DEPARTMENT OF HUMAN SERVICES

FY 2023 – 2024 LEGISLATIVE REPORT

Mental Health Grants

Behavioral Health Administration

November 2024

For more information, contact:
MN Department of Human Services
Behavioral Health Administration
P.O. Box 64981
St. Paul, MN 55164-0981

Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is $18, 419.

Printed with a minimum of 10% post-consumer material. Please recycle.

Contents

I. Legislation

Minnesota Statutes 2015, Section 245.4661, subdivision 10:

PILOT PROJECTS; ADULT MENTAL HEALTH SERVICES

By November 1, 2016, and biennially thereafter, the commissioner of human services shall provide sufficient information to the members of the legislative committees having jurisdiction over mental health funding and policy issues to evaluate the use of funds appropriated under this section of law. The commissioner shall provide, at a minimum, the following information:

(1) The amount of funding to mental health initiatives, what programs and services were funded in the previous two years, gaps in services that each initiative brought to the attention of the commissioner, and outcome data for the programs and services that were funded; and

(2) The amount of funding for other targeted services and the location of services.

Minnesota Statutes 2016, Section 245.4889, subdivision 3:

Subd. 3. Commissioner duty to report on use of grant funds biennially.

By November 1, 2016, and biennially thereafter, the commissioner of human services shall provide sufficient information to the members of the legislative committees having jurisdiction over mental health funding and policy issues to evaluate the use of funds appropriated under this section. The commissioner shall provide, at a minimum, the following information:

(1) The amount of funding for children's mental health grants, what programs and services were funded in the previous two years, and outcome data for the programs and services that were funded; and

(2) The amount of funding for other targeted services and the location of services.

II. Introduction

The 2023-2024 Mental Health Grants report evaluates the programs that are funded under Minnesota Statutes, section 245.4661, subdivision 10 and Minnesota Statutes, section 245.4889, subdivision 3. This report was requested on a biennial basis by the legislature for both adult mental health grants (MS 245.4661) and children's mental health grants (MS 245.4991). This report was developed by the Department of Human Services' Behavioral Health Division and includes both adult and children's mental health state grant funded services.

This report includes for each grant an explanation of the program, an overview of the activities that the grants funded between fiscal years 2023 and 2024 and outcomes data for the programs in either fiscal year or calendar year, depending upon how specific grant data are collected. The report starts with identified gaps in the adult mental health system and follows with a page for each of the grant funded programs.

The report notes instances where additional resources for a program that are working well would address service gaps in the continuum of mental health services in Minnesota. There are also several programs that are undergoing reforms, or the Department is evaluating the most impactful way to use these state grant funds to better improve the mental health services in Minnesota. In these cases, future efforts have been outlined.

The Behavioral Health Administration continues to review processes for collecting outcomes data on each of the grants to reduce missing or incomplete data.

Adult Mental Health Service Gaps

Minnesota's 19 Adult Mental Health Initiatives (AMHI), which provide alternatives to or enhance coordination of the delivery of mental health services, were asked to list the gaps and barriers to services in the application process for AMHI funds for FY2023/2024 funds. Applications were submitted in September 2024. The responses were analyzed, and the top-ranking responses are reported below.

Top Barrier to Receiving Services, 2024[1]	***Number of Regions***	***Percent of Regions***
Access to transportation	13	68%
Lack of housing	12	63%
Lack of culturally specific programs/services/providers	10	53%
Workforce shortage	10	53%
Long wait times	9	47%
Cost of services	7	37%
Lack of Psychiatric and IRTS beds	7	37%
Mental health stigmas	6	32%
Lack of crisis services	6	32%
Lack of awareness of services	5	26%

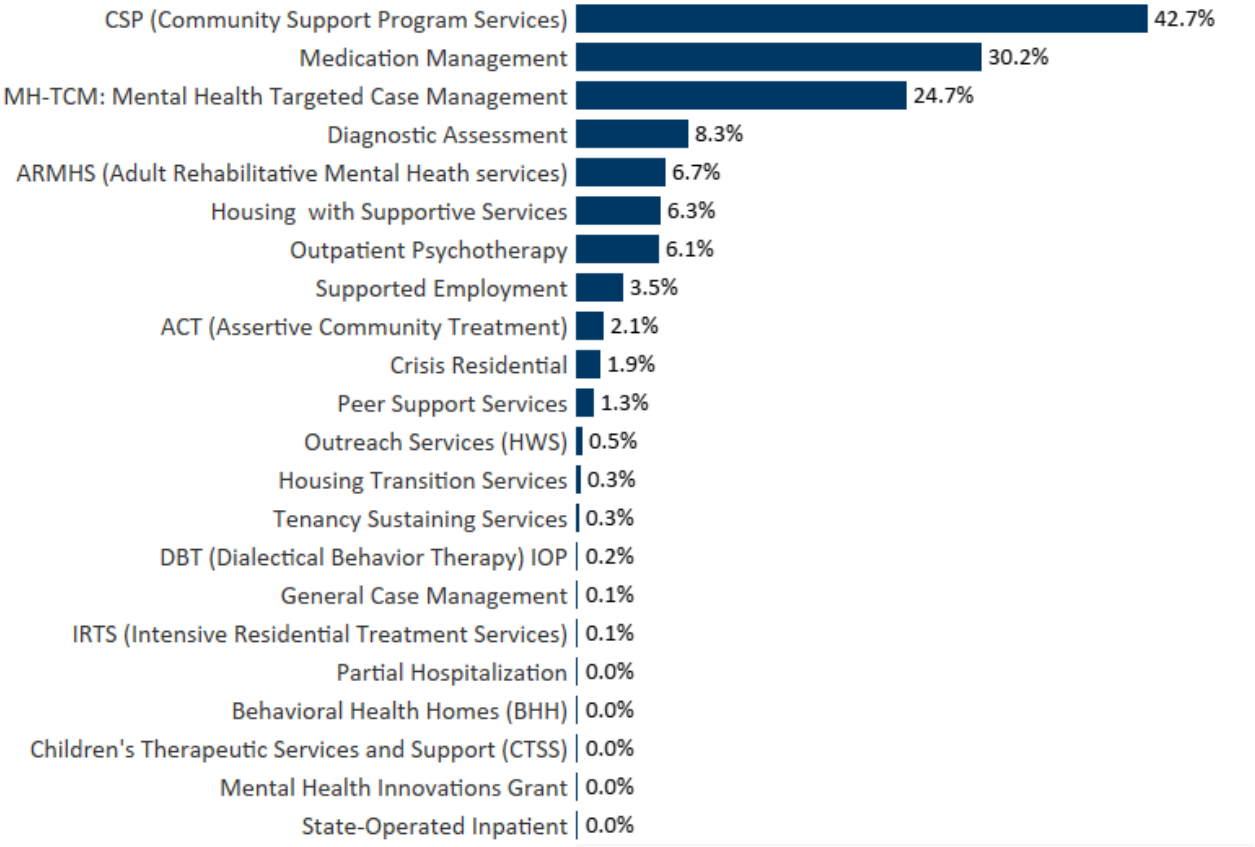
[1] Barriers listed by fewer than 25% of AMHIs include internet/phone access, capacity to access services/navigate system, eligibility restrictions (e.g., qualifying criteria), ongoing impact of COVID-19 pandemic, education, racial equity issues, lack of employment opportunities, lack of services for substance use disorders, and lack of peer supports.

[2] Service needs listed by less than 25% of AMHIs include services for individuals with high behavioral needs, peer supports, coordination of services, services for individuals with co-occurring disorders, psychiatric, detox and withdrawal management services, behavioral programming, access to providers, transitional housing, hospital beds, ARMHS, AFC, changes in law enforcement response, requirements to receive services, psychiatrists who accept MA, ongoing impact of the COVID-19 pandemic, services within county, competency restoration, traditional teaching materials, lack of placement options, preventative supports, access to and support for technology use, insurance coverage for mental health services, and IRTS.

Adult Mental Health Initiative and Community Support Programs

State Funding Appropriated (FY23/FY24) $101,621,660; Funding Spent: $98,267,827.98

Adult mental health grant funding is designed to improve the lives of adults with serious and persistent mental illness. It promotes regional collaborations with counties and tribal nations to build community-based mental health services and encourage innovation of service delivery. The goal of this funding is to reduce the need for more intensive, costly, or restrictive placements and provides services that are supportive in nature.



In FY 2023-2024, 13,939 individuals received services funded by AMHI grant dollars. Nearly half (43%) of clients received CSP, 30% received Medication Management, nearly 25% received Mental Health Targeted Case Management (MH-TCM). Additionally, 8% of clients received Diagnostic Assessments, nearly 7% received ARMHS, about 6% received Housing with Supportive Services and Outpatient Psychotherapy, and about 7% received one or more of 15 other services.[3]

[3] Other services included Supported Employment, Assertive Community Treatment (ACT), Crisis Residential, Peer Support Services, Outreach Services (HWS), General Case Management, Dialectic Behavioral Therapy (DBT), Intensive Residential Treatment Services (IRTS), Mental Health Innovations Grant, Housing Transitions Services, and Forensic Assertive Community Treatment (FACT).

Adult Mental Health Initiative dollars support a multitude of services with wide-ranging outcomes. In 2023 and 2024, 81% of clients with outcomes data were housed, and 75% of clients resided in a private residence either independently or with housing supports. Employment outcomes varied greatly by program type. For example, 29% of all clients reported some form of employment in 2023, however, 70% of clients receiving Supported Employment services reported employment.

School-Linked Behavioral Health Grants

State Funding Appropriated (FY23/FY24): $41,690,000; Funding Spent: $38,760,993.25

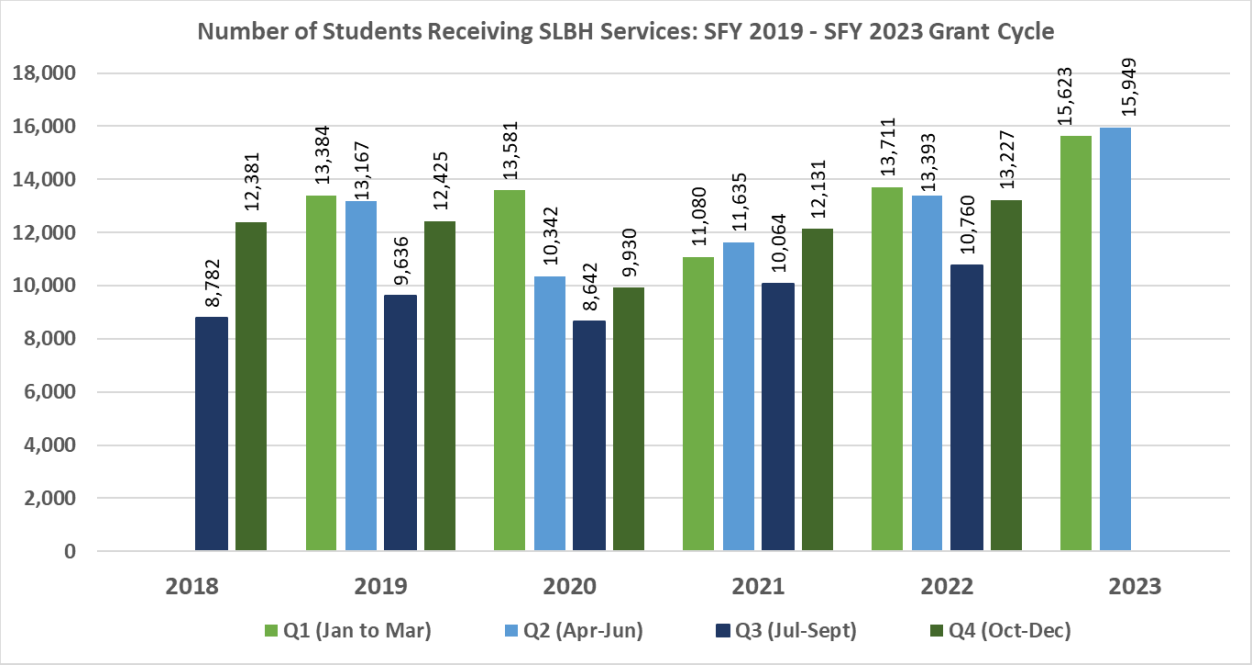
Since 2007, Minnesota has pioneered efforts to bring mental health services to students through the school- linked behavioral health (SLBH) program. Under Minnesota's model, community mental health agencies place mental health professionals and practitioners in partnering schools to provide direct behavioral health services to students. These mental health providers also consult with teachers, provide care coordination, and offer classroom presentations and school-wide trainings on mental health issues.

School-linked behavioral health services eliminate common barriers for families such as taking time off from work, transportation, navigating complex systems, and longer wait times in community clinics. The natural, non-stigmatizing location offers an optimal environment for early and effective intervention. These services work to increase access to mental health services, improve clinical and functional outcomes for children and youth with a mental health or substance use disorder, and improve identification of behavioral health issues.

FY 2023 SLBH School District & School Site availability:

- SLBH at 277 of 325 Public Independent School Districts (85%)
- SLBH at 1,290 of 2,260 Public School Sites (57%)

To view a map of all school locations currently served by SLBH grantee agencies, visit: https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/school-linked-bh-services/



Mobile Crisis Service Grants

State Funding Appropriated (FY23/FY24): $61,130,340; Funding Spent: $45,517,368.52

Federal Funding Appropriated (FY23/FY24): $12,685,281.40; Funding Spent: $7,714,471.94

Mobile crisis services teams consist of mental health professionals and practitioners who provide psychiatric services to individuals (adults and children) within their own homes and at other sites outside the traditional clinical setting. Mobile crisis services provide for a rapid response and work to assess the individual, resolve crisis situations, and link people to needed services. These services are available across the state 24 hours a day, 7 days a week.

Research has shown that mobile crisis services are:

- Effective at diverting people in crisis from psychiatric hospitalization.
- Effective at linking suicidal individuals discharged from the emergency department to services.
- Better than hospitalization at linking people in crisis.

In fiscal year 2023-2024, there were 23,658 distinct episodes of mobile crisis services and 12,392 referrals. Mobile crisis teams responded to 89.7% of episodes in less than 2 hours.

*Additional counts for FY 2024 that is compiled in October 2024 is not yet included.

Service Referrals	
Crisis Stabilization	52.2%
Psychotherapy	40.9%
Medication management	28.0%
Crisis Residential	20.7%
Inpatient psychiatric hospital services	19.6%
Other (e.g. employment services)	11.7%
Targeted case management (TCM)	8.6%
Rapid Access Psychiatry (RAP)	8.4%
Chemical Health Services	7.3%
Childrens Therapeutic Services and Supports(CTSS)	5.6%
Adult Rehabilitative Mental Health Services(ARMHS)	4.1%
Housing services	2.4%
Homelessservices	2.0%
Residential treatment/IRTS/Rule 5	1.5%
Partial hospitalization	1.2%
Adult Day Treatment	0.9%
Assertive Community Treatment (ACT)	0.4%
Youth ACT	0.4%

Crisis Text Message Grants

State Funding Appropriated (FY23/FY24): $2,250,000; Funding Spent: $1,680,380.10

Beginning in April 2018, the Department of Human Services contracted with "Crisis Text Line," a national non- profit which provides free services to all 87 counties in Minnesota. People who text "741741" are connected 24 hours a day, 7 days a week with a trained counselor who helps defuse the crisis and connects the texter to local resources, including coordinating with mobile crisis teams. In fiscal years 2023 and 2024 Minnesota chose to transition from the service being provided by the "Crisis Text Line" to the "988 Suicide and Crisis Lifeline", which provides the same free text and chat services to all 87 counties in Minnesota but is operated by centers located in Minnesota that are overseen by the Minnesota Department of Health. There is national backup service provided if the Minnesota centers are unable to respond to text messages within a set time frame.

Regional Trainings on Text Services:

Regional coordinators provide trainings to community members and providers, school staff, and social service providers. Vendors facilitated more than 500 programing activities in fiscal year 2024 alone, including outreach, presentations, tabling events, Question, Persuade and Refer (QRP) events, meetings, and collaboration with partners, and SafeTALK. These activities help to increase awareness and knowledge of how to access the text messaging service.

In FY24 the funding for these services were transitioned to the Minnesota Department of Health (MDH), through an Interagency Agreement. MDH was working with very similar vendors to complete very similar project goals and so transitioning the funding was done to avoid duplication of effort and to make sure there was statewide cohesion for suicide prevention activities. MDH still works very closely with DHS to ensure project goals are being met and that data showing outreach and programming activities is available.

[1] Crisis text messaging is not a Medicaid billable service.

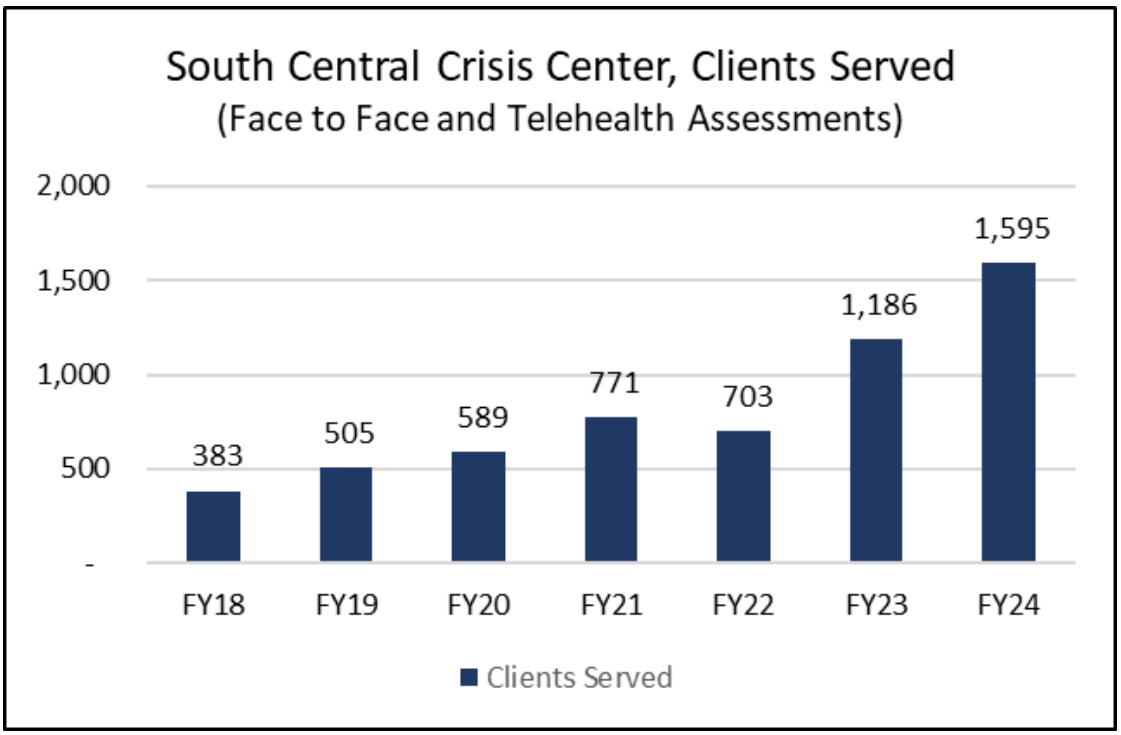
South Central Crisis Program

State Funding Appropriated (FY23/FY24): $1,200,000; Funding Spent: $1,189,406

This program provides rapid access psychiatry services to adults in the South-Central region of the state. Starting in 2010, ongoing funds were appropriated directly to Blue Earth County and are used to pre-purchase psychiatry slots from providers in the area. If an individual is in crisis, they can use these slots to access psychiatry appointments quickly, even within the same day. The grant funded 492 rapid access psychiatry visits from FY 2022 to FY 2023.

The grant also funds the mobile crisis line for the region which individuals can call to request a mobile crisis assessment. In FY 2022, 4,128 calls were received and in FY 2023, 4,668 crisis calls were received for adults and adolescents.

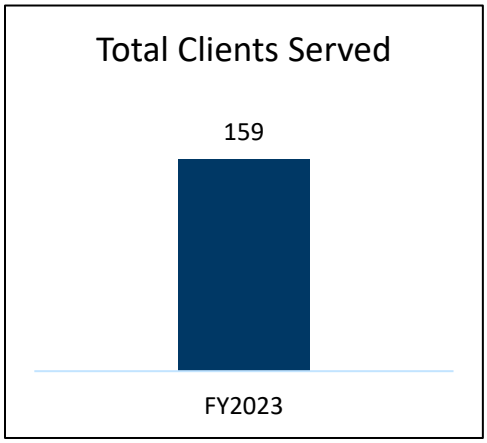
Additionally, a portion of the funding covers the cost of uninsured and underinsured adults utilizing residential crisis stabilization beds and mental health urgent care in the region. All these services are for individuals within the 10-county region (Blue Earth, Brown, Faribault, Freeborn, LeSuer, Martin, Nicollet, Rice, Sibley and Watonwan). The number of clients and bed days for residential crisis services are below. South Central Crisis program continue to expand and grow their team to ensure timely and quality responses as the standard.

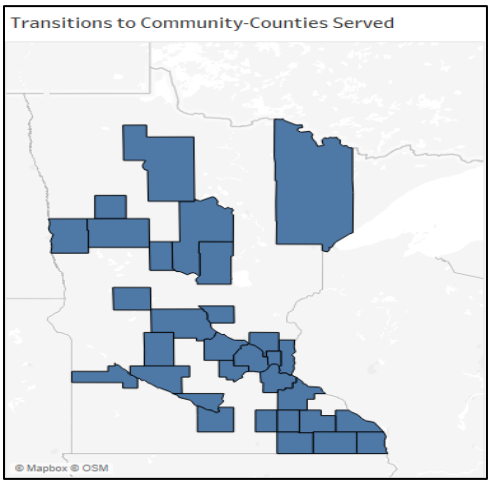


Transitions to Community Initiative

State Funding Appropriated (FY23/FY24): $6,649,951; Funding Spent: $3,366,894.48

The Transition to Community Initiative was established in 2013 to provide individuals transitioning from the Anoka Metro Regional Treatment Center (AMRTC) and the Forensic Mental Health access to a range of services, including home and community-based waivers, flexible grant funding, intensive care coordination, and partnerships with providers and counties to address an individual's unique needs and challenges.





Since that time, the initiative has increased their ability to serve people in other treatment or community settings that are experiencing challenges in moving to a less restrictive setting or achieving community tenure. The initiative has shown success in helping people overcome significant barriers to community living, thereby promoting recovery while also opening beds at AMRTC and FMHP for other individuals.

Transitions to Community Initiative dollars are distributed via three avenues: to county agencies in the form of transition grants; to grantee agencies to reimburse eligible services designated under the Whatever It Takes (WIT) program; and to Minnesota Housing for support of the Bridges Rental Assistance Program, which provides housing assistance to people who are discharging from AMRTC or FMHP while they are waiting for a Housing Choice Voucher or another rental subsidy.

Race	Percent
Alaskan Native or American Indian	5.66%
Asian	4.40%
Black	32.70%
Other Races	10.69%
Unknown	3.77%
White	43.40%

In fiscal year 2023 the Transitions to Community Initiative served a total of 159 distinct clients[1],as reported by MHIS. The map to the left shows that the Transitions to Community Initiative was active in 32 counties within this period[2].

[1] Data collected from MHIS data system.

[2] Data for FY2024 is incomplete and was not included in this report.

ACT Quality Improvement and Expansion Grants

State Funding Appropriated (FY23/FY24): $1,000,000; Funding Spent: $528,290.89

Assertive Community Treatment (ACT) teams help people treat and manage their mental illnesses and develop the skills they need for life in the community of their choice. Teams typically include a psychiatrist, mental health professionals, multiple nurses, substance abuse specialists, supported employment specialists, certified peer specialists, and other mental health professionals, practitioners, or rehabilitation workers.

ACT teams strive to help individuals be successful with relationships, work, managing mental and physical health, and everyday living. ACT helps shorten the use of inpatient psychiatric care and helps prevent inappropriate inpatient care and homelessness.

This funding helps cover a portion of the start-up funding for new ACT teams while they build to reach capacity and sustainability. In addition, this funding is used to improve the quality of services of the ACT teams. Grant funds help support trainings offered to all ACT Teams on evidence-based practices in Integrated Dual Diagnosis Treatment (IDDT), Supported Employment and Education (SEE), Trauma Informed Care, E-IMR and Cognitive Behavioral Therapy (CBT) interventions.

Funds are also used to improve the quality of services by assessing the fidelity of teams through contracts with the Tool for Measurement of Assertive Community Treatment (TMACT) reviewers, who visit teams and provide thorough and thoughtful guidance on how teams may improve. These teams moved from corrective action or low fidelity into the medium or high-fidelity bracket. The ACT teams completed the TMACT fidelity reviews in-person (including site visits with the evaluators) for the first time since FY 2021-2022, because of restrictions during the COVID-19 pandemic. The recommendations from the previous fiscal year that identified areas strength and areas for development by the reviewers were greatly improved. The FY 2023-2024 TMACT evaluations scores reflected more than 90% of the ACT team implementing ACT at a moderate to high fidelity level of quality and adherence. New areas of strength and development identified in the most recent reviews.

Some areas of strength included:

- Delivering services with a strengths-based approach and supports independence and recovery.
- Increased frequency with which the ACT Team sees clients.
- Delivering Co-Occurring Disorder services like Motivational and Cognitive Behavioral approaches, which effectively implements harm reduction strategies.

Some areas for development included:

- Increasing active recruitment from various sources.
- Increase collaboration/work with natural supports (when appropriate).
- Develop and refine specialist roles.
- Documentation and treatment planning consistency.
- Obtain trainings in Evidence-based practices, WMR strategies, but also informal strategies.

Number of ACT Clients Served by AMHI and CSP Grant Funding by FY	
FY 2019	203
FY 2020	337
FY 2021	290
FY 2022	246
FY 2023	263
FY 2024	200

The number of ACT clients served through grant funding decreased during FY 2023 and FY 2024. The ACT teams are facing challenges with lack of affordable housing for clients, staffing shortages due to limited pool of qualified candidates and competitive salary, and potential ACT clients prioritizing other services that can provide more adequate funding/resources to meet their needs. Decreases from FY 2020 through 2022 were largely due to restrictions and staffing shortages related to the impact of the COVID-19 pandemic.

Finally in FY 2022-2024, grant funds were utilized to fund more than 40 trainings in Evidence-based practices as well as targeted trainings for ACT services and fidelity model including ACT 101, Peer Support Services on ACT Teams, Assertive Engagement, Working with Justice-involved individuals, Vocational Services on ACT Teams and How to prepare for TMACT. Culturally responsive offerings like Mental Health in the Somali Community, Medical Mistrust in the African American Community and Mental Health in the Hmong Community were also conducted.

Housing Support for Adults with Serious Mental Illness (HSASMI)

State Funding Appropriated (FY23/FY24): $9,100,000; Funding Spent: $7,879,279.33

The housing with supports for adults with serious mental illness grant program (HSASMI), provides housing support services for people with serious mental illness (SMI) who are homeless, long term homeless, or exiting institutions who have complex needs and face high barriers to obtaining and retaining housing. The services provided assist individuals to transition to and sustain permanent supportive housing (PSH) which meets the PSH evidence-based practice fidelity standards.

The HSASMI grant program is focused on assuring that participants can access and retain affordable, lease-based housing. The housing support services provided are recovery oriented, person-centered, and link people to best practice and evidence-based behavioral health services in alignment with the outcomes identified in Minnesota statute 245.992 and listed below.

Outcomes[3]

Statue outcomes

(1) Whether the grantee's housing and activities utilized evidence-based practices.

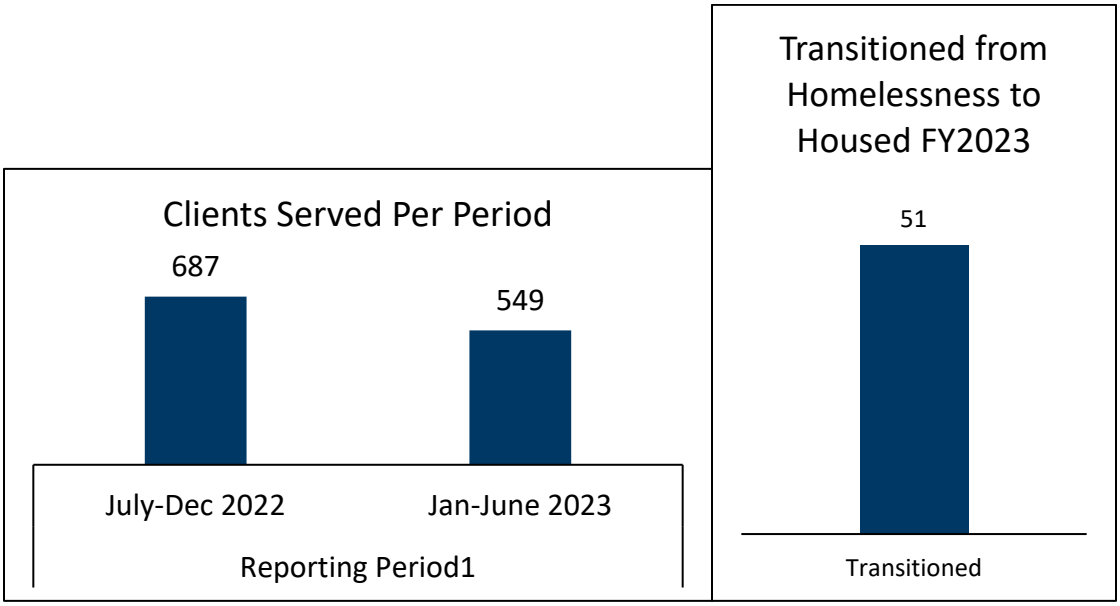
HSASMI grantees are required to utilize the Substance Abuse and Mental Health Services Administration PSH evidence-based practice fidelity standards, and to meet or have a plan to meet the fidelity standards. In calendar year 2023 all 25 HSASMI grantees met these fidelity standards. In addition, the HSASM grantees trained on or utilized a range of evidence-based practices including, assertive community treatment, cognitive behavioral therapy, critical time intervention, housing first, illness management and recovery, and integrated dual disorders treatment.

(2) the number of individuals that were able to transition from homelessness to housing.

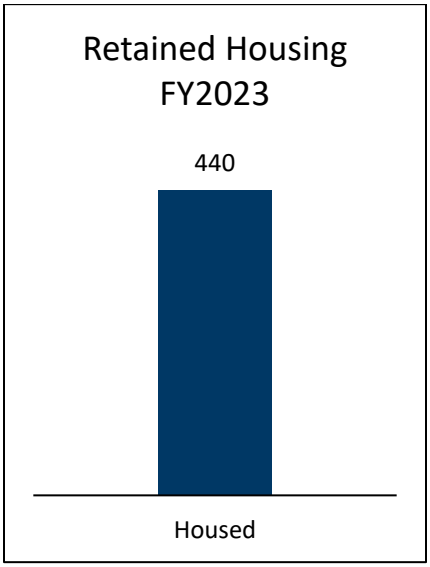
In fiscal year 2023[4], there were 863 people engaged in services by the HSASMI grant program and 51 people transitioned from at-risk of homelessness or homeless to housed.

[3] Outcomes reported from the Mental Health Information System (MHIS) and a survey of grantees.

[4] Data for FY2024 is incomplete and was not included in this report.

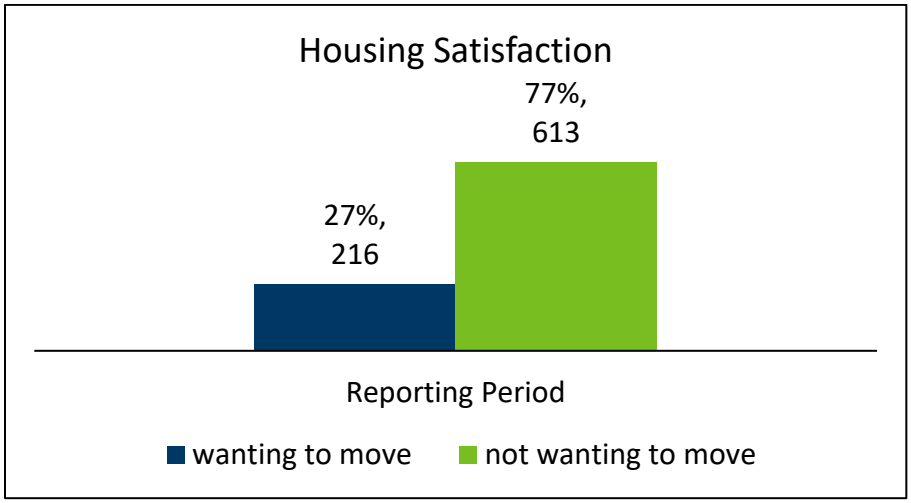


- The number of individuals that were able to retain housing.



(3) Whether the individuals were satisfied with their housing.

The available housing satisfaction data is limited in the current data system. HSASMI uses as a measure participant preference, or satisfaction, with their housing based upon their reported desire to move or not to move. Choice of housing is a PSH EBP fidelity measure that is used in service planning to promote exploration of a person's housing options and support the participant's choice in living arrangements.



Equity outcomes

The HSASMI program works to address the racial and ethnic disparities that are prevalent in the population of people who are homeless to assure that services are effectively reaching Minnesotans.

Race	Percent
White	51.94%
Black	27.42%
Alaskan Native or American Indian	11.08%
Other Races	7.20%
Asian	1.80%
Pacific Islander or Hawaiian Native	0.55%

Ethnicity	Percent
Not of Hispanic Origin	88.30%
Unknown	8.46%
Hispanic Origin regardless of race	1.27%
Mexican	0.93%
Other Specific Hispanic	0.81%
Cuban	0.23%
Puerto Rican	0.12%

Crisis Housing Assistance Program

State Funding Appropriated (FY23/FY24): $1,220,000; Funding Spent: $1,119,772.06

The Crisis Housing Assistance Program provides housing assistance on behalf of people with serious mental illness. The Crisis Housing Assistance Program did not have grantees administering services between July 2021 and May 2022. In June 2022 DHS reestablished services with a new grantee, The Arc Minnesota. The Arc Minnesota increased application accessibility. People may apply directly using the online portal, may submit paper applications, or may get assistance from a social service agency with the application process. The Arc has also translated their application and materials.

The program provides short-term housing assistance, including financial assistance to pay rent, mortgage, utility bills, and other housing related expenses. Funds are available for up to 90 days to individuals who are either using their income to pay for facility based behavioral health treatment or who are losing income due to their treatment stay. The Crisis Housing Assistance Program prevents homelessness and supports access to treatment by helping individuals retain their housing while seeking needed behavioral health treatment.

Outcomes[5]

Program Outcomes

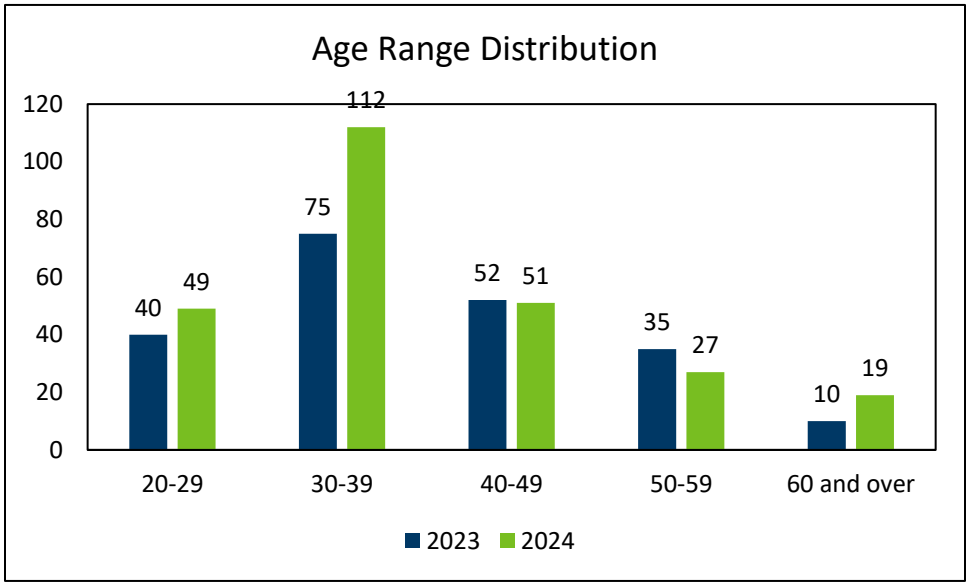
In state fiscal years 2023 and 2024, a total of 470 households were able to maintain their permanent housing through the Crisis Housing Assistance Fund.

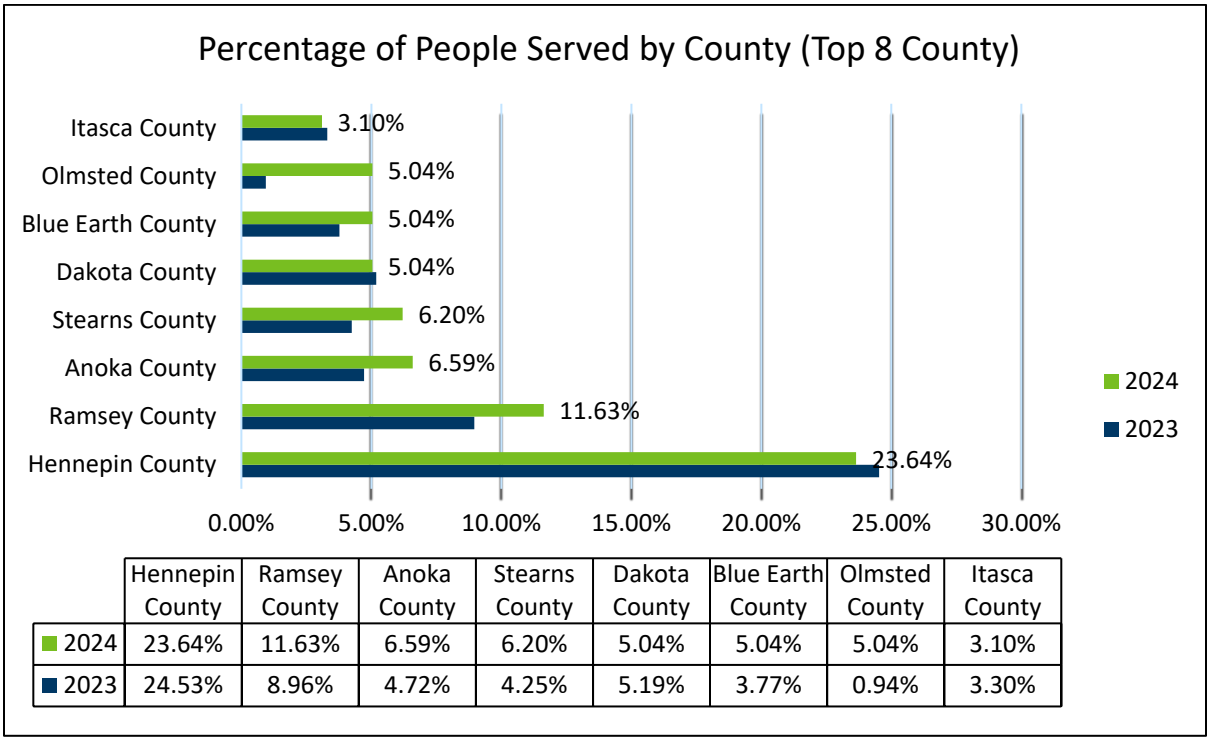
Program Utilization		
Outcome	**FY23**	**FY24**
People served	212	258

Housing Assistance		
Outcome	**FY23**	**FY24**
Rent and mortgage assistance	$298,049	$418,599
Utilities and other assistance	$20,715	$21,082

[5] Outcomes reported from the grantee data system.

Housing Assistance		
Treatment Type	**FY23**	**FY24**
In-Patient or Residential Use Disorder Care (must provide documentation of Severe Mental Illness)	89	106
In-Patient or Residential Mental Health Care	115	134
Partial Hospitalization	8	18





	Hennepin County	Ramsey County	Anoka County	Stearns County	Dakota County	Blue Earth County	Olmsted County	Itasca County
2024	23.64%	11.63%	6.59%	6.20%	5.04%	5.04%	5.04%	3.10%
2023	24.53%	8.96%	4.72%	4.25%	5.19%	3.77%	0.94%	3.30%

The top eight counties collectively served 61% of the total population in FY 2023-2024

Children's Respite Care Service Grants

State Funding Appropriated (FY23/FY24): $3,048,000; Funding Spent: $2,249,282.80

Respite services provide temporary care for children with serious mental health needs who live at home. These grant funds are administered by counties and tribal partners throughout Minnesota. The purpose of this grant is to provide relief to families and caregivers while offering a safe environment for their children. This is done by providing the parent of caregiver temporary relief from the care of the child; reducing family stress and improving child and family functioning; and promote family preservation and the prevention of placement of the child out of the home.

Respite care can be provided in a family's home, foster home, or licensed facility in the community and gives families a chance to reenergize and refocus. Respite care includes planned routine care to support the continued residence of a child with emotional or behavioral disturbance with the child's family or long-term primary caretaker. This type of care can also be used on an emergency or crisis basis.

This grant is accessed by approximately 3,850 families and 4,000 children annually in all areas in the state. In addition to traditional respite care services, this grant promotes the use of non-traditional interventions to achieve the program goals. Children's Mental Health Respite Care Services may include:

> Recreational, sport, and non-sport extracurricular activities and programs for the child including camps, clubs, lessons, group outings, sports, or other activities and programs.
>
> Family activities, camps, and retreats that the family does together and provide a break from the family's circumstance.
>
> Cultural programs and activities for the child and family designed to address the unique needs of individuals who share a common language, racial, ethnic, or social background.

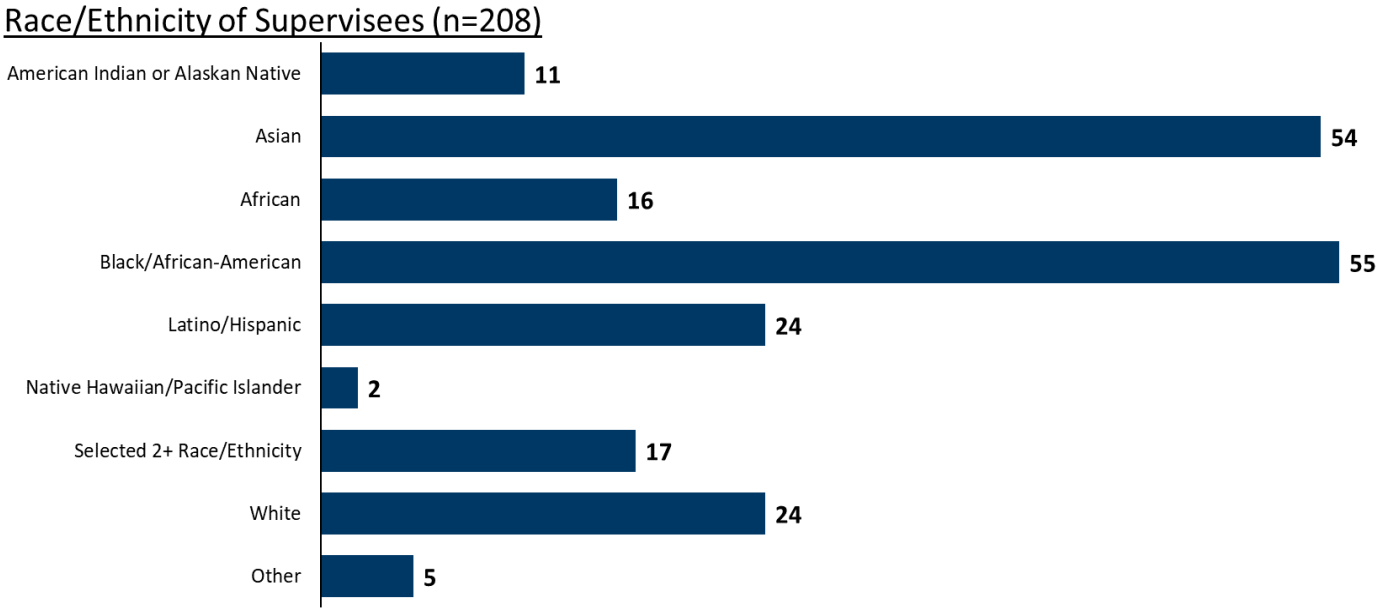
Goals of this grant include:

- Providing relief and support to caregivers
- Improving child functioning
- Decreasing out-of-home placements and hospitalizations
- Increasing safety and permanency
- Reducing family/parenting stress
- Providing access to community activities that may not normally be present.

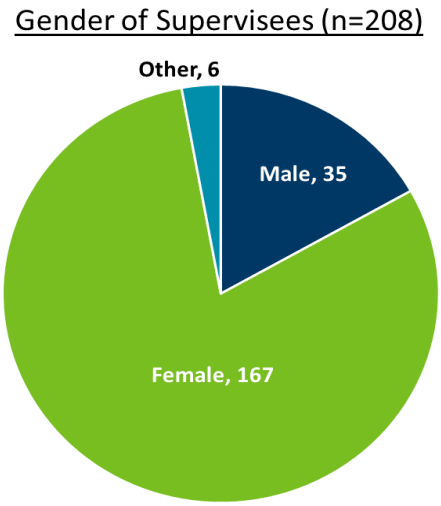
Cultural and Ethnic Minority Infrastructure Grants

State Funding Appropriated (FY23/FY24): $1,200,000; Funding Spent: $1,156,255.27
Federal Funding Appropriated (FY23/FY24): $13,232,898.95; Funding Spent: $9,251,119.21

Cultural and Ethnic Minority Infrastructure Grants (CEMIG) supports mental health professionals and practitioners from cultural and ethnic minority backgrounds to obtain supervision hours, meet licensure requirements or certification to become qualified mental health practitioners, mental health professionals, and/or clinical supervisors. Data was reported by 20 grantees through the platform SnapSurvey in FY23 and FY24 on a quarterly basis. A total of 208 mental health professionals and practitioners received supervision from the support of CEMIG between FY23 and FY24 – with 104 supervisees in FY23 and 171 supervisees in FY24.

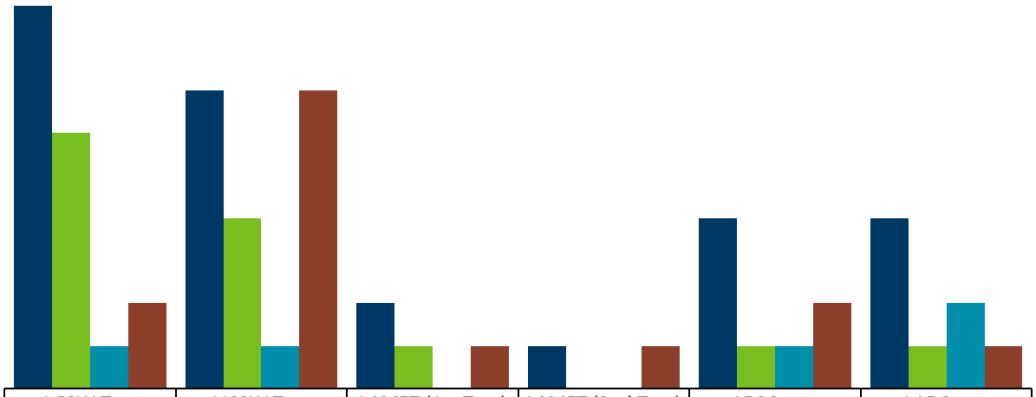


- "Other" race/ethnicity of supervisees: Hmong, Somali, Middle Eastern, Iranian, Persian, and Jewish



Primary Languages Spoken by Supervisees (n=208)	
English (65%)	Hmong (13%)
Somali (9%)	Spanish (7%)
Swahili (2%)	Oromo (2%)
Amhara (1%)	Karen (1%)

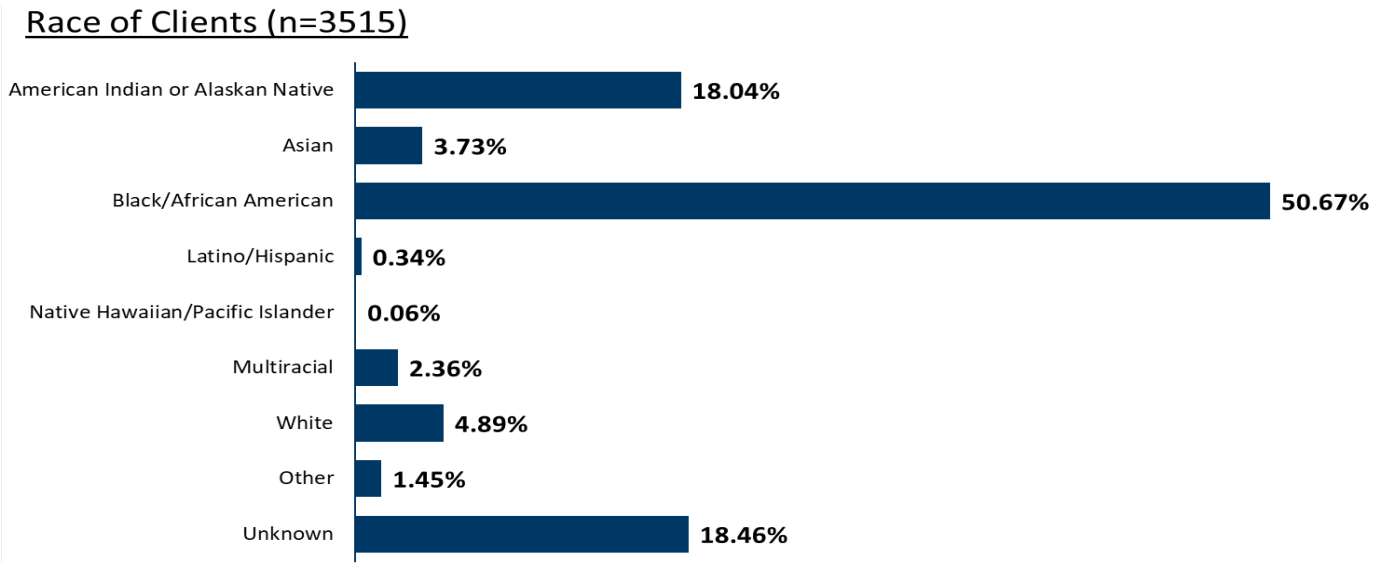
Exams taken by Supervisees (n=32)

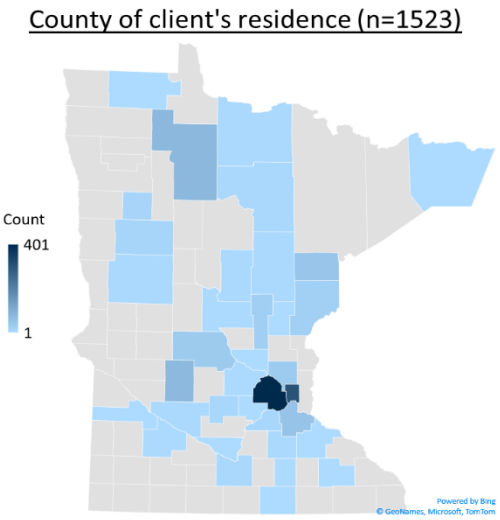


	LGSW Test	LICSW Test	LAMFT (1st Test)	LAMFT (2nd Test)	LPCC test	LADC test
Total Exam Taken	9	7	2	1	4	4
Passed	6	4	1	0	1	1
Failed	1	1	0	0	1	2
Results not reported	2	7	1	1	2	1

- 32 supervisees reported taking an exam, but only 27 reported which exam they took.

CEMIG also provides mental health or substance use disorder (SUD) treatment services and supports to individuals from cultural and ethnic minority populations. A total of 3,515 clients received services and support from the aid of CEMIG between FY23 and FY24 – with 1,631 clients in FY23 and 1,884 clients in FY24 (please note that these numbers are not a distinct count of the clients, but an aggregate count of all clients served).





- 26 clients resided outside of Minnesota.

Communities served by supervisees through CEMIG funding: individuals, families, couples, students, youth under 5, youth 6-11, youth 12-17, adults 18+, LGBTQIA+, immigrants, refugees, 2nd generation immigrants, low income/SES, homeless, victims of trafficking, domestic violence victims, Latino/a/x, Mexican, Southeast Asian, Hmong, Karen, American Indian, African American, African, Somali, and Central American.

Children's Evidence-Based Training Grants

State Funding Appropriated (FY23/FY24): $2,125,000; Funding Spent: $262,296.79

Children's Evidence-Based Training Grants are awarded to mental health provider agencies serving children and youth to strengthen the clinical infrastructure by providing training and consultation to practicing mental health providers in the use of treatment strategies that have research to demonstrate their clinical efficacy and effectiveness.[33] The practices supported by these grants are Managing and Adapting Practice (MAP), Trauma- Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and Bounce Back. The number of clinicians trained in state fiscal year 2022 and state fiscal year 2023 is reflected in the table below.

	SFY 2022		SFY 2023	
EBP Trainings by Type	Number of Agencies	Number of Clinicians	Number of Agencies	Number of Clinicians
MAP	6	6	23	45
TF-CBT	0	0	0	0
CBITS	0	0	0	0
Bounce Back	0	0	0	0

MAP is an evidence-based model of treatment that has been proven effective on a wide diversity of treatment targets and ages. The MAP system provides access to a database with the most current scientific information, measurement tools, and clinical protocols as well as clinical dashboards to track outcomes and practices.

TF-CBT is an evidence-based treatment for children and adolescents ages 3-17 who are impacted by trauma, and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple, and complex trauma experiences. Over 80% of traumatized children show significant improvement in 12 to 16 weeks. Family functioning is improved because TF-CBT encourages the parent to be the primary agent of change for the traumatized child.

CBITS is a school-based group and individual intervention program that is designed to reduce symptoms of post- traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. CBITS uses cognitive-behavioral therapeutic techniques and is appropriate for students in grades 5 through 12 who have witnessed or experienced traumatic life events.

Bounce Back is an adaptation of CBITS designed to be administered to elementary students (ages 5-11) exposed to stressful and traumatic events, including natural disasters. Like CBITS, it is a school-based intervention program that includes group, individual, and parent sessions. While therapeutic elements are similar to CBITS, Bounce Back is designed with added elements and engagement activities, and more parent involvement so it is developmentally appropriate.

Both MAP and TF-CBT training models include 5 days of intensive classroom instruction followed by 9-12 months of bi-weekly phone consultation sessions. Training groups are limited to 25-30 trainees and provide for a national certification that requires renewal every 3-5 years. CBITS and Bounce Back trainings are a day and a half (12 hours) and each program is typically offered every other year. There is no national certification, but CBITS and Bounce Back have the same phone consultations sessions as MAP and TF-CBT.

Early Childhood Mental Health Capacity Grants

State Funding Appropriated (FY23/FY24): $2,048,000; Funding Spent: $1,806,787.15

Since 2007, Minnesota has invested in building the capacity of and access to early childhood mental health services in Minnesota. To accomplish this, DHS awards competitive grants to mental health providers. In FY 2023 and FY 2024, DHS funded 33 mental health agencies that together cover every county in the state and three tribal nations. There are three core components of the Early Childhood Mental Health (ECMH) grant program. The purpose and accomplishments of each are as follows:

1) ***Provide appropriate clinical services to young children and their families who are uninsured or underinsured.***

Children aged 0-5 who received services by the 33 ECMH grantees	
Total population served	FY23: 4586 | 33% female, 67% male, <1% not reported | from all 87 MN cos. FY24: 5220 | 33% female, 67% male, <1% not reported | from all 87 MN cos.
Total individual services provided	FY23: 164,635 >> clinical: 89% (includes 3% EBP) | auxiliary: 11% FY24: 139,968 >> clinical: 90% (includes 3% EBP) | auxiliary: 10% (Auxiliary services supplement or facilitate access to clinical services.)

2) ***Increase the clinical competence of clinicians across the state to serve children birth through five and their parents by training them in evidenced-based practices around assessment and treatment of young children. Over these two fiscal years we included specialized training for early childhood psychologists and for skills workers serving children ages birth through five.***

Content of Evidence-Based Practices (EBPs) training sessions provided	**Clinicians trained**
Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5)	604
Attachment and Bio-behavioral Catch-up (ABC) (newborn, infant, toddler and supervisors)	42
Attachment and Bio-Behavioral Catch-up (ABC) Booster	35
Child-Parent Psychotherapy (CPP)	79
Child-Parent Psychotherapy (CPP) Booster	206
Parent Child Interaction Therapy (PCIT)- Regular, older child version, skills worker training, within agency trainer	43
Parent-Child Interaction Therapy (PCIT) Booster	45
Early Childhood Service Intensity Instrument (ECSII)	189
Early Childhood Psychologists' Learning Collaborative (monthly consult group for early childhood psychologists) – not mutually exclusive	330
Great Start Clinicians' Group (monthly consult group for	927

clinicians trained in the DC:0-5)- not mutually exclusive	

3) ***Provide mental health consultation to childcare providers across the state to prevent expulsion and suspension of young children from childcare, to increase childcare staff morale and retention, and address the mental health issues of young children and their family's accessing childcare. Over these two fiscal years we obtained additional funding from the Minnesota Departments of Education and Health the Childcare Services division of DHS and expanded consultation to teachers in pre-k programs, public health programs and Family Friend and Neighbor providers.***

Total childcare sites receiving early childhood mental health consultation	186 childcare sites received consultation and over 9068 children under the age of six indirectly served.
Total number of school sites receiving early childhood mental health consultation	40 sites received consultation; 349 teachers and 5900 children under the age of six indirectly served
Total number of Public Health Programs receiving early childhood mental health consultation	40 programs received consultation and approximately 1200 families with children under the age of six indirectly served
Total number of Family Friend and Neighbor Providers receiving early childhood mental health consultation	Approximately 2800 family, friend and neighbor providers received mental health consultation.

Child Welfare and Juvenile Justice Screening Grants

State Funding Appropriated (FY23/FY24): $8,823,500; Funding Spent: $7,335,017.06

The children's mental health screening initiative was a response to the Children's Mental Health Task Force of 2002. The Department of Human Services (DHS) partners with the Child Safety and Permanency Division of DHS and the Department of Corrections to provide means for county and tribal social services and juvenile justice programs to screen children within specific target populations and refer children, as needed, for further mental health assessment. The mandated target populations include children in the child welfare and juvenile justice systems.

Children's mental health screening grants integrate mental health screening into current practice, promote the use of effective and efficient mental health screening instruments, facilitate referral of children for diagnostic assessments, and make funds available for screening and uncompensated mental health services. Mental health screening is a brief process to detect potential mental health problems. Children identified through the screening process should be referred to a mental health professional who can determine a mental health diagnosis and identify any necessary treatment or service.

Children who Received Mental Health Screenings	**2022**	**2023**
Child Welfare	4537	5060
Juvenile	1869	2167

Currently, statute restricts DHS from collecting individual screening results. Under this restriction, DHS has only been able to collect a minimal amount of basic summary data, such as the total number of screenings completed, and the total numbers of children screened by race, age, and geographic area. This limitation hinders the ability of DHS to assess the effectiveness of the grant and determine whether grants meet statutory requirements.

Adverse Childhood Experience Grants

State Funding Appropriated (FY23/FY24): $726,000; Funding Spent: $ 703,932.17

This program provides training to Children's Mental Health and Family Services Collaboratives on the impact of ACEs (Adverse Childhood Experiences), brain development, historical trauma, and resilience. Training outcomes include increased collective understanding among Collaboratives communities about ACEs, resilience, and trauma, and increased protective factors for children, families, and communities.

This program has 4 phases of activities, as well as related conference and cohort activities:

Phase 1 – *Presentations* to train community partners, parents, and providers:

- Provided 22 ACE Interface Presentations (*Understanding Adverse Childhood Experiences: Building Self- Healing Communities*) reaching 911 people in Collaboratives' communities throughout Minnesota.

Phase 2 – *Regional Cohorts* to train and create community Presenters:

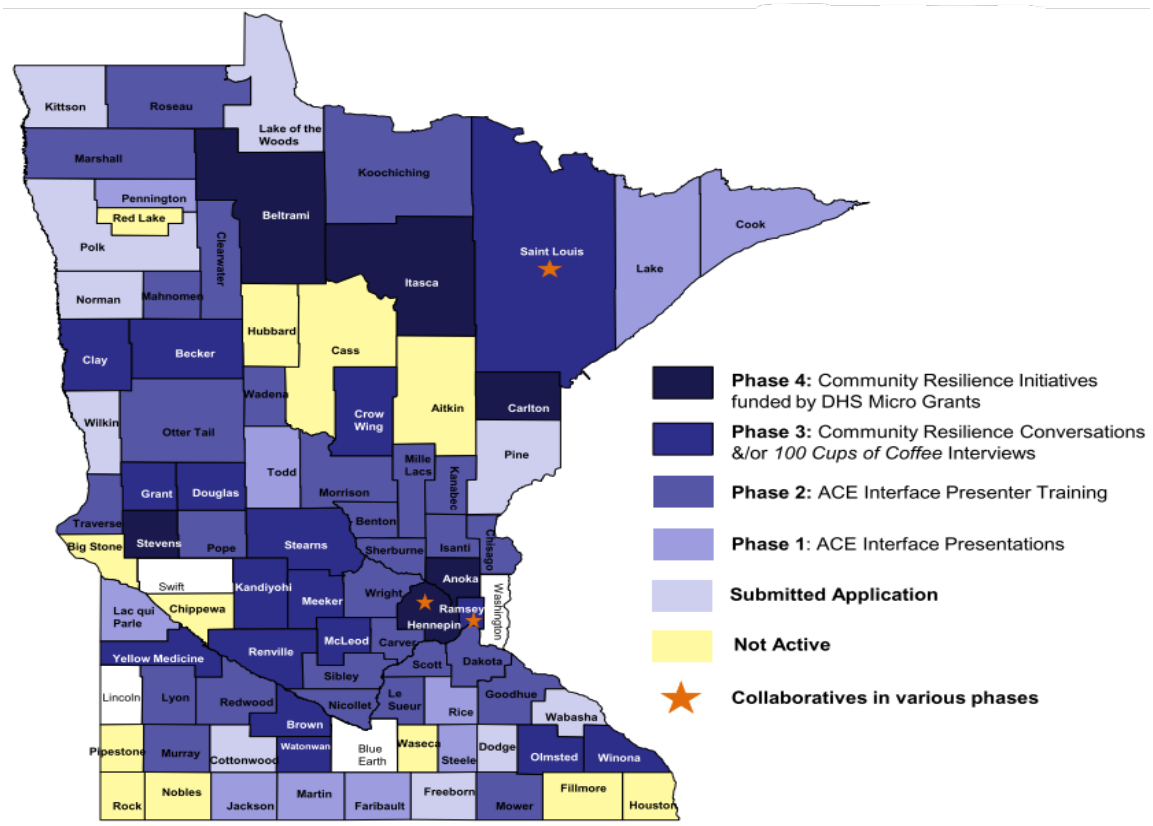
- Provided 4 ACE Interface Presenter Workshops and trained 98 community Presenters/Trainers.

Phase 3 – *Community Resilience Conversations and 100 Cups of Coffee Interviews* to discuss emerging community needs and inform Collaboratives' Community Resilience Plans:

- More Resilient Minnesota supported 6 Collaboratives to gather input from more than 169 people via Community Resilience Conversations and *100 Cups of Coffee* Interviews.

Phase 4 – *Community Resilience Initiatives* to pilot innovative programs, services, or strategies*:*

- DHS awarded 4 micro grants to support 4 Community Resilience Initiatives in Collaboratives' communities.



Other Grant Activities: Conference/Gathering to support and strengthen communities of practice among the Collaboratives. 590 people engaged in shared learning at the 2023 and 2024 *Annual Gatherings of Collaboratives and Tribal Nations Addressing Adverse Childhood Experiences: Growing Resilient Communities*. Additionally, community Presenters/Trainers delivered 64 presentations to 802 people in communities served by Collaboratives.

**Data Source: EGMS & Grantee's Quarterly Progress Reports*

Services for First Episode Psychosis

State Funding Appropriated (FY23/FY24): $2,313,000; Funding Spent: $553,151.43
Federal Funding Appropriated (FY23/FY24): $8,005,621.98; Funding Spent: $4,748,145.06

First Episode Psychosis (FEP) programs are for all adolescents and young adults ages 15 to 40 experiencing a first episode psychosis, especially underserved and at-risk populations, including African Americans/Africans, American Indians, Asian Americans, Hispanics/Latinos, LGBTQ communities, people with disabilities, and transition age youth.

Psychosis can affect people from all walks of life, but often begins when a person is in their late teens to mid- twenties. Reducing the amount of time, it takes for a person experiencing psychosis to get treatment is important because early treatment often means a successful recovery. Studies show that it is common for a person to have psychotic symptoms for more than a year before receiving treatment.

FEP uses the Coordinated Specialty Care (CSC) model to reduce psychosis symptoms, hospitalization, school dropout rates, unemployment, incarceration, homelessness, and application for disability, as well as improve quality of life. CSC is a recovery-oriented treatment program using a team who work with the individual and their family members to create a personal treatment plan. Depending on the individual's needs and preferences, services include psychotherapy, medication management, family education and support, case management, and employment or education support.

In Fiscal Year 2023/2024, funding continued to support the Hennepin Healthcare**,** M Health, Human Development Center, and Radias Health. Additional funds were available to develop a new team at Allina Health, bringing the total FEP service provider count to 5 total sites. Grant dollars also funded the University of Minnesota's Department of Psychiatry and Behavioral Sciences to provide technical assistance, including training, consultation, reviewing fidelity and data collection for all FEP sites.

Funding was also requested to start a First Episode Mood Disorder (FEMD) Program. The Behavioral Health Division received some legislatively approved funding in previous years to contract with the University of Minnesota, to create a blueprint of an FEMD program which was received. However, Legislation did not get passed to begin an FEMD program when requested in the 2023-2024 period.

The following page contains a chart showing the client admissions for each of the FEP programs in fiscal year 2023 and fiscal year 2024. There is also some information detailing what was covered by grant funds for these programs.

[4] Site information can be found at: HCMC, http://hcmc.org/clinics/TheHOPEProgram/HCMC_D_047257; M Health, https://www.mhealth.org/care/conditions/psychosis-first-episode; HDC, https://www.humandevelopmentcenter.org/programs/adolescent/., https://www.radiashealth.org/programs/community-based-services/compass-first-episode-psychosis/ , https://account.allinahealth.org/services/951

# of clients served by Program	*Fiscal year 2023*	*Fiscal Year 2024*
Hennepin Healthcare (HCMC), Minneapolis	113	91
M Health (University of MN Physicians), St. Louis Park	122	101
Human Development Center (HDC), Duluth	25	19
Radias Health, St. Paul	11 (year 1 for them)	42
Allina Health, Plymouth	N/A	22

Grant funds covered: [5]

- Staff members (salary and fringe for staff meetings, training, consultation/supervision as well as non- reimbursable staff, including Supported Employment and Education, Case Manager, Peer Support Specialist, and Family Peer Support Specialist)
- Program needs (rent, computer technology, phone/Wi-Fi, supplies, etc.)
- Client needs (bus pass, hygiene items, weather-appropriate clothing and footwear, clothing for interviews/work clothes, ID replacement, laundry supplies, food, etc.)
- Creation of 5th FEP program site and continued support for the 4 existing teams
- Collaboration with Technical Assistance provider through the University of Minnesota. This provided training, consultation, and ongoing support for the teams and data collection for DHS.

[5] FEP services are primarily funded by MHCP and consumer insurance, and grant dollars are used for non-covered services.

Mental Health Innovation Grant Program

State Funding Appropriated (FY23/FY24): $2,000,000; Funding Spent: $1,652,854.02

The mental health innovation account is established in the special revenue fund. Beginning in fiscal year 2018, $1,000,000 of the revenue generated by collection efforts from the Anoka-Metro Regional Treatment Center and community behavioral health hospitals under section 246.54 must annually be deposited into the mental health innovation account. Money deposited in the mental health innovation account is appropriated to the commissioner of human services for the mental health innovation grant program under section 245.4662. [6]

The mental health innovations grant program was established to improve access to and the quality of community-based, outpatient mental health services and reduce the number of people admitted to regional treatment centers (RTCs) and community behavioral health hospitals (CBHHs). [7]

Eligible applicants for the mental health innovations grant program includes counties, tribes, mental health service providers, hospitals, or community partnership. For the purpose of the grant, "community partnership" is defined as a project involving the collaboration of two or more eligible applicants. State-operated direct care and treatment facilities or programs under chapter 246 were excluded as eligible applicants.

Some Areas of strength include:

- Care Coordination
- Culturally Specific services
- Rule 20 trainings
- Peer Services
- Mental Health Therapy
- Residential bed holds contracts for clients currently in community hospitals, correctional facilities, and state hospital systems
- Social workers, who conduct street outreach and engagement

Mental Health MN
Mental Health Minnesota's Peer 2 Peer Digital Support Program offers support to individuals struggling with chemical/mental health, particularly those who have had inpatient care or emergency services in the past 90 days. The program is designed to help individuals avoid further emergency department visits or inpatient psychiatric admission.

Hennepin County:

[6] Sec. 246.18 MN Statutes

[7] Sec. 245.4662 MN Statutes

Hennepin Behavioral health Center launched and operate the expanded Downtown Improvement District (DID) Social Worker initiative in downtown Minneapolis.
Operate the BHC Walk-in Center services (welcome, triage, assessment, interim care coordination and referrals) seven days a week, 9 am – 9 pm Operate the Behavioral Health Center Walk-in Center services (welcome, triage, assessment, interim care coordination and referrals) seven days a week, 9 am – 9 pm.

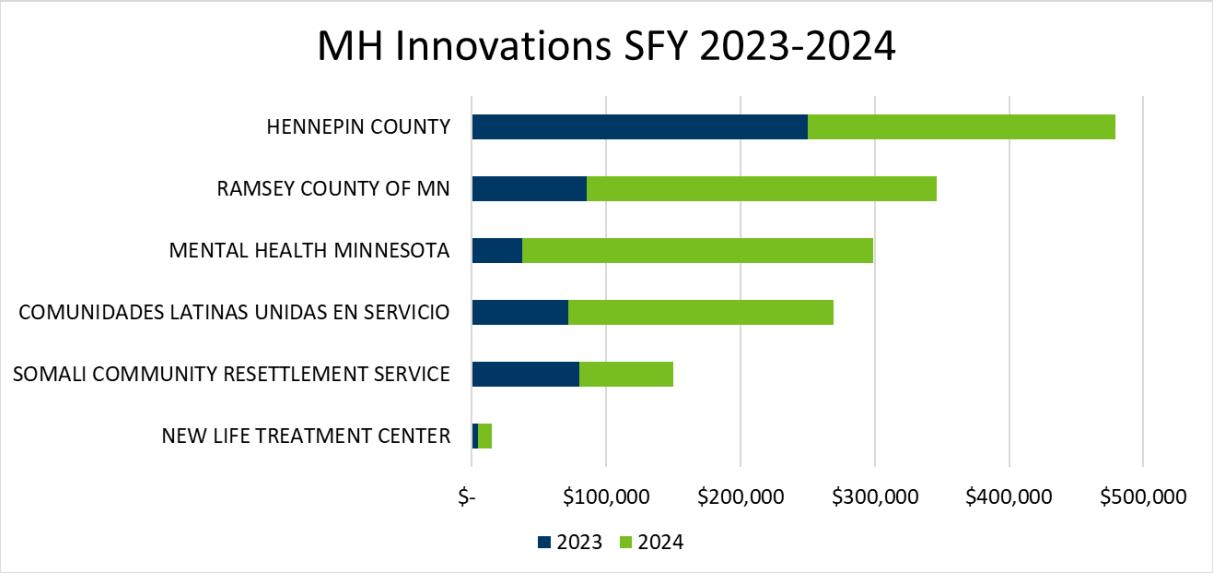
New Life Treatment Center:
Pursing the development of a Residential Crisis Stabilization center that will be strategically designed to bridge gaps in between outpatient services and residential mental health and substance use disorder services.

Comunidades Latinas Unidas En Servicio:
The focus for the CLUES team continued to be opening communication with community partners to establish a care coordination network. Goal to ensure clear communication and expectations and smooth transfer of care when CLUES' uninsured adult mental health clients need to access a higher level of service, such as crisis services, day treatment, partial hospitalization, inpatient treatment, or residential treatment.

Ramsey:
Maintain monthly meetings between housing providers and case managers, conducting outreach to additional housing providers, and securing bed hold contracts with community housing providers to house Rule 20 clients.

Somali Community Resettlement Services:
SCRS conducts weekly community outreach in Faribault, Rochester, and the greater Twin Cities area. SCRS's mental health worker provides mental health education to the community.

The chart shown below represents grant funds used by contracted providers for state fiscal year 2023 and 2024.



Projects for Assistance in Transition from Homelessness (PATH)

State Funding Appropriated (FY23/FY24): $4,838,000; Funding Spent: $23,790.65
Federal Funding Appropriated (FY23/FY24): $2,641,600; Funding Spent: $1,574,783.62

The Projects for Assistance in Transition from Homelessness (PATH) is a federal and state program that supports the delivery of services and resources to people who have serious mental illness, may have a co-occurring substance use disorder, and are homeless or at imminent risk of homelessness. PATH prioritizes serving people with complex needs and barriers to housing who are often difficult to locate, engage in services, and connect to resources to meet their basic needs. The PATH services of outreach and case management work to find, engage, and then assist people to connect to community-based services and transition from homelessness. In alignment with federal Substance Abuse and Mental Health Services Administration program goals, the Comprehensive Adult Mental Health Act housing mission statement, and Minnesota statute 245.991 outcomes listed below.

Outcomes[8]

Statute outcomes

(1) The number of individuals to whom the grantee provided homeless outreach services.

Outreach is a primary service for PATH. All people initially contacted by PATH receive outreach service until they chose to enroll in PATH. Outreach is provided through two types of settings. Street outreach settings which are settings unfit for human habitation, for example places that are outside, camps, or on transit. PATH outreach may also be provided in service settings or facilities where services may be available. Example service settings are shelters, jail, treatment settings, or being evicted.

PATH Outreach		
Outcome	**FY23**	**FY24**
New street outreach contacts	1034	760
New service outreach contacts	937	618
Total number of new contacts	1970	1376
Total all persons contacted	2424	1737

[8] Outcomes reported from the Homeless Management Information System (HMIS) and a survey of participants.

(2) The number of individuals the grantee enrolled in case management services.

Case management is a primary service for PATH. All people enrolled in PATH receive case management services.

PATH Enrollment		
Outcome	**FY23**	**FY24**
Number of new people enrolled	648	458
People previously enrolled	231	215
Total number of people enrolled	879	673

(3) The number of individuals that were able to access mental health and substance use disorder treatment services.

The people enrolled in and served by PATH have a serious mental illness. PATH also serves people with co-occurring substance use disorder (SUD). Access to community mental health and substance use treatment services vital to support participant's recovery.

PATH Behavioral Health Service Access		
Outcome	**FY23**	**FY24**
People enrolled in PATH	879	673
People with Co-occurring SUD	271	218
Received community mental health services	508	314
Received substance use treatment	57	14

- The number of individuals that were able to transition from homelessness to housing.

The people enrolled in and served by PATH are experiencing homelessness. Access to permanent and temporary housing is the foundation to recovery.

PATH Transitions to Housing		
Outcome	**FY23**	**FY24**
Housing services attained	140	81
Temporary housing attained	59	44
Permanent housing attained	100	58
Permanent housing at program exit	284	193

Equity outcomes

The PATH program works to address the racial and ethnic disparities that are prevalent in the population of people who are homeless to assure that services are effectively reaching Minnesotans.

PATH Race		
Outcome	**FY23**	**FY24**
American Indian, Alaska Native, or Indigenous	116	126
Asian or Asian American	19	12
Black, African American, or African	294	182
Native Hawaiian or Pacific Islander	5	2
White	506	391
Data not Collected	1	4

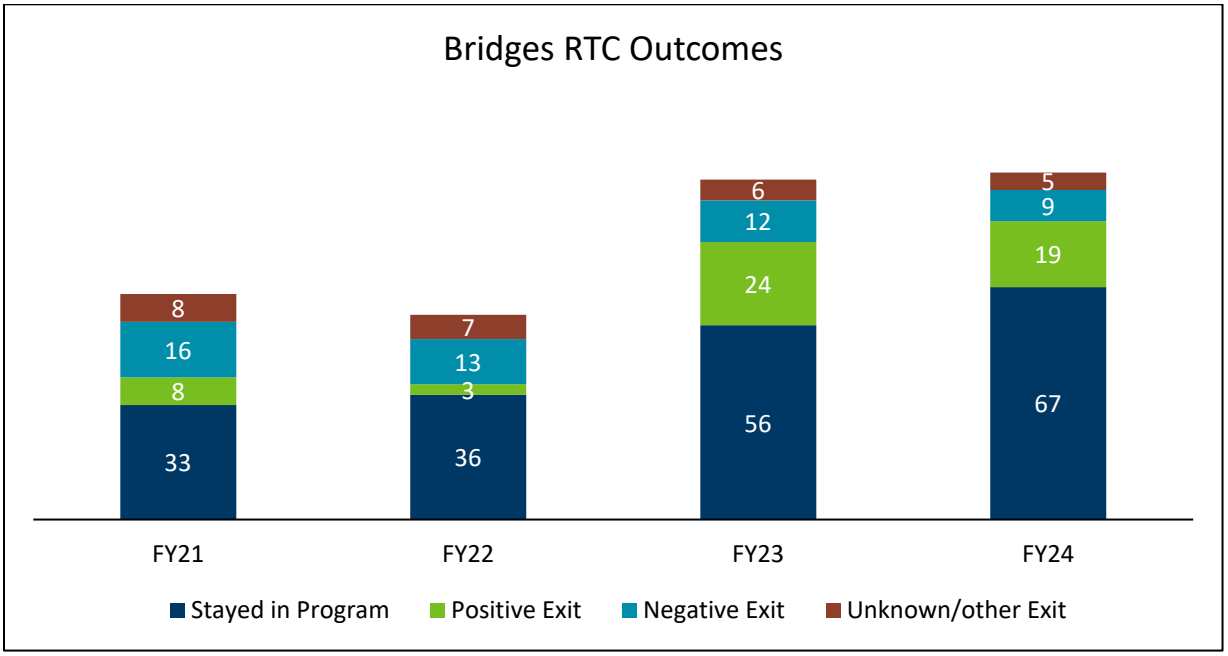
PATH Ethnicity		
Outcome	**FY23**	**FY24**
Hispanic/Latino	94	71

Bridges Regional Treatment Center (RTC) Demonstration

State Funding Appropriated (FY23/FY24): $384,000; Funding Spent: $384,000

In partnership with the Minnesota Housing Bridges program, the Bridges Regional Treatment Center (Bridges RTC) demonstration provides temporary housing subsidies for people with mental illness exiting the Anoka or St. Peter regional treatment centers. Both programs provide temporary rental assistance, security deposits, and coordinated access to housing supports and supportive services in accordance with Minnesota Statutes Section 462A.2097. Bridges RTC focuses on demonstrating that people can successfully move from hospitalization at one of the state-operated treatment facilities, to living in integrated housing of their choice in the community.

Outcomes[9]



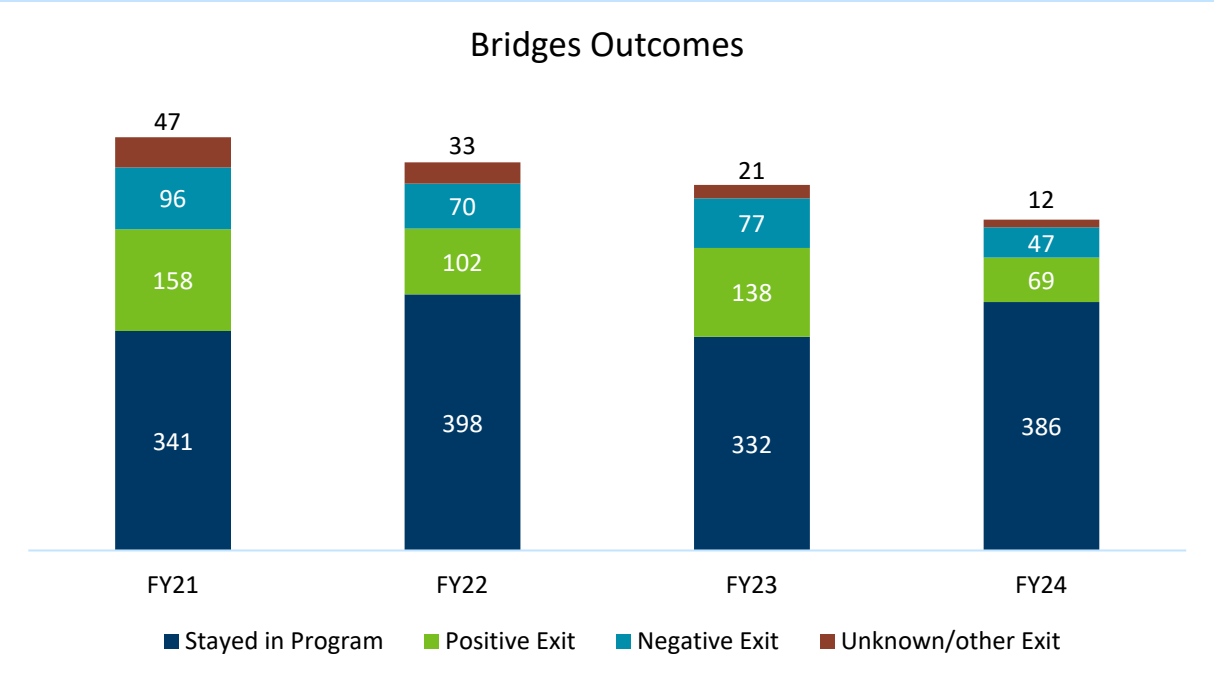
Bridges RTC Outcomes

[9] Outcomes reported from Minnesota Housing data systems.

Outcome	FY21	FY22	FY23	FY24
Stayed in Program	33	36	56	67
Positive Exit	8	3	24	19
Negative Exit	16	13	12	9
Unknown/other Exit	8	7	6	5
Total Participants	**65**	**59**	**98**	**100**

Outcome Definitions

- Stayed in Program – Participant remained in program and housing.
- Positive Exit – Participant exited program with sustainable housing or income.
- Negative Exit – Participant exited the program without sustainable housing or income.
- Unknown/other Exit – Participant exit status was unknown at time of reporting.



Bridges Outcomes				
Outcome	**FY21**	**FY22**	**FY23**	**FY24**
Stayed in Program	341	398	332	386
Positive Exit	158	102	138	69
Negative Exit	96	70	77	47
Unknown/other Exit	47	33	21	12
Total Participants	**642**	**603**	**568**	**514**
Median Time in Program in Years				
Program	**FY21**	**FY22**	**FY23**	**FY24**
Bridges RTC	5.17	5.42	3.38	2.46
Bridges	2.92	3.08	2.67	3.00

Median time participants were in the program.

Average Rental Assistance Amount							
Program	**FY21**	**FY22**	**Increase**	**FY23**	**Increase**	**FY24**	**Increase**
Bridges RTC	$ 563.46	$ 588.28	4%	$ 577.84	-2%	$ 660.80	14%
Bridges	$ 595.18	$ 619.48	4%	$ 655.70	6%	$ 729.95	11%

Average rental assistance is per household per month. Increase is the percentage change from previous year.

Psychiatric Residential Treatment Facility Grants

State Funding Appropriated (FY23/FY24): $6,226,000; Funding Spent: $2,505,284.21

Psychiatric Residential Treatment Facilities (PRTFs) provide active treatment at an inpatient level of care under the direction of a physician, seven days per week, to youth under age 21 with complex mental health needs and their families, based on medical necessity. Children's Intensive Service Reform Grant and Psychiatric Residential Facilities Grant are the list of grants for this program.

Children's Intensive Service Reform Grant:

This is used as start-up funds (one-time funds for new PRTF providers) and money to pay the medical necessity reviewer. From the allocated amount $234,725.66 is spent in 2023. Out of the allocated funds, all expenditures were made in 2024, with $292,747 encumbered for the startup costs of the new PRTF provider from the RFP issued in February of this year.

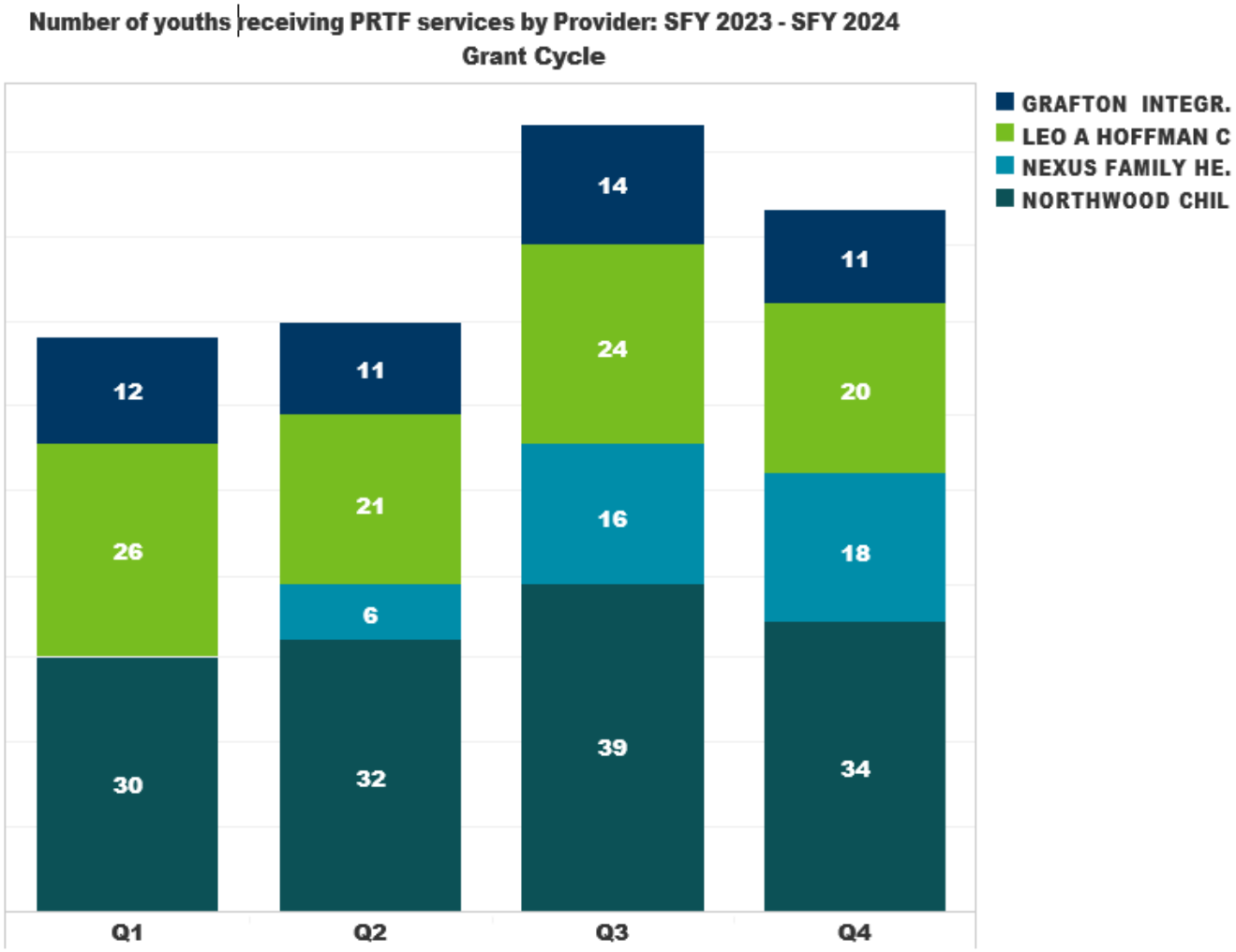
Psychiatric Residential Facilities Grant:

This is for startup funds for new providers of PRTF services, as well as can be used for new and current providers to specialize their care in specific mental health needs. The allocated funds are not spent yet but has been encumbered as they are in contract negotiations after an RFP was published in February of this year. Money was moved forward to FY25 for this purpose.

Number of youths receiving PRTF Services: SFY 2023 – SFY 2024:

Provider	*Q1*	*Q2*	*Q3*	*Q4*
Grafton	12	11	14	11
Hoffman	26	21	24	20
Nexus	-	6	16	18
Northwood	30	32	39	34
Grand Total	**67**	**70**	**91**	**83**

The table and graph provide the number of youths that received PRTF services for the state fiscal year 2023-24 by all the 4 providers.



All data are from MMIS as of 9/23/2024.

Warmlines

Federal Funding Appropriated (FY23/FY24): $320,402; Funding Spent: $320,402

The Peer Support Connection Warmline of MN is a confidential and anonymous phone line staffed by certified peer support specialist and recovery peers. It is available 7 days a week from 5 p.m. to 9 a.m. 365 days a year. Wellness in the Woods is the grantee for this work. In SY 2023 the average number of calls per month was 1700 calls that were responded to and tracked.

Training for providers to provide trauma-informed CBT for Native American children

Federal Funding Appropriated (FY23/FY24): $N/A; Funding Spent: $225,775.55
*****No allocation specific to these contracts***

The Native American Community Clinic received a grant for SY 2022 -2024 to train clinicians in an enhanced evidence-based Trauma Informed Cognitive Behavioral treatment (TF-CBT) curriculum for Native American children. This grant was paid for by federal funds approves by SAMHSA. The grantee ensured that this training would provide all training and materials that were required for participant's to be certified as "Honoring Children Mending the Circle" clinicians. NACC provided this training four and trained 55 trainees.

Training for providers to provide trauma-informed CBT for African American children

Federal Funding Appropriated (FY23/FY24): $N/A; Funding Spent: $462,850
*****No allocation specific to these contracts***

Dr, David Hong received a grant (SY 2022-24) to develop and train an enhanced evidence-based Trauma Informed Cognitive Behavioral treatment (TF- CBT) for clinicians who work with African American children. Dr. Hong, a master trainer of TF-CBT subcontracted and worked with Kente Circle to develop a culturally specific curriculum. Dr. Hong and his team provided this training 2 times and trained 32 clinicians.

Peer Specialist training

State Funding Appropriated (FY23/FY24): $30,000; Funding Spent: $29,000

RI International (formerly Recovery Innovations) is the approved training provider for mental health peer specialist since 2009. The training is now all provided virtually with class size limited at 20

students. It is a 76-hour training, with a midterm and final exam. In SY 2023-2024 five (5) trainings were held and 88 mental health peers were trained and certified.