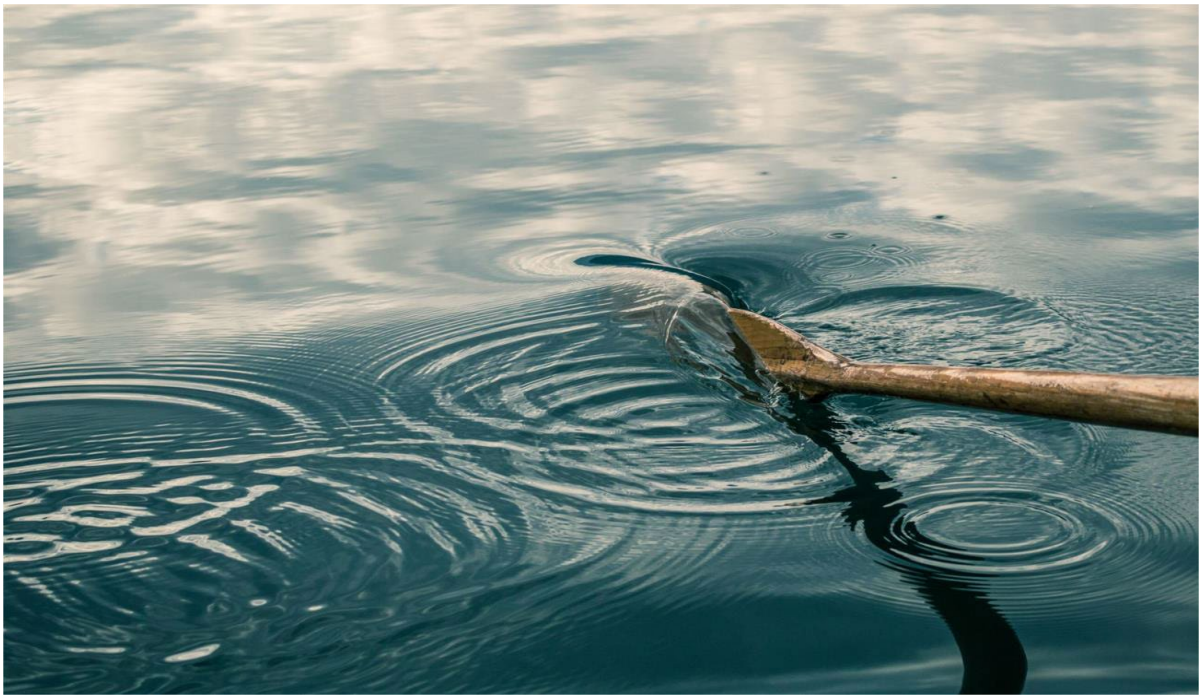
Regional Needs Assessment: Phase Three

ARROWHEAD BEHAVIORAL HEALTH INITIATIVE REGION 3



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Summary of Phase Three

Out of the initial 40 recommendations that were identified in Phase Two, the researchers worked with the ABHI to identify 20 recommendations for additional investigation. This was done through a process of evaluating each recommendation by its potential impact and level of resources/effort needed. A strategy consideration document was developed for each of the 20 recommendations identified through this process (listed below) and presented to the Arrowhead BHI at their October and November 2024 meetings. Each document includes:

- Considerations for effectiveness
- Examples
- Next steps
- Resources/references

Prioritized Recommendations by ABHI

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.

For full information on Phase One and Two, please see their respective reports. Details for each recommendation will be found in the Phase Two report.

Identify Collaborative Strategies to Expand Access to Housing Options for People with Behavioral Health Barriers

Current Situation

Access to shelter and housing is essential for individuals with behavioral health challenges to achieve stability and work toward recovery. However, the region faces a significant shortage of shelter and affordable housing options, particularly those offering adequate supports for people with challenges to gain and maintain stability. Some lower-barrier housing options, like board and lodge facilities, have closed in multiple counties, including Itasca and Lake. While these facilities were often criticized by providers, their closure has further exacerbated the need for affordable housing. Additionally, housing providers—including emergency shelters, temporary and supportive housing—are not consistently recognized as key partners in mental health crisis response, despite their critical role in addressing community needs. Enhanced cross-sector collaboration between behavior health providers, health care providers, housing providers and counties/Tribes could help expand availability, accessibility, and quality of affordable housing.

According to the Continuum of Care Coordinators in Region 3, three of the primarily challenges for providing more permanent supportive housing are:

1. Counties and Tribes lack administrative funding to recruit, train, support, and monitor Housing Support providers . This is particularly a challenge in smaller counties and tribes that do not have the capacity to provide the level of support and monitoring that is needed. There are also limited financial workers to process Housing Support applications.
2. There are few Housing Stabilization Services (HSS) providers in NE counties outside of St. Louis County. DHS is experiencing long waits for approving individuals for HSS, and housing providers find the billing process very challenging.

Considerations for Effectiveness

Stable housing prevents repeated hospitalizations, homelessness, and even entering the criminal justice system. Section 8 Housing Vouchers and other programs like Bridges provide a lifeline for many people with a serious mental illness, but often even access to subsidized housing is not enough, and they require additional support, skills training, and connections to mental health resources.

Permanent supportive housing is a model that addresses the need for affordable housing and on-site services. It allows people in need of housing stability, including those with a mental illness, to take steps towards recovery and provides ongoing support at someone's apartment or residence to help them succeed in their housing situation. Housing Stabilization Services and Housing Support are funding sources that can be used to pay for the operating and service costs of permanent supportive housing.

Housing Stabilization Services (HSS) is a new Minnesota Medical Assistance benefit to help people with disabilities, including mental illness and substance use disorder, and seniors find and keep housing.[2] Minnesota supports people with disabilities to live, work, and play in communities of their choice. Various challenges and barriers can make it hard to find housing, budget, interact with landlords and neighbors, and understand the rules of a lease. Housing Stabilization Services is a DHS home and community-based service.

Minnesota's **Housing Support** Program (formerly known as Group Residential Housing/GRH) pays for room and board for seniors and adults with disabilities who have low incomes in multiple settings (Assisted Living, Adult Foster Care, Board and Lodge, and scattered site). The program aims to reduce and prevent people from living in institutions or becoming homeless.

Permanent supportive housing providers need additional resources for operating costs, such as 24/7 front desk staffing and security. They also need additional resources or partners for on-site supportive services to ensure housing stability for their tenants.

Evidence to support Cross sector Strategies

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "housing is widely understood to be a social determinant of health in the United States, yet behavioral health crisis response systems and homelessness systems operate separately, impeding holistic approaches to stabilization. Stronger coordination between these systems can enhance the power of available resources, mitigate crises, and promote recovery for individuals experiencing homelessness with behavioral health needs."

SAMHSA's brief, "Coordinating Systems of Care to Provide a Comprehensive Behavioral Health Crisis Response to Individuals Experiencing Homelessness" was issued in April 2023 through the Agency's Housing and Homelessness Resource Center. It suggests strategies to enhance crisis care through multilevel coordination and describes practical approaches that systems of care can deploy to strengthen collaboration. SAMHSA also has a wide variety of resources at the Housing and Homelessness Resource Center website.

Examples

Description	Services Provided
St. Louis County Community-Based Housing Program The county has invested in the coordination and administration of housing with support programs.	• County-based staff coordinate the housing with support programs, including adult foster care, Board and Lodging and Community-based supportive housing.
Grace Place (Duluth) Long-term homeless housing support programs for women and men in St. Louis County	• Drug and alcohol recovery support • Group support • Case management, housing assistance, etc.
Northstar Services (Carlton County, Duluth) Provides Long-term Homeless Housing, Housing Stabilization Services and Transitional Services to persons with disabilities including chemical health and mental illness.	• Their Board and Lodge, Magnolia House, offers assistance with transportation, care coordination, and medication management.

Recommendations for Next Steps

We recommend collaborating with a diverse group of housing, mental health, and health partners to expand the availability of housing options for people with mental health barriers and to expand mental health resources for people in need of housing stability. Key actions include:

1. Collaboratively identify the key barriers to housing for individuals with mental illness and establish priority areas for focused collaboration.
2. Explore opportunities to partner housing resources with mental health support services.
3. Learn from best practices and successful initiatives within the region and across the state to meet housing needs of the target population.
4. Identify actionable strategies to improve housing stability for people with mental health barriers.
5. Create a regional plan that outlines the priorities and action steps for collaboratively implementing the identified action strategies.

Key Stakeholders:

Collaboration should include individuals with lived experience, health plans, Continuum of Care Coordinators, county human services, Tribal human services, housing providers, mental health providers, and other relevant partners.

Recommendations for Engaging Stakeholders:

- Host a Regional Summit: Convene a regional summit with housing stakeholders to facilitate targeted discussions on housing barriers for individuals with mental health challenges. The summit should focus on identifying attainable solutions and gauging interest in ongoing participation. Establish a workgroup to implement activities identified during the summit.

- Leverage Existing Collaboratives: Engage with existing organizations or initiatives—such as the Continuums of Care, MN Health Equity Networks, or other relevant groups—to integrate housing-related discussions and solicit input from key stakeholders.

Resources

[1]2024 Legislative Issues. Mental Health Legislative Network.

[2]MN Department of Human Services (2024). Housing Stabilization Services Description and Background.

[3]Homeless Housing and Resource Center (April 2023). Coordinating Systems of Care to Provide a Comprehensive Behavioral Health Crisis Response to Individuals.

Investigate Innovative Transportation Options

This recommendation focuses on investigating innovative transportation options, including those that utilize the latest ride-share technology and driverless vehicles. The goal is to contribute to more effective and efficient transportation between communities, counties and across the region, to ensure all individuals have access to behavioral health services.

Current Situation

The need for transportation is a basic need, and a precondition for well-being and access to services, including behavioral health services. Various research institutions highlight Minnesota as a state in which transportation services reach 99% of the counties. At the same time, the services are not always as accessible and reliable as the population needs them to be. Currently, providers and persons in Region 3 are using various transportation services, including MTM, Arrowhead Transit, Allied Taxi, BlueRides and public transportation, when available. Regardless of the type of transportation used, the main challenges are the same: limited number of volunteers/rides available; unreliable vendors, drivers and bus schedules which lead individuals to be late to appointments or needing to cancel; and the lack of transportation on weekends, evenings and holidays, especially in more rural and remote areas.

The lack of reliable and easy to manage transportation was almost universally identified as a top barrier for accessing care, both daily and in times of crisis. This lack is exacerbated by the remoteness of our region. While the expansion of Telehealth and community-based care in rural communities is important, both persons with lived experience and providers stated the importance of the negative impact that lack of transportation has on access to care in regional hub communities.

Considerations for Effectiveness

According to U.S Department of HHS, the transportation barriers that face mental health consumers fall into five categories: Affordability, Accessibility, Applicability, Availability, and Awareness.

Examples from Minnesota and Wisconsin

These models from Minnesota and Wisconsin have shown successes.

Description	Comments & Observations
***GoMARTI* Minnesota's Autonomous Rural Transit Initiative** in Grand Rapids, Minnesota is a pilot shuttle service project that started in 2022 and aims to increase "accessibility and transportation options for residents and visitors in Grand Rapids" (www.gomarti.com). The rides are free and requested either through an app or by calling First Call 211. The service can be used for both medical and non-medical purposes. The vehicles are	Two focus group participants described using the service regularly and described it working well, mostly on time and easy to access. Research also found that goMARTI is successfully filling previously unmet transportation needs in the area, including

always staffed with an autonomous vehicle operator on board. Researchers at the Center for Transportation Studies at the University of Minnesota believe that autonomous services will be effective in covering transit last mile in low-density areas.	those who are unable to drive, young people and those with mobility challenges (three of the vans can accommodate wheelchairs). In May 2023 the USDOT's Federal Highway Administration awarded the Minnesota Department of Iron Range Resources and Rehabilitation a $9.3 million Advanced Transportation Technology and Innovation grant to continue the goMARTI demonstration.
Paul Bunyan Transit: Consolidated Rural Transit operates across a large, three-county area comprised of Beltrami County and the city of Bemidji, Lake of the Woods County and the city of Baudette and Roseau County and the cities of Roseau and Warroad in north central Minnesota. Dial-A-Ride buses operate as a shared ride, demand-response service within a 10-mile radius of Bemidji City Hall and in 4–6-mile radius of the center of each town. Due to the demand-response nature of the service, all members of the public, including individuals with disabilities and older adults, use the regular flexible routes as they all operate with accessible vehicles.	Community or regional coordination of transportation services is often seen as helpful in helping people navigate the organizational procedures and processes that are complex and confusing.
New Freedom Transportation Program: A Coordinated Transportation Services in Menomonie, WI which utilizes a call center, which is staffed by transportation specialists who coordinate travel for clients. The program covers an 18-county area and requires coordination across numerous agencies and organizations in the region. The challenge for such programs is usually around funding, as funding for specialized transportation services typically stems from federal sources and is designated for specific clients with specific needs.	New Freedom Transportation Program https://cilww.com/transportation-services/

Next Steps

We recommend examining and accessing the option of an entity that will focus on coordinating transportation services. This model is based on coordination between multiple agencies and individual programs in the community to provide efficient transportation options. Partners typically include human service agencies, local non-profits, worksites, transit providers, customers, and local or regional economic development agencies. These services can also use smartphone technology or payment apps.

The coordinated service model often incorporates within it multiple other models including:

1. Volunteer models: see, for example, Vernon County in Wisconsin which has a successful door-to-door service.
2. Voucher models: use of tickets or coupons that eligible riders can offer to participating transportation providers in exchange for a ride.
3. Ridesharing Models: include organization operating the same vehicle during different periods of time (vehicle sharing), passenger trips that are combined for passengers with a common destination (carpooling and vanpooling), or models that use global positioning systems to calculate a driver's route and arrange a shared ride. See, for example, JAUNT, which provides regional transportation services in central Virginia.

The challenge for such programs is usually around funding, as funding for specialized transportation services typically stems from federal sources and is designated for specific clients with specific needs. For more about creating such a system, see Rural Health Information Hub and Toolkit for Rural Community Coordinated Transportation Services

Resources

Information about GoMarti: https://www.cts.umn.edu/news-pubs/news/2024/august/av-shuttle

Rural Health Information Hub: https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-improve-access

U.S Department of Health and human Services, "Getting There: Helping People with Mental Illness Access Transportation. https://www.advancingstates.org/sites/nasuad/files/hcbs/files/141/7048/mental_health_consumer_transportation_barriers.pdf

Transit Cooperative Research Program (TCRP), "Toolkit for Rural Community Coordinated Transportation Services"

Expand Support for Basic Needs Gaps

Current Situation

We determined that basic needs support underlies all continuum of care categories. Specifically, in focus groups and surveys, providers identified a lack of basic needs as a central barrier to accessing care, although persons with lived experiences ranked this as a lower barrier than others. Further, we determined another gap to be the limited coordination between care and basic needs, including housing, in the behavioral health care system. The absence of such integrated care requires therapists to spend time for tasks outside of their primary role, such as assisting with access to shelter or other basic needs. To address these gaps, we recommend identifying ways to increase provider flexibility in order to respond or help consumers of care (i.e. expanding a "flex fund" of support). This is a low-cost recommendation that can have a significant impact on well-being, through assistance with medication co-pays, the purchase of needed equipment, mortgage or utility payments, etc.

Considerations for Effectiveness

Client flex funds have many demonstratable advantages; most notably, it is a low-cost program that meets an immediate basic need for a client and/or their family. Reviews by the State of Minnesota show that client flex funds allow for tremendous flexibility in the use of discretionary funds for clients from county to county, which is necessary due to variations in the size of each county and the number of consumers per county. Additionally, the availability of such easily accessible funds helps clients meet their basic needs and prioritize their plan of treatment (Minnesota Department of Human Services, 2016).

Examples of Client Flex-Fund Programs

There are examples of client flex-fund programs represent programs from across the U.S.

Description	Services Provided
Ely Wellness Fund (Ely, MN) The Ely Wellness Fund was created by Ely Community Care team to help Ely community members impacted by mental health concerns with funding assistance to address an immediate need.	• Funding assistance purchasing medication while insurance or medication assistance applications are processed. • Help with expenses to families relocating to safe living situations. • Items to support work with a mental health team.
Wraparound Milwaukee (Milwaukee, WI) The Wraparound Program serves children, youth, and young adults who have complex emotion, behavioral, and mental health needs. Local, state, and federal funds are pooled to create a flexible	• Flexible / discretionary funds that can be accessed by clients / families to meet a specific needs or enhance the plan on care. • Funds can be accessed on a one-time or emergency basis.

source of funding to best meet the needs of children, youth and their families.	
NY Connects (Middletown, NY) NY Connects provides free, unbiased information and assistance. They help link clients to long-term services and supports, such as homecare, transportation, and meals.	• Funds up to $250 available for people with mental illness. • Funds can be used for emergency situations. • Criterion include explanation of need, copies of bills, plan for resolution, and house income.

Best Practice Recommendations and Next Steps

We recommend identifying ways to increase provider flexibility in order to respond or help consumers of care including creating and/or expanding a "flex fund" of support to assist clients in meeting their needs. Specific steps and considerations include:

1. Ensure the current online resource mapping database, WeAreResourceful.org, is effectively used to connect to local and regional resources. It needs to be user-friendly, updated, comprehensive resource map or guide of both private and public organizations providing financial assistance. Currently, it doesn't appear to easily sort local and regional resources so it tends to populate with national ones, which may be less helpful.

2. The building of a client flex-fund program or the enhancement of a pre-existing flex fund programs requires consideration of several factors. These include – but are not limited to:

    - Allowable vs. unallowable costs
    - Documentation needed to make a request (e.g., request form, plan of care, evidence of other resources exhausted, documentation of plan to sustain support)
    - How to file documentation after an approved purchase (e.g., receipts)
    - Who is authorized to request funds
    - Who is authorized to approve funds
    - Timeline for authorization and disbursement of funds
    - Disbursement means (e.g., cash, check, gift card)
    - To whom the disbursement is made (to vendor, to provider or the family)
    - Emergency needs (Will the flex funds be available for emergencies?)
    - Cap on funds (per member per year, lifetime, etc.)
    - Appeals process for denied requests
    - Auditing expectations

Resources

Ely Wellness Fund. Available at: https://www.pathwaystowellnessmn.org/mental-health-awareness

Minnesota Department of Human Services. 2016. "Adult Mental Health Grants 2015 – 2016." *Community Supports Administration: Legislative Report*: November 1.

NY Connects. Available at: https://www.nyconnects.ny.gov/services/flex-fund-sofa16903.

We Are Resourceful: https://www.weareresourceful.org/

Robshaw, Shannon and Lisa McGarrie. 2016. "Flexible Funds for Customized Goods and Services." *Substance Abuse and Mental Health Services Administration* (SAMHSA): June.

Step Up for Mental Health. Available at: https://stepupformentalhealth.org.

Wraparound Milwaukee – Children's Community Mental Health Services. Available at: https://county.milwaukee.gov/EN/DHHS/BHD/Wraparound--Milwaukee.

Expand In-school Emotional Literacy Efforts

Current Situation

Expand in-school emotional literacy efforts. In-school prevention efforts were almost universally identified as necessary, especially to focus on emotional literacy and learning about the brain. Funding for emotional literacy and social-emotional learning (SEL) in education has grown significantly in recent years as stakeholders are starting to recognize the impact learning these vital skills can have on students' mental health and well-being and preparing students for the social and emotional demands of life. This approach shows a shift towards a "whole child" approach that values emotional health alongside academic performance.

Considerations for Effectiveness

Efforts to expand emotional literacy, along with brain science, are becoming increasingly important in today's school systems due to the rising rates of anxiety, depression, and stress among young people.[1] Many schools are implementing emotional literacy programs as a preventive measure. Research has shown that emotional literacy equips students with the skills to recognize, understand, label, express, and manage their emotions effectively.[2] Teaching emotional literacy and brain science through a "whole child" approach to education fosters resilience, empathy, and positive relationships, which enhances academic success and overall well-being in the classroom and beyond.[3]

Best practices for implementing emotional literacy in schools include:

- **Integrate Emotional Literacy with Core Curriculum:** Integrate emotional literacy into many subject areas. This allows it to become a natural part of the learning process.
- **Provide Professional Development for Educators:** Yearly training teachers in emotional literacy ensures that teachers are skilled in supporting students' social-emotional development.
- **Use Evidence-Based SEL Programs and Frameworks:** Implementing structured, evidence-based programs like those mentioned in the report provides consistency and adoption across various grade levels.
- **Engage Families and Community:** Involve families in emotional literacy initiatives, reinforce skills learned, and promote a shared understanding. Community partnerships can provide additional help and resources.
- **Use Data to Inform Practice:** Regular assessments and feedback from students, teachers, and families can help evaluate the program's effectiveness or allow schools to adjust or improve SEL strategies.

Examples

Description	Services Provided

Minnesota Department of Education SEL Programs The state provides SEL guidance to integrate emotional literacy into schools, helping students manage emotions, develop relationships, and make responsible decisions.	These initiatives emphasize building emotional skills as part of the educational experience, enhancing both academic and personal development.
Duluth AmeriCorps Program Duluth: True North AmeriCorps program, run by the Duluth Area Family YMCA, places members in local schools to deliver SEL-focused activities.	These include one-on-one mentorship, skill-building, and enrichment programs that enhance students' emotional resilience and social competencies.
The Collaborative for Academic, Social, and Emotional Learning (CASEL) A leading organization dedicated to promoting social-emotional learning (SEL) in education.	CASEL's framework is widely used and has significantly influenced educational standards and policies in the U.S. and internationally.
RULER (Yale Center for Emotional Intelligence) Widely implemented in the U.S., RULER focuses on building students' ability to recognize, understand, label, express, and regulate emotions.	Studies show that RULER improves classroom climate, student engagement, and academic performance, especially in schools where teachers receive ongoing support and training in SEL.
MindUP (Goldie Hawn Foundation) This neuroscience-based curriculum has been implemented in schools in North America and Australia.	The program promotes mindfulness and helps students improve focus, emotional regulation, and empathy. Research indicates MindUP can reduce stress and increase optimism among children, especially those exposed to adverse experiences.

Next Steps

To support the expansion of in-school emotional literacy, we recommend:

- Local public health and community-based mental health providers identify ways to support schools in this important area.
- This become a top priority for the children's behavior health collaborative.

Resources

[1].US Department of Education. (2022). Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs.

[2]. Bright Wheel (June 2023). Benefits of Emotional Literacy in Early Childhood Education.

[3].National University. What is Social Emotional Learning (SEL): Why It Matters

Expand Drop-In Center Availability and Model Options

Current Situation

The extent that drop-in centers or clubhouses are functional and meet the needs of persons who use them differs significantly across the region. What was apparent, however, was the immense value of having a space where people who share relatable behavioral health experiences can socialize and support one another. Those centers with a clear sense of purpose, with opportunities for the attendees to have a voice and involvement, have the most participation and satisfaction. Despite their importance, many centers have closed or had significantly reduced hours due to the COVID-19 pandemic. The centers in Hibbing and Virginia closed and have not reopened while the centers in Ely, Two Harbors, Duluth, and Cloquet have all recently reduced their hours. The centers that are most vibrant are in beautiful or home-like settings. Those less vibrant appear dated, absent of natural light, or exist in a more business-like setting.

Considerations for Effectiveness

According to Clubhouse International, effective models include mutual work, mutual relationships, and meaningful opportunities for involvement. The term 'clubhouse' is very intentional because it communicates an environment of welcome and belonging. The term 'drop-in center' can be interpreted as a location for short-term benefit and more transactional or temporary. A Washington state workgroup recommended an expansion of the Clubhouse International model to include Focus on recovery — not just treatment; Peer support; Consumer control or empowerment; and Support of work and paid employment as essential elements for consumer recovery.

Persons who attend a clubhouse on a frequent basis are shown to have higher social functioning, higher confidence, higher employment rates, and significantly lower health care costs (Clubhouse International; WA Legislative Report on Developing Clubhouse Options, 2018).

Examples from Northeast Minnesota

These three models in Northeast Minnesota stand out for their effectiveness and vibrancy.

Description	Comments & Observations
The HUB in Grand Marais; Open 8am-4pm M-F The HUB is the updated version of their senior center, now serving all ages. They are a congregate dining site and have frequent programing, ranging from poker, yoga and movies. They also welcome volunteers.	When visited, there were 10 people in the morning, including a 'guy's conversation group' and 4 women making cards. They have large craft space and retail set-up to off-set craft supply costs. "It is very welcoming and always people to talk to"
Northern Lights Clubhouse in Ely; Open 10am-3pm T-Th They use the Clubhouse Model to support persons recovering from behavioral health challenges. A highly trained staff from	The center appeared to be attended regularly by a very close and supportive group of people. They were very diverse in age and likely experiences. They shared that

Well-being Development, coordinates the programming, bakes regularly and contacts people weekly to check-in and encourage participation.	it is important the Clubhouse supports recovery activities, like Sober Squad. "Here I am accepted, I am not judged.' "We are a close community."
Kiesler Wellness Center in Grand Rapids; Open 8am-4pm M-F The Center is large and hosts the offices of Northland Counseling as well as services as the Clubhouse, including a wood shop, craft space, recreation room, chicken coop, commercial kitchen and large living room. Their membership council meets and takes suggestions of activities. They try to do things that people suggest. It is welcoming, beautiful and vibrant.	It is apparent that the peers, center members, mental health providers and community members genuinely enjoy their time together, appreciate the opportunities to socialize, and have a genuine relationship with each other. Everything about the Grand Rapids located peer-driven community support program feels welcoming.

Next Steps

We recommend expanding the drop-in center options in the region, align implementation with Clubhouse model to the extent possible, and include the expansion of recovery supports, incorporating peer-led recovery and culturally relevant programming (like Sober Squad, sobriety discussion groups, Recovery Café' etc.). Specific steps include:

1. Inventory each clubhouse or drop-in center location that has existed in the past 5 years and identify the extent that it would benefit from additional resources to restart, expand hours, or embrace the Clubhouse criteria.
2. Establish a leadership team that will guide the expansion, re-opening or modification of the clubhouse or drop-in center; or a mobile option. The team should consist of at least 50% persons with lived experience. The leadership team should also include representatives from the substance recovery community.
3. The team should visit at least two other centers in NE Minnesota and meet with persons at the centers to gather insights about their model.
4. Establish a 2025 plan including goals, workplan, budget and 6-month evaluation plan for implementation or expansion.

Resources

Clubhouse International

The website for Clubhouse International includes a description of the Clubhouse model, published research on effectiveness, steps for getting started, quality standards and much more.

WA Legislature Report on Developing Clubhouse Programs **(2018)**

This presentation outlines insights gathered from a workgroup convened to recommend an expansion of clubhouse programs in Washington State. It is a comprehensive overview of the research on clubhouse models, cost/benefit (including Medicaid savings), impact, and step-by-step guide to development. The report also includes the description of the Recovery Café and other SAMHSA evidenced-based models that are aligned with peer-led support programs.

A contemporary review of the clubhouse model (2023)

This meta-analysis summarizes the published research on the effectiveness of the Clubhouse model, on psychiatric measures of mental illness as well as quality of life. Due to the recent writing of this article, they were able to observe the impact from COVID-19 disruption. The authors are encouraging of clinical providers to support and embrace the importance of the model in the continuum of care.

Promote Emotional Regulation Skills Knowledge and Use

Current Situation

Many people identified specific DBT skills as lifesaving and helpful in their ability to manage distress. One person even referenced the DEAR MAN skill during a peer support group as something that has been extremely helpful for them. Many societal stressors and challenges, including cultural, economic, technological, and environmental, impact individuals' ability to manage their emotions in a healthy way, which can lead to many physical and mental health issues and disorders. Dialectical Behavioral Therapy (DBT) is a comprehensive therapeutic, skilled-based approach that combines cognitive-behavioral techniques with mindfulness to help individuals manage intense emotions and develop interpersonal effectiveness.[1]

Considerations for Effectiveness

Promoting emotional regulation is one way to encourage individuals to engage in mental health-promoting behaviors that build resiliency. Overall, providing individuals with the tools to regulate emotional responses will likely directly impact improving their positive mental health and reducing mental health symptomology; emotional self-regulation is a skill that people can learn and develop throughout childhood and adolescence and into adulthood.[2]

- Dialectical Behavioral Therapy (DBT) is widely regarded as one of the most effective modalities for developing emotional regulation skills. One advantage of DBT is its versatility in delivery formats, such as individual therapy, skills training groups, phone coaching, Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP), DBT in schools, online DBT Programs, and Teletherapy.
- Mindfulness offers many mental health benefits. Focusing on the present moment without judgment helps individuals observe and manage their emotional responses. Mindfulness effectively supports many therapeutic modalities, such as DBT, Mindfulness Based Cognitive Therapy, Mindfulness Based Stress Reduction (MBSR), and Acceptance Commitment Therapy.

Examples

Description and Services Provided
Amberwing Center for Youth & Family Well-Being Services Dialectical behavior therapy (DBT) skills are at the core of each of their programs, from birth to kindergarten, including Partial Hospitalization Programs (PHP) for children, youth, and teens, Intensive Outpatient Programs (IOP) for young adults 18-25, Education Programs for Adult Caregivers and Community Members, and training educators in the local school districts.
The Pruitt Center for Mindfulness and Well-Being University of Wisconsin-Superior

With a mission to promote and enhance the science and practice of mindfulness and well-being. Their staff provides mindfulness and emotional regulation education and training on campus and in the community. Service Offerings include Mindfulness-Based Stress Reduction, mindfulness retreats, curriculum design, and integration for both K-12 and Higher Education. Specific and customized training focused on the PERMANENT Model of Well-Being for all ages and professions.

University of Washington Behavioral Research and Therapy Clinics

Founded by Dr. Marsha Linehan, the creator of DBT, it is one of the leading centers in DBT research training and clinical services.

Next Steps

To support the knowledge and use of emotional regulation skills, we recommend:

- **Provide Training for Community Leaders and Service Providers:** Train community leaders, mental and health care workers, educators, and law enforcement.
- **Promote Digital and Mobile Resources for Emotional Regulation:** Digital resources are scalable and can reach individuals who may not have time or access. Examples are Healthy Minds, Calm, Headspace, and Togetherall.
- **Create Supportive Peer Groups and Community Networks:** Peer-led support groups, led by trained facilitators, can increase access to and opportunities to learn skills.
- **Incorporate Emotional Regulation into School and Youth Programs:** Schools are ideal settings due to their considerable reach and because they can help children and teens learn these skills early on. Look at curriculum design and integration.

Resources

[1].Cleveland Clinic. Dialectical Behavior Therapy (DBT)

[2.] Veazey, K. (May 3, 2022) Why Emotional Self-Regulation is Important and How to do it. Medical News Today.

Expand Effective Peer Support Utilization

Current Situation

Identify ways to expand the role of peer support for mental health and addiction recovery. Peer support was identified as one of the most helpful types of care, both within crisis stabilization as well as in the community. Peer support specialists focus on trust, establishing connection, and meeting people where they are at, emotionally and often physically.

Considerations for Effectiveness

[1]NAMI advocates for policies and practices that build, promote, expand, and sustain the role of peer support workers in mental health and substance use programs. They recognize the necessity of this model of care which is rooted in empowerment and recovery.

[2]Research has shown that certified peer support specialists in recovery or mental health have a positive impact on the quality of life of others while decreasing hospitalization or utilization of care. Job satisfaction of peer support specialists is related to the extent that they feel respected by colleagues, have clarity on roles, integrated into the workplace culture and receive adequate compensation.

In Minnesota, trainings for peer recovery specialists are offered by approximately 16 organizations and institutions across the state, however for certified peer support specialists working in mental health, the trainings offerings appear to be much more limited, either offered in-person in Minneapolis or online through Recovery International.

Examples or Resources

Description	Services Provided
Kiesler Wellness Center (Grand Rapids, MN) https://www.kieslerwellnesscenter.org/ is a peer-driven community support program for adults impacted by mental illness.	• The center has a very robust certified peer support program with at least 12 certified peer support specialists on staff • Their center embraces peer driven care and the idea that recovery is possible.
Wellness in the Woods They provide comprehensive mental health and substance abuse resources and supports, including housing supports, case management, treatment.	• They are contracted by Pine, Isanti and Kanabec Counties to provide peer support and recovery care to residents. • They receive referrals directly from case managers. • They appear to have high rate of employee retention due to the supportive environment.
Minnesota Peer Recovery Training **https://www.mcboard.org/approved-peer-training/**	• There are 16 listed trainers in MN for peer recovery specialists.

There is a lengthy list of certified peer recovery trainers in MN, including Fond du Lac Tribal and Community College	
Recovery International (RI) Consulting https://riinternational.com/	• RI is identified as contracted to provide certified peer support training for Minnesota • There are no specific trainings listed on their website.

Recommended Next Steps

We recommend identifying ways to collaborate on increasing the training, support and retention of certified peer support specialists in Region 3, including:

- Take an inventory of organizations in Region 3 who hire or are interested in hiring peer support specialists in community-based mental health and substance use treatment settings, hospitals, corrections, etc.
- Consider approaching Fond du Lac Tribal and Community College to host certified peer support specialist training or combined certification, as they are one of the current trainers for peer recovery certification.
- Promote participation in virtual certified peer support training offered through Recovery International
- Work with MN DHS contact to update the online information on certified peer support trainings and increase the offering of trainings to interested persons and employers in MN. Currently, it is very difficult to identify training schedule and training contacts.
- Work with Wellness in the Woods to identify opportunities for mentoring and peer supports for the settings where the peer certified support specialists are limited in number.

Resources

NAMI. Peer Support Workforce. https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Workforce-Peer-Support-Workers/

Gagne, C.A. et al. (June 2018). Peer Workers in the Behavioral and Integrated Health Workforce: Opportunities and Future Directions. *American Journal of Preventive Medicine*, Volume 54, Issue 6, S258 - S266

Develop More Intentional Transition of Support for Young Adults

Current Situation

Provide supports for the transition from high school into adulthood which is when many symptoms first present themselves. The transition from youth to adult mental health services is a critical phase that often presents significant mental health challenges. According to the National Institute of Mental Health, many common mental health disorders, such as anxiety, depression, bipolar disorder, schizophrenia, and eating disorders, begin to emerge during late adolescence and early adulthood.[1] Adolescence can be exciting when critical brain changes occur, such as becoming increasingly independent, looking forward to their lives beyond high school, and undergoing many physical, emotional, and cognitive changes. According to the latest brain research, the brain's prefrontal cortex, which functions as the control center for executive functions such as planning, goal setting, decision making, and problem-solving, undergoes significant changes in the age range of 12-25.[2]

Considerations for Effectiveness

Adolescents moving into adulthood may also encounter changes in the type and intensity of care, gaps in services, and differences in how adult mental health services (AMHS) are structured compared to youth services (CAMHS). Effective transition programs are essential to ensure that young people receive continuous and age-appropriate support as they move from child and adolescent mental health services to adult mental health services.

Examples of Successful Programs

These three models are examples from across the globe of programs that are creating this intentional transition for young adults with mental health concerns to adulthood.

Description
Minnesota Mental Health Transition Programs for Youth to Adulthood They focus on supporting young people with mental health challenges as they move from child and adolescent services to adult services. The programs offer continuity of care, appropriate age skill-building, and community integration.[3] *Examples:* *Youth Assertive Community Treatment (ACT) Program*: This is an intensive, non-residential rehabilitative service that assists youth ages 16 to 20 with severe mental health conditions and co-occurring disorders. The program helps coordinate services to support youth, including housing, physical and mental health, school, and employment. Each Youth ACT Team comprises a Mental Health Professional, a Licensed Alcohol and Drug Counselor, a Certified Peer Specialist, and a Psychiatrist or Advanced Practice Registered Nurse. [4] *First Episode Psychosis Programs*: Targets youth and young adults who are experiencing early symptoms of psychosis. These programs offer coordinated care, including therapy, medication management, family support, and vocational training to improve long-term outcomes.[5]

The Headspace Model

The Headspace Model in Australia is a youth mental health program that offers services for individuals aged 12 to 25. It incorporates an integrated approach to mental health, physical health, and vocational support. The model highlights early intervention, offering young people access to resources that can help with their mental health , physical health, and support with work and study. Headspace centers are designed to be youth-friendly and easily accessible, fostering a safe and welcoming environment for young people.[6]

Transitions to Adulthood Program

The *Transitions to Adulthood Program* in British Columbia: Created to support young individuals with mental health struggles or developmental disabilities as they transition into adulthood. It takes a collaborative and wraparound approach that engages multiple disciplinary approaches to mental health, education, employment, and social services—to create a comprehensive plan tailored to each individual's needs. Families are included in the process, ensuring the youth have a solid support system as they cross critical milestones like finishing school, entering the workforce, or living independently. [7]

Considerations for Developing a More Intentional and Effective Transition of Support Services for Young Adults

1.Early Planning & Gradual Transition

Transition planning should begin well before a young person ages out of CAMHS; much of the research states that this process should start at 14, whereas others state that it should begin at least one year before the transition. [8]

2. Continuity of Care

Successful programs have employed a worker or transition coordinator who may be a trained peer with lived experience to ensure that the young person experiences a smooth handover without gaps in service.[9] High schools, colleges, and community mental health providers should collaborate to ensure continuity of care. With the student's consent, handing over mental health records can help ensure they don't fall through the cracks during this transition.

3. Accessible and Flexible Services

Age should not be looked at as the sole determinant of transition. Services should strive to be flexible based on young adults' developmental and mental readiness. This may entail delaying the transition of services until the age of 25. Programs need to be accessible and flexible regarding age boundaries and service delivery. Some examples are" telehealth, text-based therapy, or mental health apps." [10]

4. Education and Skill-Building

Psychoeducation training opportunities should be offered to help young adults understand their conditions and treatments, which would also be necessary, empowering them to manage life transitions more smoothly. Develop and provide proactive life skill/well-being training in high school, where young adults learn financial management, independent living, time management, stress management, and emotional regulation skills.

5. Parental and Guardian Involvement

Involve family, caregivers, and peers to provide support during this transition. Offer workshops and resources to parents or caregivers on gradually involving their child in mental health care. Parents' position changes when a young person becomes an adult, as their legal right to care for their child is no longer there.[11]

Next Steps

We recommend the following steps for developing a more intentional and effective transition of support for young adults.

1. Establish a leadership team that will guide the development of a more intentional and effective transition of supports for young adults in Region 3, starting with 3 pilot projects.
2. The team will work to guide 3 pilot projects established in different geographic areas of the region. They will establish the criteria and goals for the pilots, which could include:
    1. Regular check-ins with young adults after transitioning into adult services to ensure a successful transition.
    2. Tracking of outcomes for individuals going through transition services to measure engagement rates, mental health outcomes, and overall stratification.
    3. Establish Support Groups for young adults going through transition and their family members; these individuals can benefit from increased knowledge, shared recognition, and the exchange of experiences.
    4. Develop and provide more advocacy training to encourage young adults to participate actively in their mental health.
3. Provide at least one evidenced-based training to providers in the region regarding the transition for young adults.

Resources

1. National Institute of Mental Health. (2019, May). *Child and Adolescent Mental Health*. Www.nimh.nih.gov.

2. Wilson, D., & Conyers, M. (2016, November 8). *The Teenage Brain Is Wired to Learn—So Make Sure Your Students Know It*. Edutopia.

3. Boerth, A. (2024). *Youth and transition services / Minnesota Department of Human Services*. Minnesota Department of Human Services.

4.Boerth, A. (2024). *Intensive Rehabilitative Mental Health Services (IRMHS) / Minnesota Department of Human Services*. Minnesota Department of Human Services.

5.*ShieldSquare Captcha*. (n.d.). Mn.gov.

6.*Headspace leading innovation in youth mental healthcare*. (n.d.). Headspace.org.au.

7. Youth Transitions to Adult Service. (2024). CHBC.

8.Cleverley, K., Rowland, E., Bennett, K., Jeffs, L., & Gore, D. (2018). Identifying core components and indicators of successful transitions from child to adult mental health services: a scoping review. *European Child & Adolescent Psychiatry*, *29*(2), 107–121.

9.Casey. (2024, March 26). *Community Alliance's new program helps young adults transition to independent adulthood*. Community Alliance.

10. Khetarpal, S. K., Auster, L. S., Miller, E., & Goldstein, T. R. (2022). Transition age youth mental health: addressing the gap with telemedicine. *Child and Adolescent Psychiatry and Mental Health*, *16*(1).

11.Hendrickx, G., De Roeck, V., Maras, A., Dieleman, G., Gerritsen, S., Purper-Ouakil, D., Russet, F., Schepker, R., Signorini, G., Singh, S. P., Street, C., Tuomainen, H., & Tremmery, S. (2020). Challenges during the Transition from Child and Adolescent Mental Health Services to Adult Mental Health Services. *BJPsych Bulletin*, *44*(4), 1–6.

Expand Access to Behavioral Health Support in Jails Across the Region

Current Situation

Behavioral health care provided or offered by jail staff is inconsistent across the region.

Considerations for Effectiveness

According to the National Institute for Health[1], there is a significant opportunity to reduce overdose death by increasing treatment opportunities for persons who are incarcerated. Overdose is the leading cause of death among people returning to their communities after incarceration. Providing access to opioid use disorder medications can increase long-term recovery while reducing overdose deaths, especially when combined with therapy.

The Minnesota Opioid Epidemic Response Advisory Council[2], who have prioritized the need to increase treatment to persons involved in the corrections system, recently facilitated a survey of Minnesota corrections and human services staff. The primary reasons cited for the lack of treatment include funding, staffing, time, and lack of community-based providers. They also learned that most facilities are not facilitating opioid use assessments. Federal law requires Medicaid to be suspended while someone is incarcerated which significantly limits funding options.

[2]Minnesota DHS requires counties to establish a process for enabling persons to receive SUD treatment while incarcerated. The process must:

- provide access to in-person or telehealth-provided SUD services, including comprehensive assessment,
- include service providers and other applicable county agencies,
- communicate essential information to county workers to update MMIS regarding Medicaid eligibility,
- ensure that service providers can bill and be paid for services allowed by the Behavioral Health Fund (BHF).

Examples

Description	Services Provided
Carlton Justice Center (Cloquet, MN) Multi-service jail facility which opened in Fall 2024 with up to 96 beds for male and female offenders.	• Includes designated mental health beds • Implementing training for employees to understand brain health and plasticity for incarcerated populations. • Focusing on improved discharge outcomes with increased understanding of brain health, needs, and sense of hope.

	• Carlton County has used the Sequential Intercept model to identify opportunities to better serve persons with behavioral health needs.
RIVERS Program (St. Cloud, MN) Recovery, Insight, Victorious, Enduring, Realistic, Self-Care (RIVERS) treatment program offered to inmates at St. Cloud Department of Corrections Facility. The program focuses on high custody short-term incarcerated individuals. Evaluation results show reduction in recidivism of approximately 20-27% (rearrest to new offense reincarceration)[3].	• Targeting high-risk individuals • Use of the therapeutic community model • A cognitive-behavioral approach • Small groups, consisting of no more than 12 individuals • Treating multiple criminogenic needs • Availability of aftercare and release planning

Recommended Next Steps

We recommend the following next steps:

- Establish a regional task force to expand and improve substance use treatment options for corrections-involved individuals.
- Work closely with the St. Louis County Sherrif's needs assessment outcomes and recommendations (2024) to maximize efficiency and collaboration opportunities.

Resources

[1]National Institute of Health. (September 2024). Fewer than Half of U.S. Jails Provide Life-saving Medications for Opioid Use Disorder.

[2]MN DHS. Incarcerated Individuals and Substance Use Disorder (SUD) Service Process for Jails, Counties, Tribes and SUD Service Providers.

[3]MN DHS. (June 2022). Evaluation of the Recovery, Insight, Victorious, Enduring, Realistic, Self-Care (RIVERS) Substance Use Disorder Treatment Program.

Expand Integrated and Coordinated Care

Current Situation

Integrated and coordinated care is improving, especially if the providers are meeting across the spectrum. Consider simpler consent forms to be used across providers in the county and identify other avenues for information sharing and notification of providers working with individuals across the continuum. Examine impact of care coordination and community health worker models.

Integrated and coordinated care is vital more than ever in healthcare delivery, creating a seamless, patient-centered approach where providers across the healthcare spectrum -primary care, behavioral health, and social services—work collaboratively to improve outcomes. There are considerable challenges that healthcare systems face that need to be solved, such as fragmented communication, varying data systems, and inconsistent consent processes that often inhibit seamless integration.

Considerations for Effectiveness

Integrated and coordinated care aims to provide timely access to the right service and support for each individual's unique situation at the right time. [1] To enable this to happen, collaborative communication, such as implementing standardized protocols for communication, needs to take place by all involved, including defining roles and responsibilities to prevent duplication and ensure the most effective treatment is offered.

Regarding consent forms and data sharing, the goal should be to strive for universal consent forms to be accepted across providers within the county, ensuring compliance with HIPAA. Consideration should ensure that it accommodates diverse literacy levels and offers broad consent forms and options to limit repetitive paperwork. Avenues that should be considered for information sharing include Health Information Exchanges (HIEs), Secure Messaging Platforms, Patient Portals, and Automated Notifications.

Community Health Workers (CHWs) CHWs have a deep understanding of their communities through lived experience, which makes them uniquely qualified to address social and behavioral determinants of health, and there is evidence that shows they have improved outcomes and cost savings.[2]

Examples

Description and Services Provided
Minnesota Senior Health Options (MSHO): MSHO is a fully integrated Medicare-Medicaid model providing coordinated services to dually eligible seniors. The program emphasizes primary care and community-based services over hospital-based care. It has demonstrated success in reducing preventable hospitalizations and emergency room visits while improving access to necessary resources and care continuity.
Integrated Health Partnerships (IHPs)

This Medicaid Accountable Care Organizational model focuses on improving health outcomes, reducing costs, and advancing health equity. The program also addresses social determinants of health and works to reduce disparities among underserved populations.

Minnesota has certified two Health Information Exchanges (HIEs)

Koble-MN and *CyncHealth*, to facilitate secure, efficient, and interoperable data sharing among healthcare providers.

Minnesota Community health workers (CHWs) model

CHWs are included in Behavioral Health Home models and Certified Community Behavioral Health Clinics to support individuals with mental health and substance use disorders. This program emphasizes coordinated care planning and CHW roles in bridging gaps between services.

Behavioral Health CCBHC

CCBHC is an outpatient, integrated care model incorporating care coordination and utilizing a cost-based payment methodology. In Region 3 there are 4 CCBHCs: Human Development Center, North Homes Children and Family Services, Northland Counseling and Range Mental Health

Next Steps

Expanding integrated and coordinated care across the healthcare spectrum will involve adopting best practices that promote collaboration, efficient data sharing, patient engagement, and access to various services. Here are some key recommendations to consider:

1. **Build multidisciplinary teams:** Integrate providers from primary care, behavioral health, social services, and public health to address the full spectrum of patients' needs.
2. **Engage community health:** Use CHWs to improve individual and community health by building trust and relationships and strengthening communication between patients and providers.
3. **Streamline health information sharing:** Invest in Health Information Exchanges and secure, standardized data-sharing protocols to improve communication between service providers.
4. **Workplace training:** Provide education on care integration for all service providers
5. **Monitor and evaluate outcomes:** Use data and analytics to assess for effectiveness and focus on metrics such as cost saving, hospital readmission, and patient satisfaction.

Resources

[1].Cleveland Clinic. Dialectical Behavior Therapy (DBT)

[2.] Veazey, K. (May 3, 2022) Why Emotional Self-Regulation is Important and How to do it. Medical News Today.

Work with Regional Health Systems to Improve Emergency Room Crisis Assessments

Current Situation

There is significant concern over large health care systems not meeting the expectations of rural communities, where people are desperate for life-saving care related to mental health or substance use. In those systems, the assessment for inpatient care is typically done by an attending ER physician who is often not comfortable assessing psychiatric risk or using a virtual assessment team from the metro area (i.e. DECK). This may result in local providers feeling undervalued in the assessment process and fewer people in the region being served by local hospitals. This also results in people being sent home while still in crisis, an experience that can be terrifying or tragic in outcome.

Considerations for Effectiveness

The United States has one of the highest emergency department (ED) utilizations in the world, which tends to be people who are unhoused and those experiencing mental health conditions.[1] A recent study examined the interventions that reduced ED utilization citing a tailored approach that likely centers on housing support and care management as the most effective. ED staff have also reported improved suicide assessment outcomes when utilizing a collaborative approach, reducing the burden on the ER and improving patient outcomes.

Collaboration between the emergency department and highly trained behavioral health crisis providers, including mobile crisis response teams, is optimal for effective triage; reducing the burden on the ER and improving patient outcomes[2,5]. Recent research comparing persons with mental health/substance use-related ED visit with and without mobile crisis outreach (MCO) contact prior to ED visit suggests a strong linkage between MCO and ED is necessary for optimal care and effective transition to community-based services.

A lack of communication or collaboration between the ED and local crisis responders or providers makes it harder to coordinate the persons' care with community support, especially if hospitalization is not needed. A more effective integration between local providers and the ED will help the hospitals, community providers, and ultimately the individual or family in crisis. And, if individuals in crisis feel dismissed, stigmatized and treated as a commodity rather than a human, they have less trust with care providers and less likely to reach out for future help.[1] Regional interviews confirmed this reality for many individuals and their family members.

Examples from Northeast Minnesota

There are examples from Northeast Minnesota regarding ED collaboration with local providers, modifications to triage processes to support local connections, and care coordination co-located in EDs.

Description	Comments/Observations
Fairview Hospital Emergency Department, Hibbing They utilize an internal intake process with support from an intake nurse.	Fairview Hospital recently changed their process from contracting with DECK (telehealth provided assessment) to an internal intake process. This has dramatically improved the intake process and provided support to the local community. With DECK, the inpatient unit housed mostly (approximately 80%) people from out of the region. Currently, the rate of out of people in the unit is approximately 20%.
Community Care Team, Ely The hospital social worker works closely with community care facilitators to follow-up with persons who sought care in ED.	The hospital social worker will refer over to the community care team for their follow-up. However, these positions are mostly grant funded, and are thus less stable.

Next Steps

We recommend expanding the number of regional hospital emergency departments which have an intentional collaboration with local crisis response teams and providers. This, we argue, will improve the behavioral health assessment process and connection to local care. Specific steps include:

1. Identify a possible incentive for new partnerships and collaborations.
2. Host meetings with emergency department directors in the region, including departments that are considered strong partners with local providers and crisis response teams.
3. Discuss the challenges and opportunities for the hospital and local providers.
4. Identify individualized and short-term goals to move toward greater collaboration, including providing incentives (if needed).

Resources

[1]Davis, R. A., Lookabaugh, M., Christnacht, K., & Stegman, R. (2024). Strategies to Reduce Frequent Emergency Department Use among Persons Experiencing Homelessness with Mental Health Conditions: a Scoping Review. Journal of Urban Health, 1–11.

[2]Petrik, M. L., Gutierrez, P. M., Berlin, J. S., & Saunders, S. M. (2015). Barriers and facilitators of suicide risk assessment in emergency departments: A qualitative study of provider perspectives. General Hospital Psychiatry, 37(6), 581–586. https://doi-org.link.uwsuper.edu:9433/10.1016/j.genhosppsych.2015.06.018

[3]Rajab, D., Fujioka, J. K., Walker, M., Bartels, S. A., MacKenzie, M., & Purkey, E. (2023). Emergency department care experiences among people who use substances: A qualitative study. International Journal for Equity in Health, 22(1), 1–10.

[4]SAMHSA National Mobile Crisis Survey

[5]Vakkalanka, J. P., Neuhaus, R. A., Harland, K. K., Clemsen, L., Himadi, E., & Lee, S. (2021). Mobile Crisis Outreach and Emergency Department Utilization: A Propensity Score-matched Analysis. Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 22(5), 1086–1094.

Provide More Opportunities for People to Share their Stories about Struggle, Healing & Resilience

Current Situation

Sharing personal stories can be healing, empowering, build understanding and connection between people, and reduce stigma. When people hear other people's stories, they do better in their recovery and healing.[1] This need was also evident during our interviews and focus groups with persons with lived experience, as they often expressed gratitude for the opportunity to talk about their experiences, ideas, and to tell their story. Many described the process as "cathartic".

Considerations for Effectiveness

StoryCorps[2] is a well-known national non-profit who promotes storytelling across the country by hosting storytelling mobile clinics or StoryCorps app and archiving the stories with the Library of Congress. They identify effective and engaging storytelling and host DIY workshops for local interview collection projects.

According to 988 Lifeline[3], sharing stories of suicide is a way to help others by dispelling myths and stigma about suicide. It also provides an opportunity to share resources. 988 Lifeline recommended following a list of steps to ensure that the storytellers are ready to share their story in a way that is safe and effective for them and others.

Examples

Description	Comments & Observations
San Mateo County Storytelling Program They offer support and workshops for persons to frame and refine their healing and well-being stories as photovoice or digital stories.	They post the digital and photovoice stories on their website.
Health Story Collaborative (Massachusetts) They promote the sharing of stories in a variety of mediums as a way to promote the 'voice of the patient and harness the power of stories'.	• They host monthly activities which support storytelling through arts and narrative writing. • They host an annual event, "Reclaiming Our Mental Health Stories". • They support the SharingClinic which is an audio listening kiosk located in a medical facility.
NAMI In Our Own Voice Promotion of presentations from persons with experiences with mental health conditions to	• Presentations are 40, 60, or 90 minutes. • Presentations are coordinated by local NAMI chapters.

increase understanding, reduce stigma and challenge stereotypes.

Next Steps

Work with the regional public health departments and community health boards to identify opportunities for in-person and online storytelling for persons in the region who have experiences of struggle, healing and resilience with mental health and substance use.

Storytelling opportunities should be coordinated in partnership with NAMI, club houses/drop-in centers and community-based behavioral health providers.

Resources

[1]Brewster, A.; Zimmerman, R. (2022). *The Healing Power of Storytelling: Using Personal Narrative to Navigate Illness, Trauma and Loss*. Berkeley, CA: North Atlantic Books.

[2]StoryCorps. Do-It-Yourself Resources.

[3]988 Lifeline. Storytelling for Suicide Prevention Checklist.

Improve transition from in-patient care into the community

Current Situation

Effective and successful transition between inpatient and outpatient settings is essential to support safety, ensure quality of care, and provide a positive experience for the patient and their family.[1] Providers and individuals in Region 3 expressed the need to bridge the gap between inpatient and community care, which is impacted by lack of recovery and transition support in the community. The lack of successful transition and community support leads patients to identify treatment as not successful. It also decreases quality of life and engagement with follow-up treatment and services.

Considerations for Effectiveness

Effective care coordination is based on two main requirements[2, 3]:

1. **Communication** between providers, which exists when each clinician or treatment provider caring for a patient shares needed treatment information with other providers.
2. **Patient engagement**, which is based on a shared understanding of goals and roles, effective communication, and shared decision making.

Engagement-Focused Care [4, 5, 6]:

Patient engagement is a developmental process that involves the patient's ability to take a more active role in their treatment or to feel more comfortable expressing their preferences or needs with their providers—even if living with a disease. This model combines two aspects that help patients engage in their transitional care:

1. Standard Care: including medication management, in-home visits using cognitive adaptation training, case management to connect individuals to resources, and evidence-based psychotherapies including cognitive behavior therapy, dialectical behavior therapy, solution-focused therapy, and group psychotherapies addressing specific issues (substance use, depression, etc).
2. Engagement-focused care: This model includes all the aspects of Standard Care, together with Shared-decision Making (SDM). The SDM process is achieved by meeting a SDM coach before and/or following prescriber visits. SDM focused on how recovery goals could be met and provided training to help participants learn their role in advocating for their care.

Examples of Successful Programs

Description
Transition Care Services program at the M Health Fairview St. Joseph's Campus in St. Paul The program provides same-day access to mental health and addiction care for patients awaiting entry to an M Health Fairview program. Patients are able to receive in-person or virtual care from highly trained mental health care providers who are able to prescribe needed medications, as well as crisis therapists and peer support staff. The program provides a variety of services, including medication support, alcohol and drug abuse support from licensed therapists, and emergency crisis therapy. Transition Care Services also includes the Mobile SUDS program, a first-of-its-kind mobile support program that brings alcohol and drug addiction care to people out in the community.
Rocky Mountain Human Services Programs, Colorado The Rocky Mountain Human Services (RMHS) offers various transition programs, including: • The Momentum Program: supports the transition of children and adults from inpatient mental health institutes, hospitals, home and other care settings to community living. The care team assesses the needs and goals of individuals and families, collaborates to create plans and build support systems to support successful transitions, and helps to identify community resources. • The Transitional Specialist Program (TSP): Transition specialists and peer bridgers provide comprehensive, person-centered support to help individuals and families identify needs, define goals and access resources. In 2021, the Colorado legislature expanded the definition of "high-risk individual" to allow for more individuals to access services and allows for referrals from facilities such as acute treatment facilities, crisis stabilization facilities and emergency departments, in addition to hospitals and withdrawal management facilities. By expanding who is eligible to receive services and who can refer individuals to the TSP, additional Coloradans will be able to receive behavioral health services in their communities instead of a 24/7 treatment setting.

Next steps: Developing a collaborative care model:

While there are various transitional care programs, they all share a few common practices[3]:

1. Pre-discharge interventions:
    - Assessment of risk of adverse events or readmissions.
    - Patient engagement (eg, patient or caregiver education).
    - Creation of an individualized patient record (customized document in lay language containing clinical and educational information for patients' use after discharge).
    - Facilitation of communication with outpatient providers.
    - Multidisciplinary discharge planning team.

- Dedicated transition provider (who has in-person or phone contact with the patient before and after discharge).
- Medication reconciliation.

2. Post-discharge interventions:
    - Outreach to patients (including follow-up phone calls, patient-activated hotlines, and home visits).
    - Facilitation of follow-up.
    - Medication reconciliation after discharge.

Resources

[1] Jabbarpour, Yad M, and Lori E Raney. "Bridging Transitions of Care From Hospital to Community on the Foundation of Integrated and Collaborative Care." *Focus (American Psychiatric Publishing)* vol. 15,3 (2017): 306-315.

[2] Institute of Medicine (US) Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series. Washington (DC): National Academies Press (US); 2006. 5, Coordinating Care for Better Mental, Substance-Use, and General Health.

[3] Rennke, S., & Ranji, S. R. (2015). Transitional care strategies from hospital to home: a review for the neurohospitalist. *The Neurohospitalist*, *5*(1), 35–42.

[4] Research Dissemination Committee. (2024). Helping Patients with Mental Illness Engage in Their Transitional Care.

[5] Velligan, D. I., Fredrick, M. M., Sierra, C., Hillner, K., Kliewer, J., Roberts, D. L., & Mintz, J. (2017). Engagement-focused care during transitions from inpatient and emergency psychiatric facilities. *Patient preference and adherence*, *11*, 919–928.

[6] Behavioral Health Programs and Practices for Emerging Community Care Hubs

Implementing Systems of Follow-Up Care

Current Situation

We determined that in order to best ensure sufficient recovery, healing, and resilience, there is a need for systems of follow-up care across Region III; namely, almost every community identified this particular need. Specifically, there needs to be designated care coordinators or community health workers who are focused on following up with people discharged from the hospital or treatment facility to assist in their community-based transition. This system of follow-up care involves establishing a structured approach to regularly monitor client progress after initial treatment sessions, including scheduled check-ins, utilizing patient-reported outcome measures, proactive outreach, and coordinating care with other providers to ensure ongoing support and optimal mental health outcomes.

Considerations for Effectiveness

Poor integration of follow-up treatment in the continuum of psychiatric care leaves many individuals, particularly African-Americans, with poor-quality treatment. Timely follow-up after hospitalization can reduce the duration of disability, and for certain conditions, the likelihood of rehospitalization. Further, follow-up care can also improve patient outcomes and reduce the overall cost of outpatient care.[1, 3] For these reasons, the time between inpatient discharge and outpatient follow-up is considered an important indicator of health system quality.[2]

Key benefits of effective follow-up care in mental health include:

- Reduced readmission rates
- Improved medication adherence
- Early intervention for symptom relapse
- Increased treatment engagement
- Enhanced quality of life

Examples of Follow-Up Systems of Care

Description	Services Provided
St Louis County, *Substance Use Disorder* (SUD) *treatment systems*	• Assistance in coordination with and follow-up for medical services as identified in the treatment plan. • Facilitation of referrals to mental health services as identified by a client's comprehensive assessment or treatment plan.

	• Assistance with referrals to economic assistance, social services, housing resources, and/or prenatal care.
Carlton County, *Assertive Community Treatment*	• Co-occurring support • Symptom management • Housing and medical supports • Wellness self-management and prevention
Ely Community Care Team	• Collaborative care • Targeted care coordination for physical and mental health as well as psychosocial challenges

Best Practices Recommendation / Next Steps

Implementing a system of follow-up care in mental health counseling involves establishing a structured approach to regularly monitor client progress after initial treatment sessions, including scheduled check-ins, utilizing patient-reported outcome measures, proactive outreach, and coordinating care with other providers to ensure ongoing support and optimal mental health outcomes.

The following are key components for implementing a comprehensive follow-up system of care in mental health.

1. Regularly scheduled appointments:
    a. Setting consistent follow-up appointment intervals based on client needs, such as weekly, bi-weekly, or monthly sessions depending on the severity of the condition and treatment progress.

2. Patient-reported outcome measures:
    a. Utilizing standardized questionnaires or scales to track client symptoms, quality of life, and treatment effectiveness over time.

    b. Incorporating client feedback through regular self-assessments to inform treatment adjustments.

3. Proactive outreach:
    a. Reaching out to clients between scheduled sessions via phone calls, text messages, or secure online platforms to check on their well-being and address potential concerns.
    b. Offer reminders for upcoming appointments and medication adherence.

4. Care coordination:
    a. Collaborating with other healthcare providers like primary care physicians to ensure integrated care and address potential medical concerns impacting mental health.
    b. Sharing relevant clinical information with other providers through proper documentation and communication channels.

The following are strategies for an effective follow-up system of care.

1. Client education:
    a. Clearly communicate the importance of follow-up care and its role in maintaining mental health progress.
    b. Discuss expectations regarding appointment attendance and active participation in treatment.

2. Technology utilization:
    a. Employ electronic health records to streamline data collection, tracking progress, and facilitating communication with clients.

3. Tailored interventions:
    a. Adapt follow-up strategies based on individual client needs, considering their specific diagnosis, coping skills, and support system.

4. Regular clinical supervision:
    a. Seek ongoing feedback and guidance from supervisors to ensure quality follow-up care and address potential challenges.

Resources

[1]Barekatain, M, MR Maracy, F Rajabi, and H Baratian. 2014. "Aftercare Services for Patients with Severe Mental Disorder: A Randomized Controlled Trial," *Journal of Research in Medical Sciences* 19(3): 240 – 245.

[2]Carson, Thomas, Andrew Vesper, Chih-nan Chen, and Benjamin Cook. 2014. "Quality of Follow-Up After Hospitalization for Mental Illness Among Patients from Racial-Ethnic Minority Groups," *Psychiatric Services* 65 (7): 888 – 896.

[3]Luxton, DD, JD June, and KA Comtois. 2013. "Can Post-Discharge Follow-Up Contacts Prevent Suicide and Suicidal Behavior? A Review of the Evidence," *Crisis* 34(1): 32 – 41.

Identify Untapped Workforce Potential

Current Situation

During our interviews and focus groups, numerous ideas were shared regarding the potential for utilizing persons who can serve in a helping yet unpaid role with persons accessing behavioral health care. These volunteers are often also described as being lonely and isolated themselves. This may include, but is not limited to, persons who receive Social Security Disability, and may be supported in a part-time paid role.

Considerations for Effectiveness

People with disabilities may be an untapped workforce for some positions in behavioral health care, particularly certified peer support specialists. The unemployment rate for people with disabilities is currently about 9%, 3 times the rate for people without disabilities. The Minnesota Department of Employment and Economic Development[1] encourage the hiring of people with disabilities to help address workforce shortages, but acknowledge that this often overlooks blind, deafblind and low vision Minnesotans. They may have an acute set of valuable assets for many behavioral health positions. If eligible, they would receive assessments, training, assistive technology support and job placement assistance.

The US Department of Labor[3] has recently updated their Disability Reference Guide, offering ideas and resources to Job Centers to better serve people with disabilities. The additions include:

- Affirmative outreach to diverse populations
- Effective communication to increase accessibility
- Inclusion through the use of newer technologies
- Responding to needs of traditionally underserved communities

Community Health Workers (CHWs) are an underutilized behavior health professional role in Region 3. According to the MN Department of Health[2], CHWs provide information about health issues that affect the community and link individuals with the health and social services they need to achieve wellness. They are a billable service through a provider, including mental health professionals, hospitals, Indian Health Service facilities, etc.

Examples

Description	Services Provided
City of Duluth Workforce program .	• They have developed a semester-long Introduction to Human Services training class in partnership with Fond du Lac College aimed at people with lived experience and barriers to employment.

	• They will support Career Pathway Training classes for high-demand occupations, identifying employer partners who guide curriculum development and seek to hire trainees. • They partner with Adult Ed and a college partner for the training and provide wraparound case management support and job placement assistance.
Community Health Worker Training	• Current community health worker training programs consist of a 14-credit competency-based program. There are 5 schools who are currently offering this in Minnesota, none in Region 3. • Current providers of community health worker certificates are located in Bemidji, Minneapolis, Rochester, St. Paul and Worthington.
Minnesota Community Health Worker Alliance	• Their goal is to advance health equity by supporting the network of community health workers.
Wilderness Health They are an organization located in rural Minnesota working to 'advance rural health care'.	• They have recently supported research and information sharing about the potential of community health workers.

Recommended Next Steps

To identify untapped workforce potential, we recommend the following:

- Partner with Wilderness Health and other rural health providers to discuss and identify opportunities for pursuing untapped workforce and underutilized professional roles, like community health workers.

Resources

[1]MN DEED and Untapped Workforce – State Services for the Blind (2017).

[2]MN Department of Health (September 2024). Community Health Worker

[3]US Department of Labor. (October 2024). Updated Disability Reference Guide.

Identify Regional Workforce Recruitment Strategies

Current Situation

There are numerous recruitment strategies already used in the region and state. These can be built upon and expanded for regional workforce development. Strategies such as examining and promoting existing professional roles that would be appropriate 'stepping stones' for upper-level positions and models of non-specialized roles may be especially helpful in the recruitment of individuals to work in the field in Region 3. Additionally, strategies to increase flexibility in schedules and other work-life balance initiatives, such as a 32-hour work week, would be helpful in recruitment and retention efforts.

Considerations for Effectiveness

According to the National Rural Health Resource Center[1], there are four core strategies and approaches to building and maintaining a competent rural health workforce:

1. Innovate and expand new and existing workforce roles to meet consumer and health care organizational needs.
2. Build partnerships and networks to develop collaborative workforce solutions.
3. Leverage technology to improve access and health equity.
4. Maximize collaboration with educational institutions to build the future rural health workforce pathway.

The Minnesota Office of Rural Health and Primary Care[2] suggests intentional recruitment efforts for people of color who are disproportionately underrepresented in the mental health workforce. They suggest that greater diversification of the workforce will result in higher utilization rates for cultural, racial and ethnic groups and improved mental health outcomes. One of the primary strategies is to provide grants to support training of mental health supervisors of color.

Examples

Description	Services Provided
Qualified Treatment Trainee Grants Program (Wisconsin) The Qualified Treatment Trainee (QTT) program is administered by UW Whitewater and focuses on someone with a master's degree in social work, counseling, or marriage and family therapy who seeks to obtain a professional license, such as LICSW.	• Agencies receive a grant to hire and supervise post-degree trainees. • Provides $5,000 annual stipends for trainees in unpaid internship programs. • Supervisors agree to participate in a learning community during the grant period.

PM+ at Miller-Dwan Foundation (Duluth/Superior) PM+, a World Health Organization developed program, is a scalable psychological intervention for those experiencing stress and anxiety specifically designed to expand and mobilize a trained non-clinical lay provider. Miller-Dwan Foundation is leading the implementation at the local level in the Twin Ports, providing training, evaluation and ongoing supervision of providers.	• Providers are employees or members of community-based organizations or faith communities and intended to provide this service to other members/employees. • Intervention includes 5-sessions that are supervised and documented, focusing on: a) Stress management through relaxation, b) Practical problem management, c) Behavioral activation, d) Accessing social support. • Providers establish goals with the PM+ participants and monitor progress through multiple assessments. • PM+ providers are not paid for the sessions but the expectation is for employers to support trained employees to serve in the role while at work as a benefit to employees/members. • Implementation in other regions of the US have included social work students as trained providers.
Minnesota Office of Rural Health and Primary Care Grants	• Their website lists all MN DHS grants focusing on recruitment and retention of the rural workforce, including behavioral health and intentional grants to support diversifying the workforce. • Mental Health Cultural Community Continuing Education (MHCCCEI) Grants support individuals to complete training to become qualified supervisors; open until April 2025.

Recommended Next Steps

We recommend identifying ways to collaborate on recruitment efforts across Region 3, including:

- Promoting and implementing qualified supervisor grants.
- Coordinating recruitment efforts with Northspan's NorthForce website (https://northforce.org/), a career connection website for the Northland.
- Curate and promote stories of behavioral health professionals who have chosen to relocate to Region 3 for the quality of life (focus group attendees in Cook County would be a good example).
- Partner with regional institutions of higher education to create and support employment and training pathways.

Resources

[1]Holt, W.; Silverman, J.L.; Mehta, R. (May 2023). Problem Management Plus: An Evidence-Based Approach to Expanding Access to Community-Based Mental Health Supports. DMA Health Strategies.

[2]MN Office of Rural Health and Primary Care. (August 2022). Equity and the Mental Health Workforce.

National Rural Health Resource Center. (May 2024). Building a Sustainable Rural Health Workforce for the 21st Century: A Report of the 2024 Rural Health Workforce Summit.

Identify Regional Workforce Retention Strategies

Current Situation

There are numerous workforce retention strategies already being used in the region. We can collate those ideas and expand the list to promote more learning, coaching and practice of strategies to improve the well-being of the workforce. We also need to explore strategies to reduce administration burdens, increase employee flexibility, and provide employee benefits (health insurance, retirement, sick leave, etc.) across organizations.

Considerations for Effectiveness

A MN Department of Health[2] report on post-pandemic health workforce reports high levels of job vacancies, which increased in nearly all health professions since their pre-pandemic levels, with the largest in mental health and substance abuse. At the time of their report, 1 in 4 behavioral health positions were vacant. They identified recruitment and retention efforts as critical to address this significant issue. The report cited approximately 18% of AODA counselors and 13% of mental health providers planned to leave their profession in the next 5 years. The following list also includes ideas from The Commonwealth Fund[3] and the Health Resource and Services Administration[1].

Recommended strategies to increase retention include:

- Create safe, flexible, lucrative, and family-friendly work environments.
- Increase access to loan forgiveness, scholarships and stipends for existing and prospective professionals, including dislocated workers.
- Foster partnerships among payers to reduce administrative burdens and excessive paperwork.
- Implement workplace well-being initiatives.
- Support organizations to ensure all roles have pathways for advancement.
- Review and address pay and structural barriers to entering and remaining in the behavioral health workforce, especially for populations that are currently underrepresented in the workforce. This may require creative partnerships.
- Ensure health benefits are available to all persons working in behavioral health care. There are employers, like *Recovery Alliance Duluth*, who are extremely impactful but unable to provide health insurance to their employees.

A separate report by the US Surgeon General[4] identified 5 strategies which are essential for mental health and well-being. They are:

- Protection from harm
- Connection and Community
- Work-life harmony
- Mattering at work
- Opportunity for growth

Examples

Description	Services Provided
St. Louis County Workforce Resilience Strategies St. Louis County Public Health and Human Services received a workforce resilience grant, providing an opportunity for innovative strategies to enhance the well-being of the workforce. The strategies were provided for their own employees as well as those in community-based partner agencies.	• *Accelerated Resolution Therapy* (ART) certification for 12 therapists; worked with NuVantage for SLC PHHS employees and community partners. • *Compassion Cultivation Training* which combines psychology, neuroscience and contemplative practice to support wellbeing. • *Writing to Wholeness* facilitation training was conducted for 7 professionals to offer this workshop at their respective workplaces and in the community. • *Search Inside Yourself Leadership Institute* 2-day training and half-day training for community partners and PHHS employees. • Ten community partners received micro-grants to customize employee well-being and resilience support. • Selah Center for Grief provided *Becoming Grief Conscious training* for SLC Behavioral Health division (north and south). • *Gallup Q12 Engagement Champion training* and tests to improve employee engagement at SLC PHHS. • *Mental Health First Aid training* and workbooks for adults and youth.
Mental Health Resources (St. Paul, MN) They provide comprehensive mental health and substance abuse resources and supports, including housing supports, case management, and treatment.	• They offer a 4-day work week option for employees. • They have an anti-racist statement on their website front page to set clear values of diversity and inclusion as well as to commit to dismantling racist barriers to accessing behavioral health care. • They have a strong list of benefits, including continuing education, retention bonus, etc.
Retaining Employment and Talent After Injury/Illness Network (MN) The program's aim is to identify and recruit a subset of workers at risk of exiting the labor force and applying for Social Security Disability Insurance and Supplemental Security Income, including people with mental health conditions and substance use disorders.	• All eligible RETAIN employees receive a return-to-work case manager to help access resources and develop a plan to return to work. • Evaluation of the program shows that the role of the case manager is important to assisting employees with behavioral health issues to access supports, although they also found that the workplace barriers and pathway back to employment was difficult.
Connection Retreats (Douglas County, WI) Live Well! Northern WI, is a holistic mental health project initiative aimed at creating conditions for people who are living, working and attending school in Douglas County to	• Retreats have been held at Camp Amnicon, a remote setting only 25 minutes from Superior, with cabins and a large lodge. • Retreats include facilitated mindfulness activities, time to connect with nature, arts, shared meals and games. They are alcohol free.

flourish. One activity is a free Connection Retreat for persons who work in mental health.	• Retreat guests stay in a cabin.

Recommended Next Steps

We recommend identifying ways to collaborate on retention efforts across Region 3, including:

- Micro-grants for workplace well-being incentives and programming.
- Collaborative communication strategies for loan forgiveness and scholarship opportunities.
- Supporting paid internships for particular high-need positions.
- Contract with institutions of higher education to offer continuing education for regional employees at low or no cost.
- Establish a workplace well-being committee to support shared events, like retreats, to be available across the region.

Resources

[1]Health Resources and Services Administration. (December 2023). Behavior Health Workforce Brief.

[2]MN DHS. (2022). Minnesota's Health care Workforce: Pandemic-Provoked Workforce Exits, Burnout and Shortages.

[3]Understanding the US Behavioral Health Workforce Shortage. (May 2023). Commonwealth Fund.

[4]US Surgeon General (2022). Workplace Well-being Strategies.

Identify Regional Training Opportunities and Partnerships

Current Situation

There are numerous institutions of higher education in the region that could be partners in providing training and skill development for behavioral health professionals. Numerous ideas were already shared in the data gathering stage for specific skill, modality and assessments gaps that could be the focus of regional training efforts. This includes – but is not limited to - incentivizing first year therapists to obtain additional training which will improve the quality of their therapy.

Considerations for Effectiveness

During the Region 3 Behavior Health Assessment interviews (2024), many professionals identified continuing education as expensive and challenging, despite being critical to the quality of care. "Most therapists aren't certified in modalities they are using in their practice and end up honing their practice with the clients they are assigned. This can result in less effective treatment and lengthier client/therapist relationships" (Region 3 provider).

Many people identified paying out-of-pocket for many trainings and certifications and needing to complete them during their evening and weekend hours, after working a job that is already exhausting. Therefore, it is ideal for training and certifications to be accomplished during work hours and with support from the organizations that employ them, with incentives if needed.

Training topics identified as needed include:

- Co-occurring assessments and care
- Trauma-informed care
- Culturally relevant care

Certifications identified as needed:

- Cognitive testing for dementia
- Assessment of autism for youth over the age of 6

Examples

Description	Services Provided
Certified Peer Recovery Support Specialist Training (Fond du Lac Tribal and Community College, Carlton County) Fond du Lac TCC is one of the approved trainers for the MN Certified Peer Recovery Support Specialists	• 3-credit course • Financial aid eligible through the college and JET • Friday 12-4pm and Saturday 9-1pm for 6 weeks Fall and Spring semester • They are one of 16 providers of the training
U of M's Center for Practice Transformation	• Most completed trainings earn continuing education credits, costing $20 per CEU

Provider of online continuing education for professional social workers and others in the counseling or helping professions.	• Topics include: Fat bias, illness management, sexual health, etc.
UW-Superior Master of Counseling Free Training They have a contract with the Wisconsin Department of Public Instruction to provide online trainings for free to regional mental health professionals (clinical social workers, school counselors, etc.).	• All completed trainings earn continuing education credits once a content quiz is completed. • Topics include: Transgender and gender expansive students and mental health, trauma-informed care, eco anxiety, students impacted by human trafficking, Indigenous perspectives on mental health, mindfulness and well-being for mental health professional.

Recommended Next Steps

We recommend partnering with regional educational institutions to expand affordable and accessible education opportunities to improve quality of care and increase access to critical assessments. To do so, it is necessary to perform:

- Inventory regional education institutions (2 and 4-year colleges) and their certification and training options.
- Inventory assessment and treatment modality certifications that are necessary to reduce wait times and improve quality of care.
- Prioritize topics and offerings of greatest importance for healthcare professionals.
- Secure funding to incentivize regional employers and employees to complete assessments and treatment modality certifications.

Resources

MN Autism Training Portal

MN DHS Train Link Behavior Health Training Information

U of M's Center for Practice Transformation

Invest in Dual Licensing of Staff

Current Situation

Most people acknowledged the extent that most people experiencing substance use disorder had significant underlying mental health issues but the care they received was typically focused on one or other, not both. There was a call to encourage dual licensing agency investment so staff could be better trained or at least the agency could be better prepared to address mental health and substance use for every consumer of care.

Considerations for Effectiveness

Minnesota Department of Health and Human Services[1] acknowledges the importance of having practitioners in behavioral health who are trained to work in integrated care. However, there do not appear to be established billing mechanisms in the state yet. SAMHSA[2] refers to this as the 'no wrong door' model, where someone receives affective assessment and treatment no matter where they entered care – through chemical dependency or mental health providers.

Integrated mental health and addictions treatment training programs and certificates and should include content on psychopathology, assessment, treatment strategies and motivational interventions[3]. Thankfully, Minnesota has certificate programs, training and Master's degree programs in these areas.

Examples

Description	Services Provided
Minnesota Co-Occurring Disorders Certificate	• A skills-based competency certificate for professionals interested in working with clients with co-occurring disorders.
RADIAS Health A behavior health provider in the 7-county metro area who offers extensive training to employees and non-employees at a relatively low fee.	• Topics for training include: Integrated Treatment for Co-Occurring Mental Health and Substance Use Disorders, Motivational Interviewing, Cognitive Behavioral Therapy, Trauma Informed Care, and others.
U of M Master of Professional Studies in Integrated Behavioral Health Care	• 60-credit program to prepare counselors and therapists to treat clients with mental health, substance use, or co-occurring disorders.

Next Steps

To support the increase professionals trained in integrated behavioral health or who are dual licensed, we suggest:

- Identify reasonable incentives for mental health and substance abuse professionals to receive training in integrated care.
- Communicate with regional providers to encourage training and certifications.

- Research other dual licensing Master's programs.

Resources

[1]Minnesota Department of Human Services (2017). Integrated Treatment for Co-Occurring Disorders.

[2]SAMHSA (2020). Substance Abuse Treatment for Persons with Co-Occurring Disorders.

[3]SAMHSA. (2019). Building Your Program: Integrated Treatment for Co-Occurring Disorders.

Streamlining Assessments to Maximize Learning and Action

Current Situation

Behavioral and mental health providers often engage in various assessment and data collection projects. The result, which is also impacting Region 3 agencies, is that providers and organizations are inundated with data gathering. Following our Phase 2 research, we identify three main issues that are a result of this trend:

- First, the focus on assessments and data gathering means that multiple assessment projects are happening at the same time, with little coordination or interaction. For example, at the time we were gathering data, there were at least five other assessments which were recently or currently being completed. The researchers learned about these parallel projects from random interactions or providers who were interviewed by those researchers.
- Second, in many cases, the data collected is driven by a desire to inform policy or reduce expenditure rather than improve access and services. This leads staff to feel frustrated about the time and commitment to collect the required data, a process that is not experienced as improving services or access.
- Third, service providers expressed frustration by the type of data gathered, which results in focus on assessment instead of an investment in new ideas.

Best Practices for Evaluation and Data Collection:

- Increases program accountability.
- Streamlines decision-making.
- Enhances understanding of what contributes to program success or failure.
- Focus on development and implementation of performance measures that reflect patients' views and treatment choices.
- Engages with diverse stakeholders.
- Prioritize services and supports that are trauma informed, healing centered, culturally responsive, anti-racist, and equitable

Next Steps

Establish processes for coordinating and mapping assessment and evaluation projects. This mapping should include:

- **Process:** Clear time and place where the data of assessment and evaluation requests and initiatives can be shared.
- **Coordinator**: A coordinator who is aware of the specific assessments that are taking place, as well as available assessment tools.
- **Repository:** It is recommended to keep a repository of all assessments and a record of the data sources.
- **Public sharing of the findings:** develop a platform, annual meeting or another framework for sharing existing evaluation and assessment projects with the behavioral health community in the region.

Consideration for mapping assessment and evaluation projects:

Types of Data Evaluations:

- Implementation Study: focuses on addressing and improving implementation and delivery of care, including how to use research in practical application.
- Process Evaluation focuses on reporting on the progress of a program or improving future program procedures.
- Outcome Evaluation: examines the effects or results of a program.
- Continuous Quality Improvement: A multi-stakeholder process focusing on improving community health needs and addressing barriers to change.
- Impact Evaluation: Assessment of how specific programs impact outcomes.
- Developmental Evaluation: Real-time data collection used to inform ongoing program development and implementation.
- Effectiveness Evaluation: Focusing on assessing whether a program met its intended goals and objectives.

The benefits of coordinating assessments and using shared information management include:

- Ensuring a more efficient use of resources.
- Ensuring comparability of results across different areas, thus identifying needs and gaps with greater precision and in a transparent way.
- Promoting joint findings and a shared vision of needs and priorities.
- Minimizing assessment fatigue.

Resources

Kilbourne, Amy M et al. "Measuring and improving the quality of mental health care: a global perspective." *World psychiatry : official journal of the World Psychiatric Association (WPA)* vol. 17,1 (2018): 30-38. doi:10.1002/wps.20482.

Justice Center. Choosing the Right Data Strategy for Behavioral Health and Criminal Justice Initiatives. https://csgjusticecenter.org/publications/choosing-the-right-data-strategy/

Types of Coordinated Assessment: https://handbook.fscluster.org/docs/622-types-of-coordinated-assessments