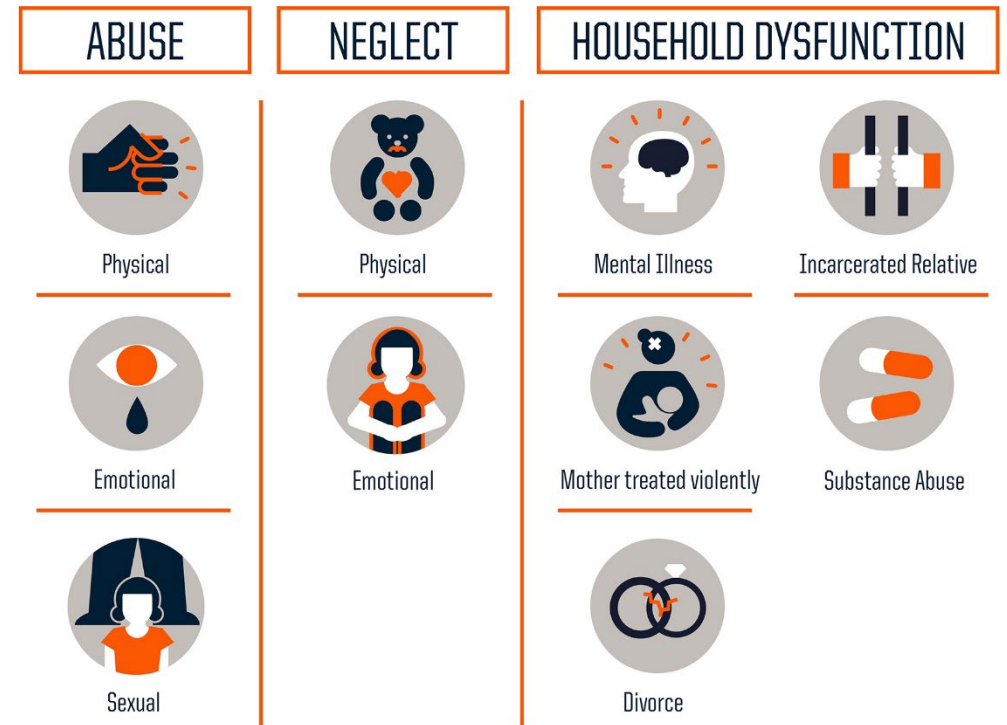
# Mental Illness and Violence

- Most people with SPMI are not violent
- People with SPMI are more likely to be victims of violence than perpetrators
- Mental illness alone is a weak predictor of violence
- 3-5% of violence can be attributed to mental illness
  
- Risk substantially increases with substance use
- Specific symptoms can increase risk
  - Command hallucinations
  - Mania
  - Particularly first episode



# Complicated Relationship

- Overlapping risk factors (ACE's)
- Overlapping symptoms
  - Impulsivity
  - Hopelessness
- Age / crime curve
- Both respond to stress



# Mental Illness and Mass Shootings

Prior Hospitalization 20%  
Psychiatric Medication 24%  
Indication 23%

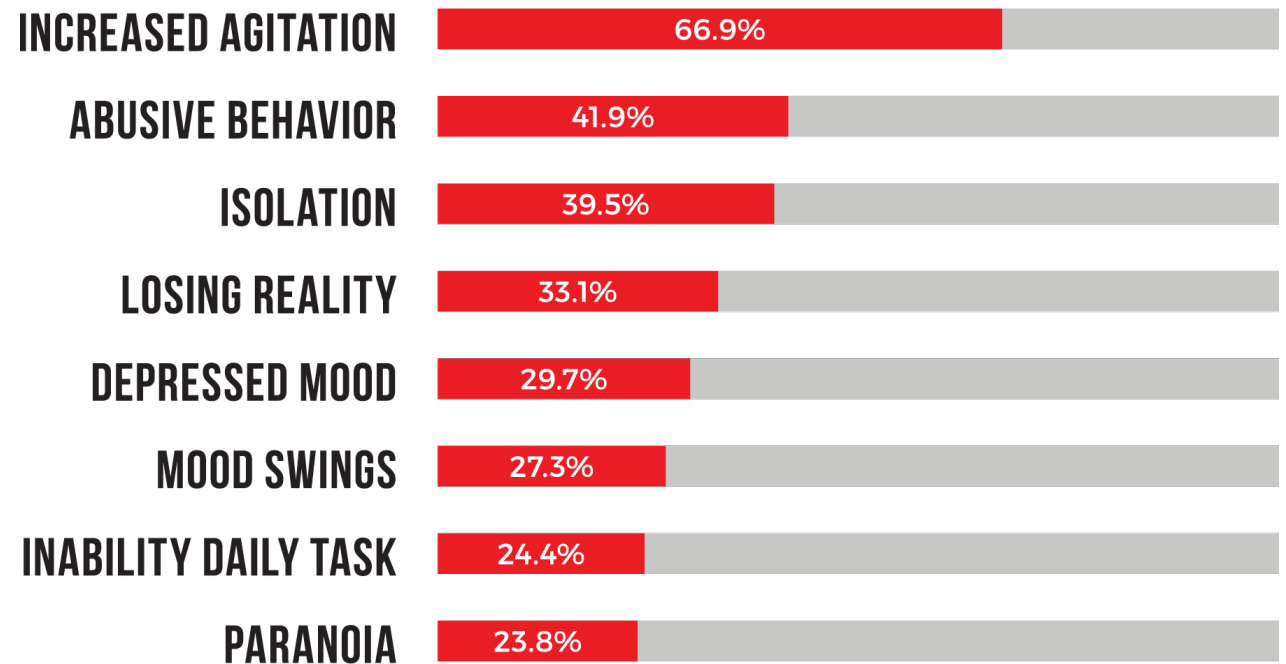
Mood disorder 25%  
Thought disorder 27%

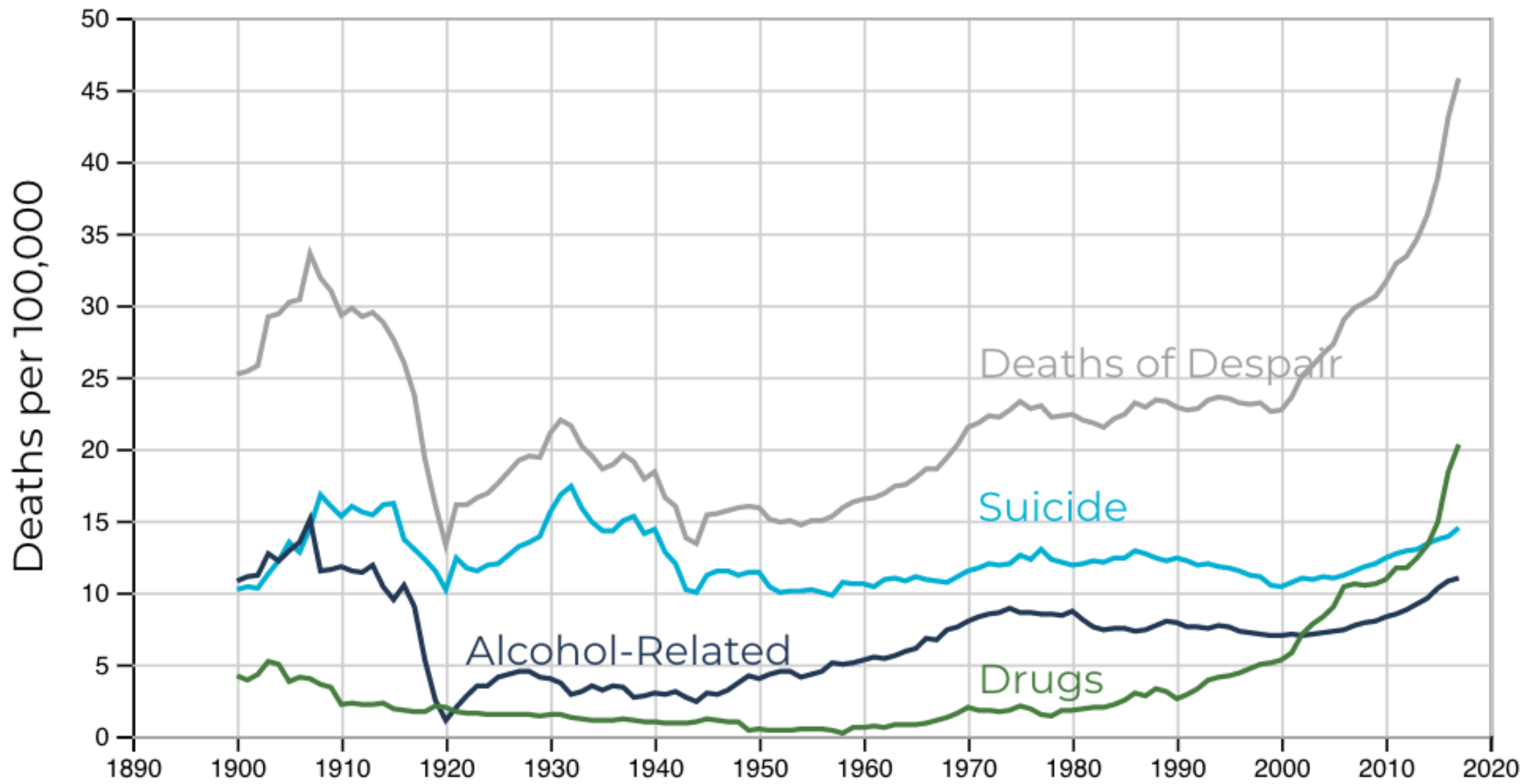
## Role of Psychotic Symptoms in Mass Shootings



# Perpetrators are in Crisis

- A marked change in behavior from baseline
- Noticeable to the people around them
- Often a suicidal crisis
- May or may not be associated with a diagnosis





# Mental Health Treatment Works

- **Hospitalization**
  - Short term stabilization
- **Medications**
  - Side effects
  - Time to start working
- **Therapy**
  - Cost
  - Access

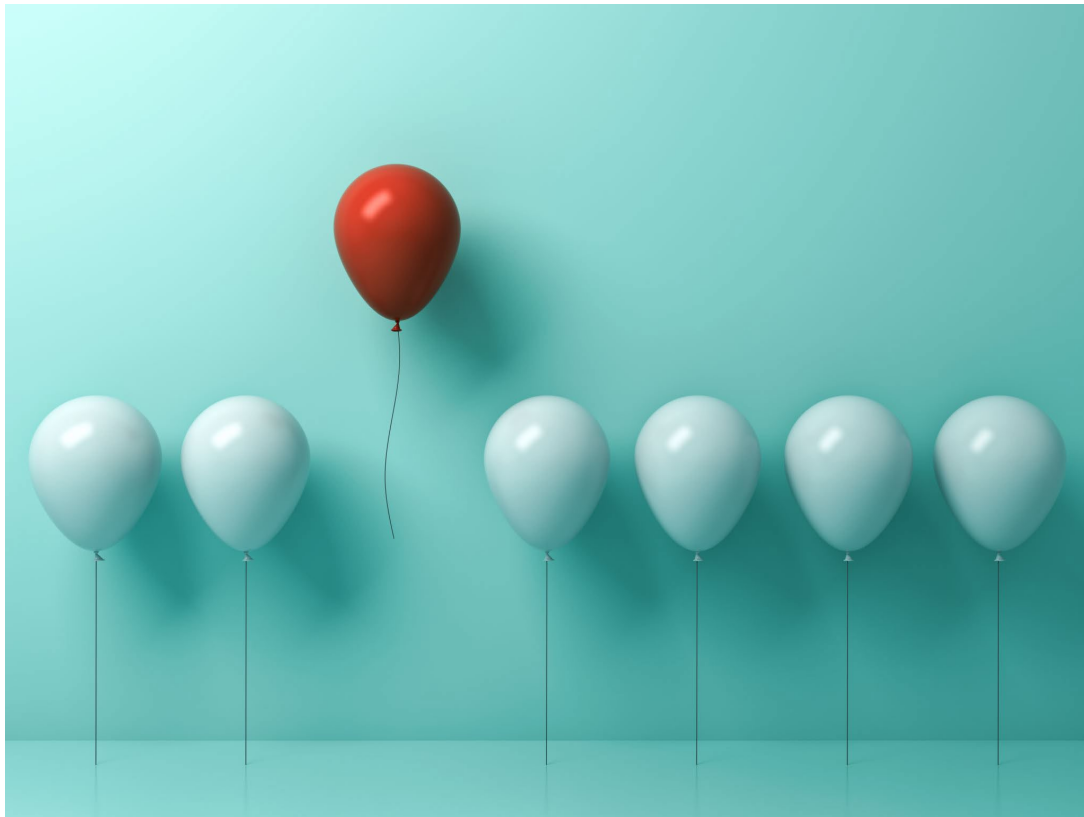


# Considerations

- **Mental health stigma** is the negative attitude, prejudice, and discrimination directed toward people with mental illness, often causing shame, isolation, and reluctance to seek care. It manifests as social exclusion, internalized shame (self-stigma), or systemic barriers in healthcare and employment
- Reasons people don't seek treatment – stigma, cost, knowledge, access, ability
- Mental illness versus not mentally well
- Youth – loneliness, despair, anxiety, self-worth
- “Not an expected response to a stressor”
- Violence and suicidality, featurelessness
- Shortage of mental health professionals – especially rural



# Crisis Intervention



1

## MANAGE YOURSELF

- Emotional contagion
- Don't panic
- Don't take it personally
- Recognizing your limits

2

## MANAGE THE ENVIRONMENT

- Get rid of any audience
- Reduce distractions
- De-escalate the space
- Create time and space

3

## NON-VERBAL DE-ESCALATION

- Body Position
- Eye Contact
- Tone of Voice
- Mirroring

4

## VERBAL DE-ESCALATION

- Open-ended, simple questions
- Active listening - empathy
- Focus on feelings
- Give 2 simple options

https://www.spps.org/families/careteam

HOME > FAMILIES > C.A.R.E. TEAM

# C.A.R.E. TEAM

**Collaborate. Assess. Respond. Evaluate.**

Saint Paul Public Schools (SPPS) was awarded a three-year *STOP School Violence Grant* in the 2021-22 school year with The Violence Prevention Project (VPP) to identify trends and root causes of increased prevalence and seriousness of violent incidents in SPPS. The partners will develop a customized school safety tool based off of the R-Model, a violence prevention protocol that reimagines traditional behavioral “threat assessment” as multidisciplinary crisis response teams to respond to and support students in crisis. The partners will also create a reporting system for staff and students to report (anonymously if preferred) concerning behavior that may indicate a student is in crisis.

STAFF LOGIN

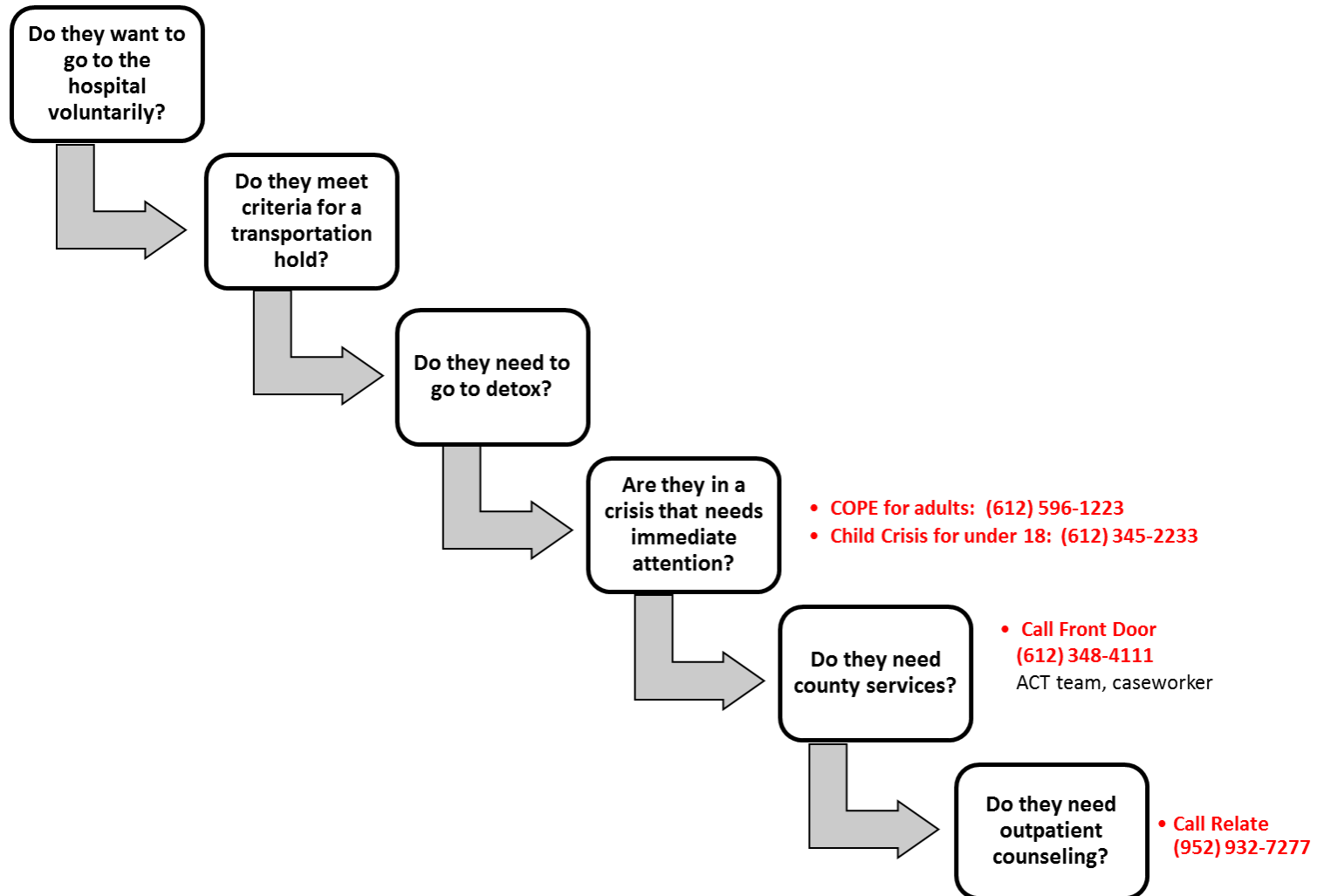
**Navigation**

[District-level CARE Team](#)

[R-Model](#)

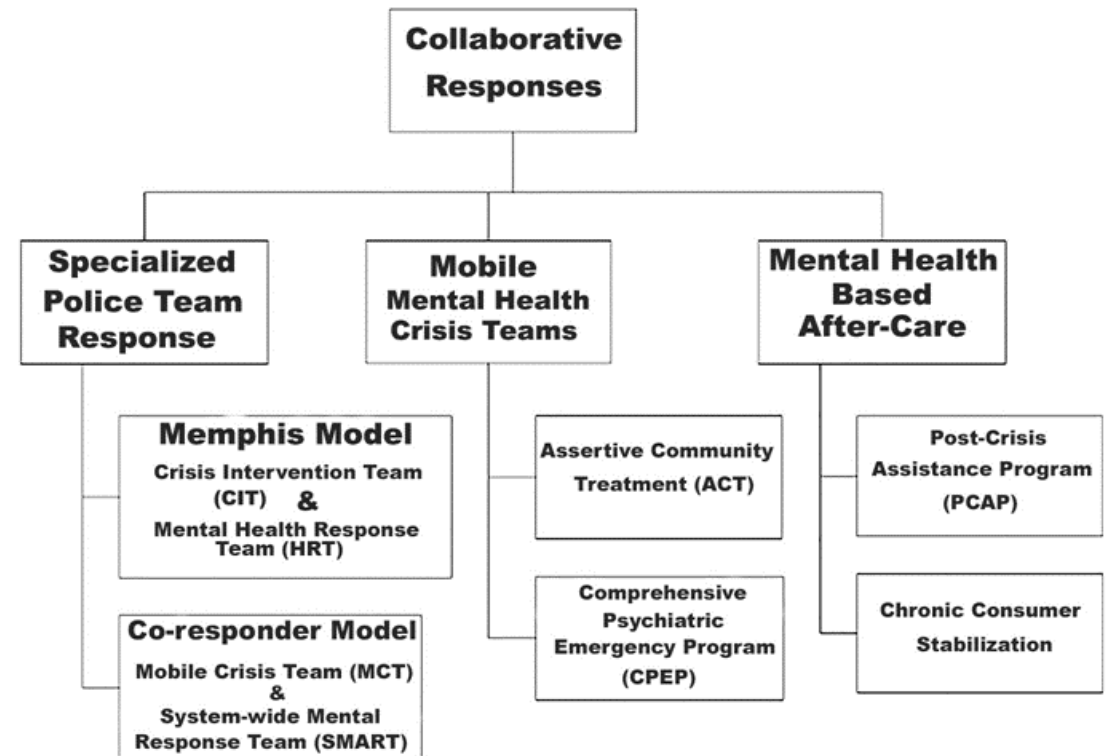
[Send-A-Tip](#)

# Minnetonka Police Project



# Evidence-Based Interventions

- Early identification and treatment
- Parent education
- Trauma screening
- School based mental health
- Collaborative police responses
- Co-responding social workers
- Crisis intervention Teams / Units
- Suicide prevention training
- Extreme Risk Protection Orders
- Limiting access to lethal means



## Mental Health Programs and Services

Organization	Program
Deb Henton, Minnesota Association of School Administrators	School districts employ a variety of suicide prevention trainings such as Youth Mental Health First Aid and QPR. There are a number of schools that utilize the I Love You Guys training. Most school districts have crisis response teams that conduct threat assessments. Some schools have School Resource Officers, SROs and many partner with local law enforcement to conduct home visits when a potential threat is discovered.
Bob Jacobson, Department of Public Safety	DPS funds and implements numerous victim services grant programs that assist with families in crisis especially those who have suffered from sexual and domestic violence and who may have lost loved ones to domestic violence. Much of our programming is reactive and not proactive. We also assist with guiding and influencing use of current ERPO laws which assist in reducing gun violence including suicide.
Jay Henthorne, Chief of Police Richfield, Current President MCPA	In our profession we are seeing an expansion of Alternative Response Teams, Co-Responder Models, and Embedded Social Workers. We have the access to do ERPO's in gun violence or mental health situations. We also conduct annual training on mental health and various mental disorders as they relate to mental health calls we may respond to in our various communities.
Tikki Brown, Department of Children Youth and Families	DCYF's Youth Services Office hosts a project funded by the U.S. Department of Justice's Office Juvenile Justice and Delinquency Prevention (DOJ-OJJDP) called, "MN Juvenile Justice-Mental Health Continuum of Care Initiative". In partnership with MDH, this project awards funding to three sites throughout the state each engaging local stakeholders to determine (1) mental health service and access gaps that are driving youth deeper into the juvenile justice system, and (2) policies and practices that can be adjusted so youth receive the right level of care exactly when they need it. These three regional tools will inform a tool that can be used and adopted statewide.
Marcus Schmit, National Alliance on Mental Illness (NAMI) Minnesota	Suicide prevention -- NAMI Minnesota offers QPR (Question, Persuade, Refer), a 90-minute training that teaches people how to recognize signs of suicide, ask someone if they're struggling, and connect them to help. It gives everyday people simple, practical skills to support someone who may be in crisis.
Sheriff Lon Thiele, Steele County Sheriff's Office	SPERO, therapist, mental health services, on-going mental health services, MN Prairie, has mental health case workers Mobile Crisis Response, people to talk to
Jennifer Super, MN Judicial Branch	The MN Judicial Branch addresses mental health with our judicial officers and employees in a few different ways:  1.Oracle On-Line Training Sessions: Understanding Stress and its Impact and Learning Strategies to Recovery

1

3/19/2026

BREAK

# Challenges and Opportunities

## Small groups

# Small groups

## 1. DPS/St Patrol BCA/MSA/MCPA

- Bob Jacobson
- Christina Bogojevic
- Drew Evans
- Sheriff Lon Thiele
- Chief Jay Henthorne

## 2. MDE/MSAA

- Willie Jett
- Deb Henton
- Marcus Schmit

## 3. DHS/DCYF/MDH

- Tikki Brown
- Shireen Gandhi
- Brooke Cunningham

## 4. OJP/AHA/NAMI

- Kim Babine
- Kristen Neville
- Brittany Haeg
- Marcus

## 5. Supreme Ct/AGO

- Jeff Shorba
- Liz Johnston or  
Chuck Roehrdanz

Alternates, feel free to co-locate with your lead

1. (10 min) From the perspective of *your* profession, what are the key challenges when considering the connections between mental health and gun violence?
2. (15 min) When considering the presentation content and existing programs information, what opportunities or new concepts are worthy of exploration for the plan?

3. (15 min) As a group, identify the 4-6 ideas/practices you would like to forward for the group's consideration.
4. Place the post-its on the recommendation poster for your group.

# Guidance for developing recommendations

Characteristics of Strong Recommended Steps	Reflection Questions and Considerations
<b>Reflect specific, actionable change</b>	<ul style="list-style-type: none"> <li>• Does the recommendation describe a concrete change or activity, not just a general goal?</li> <li>• Is there enough detail to begin planning implementation based on this description?</li> <li>• Someone reading the plan should be able to recognize what challenge the step is addressing relatively easily and understand what would change if the recommendation was implemented.</li> </ul>
<b>Realistic in scope</b>	<ul style="list-style-type: none"> <li>• Is the recommendation addressing something that can be achieved within Minnesota over a 5-10-year time horizon?</li> <li>• What related or interconnected milestones would have to happen for this recommendation to become real?</li> <li>• Does this recommendation occur before, alongside, or after any of the other recommendations?</li> </ul>
<b>Clear about the “Who”</b>	<ul style="list-style-type: none"> <li>• Who should be involved for the recommendation to be successfully implemented?</li> <li>• Are there perspectives or identities that should be prioritized in implementation or when assessing impact?</li> </ul>
<b>Written using plain language</b>	<ul style="list-style-type: none"> <li>• Would someone affected by the recommendation be able to understand what it’s proposing?</li> <li>• Is there a shorter, everyday word or phrase that could be used without losing the meaning?</li> <li>• Avoid jargon, acronyms (or define them), and unnecessary fancy language (e.g. utilize, strategize, elucidate)</li> </ul>

# Themes and Points of Interest

Jillian Peterson, PH.D.

# Closing and Walk-about



April

Behavioral  
Threat  
Assessment

Supt. Drew  
Evans

# A word about the Gradients of Agreement...

