



STATE ADVISORY COUNCIL ON MENTAL HEALTH  
SUBCOMMITTEE ON CHILDREN'S MENTAL HEALTH

# 2018 Report to Governor and Legislature

**Melissa Balitz**, Chair,  
State Advisory Council on Mental Health

**Alison Wolbeck**, Vice Chair,  
State Advisory Council on Mental Health

**Dave Johnson**, Co-chair,  
Subcommittee on Children's Mental Health

**Noah McCourt**, Co-chair,  
Subcommittee on Children's Mental Health



# 651-431-2225

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປໂຍທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB3-001 (3-13)



For accessible formats of this publication or additional equal access to human services, write to [DHS.MH@state.mn.us](mailto:DHS.MH@state.mn.us), call 651-431-2225, or use your preferred relay service. (ADA1 [9-15])

State Advisory Council on Mental Health and Subcommittee on Children's Mental Health  
2018 Report to the Governor and Legislature

For more information, contact:

Heron Abegaze, Mental Health Program Advisor

State Advisory Council on Mental Health and

Subcommittee on Children's Mental Health

Minnesota Department of Human Services

PO Box 65981

St. Paul, MN 55164-0981

Telephone: 651-431-2249

E-mail: [Heron.Abegaze@state.mn.us](mailto:Heron.Abegaze@state.mn.us)

Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$4000.00

Printed with a minimum of 10 percent post-consumer material.

Please recycle.

---

# TABLE OF CONTENTS

- EXECUTIVE SUMMARY.....6**
- RECOMMENDATION SUMMARY .....7**
- EDUCATION .....9**
  - School Linked Mental Health Grant Expansion.....9
  - Positive Behavioral Interventions and Supports (PBIS).....9
  - Safe Transportation for Students Accessing Mental Health Services .....10
  - Expanding Mental Health Services to Increase School Safety .....10
- ECONOMIC DEVELOPMENT.....11**
  - Individual Placements and Supports Services (IPS).....11
  - Access to safe and affordable Housing .....11
- HEALTH AND HUMAN SERVICES.....12**
  - Prioritize access to early childhood programs for families with caregivers with mental illness .....12
  - Improve the Minnesota Family Investment Program to Better Serve Caregivers with a Diagnosed Mental Illness.....13
  - Statewide Access to a Shared Telecommunications Platform .....14
  - 2 Year Psychiatric Fellowship Pilot Project.....15
  - Flows of Psychiatric Patients in and out of Psychiatric Units.....15
  - Traditional Healing Demonstration Project.....16
  - Housing Support Services.....16
  - Certified Peer Specialists and Family Peer Specialist .....17
  - Peer Respite .....17
  - Evidence Based Practices Training Programs.....17
- JUDICIAL AND PUBLIC SAFETY .....18**
  - Single entity for Juveniles within in the Criminal Justices System .....18
  - Juvenile Diversion Program.....18
  - Residential Treatment Services models/Program for youth who exhibit aggressive behaviors .....19
  - Yellow Line Projects.....19
- STATE LICENSING BOARDS.....20**
  - Licensed Culturally Diverse Mental Health Professionals.....20

**STATE ADVISORY COUNCIL ON MENTAL HEALTH MEMBERSHIP LIST .....21**  
**SUBCOMMITTEE ON CHILDREN’S MENTAL HEALTH MEMBERSHIP LIST.....23**  
**REFERENCES.....25**

# EXECUTIVE SUMMARY

The State Advisory Council on Mental Health was established in 1987<sup>i</sup>. The Council is charged with making recommendations to the Governor, Legislature and state departments on mental health policies, programs and services. By including representatives from all groups with an interest in the mental health system, the vision for the Council is to have a body that makes comprehensive recommendations by a consensus. The Governor appoints the State Advisory Council members. State Advisory Council members include:

- individuals with lived experience of mental illness,
- family members of individuals with lived experience of mental illness,
- parents of children with a lived experience of emotional and behavioral disorders,
- representatives of state departments and advocacy organizations, mental health professionals, legislators, county commissioners, social service agency directors and other representatives with experience in the mental health system.

The Subcommittee on Children’s Mental Health was established in 1989<sup>ii</sup> with a similar array of representatives in order to make recommendations to the State Advisory Council on Mental Health. The chair of the State Advisory Council on Mental Health appoints the Subcommittee members.

Membership of the Subcommittee include:

- parents of children with a lived experience of emotional or behavioral disorders,
- former recipients of children’s mental health services, and
- representatives of state departments, advocacy organizations, mental health professionals, legislators, educators, community corrections, county commissioners, social services agency representatives, and others representative with experience in the children’s mental health system.

The 2018 Report to the Governor and Legislature provides recommendations from the members of the State Advisory Council on Mental Health and Subcommittee on Children’s Mental Health. The Council and Subcommittee have seven work groups, each work group having contributed to this report.

The State Advisory Council on Mental Health and Subcommittee on Children’s Mental Health recommend that the Governor and the Legislature focus on the areas discussed in this report in order to improve the mental health system and continuum of care in Minnesota.

The recommendations in this report are organized by the following areas:

- Education
- Economic Development
- Health and Human Services
- Judicial and Public Safety
- State Licensing Boards

## RECOMMENDATION SUMMARY

In summary, the State Advisory Council on Mental Health and Subcommittee on Children's Mental Health recommend the following:

### Education

- Increase and permanently fund school linked mental health grants and make the service available across the state.
- Fund Positive Behavioral Interventions and Supports (PBIS) fidelity initiatives and provide incentives for the use of PBIS within school linked mental health grants.
- Make investments to ensure that all students have safe transportation to access mental health services that cannot be provided within a school setting.
- Expanding mental health services available in schools to increase school safety.

### Economic Development

- Expand resources to increase service levels of existing programs and for expansion of Individual Placement and Support services to make the service more widely available and allow people with mental illness to find and keep meaningful jobs in the community.
- Increase opportunities for access to readily available affordable housing such as Bridges, subsidized rentals, vouchers, and similar supportive housing bridges subsidized rental.

### Health and Human Services

- Continued funding and support for the ethnic workforce program and including the program in base funding.
- Allow families to received child care hours through the Child Care Assistance Program (CCAP) for obtaining mental health treatment.
- Add children who have a caregiver with a Serious Mental Illness (SMI) as a priority to access Early Learning Scholarships.
- Expand and increase capacity for home visiting models.
- Increasing mileage reimbursement and travel time for providers who provide mental health services to children and families in rural communities to support equal access to mental health services across the state.
- Make changes to the Minnesota Family Investment Program (MFIP) to better support families with caregivers experiencing a mental illness.
- Increase funding and support to allow statewide access to a shared HIPPA compliant telecommunications platform for the delivery of mental health care services provided by many different providers.
- Creation and funding for a 2-year Psychiatric Fellowship pilot project.
- Increase key residential mental health and substance use disorder intermediate level services to improve the outflow from psychiatric units.
- Increase the number of staffed and operated beds in Community Behavioral Health Hospitals by 45 beds.
- Increase the number of staffed and operated Anoka Metro Treatment Center by 70 beds.

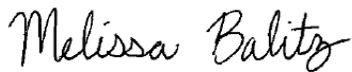
- Fund and continue to support the development of a Traditional Healing demonstration project to meet the needs of American Indians in Minnesota in collaboration with the American Indian Mental Health Advisory Council.
- Continue to dedicate, support, and expand current resources committed to Housing Support Services to include making such services eligible under Medicaid, reduce the incidence of mental and physical health issues routinely encountered among people who experience housing instability, and lower costs incurred in addressing them.
- Recognize and include Certified Peer Specialists as a distinct provider type in all areas of mental health care.
- Fund two demonstration six bed Peer Respite Centers.
- Expand existing training programs to include instructing providers in the evidence supporting required practices. Ensure that the continuum of evidence based practice policy making extends to providers.

### Judicial and Public Safety

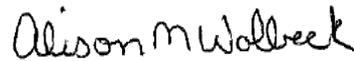
- Create a single entity with oversight over the juvenile justice system and services provided to juveniles in the justice system.
- The creation of programing that diverts those that may be experiencing mental health or other special circumstances from entering the criminal justice system.
- Develop a culturally responsive residential treatment program for youth who present with significant physically aggressive behaviors and mental health needs.
- Pursue a federal waiver for funding and the continued expansion of Yellow Line Projects.

### State Licensing Boards

- Minnesota state boards licensing professionals who address the mental health needs of children, adolescents should review their licensee data to determine if they are meeting the cultural and diversity needs of the ever changing landscape of the state. If found to be inadequate, the Boards should develop initiatives to increase the diversity in their license profession.



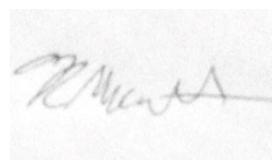
Melissa Balitz  
Chair  
State Advisory Council on Mental Health



Alison Wolbeck  
Vice Chair  
State Advisory Council on Mental Health



Dave Johnson  
Co-Chair  
Subcommittee on Children’s Mental Health



Noah McCourt  
Co-Chair  
Subcommittee on Children’s Mental Health

# EDUCATION

## School Linked Mental Health Grant Expansion

- The need for School Linked Mental Health (SLMH) continues to increase each year. Not all school districts are able to offer SLMH services, and most districts that do offer them, are not able to provide them in every school in their district. Currently, 900 of the state's 2000 schools have SLMH grants to provide these services.
- Sustainability of grant funding for SLMH services has been an ongoing concern. Providers of Mental Health services, and school districts depend on these SLMH grant funds for these services. As grants end, the providers see a drop in staffing due to the uncertainty of funding. SLMH services have proven effectiveness in reaching student who have never accessed mental health services, in the early identification of students with mental health concerns, as well as achieving improved outcomes.
- They have also increased access of mental health services to students of color, who have typically been underserved. The proven effectiveness and access of SLMH services has led to sustained child engagement in services as well.
- Teachers and parents report decreases in the emotional and behavioral problems both at home and at school. This leads to a decrease in suspensions, as well as an increase in school attendance.

## Recommendations

- Move funding for SLMH services from a grant based to a based funding.
- Increase funding for SLMH services with a goal of every school district being able to provide SLMH services at every school.
- Expand the use of telemedicine in SLMH service provision. As workforce issues continue to persist, especially in the more rural and culturally diverse areas, it is difficult for providers to find and maintain enough staff to provide services in every school.

## Positive Behavioral Interventions and Supports (PBIS)

Positive Behavioral Interventions and Supports (PBIS) provides an evidence-based framework that supports improvement of school culture and climate.

PBIS continues to be a voluntary program with an application process for state funding. It was demonstrated that the additional funding during the 2016-2017 legislative session allowed for the increased fidelity of schools currently providing PBIS, as well as funding for a number of new schools to provide PBIS.

Currently 645 schools have been cohort trained in PBIS. The Minnesota Department of Education (MDE) continues to assist these schools with measuring fidelity to help ensure ongoing effectiveness. There are approximately 900 schools currently receiving School Linked Mental Health (SLMH) grants. Leveraging and

aligning these PBIS and SLMH grantees will improve the desired outcomes for students and families through coordination and collaboration.

### **Recommendations**

- School Linked Mental Health Grants should provide incentives, which includes funding, to have grantee schools align with PBIS work, however it should not preclude schools that are not PBIS schools should not be excluded from being eligible for SLMH grants.
- State dedicated funds of approximately two million dollars per year to support sustaining PBIS fidelity and to eventually achieve implementation across the 2000 schools in Minnesota.
- Coordinate efforts with MDE and the Department of Human Services to identify exemplar PBIS schools who are also providing SLMH services, and to recognize their efforts, outcomes and exemplary work.

## **Safe Transportation for Students Accessing Mental Health Services**

The current mental health transportation services are designed for adults and don't take into consideration the unique need of children. Parents, children, and mental health system providers are reporting concern for the safety of children utilizing transportation services at the present time.

### **Recommendations**

- Assure safe transportation for students to access needed mental health services by increasing student focused transportation options.
- Support the commissioner of transportation in studying how to ensure safe and quality transportation for unaccompanied minors accessing mental health services, including day treatment, related mental health care, and other treatment services.
- Supporting the commissioner in working with the Department of Education, the Department of Human Services, and other appropriate state agencies in completing a study on the subject, and thereby better ensuring safety.

## **Expanding Mental Health Services to Increase School Safety**

We must provide robust mental health services for our students as part of a comprehensive approach to building our school safety framework and making schools safer. Schools are often the first line of defense in addressing the mental health needs of students, but a lack of funding undermines and prevents schools from providing these crucial mental health services. Expanding our investment in mental health services in schools will help ensure not only improved safety, but also greater student success.

Student support staff, such as school counselors, school social workers, school resource officers, school psychologists, and mental health practitioners, are often the first resources that parents and students experiencing negative mental health symptoms. Many of these positions that are the first resources are understaffed in Minnesota schools and have inappropriate ratios to the number of the students served compared to national average.

### **Recommendation**

- We recommend permanent per pupil funding to increase mental health support and services in our schools, and improved school safety strategies. Schools should have the flexibility to determine if these services should be provided by school counselors, social workers, school resource officers or mental health practitioners.
- We recommend that this per pupil funding also includes appropriate funding to provide training to these individuals to be able to spot and positively support students experiencing negative mental health symptoms.

## **ECONOMIC DEVELOPMENT**

### **Individual Placements and Supports Services (IPS)**

Individuals with a lived experience of mental illness often encounter obstacles in finding jobs, keeping them, and growing within mainstream employment settings.

According to SAMHSA, at least 33,000 consumers are either unemployed or underemployed in Minnesota. Costs of servicing this population are very high. IPS is a proven method that effects significant cost savings through facilitating gainful employment and resultant positive economic impact.

### **Recommendation**

- Expand resources to increase service levels of existing programs and for expansion of Individual Placement and Support services to make the service more widely available and allow people with mental illness to find and keep meaningful jobs in the community.

### **Access to safe and affordable Housing**

Recommendation Individuals struggling with mental illness are often locked in cycles of trans- institutionalization as they move between systems such as homeless shelters, hospitalizations, incarcerations, and similar. Safe, affordable housing breaks these cycles by providing foundation and ability to live in the community and subsequently

obtain stable employment, increase healthy living practices, connect with others in consistently healthy manners, and greatly increase odds of success.

### **Recommendation**

- Increase opportunities for access to readily available affordable housing such as bridges, subsidized rentals, vouchers, and similar supportive housing bridges subsidized rental.

## **HEALTH AND HUMAN SERVICES**

### **Ethnic Workforce Grant**

The Ethnic Minority Grant funds grantees to increase minority mental health capacity within cultural mental health agencies. This grant program was started in 2007. Since 2007, the grants have helped increase the number of ethnic minority mental health practitioners and professionals by providing funding and support needed for individuals to pass the various mental health board exams for licensure. This grant is an important foundational strategy to bridging the critical gap in access to mental health services, especially for people from cultural communities, and it begins to address the mental health workforce shortage in cultural communities.

### **Recommendations**

- This has been a highly effective strategy that has so far resulted in an increase in the number of cultural mental health professionals who have attained licensure since inception of this grant. We therefore recommend continued funding and support for this program. We further recommend that this grant funding source be changed from a grant process to appropriation funding through the legislature.
- Furthermore, with the current opioid crisis and increased need for cultural chemical health practitioners, we recommend an increase from the current level of funding to \$3 million dollars (biennially) Ask through legislative appropriation.

### **Prioritize access to early childhood programs for families with caregivers with mental illness**

Young children in families with caregivers who have a mental illness are at increased risk for having high levels of toxic stress, which research shows can change the developing brain and negatively affect a child's development and long-term outcomes, especially in early childhood. Research also shows that supportive caregivers, healthy environments and community supports combined with access to high-quality early education and parenting supports can not only

prevent the negative effects of toxic stress but can also put a child back on track to positive development after experiencing high levels of toxic stress.

Providing easy access to high-quality and supportive programs to children in families with caregivers with mental illnesses not only can improve the child outcomes, but also benefits the entire state by mitigating negative, costly outcomes and improving the chances children in these families will grow up to contribute positively to our community.

Caregivers with mental illness face barriers to accessing early childhood services primarily because of lack of awareness, lack of knowledge and wherewithal to navigate the complex system, and lack of employment and income. When a caregiver is experiencing a mental illness, many times the caregiver or caregivers can struggle to meet the child's social-emotional needs.

Access to stable child care and other early childhood and parenting supports promotes healthy child development and school readiness while their caregiver can focus on their own mental health needs. Access to accessible, affordable child care improve caregivers' ability to attend their physical and mental health appointments, treatment and to get respite while the child has high-quality early experiences that can promote positive social, emotional and cognitive development.

### **Recommendations**

The following are recommendations of ways to improve access to early childhood

Supports for families with caregivers with a mental illness:

- Allow families to received child care hours through the Child Care Assistance Program (CCAP) for obtaining mental health treatment.
- Add children who have a caregiver with a Serious Mental Illness (SMI) as a priority to access Early Learning Scholarships.
- Fully fund and implement the proposed Help Me Grow expansion and ensure staff are trained on how to best support families with caregivers with mental illnesses.
- Expand and increase capacity for home visiting models
- Increasing mileage reimbursement and travel time for providers who provide mental health services to children and families in rural communities to support equal access to mental health services across the state.

## **Improve the Minnesota Family Investment Program to Better Serve Caregivers with a Diagnosed Mental Illness**

The Minnesota Family Investment Program (MFIP) is a program that serves children and their caregivers with the goals of supporting and rewarding work. However, many of the program

rules are complicated, require extensive paperwork, and the benefits are nowhere near sufficient to meet a family's basic needs.

Moreover, families with caregivers with mental illness who access the program face significant barriers to meeting the work and paperwork requirements of the programs and even though many of them are able to access Family Stabilization Services (FSS) to better meet their needs, too often they aren't getting the adequate support they need to improve their mental health and well-being in order to be able to work and best care for their children.

## Recommendations

- The MFIP cash grant has not increased since 1986 and comes nowhere near what a family needs to just meet their basic needs. The cash grant needs to be increased to help catch up with the inflation costs of a 32-year latency.
- Require and support closer linkages between MFIP, vocational rehabilitation, mental health, and early childhood programs in counties to assess and provide case management for families with a caregiver with a mental illness.
- Suspend sanctioning of families when the caregiver has a diagnosis of severe depression or other mental illness.
- Require and support greater collaboration among agencies and programs serving longer-term MFIP recipients who have the greatest challenges, including severe mental illness.

## Statewide Access to a Shared Telecommunications Platform

- The current mental health system is experiencing work force shortages, long travel times and limited outreach. By integrating services and providers in novel ways, Minnesota's mental health care system will be enhanced in ways that are unimaginable.
- For different computer systems to communicate they must be linked in a way that allows for interoperability. This is achievable through a common platform such as the one already used by DHS. But currently entities are using different telecommunication platforms that cannot communicate with each other. However, if a common telepresence infrastructure is created it will enable interoperability. The State of Minnesota's already existing telepresence infrastructure can be expanded into the broader mental health care system of public and private entities.

## Recommendations

- Increase funding and support to allow statewide access to a shared HIPPA compliant telecommunications platform for the delivery of mental health care services provided by many different providers.

## 2 Year Psychiatric Fellowship Pilot Project

In psychiatry, there is a rapidly growing crisis related to the retirement of psychiatrists and too few new psychiatrists are entering the workforce.

Existing training does not prepare providers best positioned to pick up the unmet need, such as physicians assistants and nurse practitioners, to hit the ground running. Depending on their experience and training programs, there is great variability in how ready they are to practice when entering the mental health workforce.

HealthPartners and Regions Hospital created a fellowship program that has been successful in training physicians' assistants and nurse practitioners to practice in the mental health workforce and pick up where there is an unmet need. The methods used in the HealthPartners and Regions Hospital fellowship program could be replicated in other hospitals with a similar set of available resources.

### Recommendations

- We recommend funding for a 2-year Psychiatric Fellowship pilot project to provide fellowships to three fellows every 6 months for 2 years. For the program to stay solvent and provide all the proper resources and supervision, the fellowship program would require \$45,000 per fellow for a total of \$540,000 for the 2-year pilot.
- We recommend that there be an expectation that any fellows graduating from the fellowship pilot commit to practicing in Minnesota for two years after graduating, to help meet the unmet needs throughout Minnesota, including rural areas.
- We recommend during the fellowship pilot, that testing of graduation rates and retention rates be completed. In addition, make recommendations on if the fellowship program length can be shortened successfully from the current one year to six months.

## Flows of Psychiatric Patients in and out of Psychiatric Units

Based upon the 2017 Minnesota Hospital Association study analyzing the blockages of the flow of psychiatric patients into and out of inpatient psychiatric units, we know that there are flow issues in and out of hospital beds due to a lack available treatment in communities.

### Recommendations

- Increase key residential mental health and substance use disorder intermediate level services to improve the outflow from psychiatric units by:
  - Increase Intensive Rehabilitative Treatment Services (IRTS) by 70 bed
  - Increase residential programs for patients with substance use disorders and mental health disorders by 70 beds.

- Data shows that MN does NOT need to increase the number of available crisis beds. Currently there is a need to increase available inpatient psychiatric beds as follows:
  - Increase the number of staffed and operated beds in Community Behavioral Health Hospitals by 45 beds. Increase the number of staffed and operated Anoka Metro Treatment Center by 70 beds.
- We know we need to increase beds in community psychiatric hospitals but were not able to quantify the number from current data. Permanently fund the measurement of the demand/capacity of key psychiatric resources. This could be done every 4 years on an off budget year and utilized to inform DHS and the legislature of the specific number of extra beds that could be taken out of service and/or the number of new beds necessary in given categories.

## Traditional Healing Demonstration Project

American Indians experience the highest mental health, substance use and suicide rates of any racial/ethnic group in the United States today. Traditional healing is proven to:

- Address whole health and the root cause of inter-generational trauma
- Promote self-esteem and resiliency
- Keep families intact
- Help with identity formation and/or reclamation
- Be utilized as a coping skill(s) and in prevention and postvention
- Connect children, adults and elders and promote positive community integration and presence
- Helps assign meaning and purpose to life

## Recommendations

- Fund and continue to support the development of a Traditional Healing demonstration project to meet the needs of American Indians in Minnesota in collaboration with the American Indian Mental Health Advisory Council.

## Housing Support Services

Mental and physical health challenges are a common consequence of the experience of housing instability. The Wilder Foundation identifies mental and physical health issues as a significant barrier to retaining housing for well over half of Minnesota’s homeless population. There is a resultant cycle of cost in which housing instability contributes to health issues and health issues contribute to housing instability.

## Recommendations

- Continue to dedicate, support, and expand current resources committed to Housing Support Services to include making such services eligible under Medicaid, reduce the incidence of mental and physical health issues routinely encountered

among people who experience housing instability, and lower costs incurred in addressing them.

## **Certified Peer Specialists and Family Peer Specialist**

The Minnesota Department of Health reports mental health provider to population ratios ranging from one to 3,000 in urban centers to one in 20,000 in rural areas. Adding additional providers to reduce these ratios is generally expensive and difficult to achieve because of lower numbers of practitioners entering the work force. Need is very strong for an effective, relatively low cost practitioner approach. Certified Peer Specialists can help fill this need but cannot without enhancements to increase capacity of education, recruiting, and placement programs already in place.

### **Recommendations**

- Recognize and include Certified Peer Specialists as a distinct provider type in all areas of mental health care, provide resources to support Certified Peer Specialist professional organizations, and bolster efforts to include minority populations in Certified Peer Specialist practice.
- Expanding currently practiced models of care to include evidence based Certified Peer Specialist services will help alleviate care provider shortages and provide peer focused supports to consumers.

## **Peer Respite**

People struggling with mental health issues also struggle with resolution of “day to day” life issues such as relationships, finances, and similar.

There is a lack of places one can go that provide trained peer support specialists who can assist in addressing issues without an appointment and, if needed, providing a night or two of housing for respite. Without such services, individuals either go without support, causing problems to escalate, or access higher level care not specifically intended for resolving commonplace issues.

### **Recommendations**

- Fund two demonstration six bed Peer Respite Centers.

## **Evidence Based Practices Training Programs**

In 2007, the Minnesota Mental Health Action Group identified the use of evidence based practices as a guiding principal for Minnesota’s mental health system. Ten years later, in 2016, the Minnesota Hospital Association recommended implementation of evidence based care practices in mental health.

Most recently, in January 2017, the Pew-MacArthur Results First Initiative recognized Minnesota as one of five states leading the way in evidence based policymaking. Pew-MacArthur identifies six consecutive actions in evidence based policymaking; the final action is requiring action through state law.

There are numerous examples in mental health service delivery where approaches embodied in delivery are mandated by evidence based state law, but few instances in which training is readily available to enable those delivering services to understand the evidence based practice on which care approach requirements are based. Such trainings would increase the quality of care by ensuring that what is delivered mirrors what is required.

### **Recommendations**

- Expand existing training programs to include instructing providers in the evidence supporting required practices.
- Ensure that the continuum of evidence based practice policy making extends to providers.

## **JUDICIAL AND PUBLIC SAFETY**

### **Single entity for Juveniles within in the Criminal Justices System**

Our criminal justice system was originally developed to address the needs of adults that have committed a crime. The needs of youth in this system are very different from those of adults, and the system itself is very fragmented.

There currently is no single entity that can speak to the needs of juveniles within the criminal justice system. This entity would need the authority to speak to the needs of youth both in facilities as well as those in the community.

### **Recommendations**

- In the past there was a position in the Dept. of Correction that provided oversight of the system as it pertained to Juveniles. In the early 2000's this position was eliminated due to budgetary restraints. At this time we would recommend this position be reinstated.

### **Juvenile Diversion Program**

Too many children that are experiencing mental health/child protection challenges are entering the criminal justice system. Often these children are acting or reacting in part to environmental circumstances over which they have limited control, these children could be

given other options that may divert them from the criminal justice system. These services should be culturally appropriate and be targeted to address disparities.

### **Recommendation**

- The Minnesota Legislature set aside one million dollars to be awarded through grants for the development or expansion of innovative programs that can be used for programming that diverts those that may be experiencing mental health or other special circumstances from entering the criminal justice system.

## **Residential Treatment Services models/Program for youth who exhibit aggressive behaviors**

The state of Minnesota lacks an adequate residential treatment service model/program for youth who exhibit physically aggressive behaviors and need mental health intervention. DHS licensed facilities have limited capacity to safely respond to the physically aggressive behaviors and DOC licensed facilities are often not appropriate for youth with mental health issues, especially if youth are not amenable to cognitivebased interventions.

The state operated program for youth (CABHS) has limited capacity and a long waiting list. The Psychiatric Residential Treatment Facilities (PRTF) are encountering barriers to implementation, and it is questionable as to whether these youth would fall into their target population.

As a result, youth are falling in this service gap and not receiving services, are being demitted from DHS licensed programs, their behavior is being criminalized to access DOC licensed facilities, or they are being sent to residential treatment facilities in other states making their reintegration into their family and community complicated and difficult.

### **Recommendations**

- The Minnesota Department of Human Services (DHS) and Minnesota Department of Corrections (DOC) service licensing areas should collaborate to develop a culturally responsive residential treatment program for youth who present with significant physically aggressive behaviors and mental health needs.

## **Yellow Line Projects**

Too many individuals with mental health and chemical health problems are inappropriately placed into county jails. According to the Yellow Line Project website, "Yellow Line is designated to provide an early response to individuals with an acute or chronic mental or Chemical health problems who have become involved with law enforcement and are no a risk to the community". The Yellow Line projects, in counties in the state of Minnesota, have proven that with collaboration, individuals can safely be diverted from jails and into the appropriate place within the mental health system for savings of tax dollars and improved outcomes.

## Recommendation

- Pursue a federal waiver for funding and the continued expansion of Yellow Line Projects.

# STATE LICENSING BOARDS

## Licensed Culturally Diverse Mental Health Professionals

Licensed culturally diverse mental health professionals are underrepresented across settings where mental health services are provided for children, adolescents and adults from diverse cultural backgrounds. Access to licensed culturally diverse mental health professionals are limited.

Minnesota state licensing boards have demonstrated the ability to creatively adapt their licensing criteria when a need exists. The state licensing boards have adapted the criteria to meet a specific need while maintaining ethnical and professional standards.

## Recommendations

- Minnesota state boards licensing professionals who address the mental health needs of children, adolescents should:
  - Review their licensee data base for licensees from culturally diverse backgrounds and licensees who identify themselves as a provider for culturally diverse clients.
  - Review state demographics and current national, state and county best practices recommendations for licensing mental health clinicians from diverse cultural backgrounds.
  - Based on the licensing board needs assessment each board will generate an outcome report that provides but is not limited to:
    - The percentage of culturally diverse mental health providers licensed by their board compared to the percentages of non-culturally diverse mental health providers.
    - Identify and comment on the efficacy of previous initiatives made (if any) to adapt their licensing protocol to decrease the inequity between the number of culturally diverse mental health providers versus the number of non-culturally diverse mental health providers.
    - Review their data base to provide data regarding the number of culturally diverse professionals who applied for licensure with their board and were not accepted.

# STATE ADVISORY COUNCIL ON MENTAL HEALTH MEMBERSHIP LIST

**Melissa Balitz**

*Chair*

Hastings, MN

Representative of Family Members

**Claire Courtney**

Representative of the State Vocational Services Agency

**Joseph DeBoer**

St. Paul, MN

Representative of Consumers of Mental Health Services

**Jode Freyholtz-London**

Verndale, MN

Representative of Consumers of Mental Health Services

**Rozenia Fuller**

Minneapolis, MN

Representative of Consumers of Mental Health Services

**Steve Hansberry**

Mora, MN

Representative of Family Members of an Adult with a Mental Illness

**Stephanie Hogenson**

Minneapolis, MN

Representative of Family Members

**Steve Huot**

Representative of the Department of Corrections

**Mary Kjolsing**

Willmar, MN

Representative of Parents

**Dave Lee**

Cloquet, MN

Representative of County Social Services Directors

**Anna Lynn**

Representative of the Minnesota Department of Health

**Ellie Miller**

Representative of the Minnesota Housing Finance Agency

**Kenneth Moorman**

Baudette, MN

Representative of County Commissioners (Rural)

**Shannah Mulvihill**

St. Paul, MN

Representative of Mental Health Advocacy Organization- Representative of MN Mental Health Association

**Danielle Lien**

Park Rapids, MN

Representative of Professional Social Workers

**Emmanuel Oppong**

St. Cloud, MN

Representative of Professional Clinical Counselors

**Stephen Palmer**

St. Paul, MN

Representative of Marriage and Family Therapy Practitioners

**Erin Sutherland**

Representative of Minnesota Disability Law Center

**Allison Stolz**

Minnetonka, MN  
Representative of Family Physicians

**Michael Trangle**

Minnetonka, MN  
Representative of Psychiatrists

**Ken Ujifusa**

Minnetonka, MN  
Representative of Psychologists

**Claire Wilson**

*Ex-Officio Member*  
Assistant Commissioner  
Community Supports Administration  
Department of Human Services

**Alison Wolbeck**

*Vice Chair*  
Moorhead, MN  
Representative of Consumers of Mental Health  
Services

**Sam Smith**

Representative of Mental Health Advocacy  
Organizations- National Alliance on Mental  
Illness (NAMI-MN)

**Vacant**

Representative of County Commissioners  
(Metro)

**Vacant**

Representative of Family Member

**Vacant**

Representative of Mental Health Providers

**Vacant**

Representative of Parents

**Vacant**

Representative of Registered Nurses

**Vacant**

State Representative Member (House)

**Vacant**

Legislator Member (Senate)

**Vacant**

Representative of Medical Assistance Programs  
(DHS)

**Shelley White**

Children's Subcommittee Staff  
Mental Health Program Consultant  
Behavioral Health Division  
Department of Human Services  
PO Box 64981  
St. Paul, MN 55164-0981

**Heron Abegaze**

Children's Subcommittee Staff  
Mental Health Program Advisor  
Mental Health Division  
Department of Human Services  
PO Box 64981  
St. Paul, MN 55164-0981

# SUBCOMMITTEE ON CHILDREN'S MENTAL HEALTH MEMBERSHIP LIST

**Thomas Delaney**

St. Paul, MN  
Representative of the Department of Education

**Barb Dalbec**

St. Paul, MN  
Representative of the Minnesota Department of Health

**Sarah Fuerst**

Woodbury, MN  
Representative of Providers of Mental Health Services to Pre-Adolescent Children

**BraVada Garrett-Akinsanya**

Golden Valley, MN  
Representative of People Experienced in Working with Children with Emotional Disorders who have Committed Statute Offenses

**Cecillia Hughes**

Maplewood, MN  
Representative of Mental Health Services to Preadolescent Children

**Linda Hansen**

Inver Grove Heights, MN  
Representative of Local Corrections Department

**Cynthia Fashaw**

St. Paul, MN  
Representative of Mental Health Advocacy Organizations- National Alliance on Mental Illness (NAMI-MN)

**Steve Hansberry**

Mora, MN  
Representative of State Advisory Council on Mental Health

**Dave Johnson**

*Co-Chair*  
Bemidji, MN  
Representative of People Experienced with working with Children with Emotional Disorders from Minority Communities

**Joy Johnson-Lind**

Plymouth, MN  
Representative of People Experience in working with Emotional Disorder – Minority Children

**Carol LaBine**

*Ex-Officio Member*  
Representative of the Department of Human Services  
Deputy Director  
Behavioral Health Division  
Department of Human Services

**Margaret (Peggy) Larkin**

Brooklyn Park, MN  
Representative of Parents of Children with Emotional Disorders

**Donna Lekander**

Cloquet, MN  
Representative of Parents of Children with Emotional Disorders

**Jeffery Lind**

Bemidji, MN  
Representative of County Social Services Agency

**Noah McCourt**

Co-Chair  
Waconia, MN  
Representative of Present/Former Consumer of Children's/Adolescent Mental Health Services

**Renelle Nelson**

Minneapolis, MN  
Representative of an Advocacy Group for  
Children with Emotional Disorders- PACER

**Richard Oni**

St. Paul, MN  
Representative of People Knowledgeable about  
the needs of Children with Emotional Disorders  
of Minority Races and Cultures

**Cynthia Slowiak**

Minneapolis, MN  
Representatives of County Social Services  
Agency

**Kimberly Stokes**

Britt, MN  
Representative of Parents with Children's with  
Emotional Disorders

**Vacant**

Representative of Department of Commerce

**Vacant**

Representative of Parents of Child with  
Emotional Disorders from Minority  
Communities

**Vacant**

Representative of Parents with Children with  
Emotional Disorders

**Vacant**

Representative of Hospital Based Providers of  
Mental Health Services to Children

**Vacant**

Representative of Department of Corrections

**Vacant**

Representative of County Commissioner  
(Metro)

**Vacant**

Representative of County Commissioner (Rural)

**Vacant**

Representative of State Legislature

**Vacant**

Representative of Mental Health Advocacy  
Groups

**Shelley White**

Children's Subcommittee Staff  
Mental Health Program Consultant

Behavioral Health Division  
Department of Human Services  
PO Box 64981  
St. Paul, MN 55164-0981

**Heron Abegaze**

Children's Subcommittee Staff  
Mental Health Program Advisor  
Mental Health Division  
Department of Human Services  
PO Box 64981  
St. Paul, MN 55164-09

# REFERENCES

---

<sup>i</sup> Minnesota Statute 245.697 <https://www.revisor.leg.state.mn.us/statutes/?id=245.697>

<sup>ii</sup> Minnesota Statute 245.697 Subd. 2a <https://www.revisor.leg.state.mn.us/statutes/?id=245.697>