

State Advisory Council on Mental Health and Subcommittee on Children's Mental Health:

Summary of 2016 Report to the Governor and Legislature

Community involvement in planning ongoing mental health services is a critical ingredient in offering the right services for people across the state. Engagement in the process of establishing mental health services by a wide range of Stakeholders helps ensure that the process and the programs that result reflect a wide range of cultures, experience and needs.

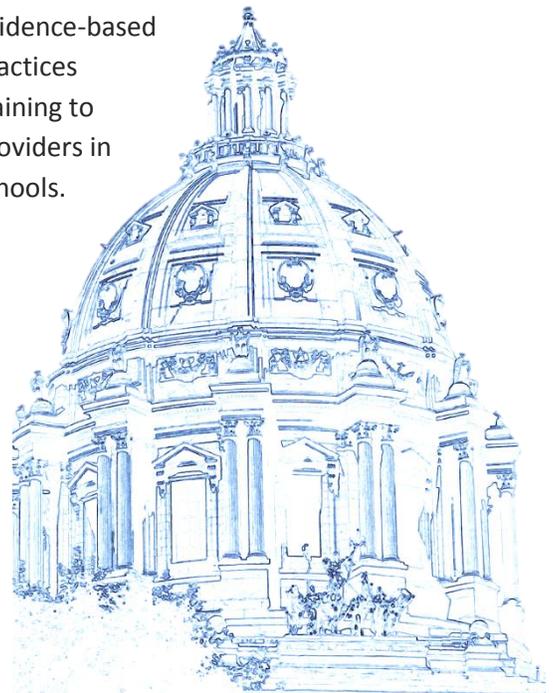
Recommendations fall into five key theme areas. These theme areas emphasize the need for:

- mental health services and treatment focused on the whole person in their community
- the need to increase the mental health workforce in order to ensure that services are readily available when a person needs them, and
- the need to prevent mental illness and support people experiencing mental health crisis.

Recommendations

Breaking Down Silos and Challenging the Status Quo

- Continue and expand funding for Individual Placement and Support Services, which provides evidence-based employment supports for people experiencing mental illness.
- Support efforts to increase availability of housing support services by including it as a Medicaid benefit.
- Expand evidence-based practices that can be used in intensive outpatient programs to improve the treatments available for people experiencing co-occurring mental health disorders and substance use disorders.
- Develop a coordinated system for children involved in the juvenile justice system under one state authority. Ensure the system is accountable for providing for the needs of children involved in the juvenile justice system.
- Expand the capacity and availability of dual diagnosis treatment for children with co-occurring mental and chemical health concerns.
- Increase funding for School Linked Mental Health Services in order meet the high demands for these services. Funding should be allocated towards ongoing evaluation, technical assistance and evidence-based practices training to providers in schools.



Community Supports

- Continue funding the Bridges Rental Assistance program. This critical program provides individuals experiencing mental illness, who may otherwise be homeless, housing stability in the form of rental assistances.
- Create a high intensity outpatient treatment program through Medicaid benefit for pregnant and postpartum women experiencing mental illness.
- Develop and require that evidence-based reintegration processes be used for children returning to schools from the juvenile justice system or mental health treatment. Ensure proper collaboration occurs with the child's school system to give the child the best chance to succeed.
- Expand the capacity and increase funding of evidence-based home visiting programs and make it available to all eligible families.
- Provide Facilitating Attuned Interactions (FAN) approach training to home visiting programs. This unique approach supports the mental health and well-being of both the mother and the infant.
- Expand access to infant mental health consultation support, training for evidence-based home visiting programs and other long-term intensive home visiting programs in the state.
- Provide education and training on family-based treatment approaches to address the needs of parents with serious mental illness.
- Expand the availability of childcare assistance for caregivers receiving Minnesota Family Investment Program Child Only Assistance. Receiving childcare assistance will allow caregivers experiencing mental illness to better address their own mental health needs.
- Increase funding and resources available to support local mental health advisory councils. This will allow the State Advisory Council on Mental Health to fulfill its statutory

responsibility of coordinating the work of the local mental health councils in the state.

- Revise the questions in the adult mental health grant application to ensure and encourage counties involve their local mental health advisory councils in the grant planning process.

Workforce and Access

- Increase funding for and expand the availability of the cultural and ethnic minority grant programs. This will increase the number of culturally specific providers and increase access to culturally responsive and specific mental health services.
- Create collaboration between culturally informed mental health consultants and the Department of Human Services (DHS) in order to provide training on cultural proficiency and responsiveness to mental health providers.
- Create collaboration between expert culturally specific providers/organizations and DHS and fund mentorship program for culturally specific mental health organizations to enhance their proficiency with state program rules and grant requirements.
- Create a statutory definition for "Culturally Specific Agency" to define agencies providing mental health services to culturally specific communities. Additionally, revise statute so that there is one universal definition for culturally specific providers.
- Create a 2-year psychiatric fellowship pilot program



- Specifically related to the mental health workforce shortage, we recommend the immediate funding of the following recommendations aimed at providing the mental health system with high quality workforce that is adequately prepared and supported to work in a person centered and coordinated mental health system:
 - Create a primary care and behavioral health fellowship program
 - Improve the utilization of Certified Peer Specialists and Family Peer Specialists
 - Study the potential use of ancillary mental health treatment providers
 - Make improvements to the grant and contracting processes and create feasible grant and contract requirements for providers in Health Professional Shortage Areas.
- Continue to incorporate Multi-Tiered Support Systems model in Minnesota schools and districts along with Positive Behavior Interventions and Supports. In addition, continue to implement access to licensed student support services and specialized instructional support personnel within this model.
- Improve the children’s mental health screening tools, which are used for children involved in the juvenile justice system to better assess if the child has experienced childhood trauma.
- Develop a new specialized level of care to address the needs of children experiencing high emotional dysregulation, who are not having their needs addressed in residential treatment settings.
- Research the needs of treatment available for children and youth under the age of 16, who are presenting with highly aggressive behaviors and emotional dysregulation.

Early and Effective Identification of Mental Illness

- Align state statute and ensure availability of adequate interpreter services for mental health.
- Support new research and adaptation of existing evidence-based practices and evidence informed practices to provide treatment and services that are culturally appropriate and responsive to communities of color and underserved communities.
- Create a single tele-health platform for use of mental health services throughout the state. This will increase the availability of mental health service being provided in schools and other settings that use tele-health.
- Expand and better support the use of Positive Behavioral Interventions and Supports in schools.

Person Centered Care and Promoting Well-being

- Provide Mental Health First Aid Training for community service providers to promote mental health well-being in all communities.
- Require that all Law Enforcement Officers in Minnesota receive Crisis Intervention Team (CIT) training to better educate law enforcement officers about mental illness and effectively intervening in crisis situations.
- Develop and support youth based mental health peer support programs in schools.
- Increase focus and action on the prevention of suicide in Minnesota.



About the report

Every two years the State Advisory Council on Mental Health and the Subcommittee on Children’s Mental Health reports to the governor and Legislature their recommendations for how to improve the state’s mental health system. The Council and Subcommittee have seven work groups, each work group having contributed to the report.

Subcommittee on Children’s Mental Health

The Subcommittee on Children’s Mental Health was established in 1989 in order to make recommendations to the State Advisory Council on Mental Health. The chair of the State Advisory Council on Mental Health appoints the Subcommittee members. Subcommittee members include:

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

State Advisory Council on Mental Health

State Advisory Council on Mental Health is charged with making recommendations to the governor, Legislature and state departments on mental health policies, programs and services. The governor appoints the State Advisory Council members. State Advisory Council members include:

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



**See the full report at the
Department of Human Services website**

Mental Health Division, Department of Human Services

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