

## 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<sup>1</sup> 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<sup>3</sup> 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<sup>2</sup>, 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
<u>City of Duluth Workforce program</u>	<ul style="list-style-type: none"><li>• 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.</li></ul>

	<ul style="list-style-type: none"><li>• They will support Career Pathway Training classes for high-demand occupations, identifying employer partners who guide curriculum development and seek to hire trainees.</li><li>• They partner with Adult Ed and a college partner for the training and provide wraparound case management support and job placement assistance.</li></ul>
<b><u>Community Health Worker Training</u></b>	<ul style="list-style-type: none"><li>• 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.</li><li>• Current providers of community health worker certificates are located in Bemidji, Minneapolis, Rochester, St. Paul and Worthington.</li></ul>
<b><u>Minnesota Community Health Worker Alliance</u></b>	<ul style="list-style-type: none"><li>• Their goal is to advance health equity by supporting the network of community health workers.</li></ul>
<b><u>Wilderness Health</u></b>  They are an organization located in rural Minnesota working to 'advance rural health care'.	<ul style="list-style-type: none"><li>• They have recently supported research and information sharing about the potential of community health workers.</li></ul>

## 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

<sup>1</sup>[MN DEED and Untapped Workforce – State Services for the Blind \(2017\).](#)

<sup>2</sup>[MN Department of Health \(September 2024\). Community Health Worker](#)

<sup>3</sup>[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 ‘steppingstones’ 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<sup>1</sup>, 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<sup>2</sup> 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
<b>Qualified Treatment Trainee Grants Program (Wisconsin)</b>  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.	<ul style="list-style-type: none"><li>• Agencies receive a grant to hire and supervise post-degree trainees.</li><li>• Provides \$5,000 annual stipends for trainees in unpaid internship programs.</li><li>• Supervisors agree to participate in a learning community during the grant period.</li></ul>

### **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

<sup>1</sup>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.

<sup>2</sup>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 21<sup>st</sup> 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<sup>2</sup> 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<sup>3</sup> and the Health Resource and Services Administration<sup>1</sup>.

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<sup>4</sup> 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
<p><b>St. Louis County Workforce Resilience Strategies</b></p> <p>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.</p>	<ul style="list-style-type: none"> <li>• <i>Accelerated Resolution Therapy</i> (ART) certification for 12 therapists; worked with NuVantage for SLC PHHS employees and community partners.</li> <li>• <i>Compassion Cultivation Training</i> which combines psychology, neuroscience, and contemplative practice to support wellbeing.</li> <li>• <i>Writing to Wholeness</i> facilitation training was conducted for 7 professionals to offer this workshop at their respective workplaces and in the community.</li> <li>• <i>Search Inside Yourself Leadership Institute</i> 2-day training and half-day training for community partners and PHHS employees.</li> <li>• Ten community partners received micro-grants to customize employee well-being and resilience support.</li> <li>• Selah Center for Grief provided <i>Becoming Grief Conscious</i> training for SLC Behavioral Health division (north and south).</li> <li>• <i>Gallup Q12 Engagement Champion</i> training and tests to improve employee engagement at SLC PHHS.</li> <li>• <i>Mental Health First Aid</i> training and workbooks for adults and youth.</li> </ul>
<p><b><u>Mental Health Resources (St. Paul, MN)</u></b></p> <p>They provide comprehensive mental health and substance abuse resources and supports, including housing supports, case management, and treatment.</p>	<ul style="list-style-type: none"> <li>• They offer a 4-day work week option for employees.</li> <li>• 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.</li> <li>• They have a strong list of benefits, including continuing education, retention bonus, etc.</li> </ul>
<p><b><u>Retaining Employment and Talent After Injury/Illness Network (MN)</u></b></p> <p>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.</p>	<ul style="list-style-type: none"> <li>• All eligible RETAIN employees receive a return-to-work case manager to help access resources and develop a plan to return to work.</li> <li>• 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.</li> </ul>
<p><b>Connection Retreats (Douglas County, WI)</b></p> <p>Live Well! Northern WI, is a holistic mental health project initiative aimed at creating conditions for people who are living, working,</p>	<ul style="list-style-type: none"> <li>• Retreats have been held at Camp Amnicon, a remote setting only 25 minutes from Superior, with cabins and a large lodge.</li> </ul>

and attending school in Douglas County to flourish. One activity is a free Connection Retreat for persons who work in mental health.

- Retreats include facilitated mindfulness activities, time to connect with nature, arts, shared meals, and games. They are alcohol free.
- 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

<sup>1</sup>[Health Resources and Services Administration. \(December 2023\). Behavior Health Workforce Brief.](#)

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

<sup>3</sup>[Understanding the US Behavioral Health Workforce Shortage. \(May 2023\). Commonwealth Fund.](#)

<sup>4</sup>[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
<b>Certified Peer Recovery Support Specialist Training (Fond du Lac Tribal and Community College, Carlton County)</b>  Fond du Lac TCC is one of the approved trainers for the MN Certified Peer Recovery Support Specialists	<ul style="list-style-type: none"><li>• 3-credit course.</li><li>• Financial aid eligible through the college and JET</li><li>• Friday 12-4 pm and Saturday 9-1 pm for 6 weeks fall and spring semester.</li><li>• They are one of 16 providers of the training.</li></ul>
<b><u>U of M’s Center for Practice Transformation</u></b>	<ul style="list-style-type: none"><li>• Most completed trainings earn continuing education credits, costing \$20 per CEU.</li></ul>



<sup>3</sup>Provider of online continuing education for professional social workers and others in the counseling or helping professions.

**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.).

- Topics include fat bias, illness management, sexual health, 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 professionals.

## 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

<sup>1</sup>[MN Autism Training Portal](#)

<sup>2</sup>[MN DHS Train Link Behavior Health Training Information](#)

<sup>3</sup>[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<sup>1</sup> 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<sup>2</sup> 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<sup>3</sup>. Thankfully, Minnesota has certificate programs, training, and master's degree programs in these areas.

### Examples

Description	Services Provided
<u>Minnesota Co-Occurring Disorders Certificate</u>	<ul style="list-style-type: none"><li>A skills-based competency certificate for professionals interested in working with clients with co-occurring disorders.</li></ul>
<u>RADIAS Health</u>  A behavior health provider in the 7-county metro area who offers extensive training to employees and non-employees at a relatively low fee.	<ul style="list-style-type: none"><li>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.</li></ul>
<u>U of M Master of Professional Studies in Integrated Behavioral Health Care</u>	<ul style="list-style-type: none"><li>60-credit program to prepare counselors and therapists to treat clients with mental health, substance use, or co-occurring disorders.</li></ul>

### Recommended 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

<sup>1</sup>[Minnesota Department of Human Services \(2017\). Integrated Treatment for Co-Occurring Disorders.](#)

<sup>2</sup>[SAMHSA \(2020\). Substance Abuse Treatment for Persons with Co-Occurring Disorders.](#)

<sup>3</sup>[SAMHSA. \(2019\). Building Your Program: Integrated Treatment for Co-Occurring Disorders.](#)

## 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup>

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
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Fall 2024 Region 3 BHI Recommendation for YOUTH:  
Expand in-school emotional literacy efforts

<b><u>Minnesota Department of Education SEL Programs</u></b>  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.
<b><u>Duluth AmeriCorps Program</u></b>  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.
<b><u>The Collaborative for Academic, Social, and Emotional Learning (CASEL)</u></b>  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.
<b><u>RULER (Yale Center for Emotional Intelligence)</u></b>  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.
<b><u>MindUP (Goldie Hawn Foundation)</u></b>  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.

## Recommended 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 becomes a top priority for the children's behavior health collaborative.

## Resources

<sup>1</sup> [US Department of Education. \(2022\). Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs.](#)

<sup>2</sup> [Bright Wheel \(June 2023\). Benefits of Emotional Literacy in Early Childhood Education.](#)

<sup>3</sup> [National University. What is Social Emotional Learning \(SEL\): Why It Matters](#)

# 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 a 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.

## Recommended 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>



## 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.*<sup>1</sup> 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<sup>2</sup> 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<sup>3</sup>, 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	Services Provided
<b><u>San Mateo County Storytelling Program</u></b>  They offer support and workshops for persons to frame and refine their healing and well-being stories as photovoice or digital stories.	<ul style="list-style-type: none"><li>• They post the digital and photovoice stories on their website.</li></ul>
<b><u>Health Story Collaborative (Massachusetts)</u></b>  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.’	<ul style="list-style-type: none"><li>• They host monthly activities which support storytelling through arts and narrative writing.</li><li>• They host an annual event, "Reclaiming Our Mental Health Stories".</li><li>• They support the SharingClinic which is an audio listening kiosk located in a medical facility.</li></ul>
<b><u>NAMI In Our Own Voice</u></b>  Promotion of presentations from persons with experiences with mental health conditions to	<ul style="list-style-type: none"><li>• Presentations are 40, 60, or 90 minutes.</li><li>• Presentations are coordinated by local NAMI chapters.</li></ul>

increase understanding, reduce stigma and challenge stereotypes.

## Recommended 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

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

<sup>2</sup>[StoryCorps. Do-It-Yourself Resources.](#)

<sup>3</sup>[988 Lifeline. Storytelling for Suicide Prevention Checklist.](#)

## 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.<sup>1,3</sup> For these reasons, the time between inpatient discharge and outpatient follow-up is considered an important indicator of health system quality.<sup>2</sup>

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

Description	Services Provided
<u>St Louis County, Substance Use Disorder (SUD) treatment systems</u>	<ul style="list-style-type: none"><li>• Assistance in coordination with and follow-up for medical services as identified in the treatment plan.</li><li>• Facilitation of referrals to mental health services as identified by a client's comprehensive assessment or treatment plan.</li><li>• Assistance with referrals to economic assistance, social services, housing resources, and/or prenatal care.</li></ul>

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

## Recommended 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.

- Regularly scheduled appointments:
  - 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.
- Patient-reported outcome measures:
  - Utilizing standardized questionnaires or scales to track client symptoms, quality of life, and treatment effectiveness over time.
  - Incorporating client feedback through regular self-assessments to inform treatment adjustments.
- Proactive outreach:
  - 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.
  - Offer reminders for upcoming appointments and medication adherence.
- Care coordination:
  - Collaborating with other healthcare providers like primary care physicians to ensure integrated care and address potential medical concerns impacting mental health.
  - 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.

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

- Technology utilization:
  - Employ electronic health records to streamline data collection, tracking progress, and facilitating communication with clients.
- Tailored interventions:
  - Adapt follow-up strategies based on individual client needs, considering their specific diagnosis, coping skills, and support system.
- Regular clinical supervision:
  - Seek ongoing feedback and guidance from supervisors to ensure quality follow-up care and address potential challenges.

## Resources

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

## Promote Emotional Regulation Skills Knowledge and Use

### Current Situation

Many people identified specific Dialectical Behavioral Therapy 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.<sup>1</sup>

#### *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.<sup>2</sup>

- 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

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#### 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

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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

<sup>1</sup>.[Cleveland Clinic. Dialectical Behavior Therapy \(DBT\)](#)

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

## 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.<sup>1</sup> 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<sup>2,3</sup>:

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<sup>4,5,6</sup>:

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 focuses on how recovery goals could be met and provides training to help participants learn their role in advocating for their care.

### Examples

Description	Services Provided



Fall 2024 Region 3 BHI Recommendation:  
Improve transition from in-patient care into the community

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 can 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.

- 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, builds 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.

## Recommended Next Steps

While there are various transitional care programs, they all share a few common practices<sup>3</sup>:

1. Pre-discharge interventions:
  - Assessment of risk of adverse events or readmissions.

- Patient engagement (e.g., 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

<sup>1</sup> [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. doi:10.1176/appi.focus.20170017](#)

<sup>2</sup> [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.](#)

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

<sup>4</sup> [Research Dissemination Committee. \(2024\). Helping Patients with Mental Illness Engage in Their Transitional Care.](#)

<sup>5</sup> [Velligan, D. I., Fredrick, M. M., Sierra, C., Hillner, K., Kliwer, 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.](#)

<sup>6</sup> [Behavioral Health Programs and Practices for Emerging Community Care Hubs](#)

## 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*

<sup>1</sup>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.

<sup>2</sup>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
<b>Kiesler Wellness Center (Grand Rapids, MN)</b> <a href="https://www.kieslerwellnesscenter.org/">https://www.kieslerwellnesscenter.org/</a> is a peer-driven community support program for adults impacted by mental illness.	<ul style="list-style-type: none"><li>• The center has a very robust certified peer support program with at least 12 certified peer support specialists on staff.</li><li>• Their center embraces peer driven care and the idea that recovery is possible.</li></ul>
<b>Wellness in the Woods</b>  They provide comprehensive mental health and substance abuse resources and supports, including housing supports, case management, treatment.	<ul style="list-style-type: none"><li>• They are contracted by Pine, Isanti, and Kanabec Counties to provide peer support and recovery care to residents.</li><li>• They receive referrals directly from case managers.</li><li>• They appear to have high rate of employee retention due to the supportive environment.</li></ul>
<b>Minnesota Peer Recovery Training</b> <a href="https://www.mcboard.org/approved-peer-training/">https://www.mcboard.org/approved-peer-training/</a>	<ul style="list-style-type: none"><li>• There are 16 listed trainers in MN for peer recovery specialists.</li></ul>

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

## 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<sup>1</sup>, 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<sup>2</sup>, 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.

<sup>2</sup>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
<b>Carlton Justice Center (Cloquet, MN)</b>  Multi-service jail facility which opened in Fall 2024 with up to 96 beds for male and female offenders.	<ul style="list-style-type: none"><li>• Includes designated mental health beds</li><li>• Implementing training for employees to understand brain health and plasticity for incarcerated populations.</li><li>• Focusing on improved discharge outcomes with increased understanding of brain health, needs, and sense of hope.</li></ul>

### 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)<sup>3</sup>.

- Carlton County has used the Sequential Intercept model to identify opportunities to better serve persons with behavioral health needs.
- 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 Sheriff's needs assessment outcomes and recommendations (2024) to maximize efficiency and collaboration opportunities.

### Resources

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

<sup>2</sup>[MN DHS. Incarcerated Individuals and Substance Use Disorder \(SUD\) Service Process for Jails, Counties, Tribes and SUD Service Providers.](#)

<sup>3</sup>[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. <sup>1</sup> 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. <sup>2</sup>

### Examples

Description and Services Provided
<b><u>Minnesota Senior Health Options (MSHO):</u></b>  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.
<b><u>Integrated Health Partnerships (IHPs)</u></b>

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:

- **Build multidisciplinary teams:** Integrate providers from primary care, behavioral health, social services, and public health to address the full spectrum of patients' needs.
- **Engage community health:** Use CHWs to improve individual and community health by building trust and relationships and strengthening communication between patients and providers.
- **Streamline health information sharing:** Invest in Health Information Exchanges and secure, standardized data-sharing protocols to improve communication between service providers.
- **Workplace training:** Provide education on care integration for all service providers.
- **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

<sup>1</sup>. [Cleveland Clinic. Dialectical Behavior Therapy \(DBT\)](#)

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



## 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, counties, and Tribes could help expand availability, accessibility, and quality of affordable housing.

According to the Continuum of Care Coordinators in Region 3, three of the primary 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.<sup>2</sup> 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
<b>St. Louis County Community-Based Housing Program</b>  The county has invested in the coordination and administration of housing with support programs.	<ul style="list-style-type: none"><li>County-based staff coordinate the housing with support programs, including adult foster care, Board and Lodging and Community-based supportive housing.</li></ul>
<u><a href="#">Grace Place (Duluth)</a></u>  Long-term homeless housing support programs for women and men in St. Louis County <u><a href="#">Northstar Services (Carlton County, Duluth)</a></u>  Provides Long-term Homeless Housing, Housing Stabilization Services and Transitional Services to persons with disabilities including chemical health and mental illness.	<ul style="list-style-type: none"><li>Drug and alcohol recovery support</li><li>Group support</li><li>Case management, housing assistance, etc.</li><li>Their Board and Lodge, Magnolia House, offers assistance with transportation, care coordination, and medication management.</li></ul>

## Recommended 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

<sup>1</sup>2024 Legislative Issues. Mental Health Legislative Network.

<sup>2</sup>MN Department of Human Services (2024). Housing Stabilization Services Description and Background.

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