NORTHEAST MINNESOTA BEHAVIORAL HEALTH SUMMIT

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April 4, 2025

NORTHEAST MINNESOTA BEHAVIORAL HEALTH SUMMIT REPORT

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NORTHEAST MINNESOTA BEHAVIORAL HEALTH SUMMIT REPORT

Introduction

The Better Together Behavioral Health Network (BTBHN) and Minnesota North College co-hosted the Northeast Minnesota Behavioral Health Summit: Joining Forces to Maximize Input. The Summit's purpose was to increase collaboration and awareness of behavioral health needs, gaps, and opportunities in the region and to facilitate strategic conversations to support partnerships and solutions.

Planning the Summit

In July 2024 the BTBHN and MN North College convened a planning committee to organize and host the Northeast Minnesota Behavioral Health Summit to address behavioral health challenges and opportunities in the region. The summit brought together professionals, community members, and others from diverse sectors who had a vested interest in improving behavioral health resources. Initially, the planning committee focused on Northern St. Louis County (NSLC), BTBHN's targeted area. As the planning committee talked with community partners, it became clear that interest in the project extended to other rural communities in rural Northeastern Minnesota (NE MN). Presenters shared local data regarding behavioral health trends, showcased innovative initiatives, and strengthened relationships with key stakeholders to drive future change. The scope of the Summit presentations ranged from those focusing on NSLC, such as the Ely Community Resource Center and Better Together Needs Assessment, to others focusing on NE MN, such as the University of Wisconsin, United Way of NE MN, and Wilderness Health presentations.

The partnership between MN North College and the BTBHN emphasizes a shared commitment to improving behavioral health workforce development and services. This collaboration is a powerful example of how working together can turn challenges into opportunities: Joining Forces to Maximize Impact.

Roadmap for the Summit Report

The Summit's work was based on the Strength, Weakness, Opportunity, and Threat strategic planning model:
- Data was presented to identify behavioral health needs in NSLC and NE MN (*Weaknesses* and *Threats*).
- Participants identified *Strengths* in the NE MN region.
- *Opportunities* were then identified to guide future planning.
- The conclusion summarizes Needs, Opportunities, and the results of the Listening Session..

Summit Agenda

NORTHEAST MINNESOTA BEHAVIORAL HEALTH SUMMIT

Minnesota North College

Better Together BEHAVIORAL HEALTH NETWORK

The Better Together Behavioral Health Network and Minnesota North College are cohosting a Northeast Minnesota Behavioral Health Summit to increase collaboration and awareness of behavioral health needs, gaps, and opportunities in the region and facilitate strategic conversations to support partnerships and solutions.

AGENDA

9am - Arrivals, Coffee + Networking

9:30am - Welcoming Remarks
- President Michael Raich - Minnesota North College
- Roy Smith - Department of Iron Range Resources and Rehabilitation and Minnesota North College
- Nkem Osian - Health Resources and Services Administration (HRSA)

9:45am - Regional Behavioral Health Status and Trends

Data Panel and Audience Q&A
- Sheriff Gordon Ramsey and Amber Peterson - St. Louis County
- Lisa Perkovich - Consulting Perks
- Kate Cowley - Minnesota North College
- Lynn Goerdt - University of Wisconsin, Superior
- Zomi Bloom - Wilderness Health
- Pat Conway - Better Together Behavioral Health Network, Essentia Institute of Rural Health

11:15am - Networking Break

11:30am - Regional Efforts and Initiatives to Address Behavioral Health

Lightning Round Presentations
- Cassie Liubakka - Youth Mental Health Day and Night Committee
- Ryan Stewart - Ely Community Resource
- Kelly Sather and Robyn Bertelsen - Clubhouses
- Crystal Royer and Michelle Lampton –United Way of Northeast MN
- MaryKay Riendeau - Minnesota North College Human Services and Addiction Studies
- Kathleen Gordon - Minnesota Dual-Training Pipeline Consultant

12pm - Lunch and Hosted Table Conversations

12:45pm – "Our Behavioral Workforce: Identifying Problems and Proposing Solutions"

Keynote
Dr. Paul F.E. Mackie - Minnesota State University, Mankato

1:15pm - Roundtable Discussions: Partnerships and Opportunities for Behavioral Health

Facilitated by the Better Together Behavioral Health Network

2:30pm - Closing Remarks

January 22, 2025 | 9am to 2:30pm   Iron Trail Motors Event Center | Virginia, MN

Welcoming Remarks

Michael Raich, President - Minnesota North College

      Mr. Raich kicked off the summit with welcoming remarks on behalf of MN North College. MN North College is committed to developing programming that meets the needs of the region's businesses and communities. In doing this, MN North College is exploring pathways towards 4-year degrees to cultivate workers in the behavioral health sciences field.

Roy Smith, Workforce - Department of Iron Range Resources and Rehabilitation and Minnesota North College

      Mr. Smith welcomed the attendees on behalf of his role with Minnesota North Colleges but also the Department of Iron Range Resources and Rehabilitation (IRRR) working directly with workforce development. He emphasized that IRRR supports the efforts of job creation, retention and economic diversification in the area. They are working with local governments, nonprofit organizations, and private sectors in these efforts.

Nkem Osian, Public Health Analyst - Health Resources and Services Administration (HRSA)

      Ms. Osian is the Project Officer for the Rural Health Network Development and Planning grant that BTBHN received. As Ms. Osian explains, the grant "allows communities to more effectively address pressing community needs that the network identifies." Future grant opportunities were also highlighted such as the outreach grant and workforce grants, that are aligned with the goals of the BTBHN and MN North College efforts.

Regional Behavioral Health Status and Trends

Over the past two years, agencies from various sectors, including healthcare, social services, and law enforcement, collected data across Northeast Minnesota (NE MN) to address pressing behavioral health issues. These agencies worked collaboratively with other key stakeholders such as individuals with lived experience, local government representatives, mental health professionals, and community leaders to gather valuable data regarding behavioral health trends. The Summit's "Behavioral Health Status in Northern St. Louis County" session was designed to increase awareness about current regional behavioral health challenges. Six 10-minute presentations and group discussions provided an in-depth analysis of mental health, substance abuse, suicide prevention, and other key behavioral health issues.

Behavioral Health Status in Northern St. Louis County: Data Panel

Six 10-minute presentations presented data regarding behavioral health status, including substance use and mental health disorders, in North St. Louis County (NSLC) and the broader NE MN region:
- Sheriff Gordon Ramsey, St. Louis County Sheriff's Office and Amber Peterson, The Amber Edge, LLC;
- Lisa Perkovich, Consulting Perks;
- Kate Cowley, Minnesota North College;
- Lynn Goerdt, University of Wisconsin, Superior;
- Zomi Bloom, Wilderness Health; and
- Pat Conway, Better Together Behavioral Health Network, Essentia Institute of Rural Health[1]

Presenters were also invited to display a poster to be able to share additional information. This section presents highlights of each session and related posters. The primary behavioral health needs identified across presentations were:

Needs	Examples of Needs
Reduce Stigma	
Health and Behavioral Health	High rates of depression and anxiety, co-occurrence of mental and substance use disorders.
	Lack of access to care, need for integrated health care. Need for: • Informal support. • Access to medications. • Crisis Support. • Early Intervention. • Vision and Dental Care.
Basic needs	Housing
	Reliable transportation
	Food
	Furniture
	Children's clothing, diapers, formula

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[1] The last presentation was cancelled.

Increased partnerships	
Education	Child Care
	More Training For Officers
	Cultural Teachings in off-Reservation urban areas
Social support/connectedness	Affinity Groups for grandparents, co-parenting, and single parents
	Low cost/healthy programs
	Social-emotional resources for children, caregivers, and families.
Workforce	

Presentation 1. St. Louis County Sheriff's Office, Gordon Ramsey and Amber Peterson

Sheriff Gordon Ramsay and Amber Peterson began the presentations presenting data regarding behavioral health status and needs in NSLC, "Focusing on the Intersection of Behavioral Health and the Criminal Justice System". The Sheriff's Office completed 16 focus groups with over 60 participants identified needs specific to NSLC:
- More resources (period) and knowledge of resources.
- Reliable transportation.
- More partnerships.
- Sharing info on "high acuity" folks.
- More training for officers.
- Long-term care solutions.

Presentation 2. Community and Family Resource Centers, Lisa Perkovich

Ms. Perkovich's presentation identified the two most frequently identified protective factors:
- Child Development Supports 0-5.
- Community Connectedness.

She identified opportunities for growth:
- Affinity Groups (Grandparents, co-parenting, and single parents.
- Basic concrete supports (furniture, children's clothing, diapers, formula).
- Child care.
- Crisis Support.
- Cultural Teachings in off-Reservation urban areas.
- Early intervention (coordinated) and continuity of support models for caregiving families.
- Social connectedness opportunities (low cost/healthy).
- Social-emotional resources for children, caregivers, and families.
- Transportation.
- Vision and Dental Care.

Community Resource Centers

OUR WHY

While St. Louis County is seeing a slight decrease in overall maltreatment investigations and a larger decrease in out-of-home placements, St. Louis County still has the highest repeat maltreatment rates in the state thus indicating that families may need additional support.

Communities with Family Resource Centers show...

63% Child Abuse Cases

50% Out-of-Home Placements

26% Child Abuse Investigations

NETWORK PARTNERS

Coordinating Agency
Family Service Collaborative

Facilitating Agencies Opening Centers
- Ely Community Resource
- Lincoln Park Children & Families Collaborative
- Lutheran Social Services (Mobile)
- Mesabi Fit
- Valley Youth Center
- Voices for Ethnic & Multicultural Awareness

NOW SEEKING Partner Agencies
Partner agencies work with centers in multiple ways such as assigning staff to the center one day per week or month, allocating funding or resources, collaborating on community activities, or more!
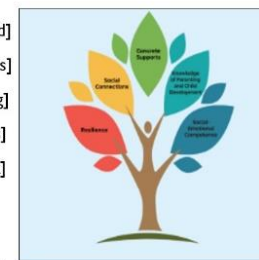
WHERE WE ARE
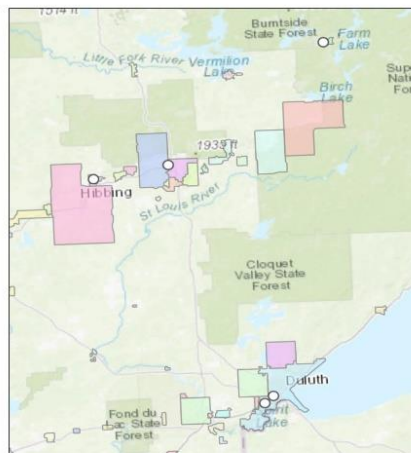
Description of Program
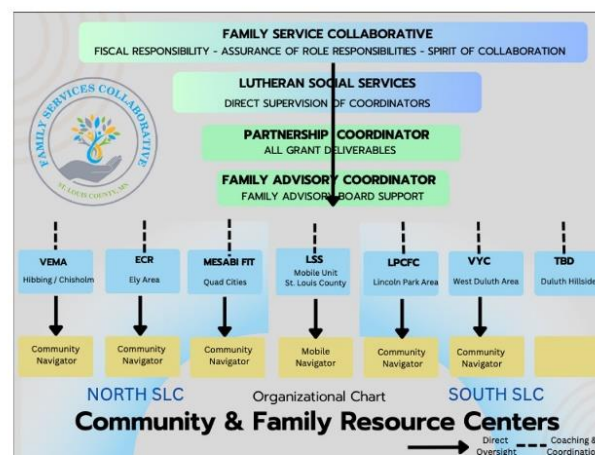
Programming Centers on 5 Protective Factors
- Concrete Supports — [i.e. Cash, Diapers, Food]
- Child Development — [i.e. Milestones, Parenting Strategies]
- Social-Emotional Development — [i.e. Mental Well Being]
- Social Connections — [i.e. Healthy Peer Groups]
- Caregiver Resiliency — [i.e. Recovering from Adversity, Giving Back]

Community Resource Centers ensure that caregivers can receive support in all 5 protective factors in one centralized location. Each center has a Community Navigator dedicated to meeting individually with caregivers for immediate needs and building long-term, culturally responsive relationships within their own communities.

Accomplishments

Centers Opening Early 2025!

Next Steps

Presentation 3. Minnesota North College Student Basic Needs Survey 2024, Kate Cowley

In 2024, the Hope Center for College, Community and Justice at the Lewis Katz School of Medicine at Temple University surveyed students at MN North College. Thirty-five percent of the 340 students who responded to the electronic survey reported personal experience with anxiety and/or depression. The most common reason for not accessing mental health services was availability. Fifty-eight percent of students reported some sort of basic needs insecurity, most frequently food and housing insecurity.

Student Mental Health

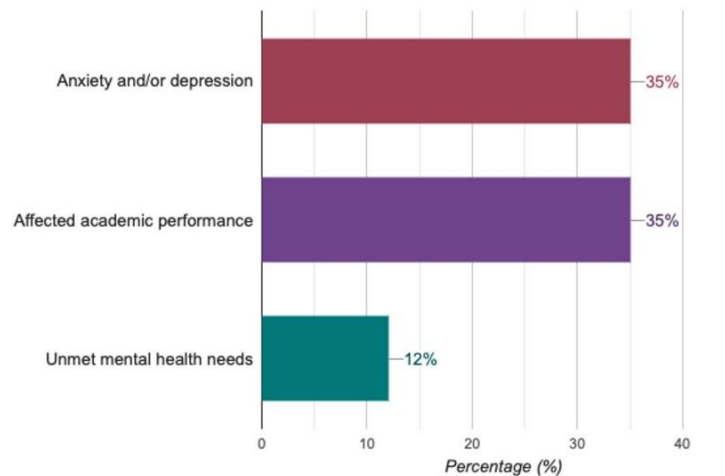Figure 1. Personal Experiences with Mental Health Challenges: Minnesota North College

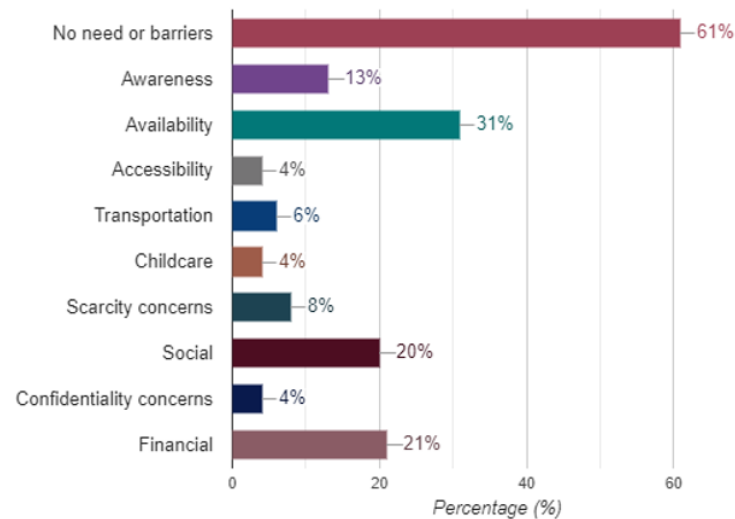Figure 3. Barriers to Mental Health Service Use: Minnesota North College

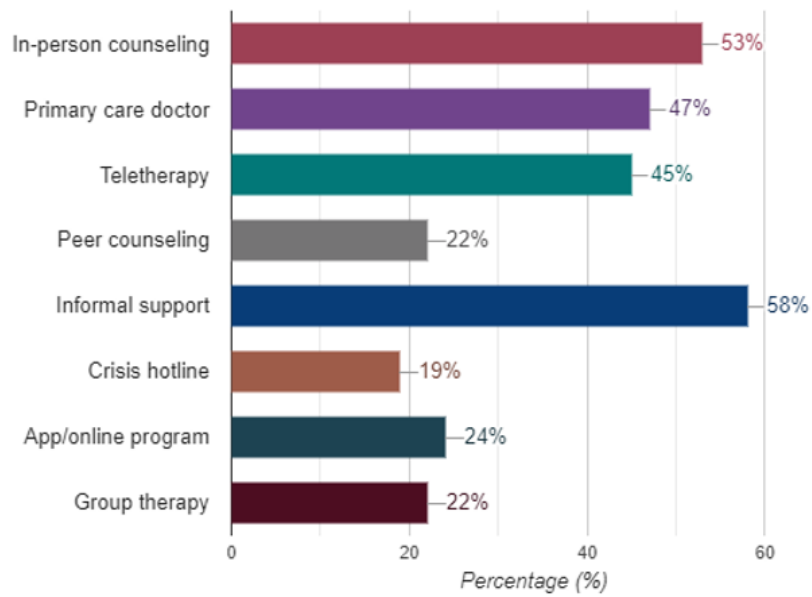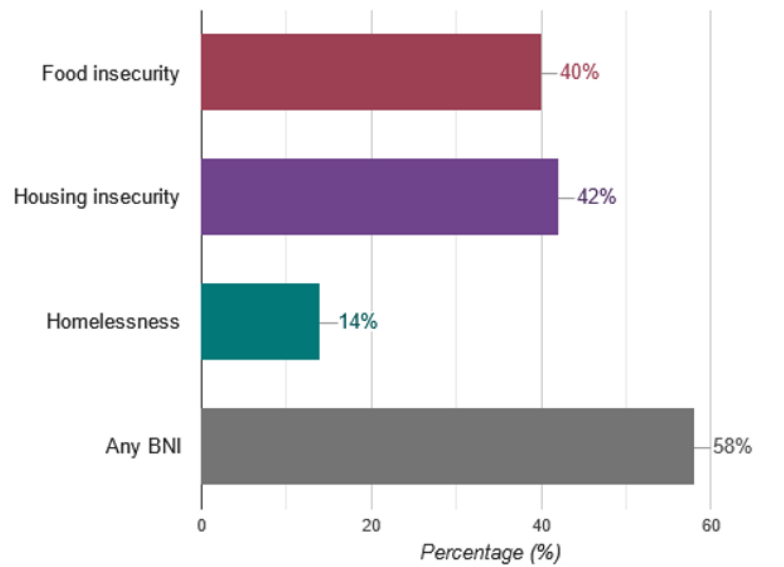Figure 2. Mental Health Support Preferences: Minnesota North College

Figure 5. Experiences with Basic Needs Insecurity: Minnesota North College

Presentation 4. University of Wisconsin-Superior Center for Research & Evaluation Services, Lynn Goerdt

The UW-S CRES team completed the Region 3 Behavior Health Assessment (Jan-Dec 2024) in three Phases; the first was secondary analysis of already existing data, based on a continuum of care framework.

Continuum of Care							
Prevention & Preemption			**More Acute Intervention**				**Recovery**
Well-being/ health promotion	Prevention	Early intervention	Basic clinical services	Community services and support	Crisis response	Inpatient & Hospitalization, Residential Treatment	Recovery, Healing & Resilience
Universal efforts to promote healthy lifestyles & emotional literacy.	*Universal efforts to expand learning and use of skills to navigate distress.*	*Strategic efforts to ensure training & access to early interventions.*	*Universally accessible clinical supports for behavior health maintenance.*	*Universally accessible supports to reduce acuity and prevent crisis*	*Accessible crisis response to triage evidenced-based need.*	*Evidenced-based treatment for highest levels of behavioral health needs.*	*Intentional recovery coaching & support with peer wisdom at forefront.*
Basic Needs Support *Access to safe, stable and affordable housing; transportation, economic viability, healthy food, medication, childcare.*							

The second phase was the creation of 40 recommendations for improvement based on results of online surveys, focus groups, and interviews with 213 individuals. In the third phase, the team identified 20 priority recommendations based on results of interviews/focus groups with 178 people (67 consumers, 109 providers) and 38 surveys (22 consumers, 16 providers).

Priority Recommendations	Identify collaboration options on permanent, temporary & shelter housing.
	Investigate innovative transportation options.
Basic Needs Supports	Expand support for basic needs gaps.
Prevention & Preemption	Expand in-school emotional literacy efforts.
	Expand drop-in center availability and model options.
	Promote emotional regulation skills knowledge and use.
	Expand effective peer support utilization.
	Develop more intentional transition of support for young adults.
More Acute Interventions	Expand access to behavioral health support in jails across the region.
	Expand integrated and coordinated care.
	Work with regional health systems to improve emergency room crisis assessments.
Recovery, Healing & Resilience	Provide more opportunities for people to share their stories about struggles, healing, and resilience.
	Improve transition from in-patient care into the community.
	Implement system of follow-up care.
Organizational Change & Capacity Building	Identify untapped workforce potential.
	Identify regional workforce recruitment strategies.
	Identify regional workforce retention strategies.
	Identify regional training opportunities and partnerships.
	Invest in dual licensing of staff.
	Be intentional about combining assessments to maximize learning and expedite action.

UNIVERSITY of WISCONSIN
Superior
Center for Research
and Evaluation Services

Arrowhead Behavior Health Initiative Region 3 Assessment

Authors: UWS Center for Research and Evaluation Services team (Laurel Eaton, Dr. Lynn Goerdt, Dr. Daniela Mansbach, Emily Neumann, and Dr. Alisa Von Hagel)

Introduction of Project

The goal of this project was to assess the behavioral health landscape in Northeast Minnesota (Region 3) in order to identify critical improvements to existing services, new opportunities for investment, and important policy recommendations. The focus area for this assessment was the Arrowhead Behavioral Health Initiative's (ABHI) region.

The region includes the following Minnesota counties: Carlton, Cook, Fond du Lac, Grand Portage, Itasca, Koochiching, Lake, and St. Louis. It also includes the Lake Superior Chippewa Bands of Bois Forte.

The final product was a compilation of 20 strategy considerations.

Project Method

Between January and December 2024, the needs assessment was completed in three phases:

- **Phase One:** In-depth analysis of the research on barriers to accessing and utilizing behavioral health care. An analysis of secondary data was provided to help establish the relevance of the data to the regional context. An ideal continuum of care was also established as a framework to organize our work.

- **Phase Two:** Collection of primary data through online surveys, focus groups, and interviews, totaling 213 people. The work completed in Phase One informed the questions that were asked in Phase Two. This step concluded with the establishment of 40 recommendations for improvement. During this phase, researchers also became aware of additional reports as well as multiple assessments completed simultaneously which were reviewed to compare the findings with the framework of barriers.

- **Phase Three:** Prioritization of recommendations and further development of prioritized recommendations. This stage started with collaborative work with ABHI to prioritize 20 of the recommendations presented in Phase Two. Following this process, the chosen recommendations were researched to identify how to address and develop these areas, including identifying next steps. The recommendations included an analysis of best practices, effective existing models, and resources.

Ideal Continuum of Care

The project was based on the conceptualization of an ideal continuum of care which served as an analytical tool during all three phases. It also helped guide our consideration of barriers, opportunities and recommendations.

Prevention & Preemption			More Acute Intervention				Recovery
Well-being/ health promotion	Prevention	Early intervention	Basic clinical services	Community services and support	Crisis response	Inpatient & Hospitalization, Residential Treatment	Recovery, Healing & Resilience
Universal efforts to promote healthy lifestyles & emotional literacy	Universal efforts to expand learning and use of skills to navigate distress	Strategic efforts to ensure training & access to early interventions	Universally accessible clinical supports for behavior health maintenance	Universally accessible supports to reduce acuity and prevent crisis	Accessible crisis response to triage evidenced-based need	Evidenced based treatment for highest levels of behavioral health needs	Intentional recovery coaching & support with peer wisdom at forefront

Basic Needs Support
Access to safe, stable and affordable housing, transportation, economic viability, healthy food, medication, childcare.

Phase 2 Primary Data Sources

Over four months, researchers conducted 21 focus groups and 44 interviews to hear from individuals with lived experience and providers throughout the region, reaching a total of 178 people.

Interview and Focus Group Geographic & Perspective Representation

	Carlton	Cook	Itasca	Koochiching	Lake	S St. Louis	N St. Louis	Regional	Total
Consumer	5	4	7	9	5	18	19	-	67
Provider	4	7	9	17	5	26	8	33	109

We also received 38 online surveys which were facilitated via Qualtrics.

Online Survey Geographic & Perspective Representation

	Atkin	Carlton	Cook	Itasca	Koochiching	Lake	St. Louis North	St. Louis South	Other	Total
Consumer	0	0	4	2	0	2	7	6	1	22
*Provider	0	3	2	1	0	4	2	4	0	16

Priority Recommendations

Out of 40 recommendations, the 20 listed below were identified as priorities based on potential impact and level of resources/effort needed.

Basic Needs Supports
Identify collaboration options on permanent, temporary & shelter housing.
Investigate innovative transportation options.
Expand support for basic needs gaps.

Prevention & Preemption
Expand in-school emotional literacy efforts.
Expand drop-in center availability and model options.
Promote emotional regulation skills knowledge and use.
Expand effective peer support utilization.
Develop more intentional transition of support for young adults.

More Acute Interventions
Expand access to behavioral health support in jails across the region.
Expand integrated and coordinated care.
Work with regional health systems to improve emergency room crisis assessments.

Recovery, Healing & Resilience
Provide more opportunities for people to share their stories about struggles, healing, and resilience.
Improve transition from in-patient care into the community.
Implement system of follow-up care.

Organizational Change & Capacity Building
Identify untapped workforce potential.
Identify regional workforce recruitment strategies.
Identify regional workforce retention strategies.
Identify regional training opportunities and partnerships.
Invest in dual licensing of staff.
Be intentional about combining assessments to maximize learning and expedite action.

Presentation 5. Wilderness Health Community Listening Sessions, Zomi Bloom

As part of a HRSA-funded project regarding care coordination with patients' mental and behavioral health care, Wilderness Health held learning sessions in Cohasset, Ely, Hibbing, Silver Bay, and Virginia in 2024.

Presentation 6. Better Together Behavioral Health Network: 2025, Pat Conway, Essentia Institute of Rural Health

The purpose of the Northern St. Louis County Behavioral Health Needs Assessment is to provide information for program development and sustainability activities through:
- a description of the service area NSLC, the area "north of Cotton";
- the behavioral health status of children and adults and factors that influence behavioral health;
- a summary of of local organizations and services; and
- level of behavioral health needs.

Data for the needs assessment were retrieved from the Minnesota Student Survey, Census data, the Northern St. Louis County (NSLC) Clubhouse Report, other needs assessments such as Wilder Research's 2022 youth mental health needs assessment, and Essentia Health patient information. This presentation focuses on adult patients receiving care through Essentia Health.

- Average age of adult EH patients in NSLC: higher than the County, state and all EH patients.
- More males than the county, state, and all EH patients.
- More patients receive Medicaid Insurance than in the county, state, and all EH patients.

EH Adult Patients: Northern St. Louis Clinics: Aurora, Babbitt, Ely, Hibbing, Virginia, St. Louis County, MN, and All EH Patients

Demographics		NSLC N=19,386	SLC N=80,495	MN N=173,597	ALL N=279,931
Mean Age		56.21	50.93	52.63	52.38
		%	%	%	%
Sex	Male	45.1	43.0	43.6	43.2
Race	AIAN	1.6	1.7	2.1	2.0
	White	95.9	93.6	93.7	92.8
Level of Rurality					
Metropolitan area (urbanized area)		3.7	63.5	36.1	46.9
Micropolitan area (urban cluster 10,000 to 49,999		59.4	21.0	23.4	17.1
Small Town (2,500 to 9,999)		25.3	9.9	18.9	15.9
	Rural	11.7	5.6	21.6	19.5
Insurance	Private	91.0	90.7	87.9	85.0
	Medicare	25.8	19.7	18.3	18.9
	Medicaid	4.0	4.0	5.6	5.4

- 45% of EH adult patients in NSLC had a diagnosis of depression, anxiety, or both anxiety and depression.

- NSLC and all SLC EH adult patients had higher rates of bipolar, schizophrenia, suicidal ideation, and TBI diagnoses than EH patients in MN and overall.

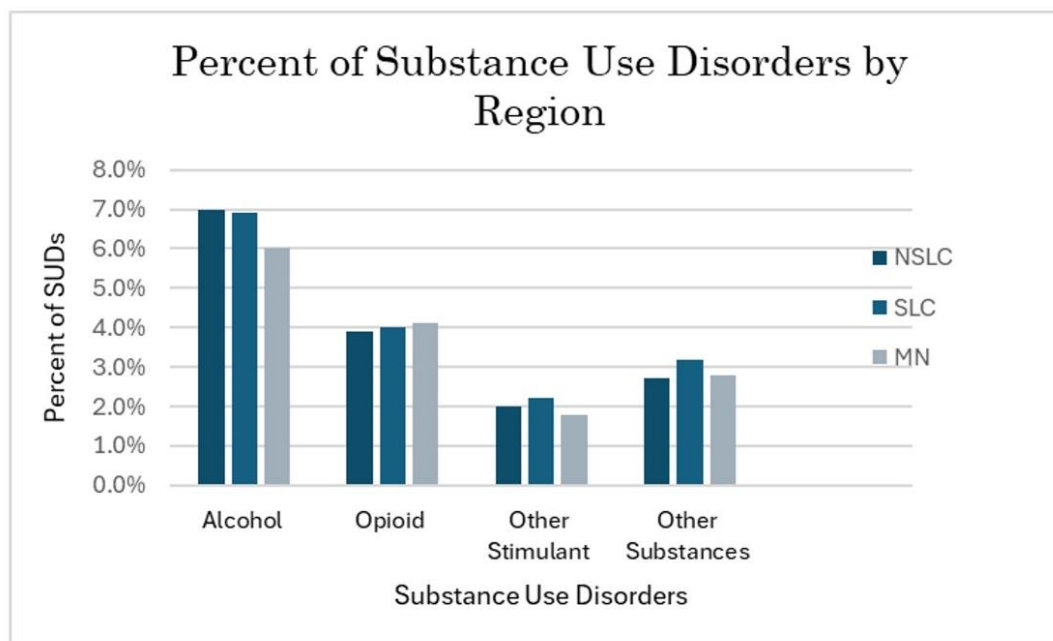- Adult EH patients in NSLC have a higher rate of alchol use disorder than other EH adult patients.

ADULT EH PATIENTS: MENTAL HEALTH DISORDERS
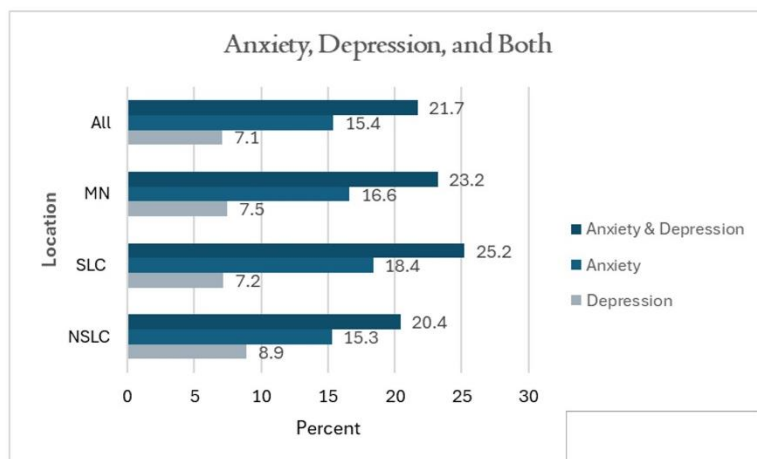
	NSLC	SLC	MN	All
Bipolar	3.4	3.4	2.8	2.5
Schizophrenia	1.9	2.1	1.7	1.4
Suicide Ideation	1.6	2.1	1.5	1.2
TBI	4.6	4.9	4.3	3.7

ADULT EH PATIENTS: SUBSTANCE USE DISORDERS

Individuals Receiving MOUD and Co-occurring Disorders

- 84% had a diagnosis of depression, anxiety and/or both.
- 14% had a diagnosis of bipolar disorder.
- 10% had a diagnosis of Schizophrenia.
- 27% had a diagnosis of Self Harm.
- 8% had a diagnosis of a TBI.
- 22% had a diagnosis of alcohol disorder.
- 66% had a diagnosis of OUD; 41% of other diagnoses.
- 29% had a diagnosis of other stimulant.

Tobacco Use
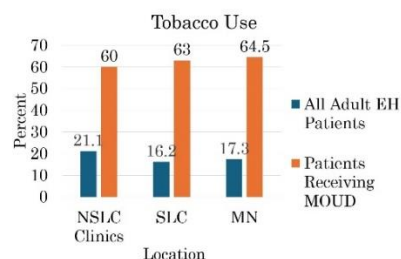
Northern St. Louis County Behavioral Health Needs Assessment

Sarah Olimb, MSW and Pat Conway, PhD, MSW

Essentia Health

Introduction

The Better Together Behavioral Health Network (BTBHN) project's purpose is to expand access to person-centered, behavioral health (mental health and substance use disorders) care for residents of all ages in Northern St. Louis County (NSLC) by developing and strengthening collaborative relationships and services.

Goal 1. Build a formal network to increase collabo behavioral health in NSLC;
Goal 2. Create a plan to address gaps in the behavioral health continuum of care; and
Goal 3. Successfully manage the BTBHN project.

The project's needs assessment was completed to describe the service area and target population; its children and adults' health and behavioral health status; resources, services, and gaps in services. The results inform strategic planning, including identification of evidence-based strategies to address the needs, a plan to implement the strategies, and methods to evaluate process and outcome.

Data Collection Sources

National Sources
- United States Census
  - United States Census 2020 Decennial Census
  - United States Census, the American Community Survey 5-Year Estimates
- University of Wisconsin Population Health Institute County Health Rankings and Roadmaps: 2023
- America's Health Rankings
- Kaiser Family Foundation
- United States Department of Health and Human Services

State Resources
- Minnesota Student Survey (MSS) 2022
- Minnesota Department of Health (MDH)
- Minnesota Department of Human Services (MDHS)
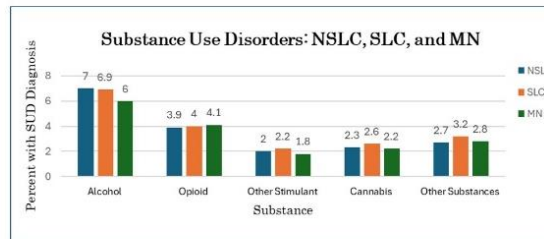
Local Resources
- Clubhouse Survey
- Essentia Health Electronic Health Records Annual Data
- Iron Range Youth Behavioral Health Needs Assessment 2017
- Iron Range Listening Session
- Mesabi Behavioral Health Network Environmental Scan 2024
- Mesabi Behavioral Health HRSA Grant Proposal 2024
- Mesabi Behavioral Health Network Strategic Plan
- Scenic Rivers Patient Demographics
- St. Louis County Public Health and Human Services (SLCPHHS)
- Northeast Minnesota Mental Health Youth Needs Assessment

Behavioral Health Status: EH Adult Patients

Depression, Anxiety, Both	NSLC Clinics N=19,386	SLC N=80,495	MN N=173,597
	%	%	%
Depression	8.9	7.2	7.5
Anxiety	15.3	18.4	16.6
Anxiety & Depression	20.4	25.2	23.2
Total	44.6	50.8	47.3
Bipolar	3.4	3.4	2.8
Schizophrenia	1.9	2.1	1.7
Self Harm	8.3	7.8	8.2
Personality Disorder	1.2	1.3	1.2
Suicide Ideation	1.6	2.1	1.5
TBI	4.6	4.9	4.3

In 2023-24, 145 NSLC EH patients received Medication for Opioid Use Disorder. 57% were male; 8% were AIAN; 19% had Medicaid Insurance, 84% had diagnosis of anxiety and/or depression, 27% self-harm, 14% bipolar, 10% schizophrenia, 22% alcohol, 29% stimulants, 41% other substances including polysubstance use disorder.

Substance Use Disorders: NSLC, SLC, and MN

Substance	NSLC	SLC	MN
Alcohol	7	6.9	6
Opioid	3.9	4	4.1
Other Stimulant	2	2.2	1.8
Cannabis	2.3	2.6	2.2
Other Substances	2.7	3.2	2.8

Clubhouse Report

153 people completed an electronic survey at community events in NSLC regarding desired behavioral health Clubhouse activities. They recommended:

- Meet Basic Needs.
- Conduct Education.
- Offer Harm Reduction.
- Meet Personal Needs.
- Offer Recovery Programming.
- Offer Recreation.
- Offer Volunteer/Work.
- Meet Wellness/Education.
- Working together/ Socialization.

The most common specific ideas were

- ✓ Mental health recovery support
- ✓ Cooking together
- ✓ Food distribution
- ✓ Warming/Cooling Center
- ✓ Community education events
- ✓ Toilet
- ✓ Coaching for skills like cooking
- ✓ Internet access
- ✓ Housing
- ✓ Recreational events
- ✓ Socializing such as eating a meal together

Individual Comments:
- Focus on empowerment and recovery.
- Great for children, teens, and adults to help each other.
- Make it accessible for all!

Demographics: EH Adult Patients

The average age of adult EH primary care patients in NSLC clinics was 56.21, range of age 18 to 102.

Demographics		NSLC EH Clinics N=19,386	SLC N=80,495	MN N=173,597
		%	%	%
Sex	Female	54.9	56.9	56.3
	Male	45.1	43.0	43.6
Race	AI/AN	1.6	1.7	2.1
	White	95.9	93.6	93.7
Level of Rurality	Metropolitan area (urbanized area)	3.7	63.5	36.1
	Micropolitan area (urban cluster 10,000 to 49,999)	59.4	21.0	23.4
	Small Town (2,500 to 9,999)	25.3	9.9	18.9
	Rural	11.7	5.6	21.6
Insurance	Private	91.0	90.7	87.9
	Medicare	25.8	19.7	18.3
	Medicaid	4.0	4.0	5.6

Children

- Higher percentage of male than female children in NSLC.
- NSLC School Districts enrollment of AIAN students varied widely, ranging from 4.5% to 91.67%.
- More than 50% of students in seven of the eleven NSLC school districts were eligible for free lunch.
- 1,993 students received Special Education services in 2022-23.
- Based on MSS data, 8th, 9th, and 11th graders reported:
  - 34% reported having any long-term mental health, behavioral health, or emotional problems.
  - 19% reported having received behavioral health treatment in the last year.
  - 1.7% treated for alcohol or drug problem in the last year.

Most Common Adverse Childhood Experiences	%
live with anyone who is depressed or has any other mental health issues	33.4
parents or guardians in jail or prison in the past or present	24.1
parent or other adult regularly swear at you, insult you or put you down	16.6
live with anyone who drinks too much alcohol	13.8
a parent or other adult in your home ever hit, beat, kicked or physically hurt you	12.2

Lightning Round Presentations: Regional Efforts to Address Behavioral Health:

Following the data-driven panel discussions, six community organizations showcased their ongoing programmatic initiatives to address the region's behavioral health needs. The Lightning Round Presentations were designed to increase awareness about the range of initiatives already in progress and to encourage a more collaborative approach to addressing behavioral health needs across Northeast Minnesota (NE MN). The community organizations served diverse target populations, including students in educational settings from preschool through higher education, adults engaged in clubhouse settings, veterans, and families. Each organization shared insights into their current work, highlighting the unique challenges faced by their specific populations, and the strategies they have implemented to support behavioral health.

- Family Services Collaborative of St. Louis County, Cassie Liubakka
- Ely Community Resource, Ryan Stewart
- Clubhouses, Kelly Sather and Robyn Bertelsen
- United Way of Northeast Minnesota, United for Veterans, Crystal Royer, Michelle Lampton
- Minnesota North, Mary Kay Addiction Studies Program
- Minnesota Dual-Training Pipeline, Kathleen Gordon

Family Services Collaborative of St. Louis County, Cassie Liubakka

The Family Services Collaborative of St. Louis County partners with several local agencies to host mental health programing for families and youth. The partner agencies use a three-pronged approach by offering Youth Mental Health Night to youth and families, Youth Mental Health Day to area 9th graders, and Youth Mental Health Ambassadors for individuals with lived experiences who want to offer peer support. The programming takes place at the Minnesota Discovery Center in Chisholm, MN, and serves families and youth across NE MN.

Youth Mental Health Programming

Introduction

Youth Mental Health Programming by a group of local leaders with a commitment to addressing the critical mental health needs of area youth

➢ **Youth Mental Health Night**- 5th annual event this June

➢ **Youth Mental Health Day**- 3rd annual event this September

➢ **Youth Mental Health Ambassadors**- local peer support youth from area schools

➢ Committee representation from Family Services Collaborative, Fairview Range, Minnesota Discovery Center, St. Louis County Public Health, Essentia Health, Now Matters Now, Northeast Service Cooperative and recent addition of Range Mental Health Center

Youth Mental Health Night Committee Members-
Lauren Pipkin, Alyssa Niemi, Cassie Liubakka, Jessica Schuster, Susan Degnan

Youth Mental Health Day Committee Members- Cassie Liubakka, Jessica Schuster, Susan Degnan, Lauren Pipkin, Char Conger, Joy Ruedebusch, Alyssa Niemi, Aubrie Hoover, Sierra Napoli-Thein, Ursula Whiteside, Ray Jobe, and Andi Macenski

Youth Mental Health Ambassador Program Committee Members- Ursula Whiteside and Cassie Liubakka

Description of Program

➢ Innovate programming that can be implemented by any institution or entity in the mental health care industry

➢ Prevention and early intervention efforts to address mental health-related crisis seen across the state and country

➢ Collaboration with local, regional, and national stakeholders for best practices and outcomes

➢ 3-Tiered Approach- The Night event offers resource connection in a fun atmosphere in June (end of school year), the Day event does the same in September (start of school year), and the Ambassador Program offers support throughout the school year

Accomplishments

➢ Program outcomes have been remarkable!

➢ Our work was recognized with a St. Louis County Public Health Achievement Award in 2024

Ely Community Resource, Ryan Stewart

The Ely Community Resource Center's mission is to foster positive youth development through activities designed to increase self-esteem, build a sense of community, and provide positive adult relationships that allow effective interventions. The ECR demonstrated helping in one area can lead to other opportunities to support the youth, family and community, impacting positive change.

Impacts

90% of students report an increase in self-esteem and confidence

We served 200+ students in the last quarter

85% of middle/highschool students report an increase in social skills and positive friendships

"I just feel like I have hope again." – Kaiyo, Student in Youth Mentoring Program

"Honestly, I didn't leave my house for all of break – but I've been really looking forward to this club, it's the first time I've left the house in weeks" – Audrey, Game Club

Northern Lights Clubhouse and the Mesabi Behavioral Health Network Clubhouse Workgroup, Robyn Bertelsen and Kelly Sather

Clubhouses are peer driven communities where individuals can find support and work on personal goals, education, vocation, and wellness. Robyn Bertelsen represented the Northern Lights Clubhouse in Ely, formed in 2010 to provide a safe and trusted place for members to gather, support each other, and be involved in meaningful activities. Kelly Sather described the work of the Mesabi Behavioral Health Network's Clubhouse Workgroup, which will be transitioning to the Better Together Behavioral Health Network. The Clubhouse Workgroup's goal is to open two additional clubhouses in NSLC, focusing on the Virginia and Hibbing communities.
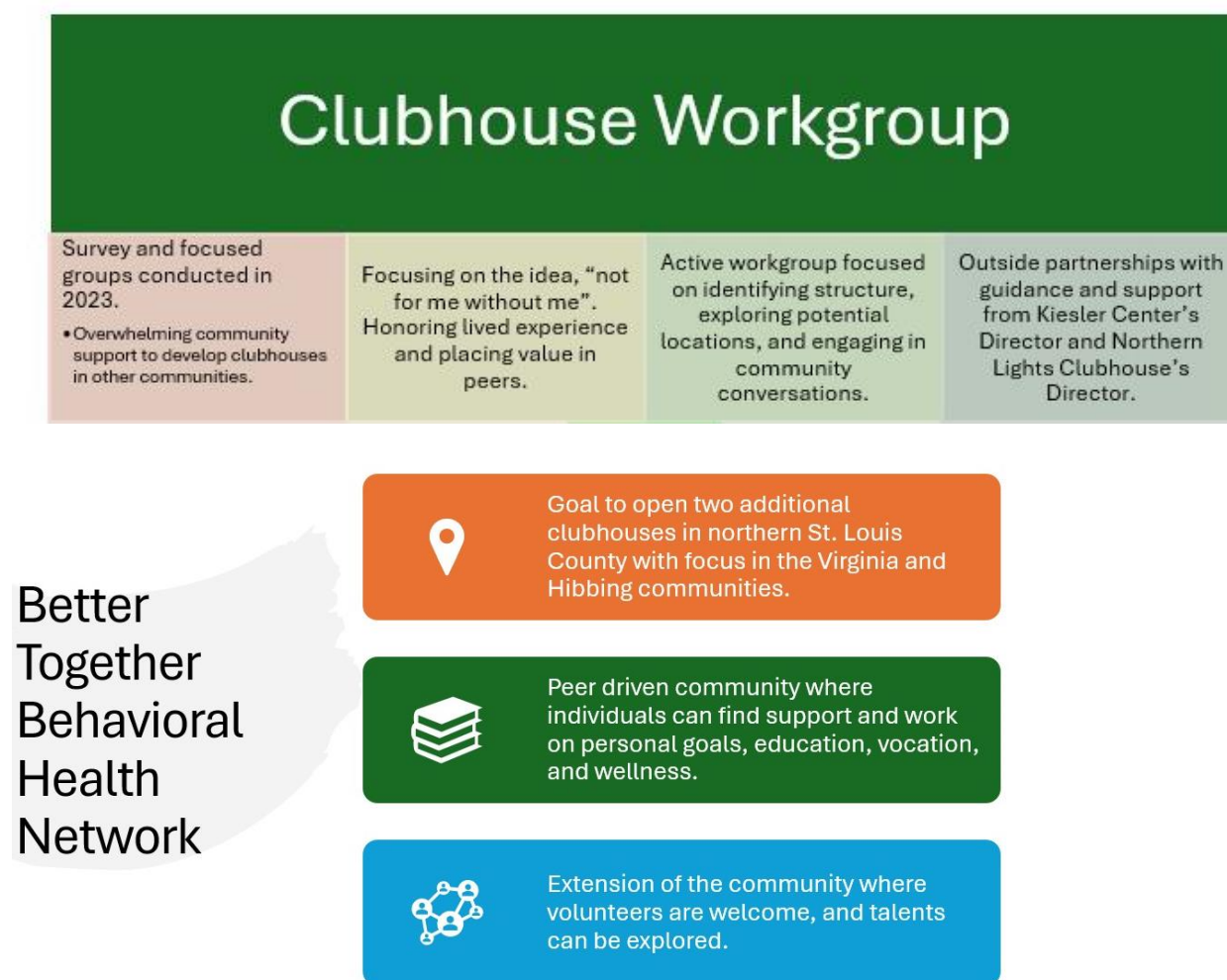
United Way of Northeast Minnesota, United for Veterans, Crystal Royer, Michelle Lampton

United Way of Northeast MN works collaboratively with multiple regional entities; Ms. Royer and Ms. Lampton highlighted how people can work together to address an area of need impacting their communities.

United Way of Northeastern Minnesota: United for Veterans

INTRODUCTION

★ United Way of Northeastern Minnesota launched this initiative in 2014 to address the need for expanded, wrap-around services for veterans and servicemembers in our rural communities

★ Steered by a committee of local veterans with frequent input and collaboration with other stakeholders

★ Supports veterans and servicemembers of all branches and eras - and their families- throughout UWNEMN's service area (Iron Range, Koochiching County, and Lake of the Woods County)

UNITED WAY
Northeastern Minnesota

United for Veteran community partners include: Minnesota Assistance Council for Veterans, St. Louis County Veterans Service Office, Koochiching County Veterans Service Office, Itasca County Veterans Service Office, Lake of the Woods County Veterans Service Office, St. Louis County Historical Society Veterans Memorial Hall, AMVETS, Beyond the Yellow Ribbon, American Legion, DAV, VFW, Minnesota North College Hibbing Campus, Veterans Community Thrift Store, Elks Lodge, 23rd Veteran, Veterans on the Lake, and ISFAC (Inter-Service Family Assistance Committee).

United for Veterans programming is carried out by UWNEMN staff with support of local donors and volunteers.

DESCRIPTION OF PROGRAM

★ United for Veterans Committee mission:

To create an environment of honor and respect for all fellow comrades in Northeastern Minnesota, while developing opportunities, supporting those in need and empowering veterans.

★ Programming has evolved to include:

- Regional Military Connections Guide
- Development of Veterans Resource Center at MN North College Hibbing Campus
- Crisis Funding for Individuals + Grants for Local Veterans Organizations
- Holiday Meal Kit Deliveries to Homebound Veterans
- UWNEMN/MACV Transitional Home
- Veterans Connections: Free Quarterly Social Connectivity Events and Regular Retreats
- Operation: Service Story oral history project

UNITED FOR VETERANS PASSPORT/CONNECTIONS ATTENDANCE

UNITED FOR VETERANS RETREAT ATTENDANCE
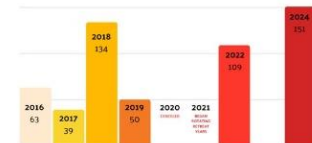
ACCOMPLISHMENTS

★ Established & continue to support the only transitional home for homeless veterans in the region.

★ Connected female veterans regionwide for first time, resulting in creation of an independent NE Women Veterans group.

★ The Wall That Heals brought 6,000+ to Chisholm in June 2022; self reported impact of talking about service during this time led to creation of Operation: Service Story oral history project.

★ Growing social network through United for Veterans connections activities, retreats (2025 retreat filled Grandy Ely Lodge), newsletter, Facebook page, and committee.

★ Made free mental health care available to local veterans before the resource was available elsewhere. (No longer needed thanks to LSS CORE).

NEXT STEPS

★ Address veterans' internal barriers:

- "I didn't do anything interesting/important"
- "Someone else needs the support more"

★ More direct outreach to veterans' service organizations & workplaces with veteran employees.

★ More veteran-to-veteran and family-to-veteran communication.

Minnesota North College Human Services and Addiction Studies, Mary Kay Riendeau

The Addiction Studies program has supported workforce development through finding grant opportunities to bring down costs of the program while filling a gap in the Licensed Alcohol and Drug Counselors workforce.

Minnesota North College — A Member of Minnesota State

Empowerment of Recovering Individuals with Opioid Use Disorder

MESABI RANGE — ADDICTION STUDIES — HUMAN SERVICES — RISING TOGETHER

Purpose of Project

- Increase the number of Licensed Alcohol and Drug Counselors in Minnesota's LADC counselor shortage
- To empower all individuals
- Prepare individuals for successful permit and licensure
- Simple logic-Help people get an education
- Give students an edge to complete successfully

Staff and Faculty

Mary Kay Riendeau LADC. LSW, MSW, Dept. Head
Bryan Johnson LADC, LSW, MSW, Adjunct Faculty
David Archambault LADC, BA, Adjunct Faculty
Alina Staniger, DHS Grant Coordinator
Callie Luukkonen, BCBS Grant Coordinator

17 Total Graduates to Date

Community Project

Accomplishments

- 11 received a Minnesota Alcohol Drug Counseling Permit
- 2 are in process of receiving their Minnesota Alcohol and Drug Counseling Permit
- 1 received Tribal Certification
- 3 received Alcohol and Drug Counseling License
- 5 are currently pursuing bachelor's degrees
- 27 out of 30 received a background check clearance, 3 background checks pending or in process of receiving a set aside

Continue to Empower 13 to Degrees

Assist the 13 remaining students in completing their degrees and obtain their state permit

Barrier: 3 out of 13 students are struggling to pass a background check
Solution: Keep trying with the hope of obtaining a set aside.

Minnesota Dual-Training Pipeline and Dual Training Grant, Kathleen Gordon, Workforce Consultant

The Dual Training program combines on-the-job training with education to earn a degree, certificate, or industry-recognized credential for a wide range of professions from occupational therapist to social worker. Applications can be submitted between March 4 and April 15, 2025; funding covers tuition costs and other student support costs.

MN Dual-Training Pipeline Health Care Occupations

Chemical dependency and addiction technician
Community health worker
Community paramedic
Emergency medical technician to paramedic pathway
Histology technician/technologist
Licensed alcohol and drug counselor
Licensed independent clinical social worker
Licensed practical nurse
Medical assistant
Medical laboratory assistant
Medical laboratory scientist

Medical laboratory technician
Occupational therapist
Occupational therapy assistant
Physical therapy assistant
Positive support analyst
Positive support specialist
Psychiatric/mental health technician in-patient
Psychiatric/mental health technician out-patient
Radiologic technologist
Registered nurse
Respiratory therapist
Surgical technologist

New occupations for 2025:
Healthcare Social Worker
Licensed Marriage and Family Therapist
Licensed Professional Clinical Counselor

Keynote

Our Behavioral Workforce: Identifying Problems
Dr. Paul F. E. Mackie - Minnesota State University, Mankato

Dr. Mackie described three workforce issues and potential solutions:

Workforce Challenges:
- "Baby Boomers" leaving the workforce.
- Smaller population in "Gen X".
- Fewer students.
- High impact on behavioral health, especially in rural areas.

Predictors of who becomes a rural behavioral health provider:
- They are from a rural background (calibrate expectations differently/familiarization)
- They completed a practicum/internship in a rural location (culture and agency interfacing)
- They received rural content as a part of their educational curriculum (affirmation/demystification)

Workforce Concerns:
- Political influences
- Advocacy
- Education
- Recruitment

Workforce Solutions:
- Embed behavioral health & social services content in junior high and high school career planning.
- Define partnerships & academic pathways (pipelines) between high schools, community colleges, & universities.
- Utilize online education when and where appropriate; improve rural broadband and related technology.
- Focus on college/university level practicum/internship placement in rural regions.
- Enhance loan forgiveness & scholarship programs targeting rural behavioral health, such as NHSC behavioral health scholarships.
- Increase rural content within rural curriculum & program design.
- Identify and address recruitment and retention barriers unique to Northeast Minnesota.
- Conduct strategic recruitment, focusing on individuals more likely to seek rural employment.
- Increase peer support specialists & fund/reimburse appropriately.

Roundtable Discussions: Partnerships and Opportunities for Behavioral Health
Facilitated by the Better Together Behavioral Health Network

The day concluded with a strategic planning session, which served as a key opportunity for participants to come together and engage in focused roundtable discussions. These discussions were specifically designed to foster meaningful interactions and collaboration among a diverse group of participants, including key stakeholders, community leaders, and professionals from various industries.

The morning sessions highlighted behavioral health needs in Northern St. Louis County (NSLC) and the broader NE MN area. The afternoon session provided participants the chance to identify Strengths and Opportunities. Individuals were encouraged to remain in their current seats (self selected) while working through the strengths portion, but would later be encouraged to move during the opportunities portion. A SWOT (Strengths, Weaknesses, Opportunities and Threats) approach was used throughout the day with the morning session focusing on weaknesses and threats and the afternoon session identifying the strengths and opportunities.

The roundtable format was used to encourage open dialogue, where participants could share their insights, experiences, and perspectives on the current behavioral health landscape. This setting allowed for the exchange of ideas, solutions, and innovative approaches to addressing the region's behavioral health challenges.

Strengths (15 minutes)

Break (15 minutes)

Opportunities (40 minutes)

Report out (10 minutes)

Afternoon session
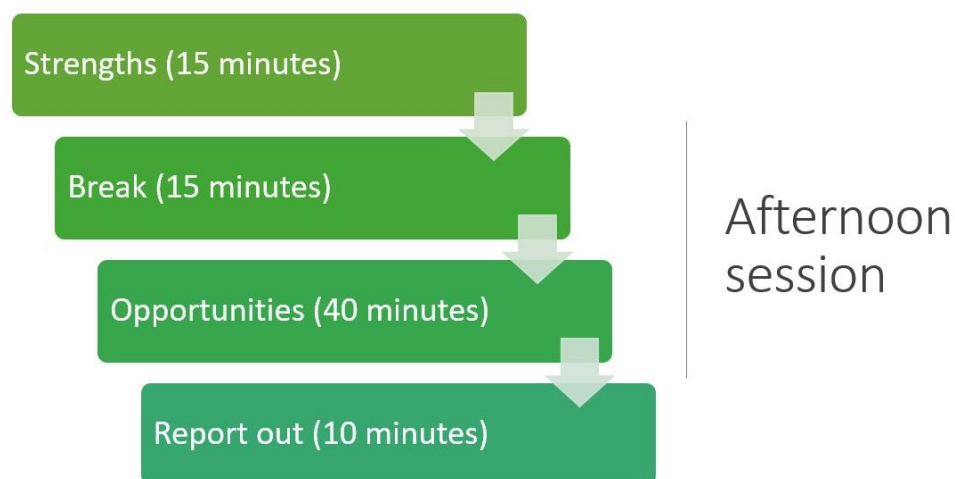
Strengths

To identify strengths in NE MN's rural communities and external (state and national) strengths, each participant was invited to brainstorm ideas, writing each idea on a sticky note. At the conclusion of the 10-minute exercise, notes were collected. The ideas were then organized into seven categories.

STRENGTHS

Resources

- A Co-Response team that covers Northern St. Louis
- AGE to age program
- Broad range of resources
- Creative problem solving - like Mesabi Fit
- Grants forthcoming - HRSA and Family Resource Center
- Growing specialty clinics (local) example: oncology
- Have committed agencies
- Increased transportation in Hibbing area with AEOA services
- Knowledge of resources available to people
- Meals on Wheels
- Multiple resources
- N and S SLC mental health LACs
- our agencies have a long history of working with people with mental health struggles
- Post-secondary institutes
- Senior companion program
- Services in schools
- Social isolation mitigation programs for older adults
- Some really good resources for in school support
- Telephone reassurance
- Therapy resources seem to be growing
- Working model of Clubhouse that is making a difference in small rural community
- Youth mental health awareness progras

Education

- College systems - teach education to match regional industry needs
- Colleges and Universities
- Community Health worker training at Bemidji is online
- Cook County Higher Ed is a great model for local post HS support in rural communities
- Discover healthcare
- Grow your own - external examples to learn from
- Indigenous Healthcare Career Exploration Camp
- Interest in opportunities for more education
- Many educational campuses in the NE MN region (MN North College - multiple sites)
- MN North Campus Network and Curriculum/Resource sharing
- MN North College as a willing partner
- Scrubs Camps (High School and Middle School)
- Talent Pipeline Programs
- UWS is across the bridge in WI, but great, cost effective resource. SWK 1day a week and Prutt Center for Mindfulness and Wellbeing

Outdoors

- ☐ Access to natural resources
- ☐ Beautiful outdoor/nature
- ☐ Natural resources - innovations for sustainability
- ☐ Outdoor cornucopia
- ☐ Outdoor Opportunities
- ☐ Outdoor Recreation Opportunities
- ☐ Plentiful natural resources

Workforce

- ☐ Adaptive
- ☐ Care for each other
- ☐ Caring (and loving) stubborn profressionals
- ☐ Caring people
- ☐ Compassionate people within the workforce/community
- ☐ Compassionate Providers
- ☐ Creativity
- ☐ Dedicated staff
- ☐ Dedicated, compassionate staff
- ☐ Good intentions
- ☐ Hard-working staff
- ☐ Human Capital across sectors
- ☐ Innovative
- ☐ Knowledge surrounding importance of social workers
- ☐ Passionate
- ☐ Passionate and dedicated humans who are willing to invest time and energy in community focused work
- ☐ Passionate workers that want to help and support the community
- ☐ People who are passionate about making a positive difference
- ☐ Plentiful natural resources
- ☐ Providers who care
- ☐ Qualified Personnel
- ☐ Relationships matter
- ☐ Resilience
- ☐ Schools hiring mentors and social workers
- ☐ Scrappy
- ☐ Strong work ethic
- ☐ SWK 101 with high school (Superior HS) is very popular
- ☐ The workforce we do have is passionate and dedicated.
- ☐ Workforce is passionate and dedicated

> **Other**
>
> *Attitudes*
> ☐ Awareness of needs, issues and challenges for our most vulnerable community
>   members to live their best lives
> ☐ Becoming more accepted
> ☐ Great ideas
> ☐ Ideas, relationships and organized internally
> ☐ Looks for ways to improve
> ☐ Multi-tasking
> ☐ Systems perspective
>
> *Data*
> ☐ We know what we are dealing with - we know the problem
> ☐ Regional data
> ☐ Supportive data that supports good.creative solution-oriented ideas
>
> *Technology*
> ☐ Growing tech - interest and services

Opportunities

During this process, the round tables were utilized to invite individuals to gather and discuss the identified topics, while recording their ideas. Three discussion topics were written on large poster board sheets and placed on tables throughout the room. The topic areas were:
1. Funding to Support Strategies (tables on left side of room)
2. Networking/Consortium Development (tables in the middle of the room)
3. Workforce Development Opportunity for Next Generation Behavioral Health Professionals (tables on right side of room)

Individuals were asked to move to the table that identifies the topic area that interests them the most and work collectively in the group to brainstorm opportunities. Individuals were also encouraged to join more than one topic area if interested in other topics.

1. **OPPORTUNITIES FOR FUNDING TO SUPPORT STRATEGIES**
   Funding
   - Potential Partners: Cities and counties, Tribal communities, law enforcement, EMS, NAMI, Range Association of Municipalities and Schools (RAMS)
   - Engage Board members for private non-profits in fund raising
   - Lobbying Legislature

   Sources of Funding
   Grant funding
   - Collaborate to submit grant proposals to avoid competition. Regional grant writers.

- Increase communications regarding funding opportunities
- Funders

- Public
    - Federal
        - Department of Labor
        - HRSA (FORHP)
    - State
        - MDH
        - MDE
        - DHS
        - MNDEED www.dli.mn.gov/sites/default/files/pdf/manu-020824.pdf Kathleen Gordon
        - MnDOT
        - DNR
        - DOJ
        - Potential: Cannabis taxing, sales tax on alcohol

- Private
    - Northland Foundation
    - Shavlik Foundation
    - Family Services Collaborative
    - IRRRB
    - Lake County Power
    - Blue Cross and Blue Shield
    - Otto Bremer
    - Bush Foundation
    - Blandin Foundation
    - Pharmaceutical Companies
    - United Way
    - Health care: Essentia Health, Fairview, Aspirus
    - Duluth/superior Foundation

Donations
- Corporate
- Private, i.e. Mining and tourism
- Fundraisers, i.e. meat raffle, Bingo

Third Party Reimbursements/Billable Services

2. **OPPORTUNITIES FOR NETWORKING/CONSORTIUM DEVELOPMENT**
9 Service Coops-collaboration/sharing/replication/combine
Communication/Collaboration

Mental health professionals with public sector (schools, etc.) <cooperation with private section> Public/Privat partnership/funding

Embedded services in high stress fields/jobs (mining)

Internships

Career and Technical Education (CTE) & options and pathways=student focused happiness.

Experiences within and beyond the community.

Strengthen existing partnerships and resources
- Co-creating resources that can be shared
- Shared health needs assessments
- Shared positions=flexibility, cross sector, systems focus, communication, FTE issues. Sharing CHW.
- Release of information: universal form with multiple organizations within city/community/county
- Utilize current services, removing barriers and streamline services.
- Monthly "tour" of local partner agency so familiar with each other.
- "Free" **networking events**-across area and specialties
- Create virtual walk through of organizations
- How do we connect/learn from others…some outside of our area…how to adapt to our context
- Define partnerships and networks…look for connections/overlap
- Networking sessions for social services similar to "Breakfast Connections" with Laurentian Chamber of Commerce.
- A connecting point for all networks/coalitions in the region.
- Master list of collaborators/coalitions/networks
- Resource hub

3. **WORKFORCE DEVELOPMENT OPPORTUNITIES FOR NEXT GEN BEHAVIORAL HEALTH PROFESSIONALS**

Recruitment
- Redefining entry to human services pathways-change narrative.
- Volunteer programs with local behavioral health and social services offices for dipping toes into the water
- Increase recruitment of peer support & recovery. More peer support trainings
- More thoughtful recruiting to expand interest in behavioral health field to more diverse groups (gender, race, etc)
- Constantly recruiting
- Peer mentoring opportunities

Criminal Justice
- Probation to education pipeline like opioid use disorder program
- Create positions – mental health in jails

Pipeline
Educational settings

Primary and Secondary School
- Grow your own
- Earlier conversation with younger kids about behavioral health field.
- High School/experiential learning
- Scrubs Camp
- Data presentations and lived experience stories in school-get kids involved in what behavioral health and social work means. How it affects communities.
- Discover healthcare program
- Indigenous health care career exploration camp
- Career Academy opportunities including behavioral health field.
- Job shadowing in high school

College
- Require experiential learning/internships.
- Expand and support paid practicum opportunities increase connection to/from schools.
- Internships/externship opportunities with employment settings,
- $ for basic needs while doing internship/externship. Increase transportation.
  - Support internship supervision
  - Need Psych Nurse Practitioner practicum pathways in rural NE MN--and other professionals

Job Training
Northeast Minnesota Office of Job Training help increase paid internships

Behavioral health training for other support professionals

Content
Train folks on SSDI

Conclusion

The summit resulted in identification of needs (weaknesses and threats), strengths, and opportunities. The Needs identify areas to address in next steps; opportunities provide ideas about solutions.

1. **Needs (Weaknesses and Threats)**

   Participants identified seven categories of needs:

1. Reduce Stigma.
2. Health and Behavioral Health:
   - high rates of depression and anxiety and co-occurrence of mental and substance use disorders.

- o   Lack of access to care and the need for integrated health care.
3.   Basic needs, such as housing and transportation.
4.   Increased partnerships.
5.   Education:
   - o   Training for child care to police officers,
   - o   Cultural teachings
6.   Social support/connectedness
7.   Workforce

2. Opportunities

OPPORTUNITIES FOR FUNDING TO SUPPORT STRATEGIES
Funding and Sources of Funding
- Partnerships
- Advocating with Legislature
- Grants
- Donations
- Third Party Reimbursements/Billable Services

OPPORTUNITIES FOR NETWORKING/CONSORTIUM DEVELOPMENT
9 Service Coops
Partnerships
Public/Private partnerships
- Schools and mining
- Embedded behavioral health services in high stress fields, i.e. mental health in jails.
- Internships

Strengthen existing partnerships
- Co-creating resources
- Shared health needs assessments
- Shared positions
- Networking events
  - o Networking sessions for social services similar to "Breakfast Connections" with Laurentian Chamber of Commerce.
  - o A connecting point for all networks/coalitions in the region.
- Resource hub

WORKFORCE DEVELOPMENT OPPORTUNITIES FOR NEXT GENERATION BEHAVIORAL HEALTH PROFESSIONALS
Recruitment
- Redefining entry to human services pathways.
- Volunteer programs with local behavioral health and social services offices
- Increase recruitment of and training for peer recovery specialists.
- Peer mentoring opportunities

Pipeline
Community

- Probation to education pipeline like opioid use disorder program

Primary and Secondary School
- Grow your own
- Earlier conversation with younger kids about behavioral health field.
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- Data presentations and lived experience stories in school-get kids involved in what behavioral health and social work means. How it affects communities.
- Discover healthcare program
- Indigenous health care career exploration camp
- Career Academy opportunities including behavioral health field.
- Postsecondary Enrollment Options (PSEO)

College
- Expand and support practicum opportunities.
- Funding.
  - basic needs, such as transportation.
  - supervision
- Need Psych Nurse Practitioner practicum pathways in rural NE MN--and other professionals

Job Training
Northeast Minnesota Office of Job Training help increase paid internships

Behavioral health training for other support professionals

A few needs and opportunities stood out. One area is the need for a full-time coordinator to assist with the collaborative efforts. Many collaboratives have existed through the years; however, many of them struggled with ongoing participation due to lack of action coming out of the collaborative. The BTBHN has recognized that, to do this work and to do it well, an investment has to be made in supporting a full time position. Currently, funding for the position is through grants only. Working to diversify funding for this position is essential in supporting the network and further development of partnerships.

Another identified need that the BTBHN can address is to identify a centralized location to hold reports such as community needs assessments or the contact information for community assessments done. Through discussions, people recognized the unintended duplication that happens because it is difficult to stay informed on whether a similarly needs assessment or study was already done. Participants thought that a centralized location would not only help minimize duplicative efforts but could also allow agencies and community partners to quickly respond to grant opportunities by removing the work that goes in with gathering this information.

Next Steps

- ***Develop new and strengthen existing partnerships.*** As indicated in the Better Together Behavioral Health Network's name, we simply are better together. Working together creates new ideas, streamlines resources, and increases efficiency. One activity will be establishing the BTBHN as a 501(c)(3).

- ***Support the enhancement of existing and development of new behavioral health workforce pipelines***. The BTBHN will convene groups of higher education entities and behavioral health organizations to develop a behavioral health workforce pipeline.

- Redefine thinking about ***workforce.*** Climate and culture as well as mental health and wellbeing have emerged as a workforce recruitment and retention priority as much as childcare and housing.

- ***Support behavioral health of current work force.*** It is evident that workforce development is essential in addressing some of the gaps in our communities; however, just as it is important in developing the next generation of workers, it is also important to support those already in the fields.

- ***Increase social connectedness through development additional clubhouses.*** focusing on– The need for opportunities for increased social connectedness emerged from needs assessments and other conversations. Clubhouses can offer a place to increase social connectedness and increase achievement of individual goals. Development will focus on the Virginia and Hibbing communities.

- Allow existing funding for services for individuals with serious and persistent mental illness to be used to support program development and individuals with lower levels of serious mental illness.