DEPARTMENT OF HUMAN SERVICES

Legislative Report

Mental Health Grants 2016-2017

Behavioral Health Division

November 1, 2018

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is $13,652.76.

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Contents

Legislation

Minnesota Statutes 2015, 245.4661, Subd. 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.

Introduction

The 2016-2017 Mental Health Grants report evaluates the programs that are funded under Minnesota Statutes 2015, 245.4661, Subd. 10 and Minnesota Statutes 2016, 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 year 2017-2018 and outcomes data for the program where available within calendar year 2016 and 2017. 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 Division is reviewing the process for collecting outcomes data on each of the grants and is developing a strategic plan for areas that have missing or incomplete data. These gaps are expected to be addressed prior to the release of the next Mental Health Grants Legislative Report in 2021.

Adult Mental Health Service Gaps

Minnesota's 19 Adult Mental Health Initiatives (AMHI) who provide alternatives to or enhance coordination of the delivery of mental health services, were asked to rank their top 7 Service Needs and top 7 Service Barriers in the application process for CSP/AMHI funds for 2019/2020 funds. Rankings were submitted in September 2018. Service needs and barriers categories were taken from the 2015 GAPS analysis (adult mental health services only).

Top service needs listed by more than 25 percent of Adult Mental Health Initiatives[1]

Service Gaps	*Number of Records*	*Percent of Regions*
Permanent supportive housing	13	68%
Availability of psychiatric prescribers	11	58%
Crisis stabilization - residential	11	58%
Inpatient adult psychiatry beds	10	53%
Complex needs with multiple diagnoses and chronicity	8	42%
Intensive Residential Treatment Services (IRTS)	8	42%
Non-medical transportation	7	37%
Bridges & other housing subsidies	6	32%

Top service barriers listed by more than 25 percent of Adult Mental Health Initiatives[2]

Barrier to Receiving Services	Number of Regions	Percent of Regions
Access to transportation	18	95%
Lack of housing	18	95%
Long waiting times for service/providers	13	68%
Geographic location of providers/distance to services	11	58%
Lack of psychiatric services	11	58%
Funding availability or Medicaid coverage of service	9	47%
Capacity to access service/navigate system	8	42%
Lack of subsidized housing for felons	8	42%
Cost of services (e.g., high co-pays)	6	32%
Lack of awareness of available services	6	32%
Requirements to prove eligibility	6	32%
Stigma	6	32%

[1] Services listed by fewer than 25% include ARMHS, Supported Employment, ACT, Case Management, Certified Peer Specialists, Family support and education, foster care, independent living skills training, MH diagnostic assessments, Outreach, transition age services, Adult MH Targeted Case Management, behavioral programing, integrated primary care with MH services, medical transportation, medication management/evaluation, MH services offered in adult correctional setting, Partial Hospitalization Program, Prevention, Adult day treatment, culturally specific providers, DBT, Drop-in Centers, MH Courts, Mobile mental health crisis response, neuropsychology, and psychiatrists available for inpatient visits.

[2] Barriers listed by fewer than 25% of AMHIs include Cultural responsiveness of service providers, eligibility restrictions (i.e., qualifying criteria), inconvenient service hours, availability of housing with supports, caregiving and/or family issue, funding for MH services in a correctional setting, funding for transitional age services, lack of appointments for service/providers, and need different (or additional) services than those available.

Adult Mental Health Initiative and Community Support Programs – State Funding FY17/FY18 $112,373,310 and Federal Funding FY17/FY18 $1,989,410

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 tribes 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.

Services and People supported by AMHI/CSP grant funding in 2016 and 2017.

Service Name	2016 - 2017
Adult Client Outreach	2,215
Adult Day Treatment	81
Adult General Case Management	565
Adult Mobile Crisis Services	2,167
Adult Outpatient DA/Psych Testing	869
Adult Outpatient Medication Management	5,083
Adult Outpatient Psychotherapy	2,647
Adult Residential Crisis Stabilization	1,061
Adult Targeted Case Management	12,373
Assertive Community Treatment (ACT)	1,489
Basic Living/Social Skills and Community Intervention	2,768
Client Flex Funds	3,060
Emergency Response Services	11,276
Housing Subsidy	6
Intensive Residential Treatment Services (IRTS)	3,223
Peer Support Services	500
Supported Employment and Individualized Placement	150
Transportation	1,406
Other Community Support Programs[3]	11,276
Service Detail Missing[4]	4,182
Total People Served[5]	43,411

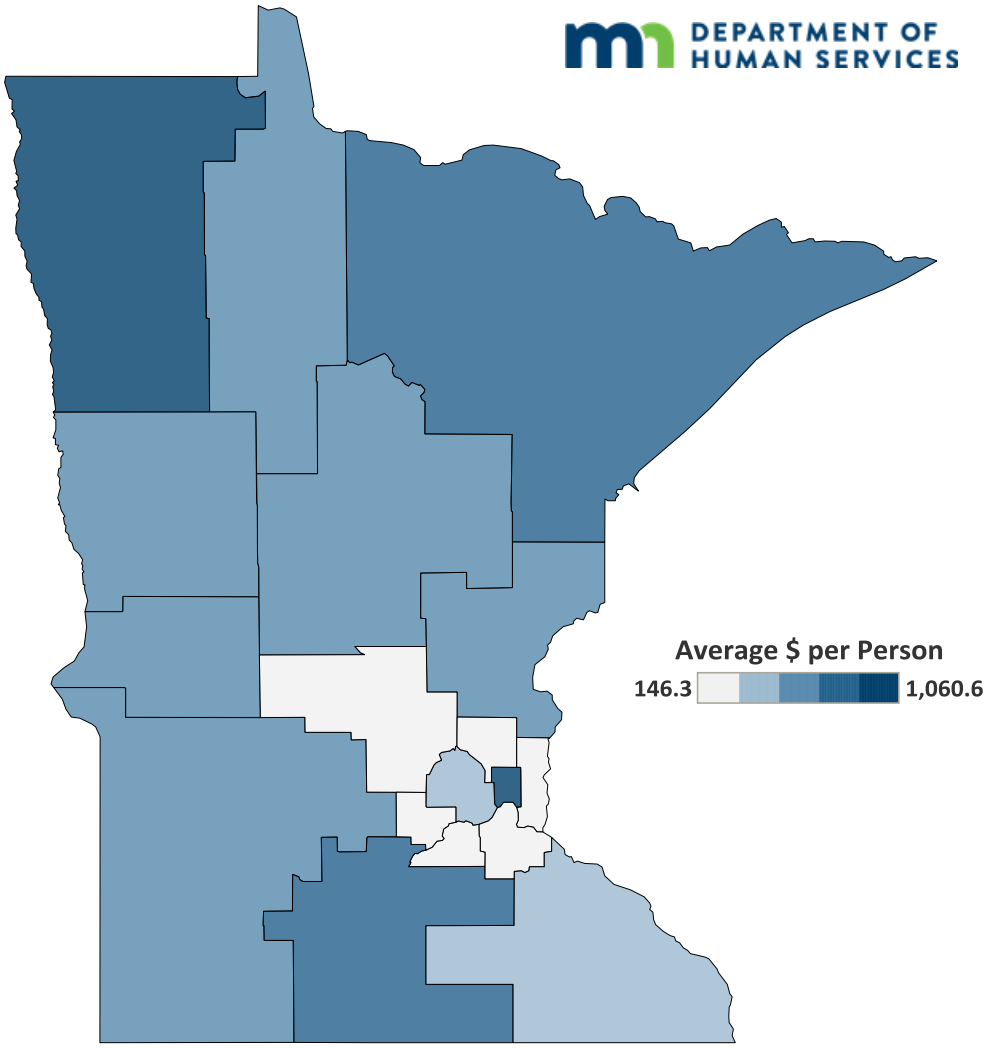
Continued on page 8.

[3] Other community support programs predominantly refer to Clubhouse/Drop-in Centers, Community Support Groups, Group & Community Social Activities, and Wellness & In-home Visits, but also include chemical wellness programs, housing support services, independent living skills training, jail transitional services, medication monitoring, pre-hospitalization screening, and rule 20 discharge planning.

[4] Service detail missing includes SSIS clients where CSP/AMHI grant funded services were indicated, but no billing record was attaching.

[5] Total People Served is an unduplicated count of clients by unique client IDs. Counties and regions also provided unidentified counts of clients by service totaling 13,613 – some clients in this total likely were reflected in the total people served and are duplicated when receiving multiple services or services across multiple reporting periods.

Saturation of CSP/AMHI Grant dollars per individual living with serious mental illnesses per region



Total grant funds allocated per person with serious mental illness (SMI) in the region. SMI people make up an estimated 5.4% of the adult population. Population data from American Community Survey, 2016, 5-year estimates.

DHS is currently underway with Adult Mental Health Initiative reform efforts. This includes operationalizing and strengthening the following principles by the 2021 grant cycle:

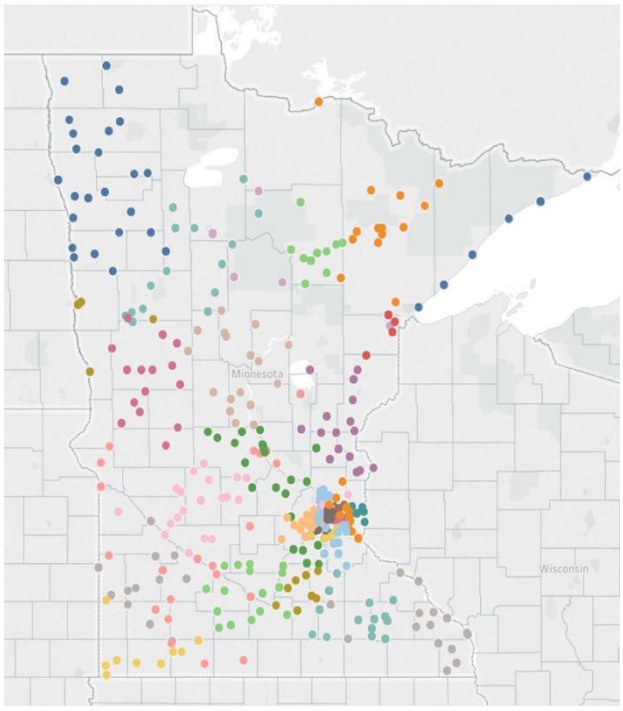
- Bringing together people with lived experience, providers, counties, tribes, MCOs and DHS to fully utilize all available resources to meet regional needs.
- Developing and providing an array of person centered services that builds on personal and cultural strengths.
- Utilizing a data driven model to evaluate the impact of services on health outcomes.
- Assuring access, early intervention, coordination, and application of resources through creative partnerships.

School-Linked Mental Health Grants – FY17/FY18 State Funding $22,057,328

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

School-linked mental health services reach children in normal, every-day environments. The natural, non-stigmatizing location offers an early and effective environment for intervention. These services work to increase access to mental health services for children and youth who are uninsured and underinsured, to improve clinical and functional outcomes for children and youth with a mental health disorder, and improve identification of mental health issues. With appropriate identification, evaluation, and treatment, children and adolescents living with mental illnesses can achieve success in family life, in school, and in work.

School-linked mental health sites across Minnesota. [6]



In 2017, grantees provided 14,971 students with school-linked mental health services. Grantees are in in 287 school districts (52% of total school districts) within 953 schools buildings (46% of total public school buildings). In the most recent round of funding, DHS has moved towards a regional approach that allows for greater collaboration among providers/schools, less disruption for clinical care when providers move in/out of schools, ensures coverage in most areas of the region, and which incentivizes providers to work together to design the service delivery in their region.

Many children with serious mental health needs are first identified through this program, including 45 percent of children who met the criteria for Severe Emotional Disturbances (3,749 children total). In addition, students of color served were significantly more likely to be accessing mental health services for the first time compared to white students (58 percent to 52 percent).

Outcomes data shows that when children receive services through school-linked mental health their mental health symptoms decrease and their overall mental health improves.

[6] Information about School-Linked Mental Health Services schools, providers and locations visit: https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/school-linked-mh-services/

Mobile Crisis Service Grants – State Funding FY17-FY18 $26,765,722 and Federal Funding FY17/FY18 $77,451

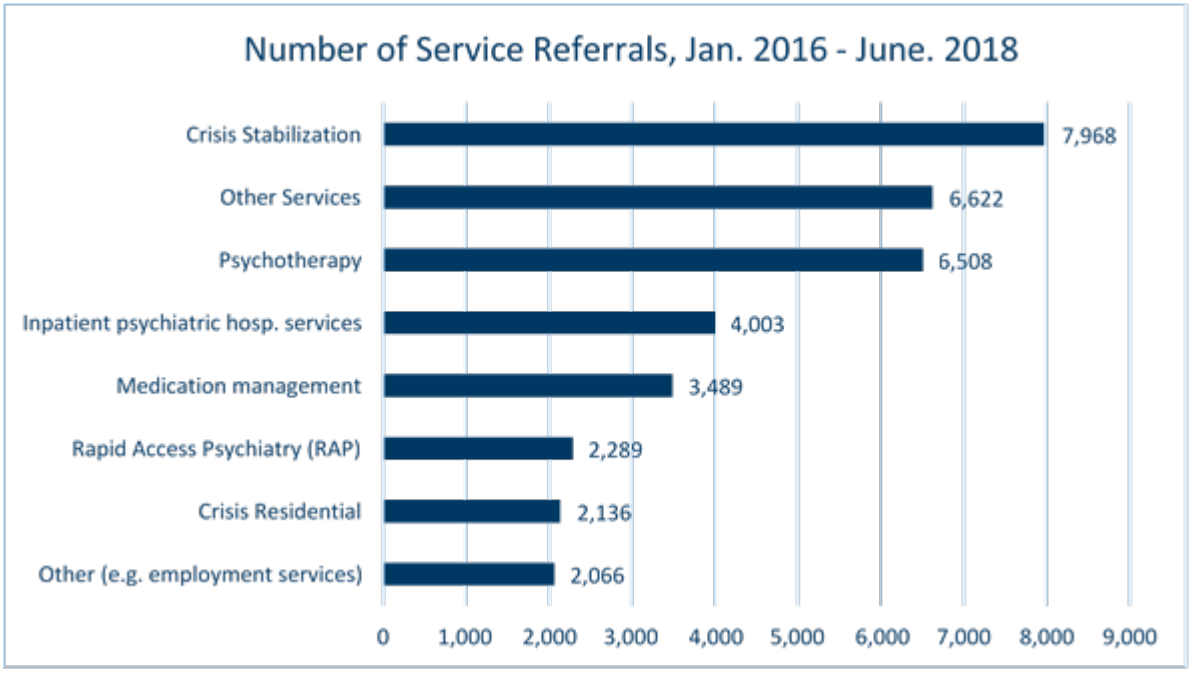
Mobile crisis services are teams of mental health professionals and practitioners who provide psychiatric services to individuals (adults and children) within their own homes and at other sites outside the traditional clinical setting. Mobile crisis services provide for a rapid response and work to assess 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 to outpatient services; and
- Effective in finding hard-to-reach individuals.

From 2016-2017 mobile crisis teams conducted 29,690 face-to-face assessments across Minnesota and 27,470 referrals to further support individuals in that timeframe.

Below is a breakdown of where those individuals were referred to, including data from the first six months of 2018.



[7]

[7] 'Other Services' includes a combination of services that had small number (less than 10 percent) of clients referred. These services include Adult day treatment, ARMHS, chemical health services, CTSS, homeless services, housing services, partial hospitalization, IRTS, Targeted Case Management, and Youth ACT.

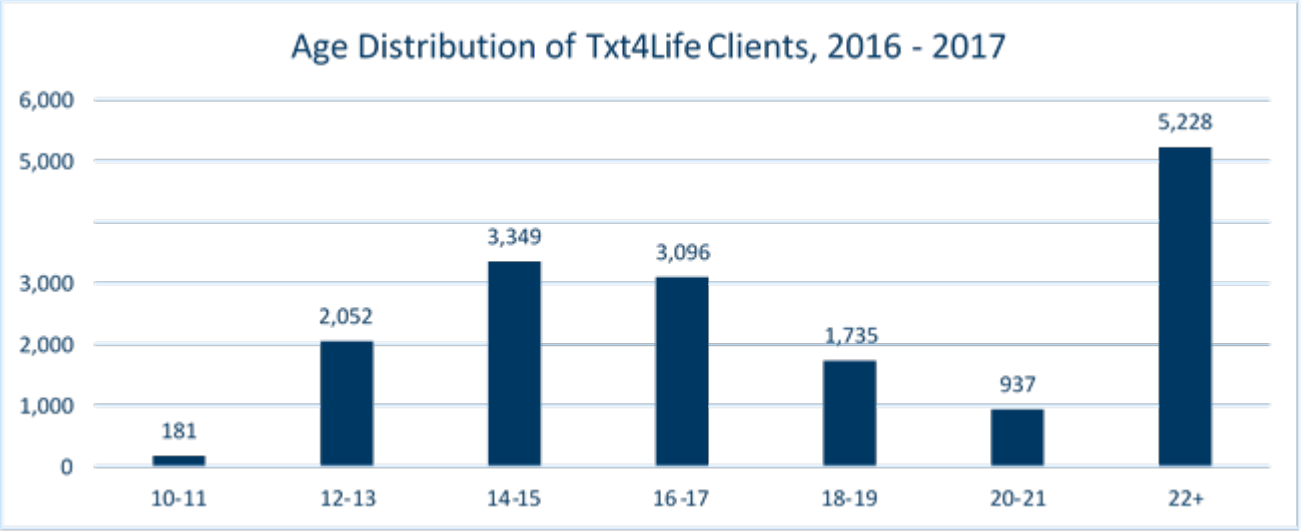
Text Message Grants – State Funding FY17/FY18 $2,402,512

In 2016-2017, text message grants were awarded to the Text 4 Life for regional outreach and text line services, which provided suicide text message response services through mid-2018. Starting in April 2018, the Department of Human Services contracted with "Crisis Text Line," a national non-profit, who provides free services to Minnesota. People who text 741741 will be connected with a trained counselor who will help defuse the crisis and connect the texter to local resources. On-going funding will be used to fund regional coordination and outreach. This report is reflective of the contract with Text4Life.

An individual texts LIFE to 61222 and a crisis counselor responds via text message. The goal of this program is to use text messaging to assist a person in crisis and connect them to local, in-person services. The program provides regional coordinators to increase awareness and knowledge of how to access the text messaging service through presentation and marketing materials. In 2016 and 2017 Text4Life provided 1,370 awareness presentations across the state.

Crisis counselors can connect individuals to local resources for on-going support and coordinate with mobile crisis teams to provide Question Persuade Refer (QPR; which trains individuals on recognizing the warning signs of suicide and knowing how to offer hope, get help and save a life), and Applied Suicide Intervention Skills Training (ASIST; which teaches individuals to recognize when someone may have thoughts of suicide and how to work with them to create a plan that will support their immediate safety). Text4 Life regional coordinators are trained to provide these trainings to community members, school staff, community providers and social service providers.

In 2016-2017 Text4Life responded to 22,162 text message conversation in 54 counties[8] in Minnesota.



[9]

[8] DHS will be able to serve all 87 counties in Minnesota through "Crisis Text Line" at no additional cost to the State of Minnesota.

[9] 4,074 text message clients were of an unknown age. Total text message clients was 20,652 this chart totals to less because not all text message conversations were included in this data. Some text messages were deemed "short texts" and some

South Central Crisis Program – State Funding FY17/FY18 $1,089,362

This program provides rapid access psychiatry services to adults in the south central region. The on-going funds were appropriated in 2010 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 funding allowed for 760 rapid access psychiatry visits in 2017.

A portion of the funds help fund the mobile crisis line for the region where individuals can call to request a mobile crisis assessment. Some funding covers the cost of uninsured and underinsured adults utilizing the residential crisis stabilization beds in the region. All of these services are for individuals within the 10 county region (Blue Earth, Brown, Faribault, Freeborn, LeSueur, Martin, Nicollet, Rice, Sibley and Watonwan).

Call Data:

Year	2017	2017	2017	2017	2018	2018
Quarter	Q1	Q2	Q3	Q4	Q1	Q2
Calls	433	460	435	376	264	280

Rapid Access Psychiatry Services:

Year	2017	2017	2017	2017	2018	2018
Quarter	Q1	Q2	Q3	Q4	Q1	Q2
Rapid Access Psychiatry	193	217	184	166	168	176

Rapid Access Psychiatry demographic data:

Year	2017	2017	2017	2017	2018	2018
Race	Q1	Q2	Q3	Q4	Q1	Q2
Asian	2	1	3	3	3	3
Black	8	8	15	10	9	14
Native Hawaiian or other Pacific Islander	0	4	0	0	1	0
Other Race Alone	1	2	1	1	3	2
White	178	201	162	148	152	132
Unknown	4	1	3	4	0	25
Total	193	217	184	166	168	176

Bed days, Face-to-Face Assessments (not mobile crisis – people count for crisis residential), and Urgent Care visits funded

Year	2017	2017	2017	2017	2018	2018
Quarter	Q1	Q2	Q3	Q4	Q1	Q2
Bed Days	649	739	782	757	536	587
Face-to-Face Assessments	100	111	105	75	89	114
Urgent Care	225	258	199	188	205	218

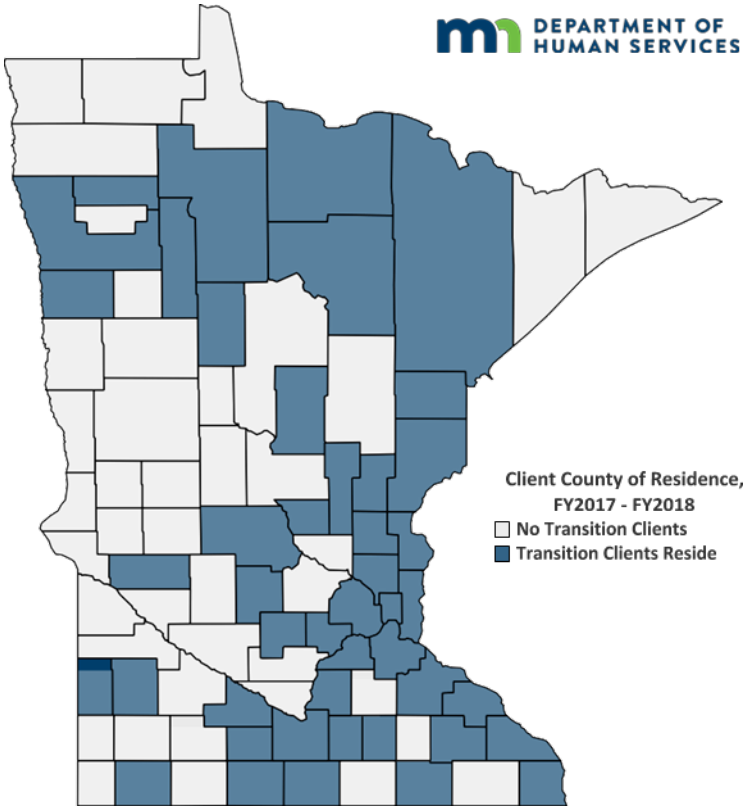
"text conversations" – TXT4Life data only contain ages for "text conversations" which make up more than 90 percent of text interactions.

Transitions to Community Initiative – State Funding FY17/FY18 $3,640,726

The Transition to Community Initiative was established to reduce the time that individuals remain at the Anoka Metro Regional Treatment Center (AMRTC) or the Minnesota Security Hospital (MSH) when services are no longer needed. The initiative, which was established in 2013, provides 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. By providing additional funding to cover community-based services and address the unique barriers faced by some individuals, the initiative promotes recovery and opens up beds at AMRTC and MSH for other individuals who need them.

The initiative has shown success in helping people with extremely significant barriers to successfully return to the community. Between July 1, 2016 and June 30, 2018, 302 individuals discharged from AMRTC and MSH received services or support through the Transitions to Community Initiative.

However, in 2017, 410 individuals remained in AMRTC, MSH, or a Community Behavioral Health Hospital (CBHH) when they no longer required that level of care. This totaled 13,133 bed days. Of those, 24 were over the age of 65 for a total of 1,636 bed days. There is a greater need for the expansion of this initiative to include CBHH's and to serve those over 65. Expansion proposals were included in Governor Dayton's 2015 and 2016 budget recommendations.



Assertive Community Treatment (ACT)/Intensive Residential Treatment Services (IRTS) Sustainability Grants – State Funding FY17/FY18 $3,863,451

Intensive Residential Treatment Services (IRTS)

Grant funding that went to IRTS and Residential Crisis Stabilization providers, was used to address uncompensated room and board costs and seven building improvement projects, including remodels, window and fire safety improvements, elevator repairs, and AC installation.

These programs serve adults who need 24/7 services and support for mental health stabilization and to safely transition to community services. These services provide support, stabilization and treatment for individuals who may otherwise need inpatient psychiatric hospitalization and/or following inpatient hospital services.

Minnesota Health Care Programs pay for treatment services but not for room and board costs. Residential providers rely on a state-funded program, Housing Support (previously known as "GRH"), to compensate for room and board costs. However, for some providers, the Housing Support rate is insufficient to cover the costs of operating a facility, including depreciation and capital improvements. Despite the grant funding provided through these sustainability grants there is still a gap of coverage for some provider's uncompensated costs.

	FY 2016	*FY 2017*
Total days	138,797	144,431
IRTS Uncompensated Space & Food Costs	$2,301,208	$2,588,129
Grant Dollars Available	$1,125,000	$1,125,000
Funding shortage (remaining uncompensated costs paid by providers)	$1,176,208	$1,563,129
Percent of Covered Expenses	49%	43%
Approximate covered days	67,854	62,781

Assertive Community Treatment (ACT) Teams

ACT is an evidence based multidisciplinary treatment serving individuals with a diagnosis of serious and persistent mental illness. Funding from this grant supported 20 out of 32 ACT teams across Minnesota in addressing multiple staffing requirements and training to enhance the provision of the evidence based practice of ACT. In addition, three (3) teams were able to build up their team to reach full capacity and 24/7 operation.

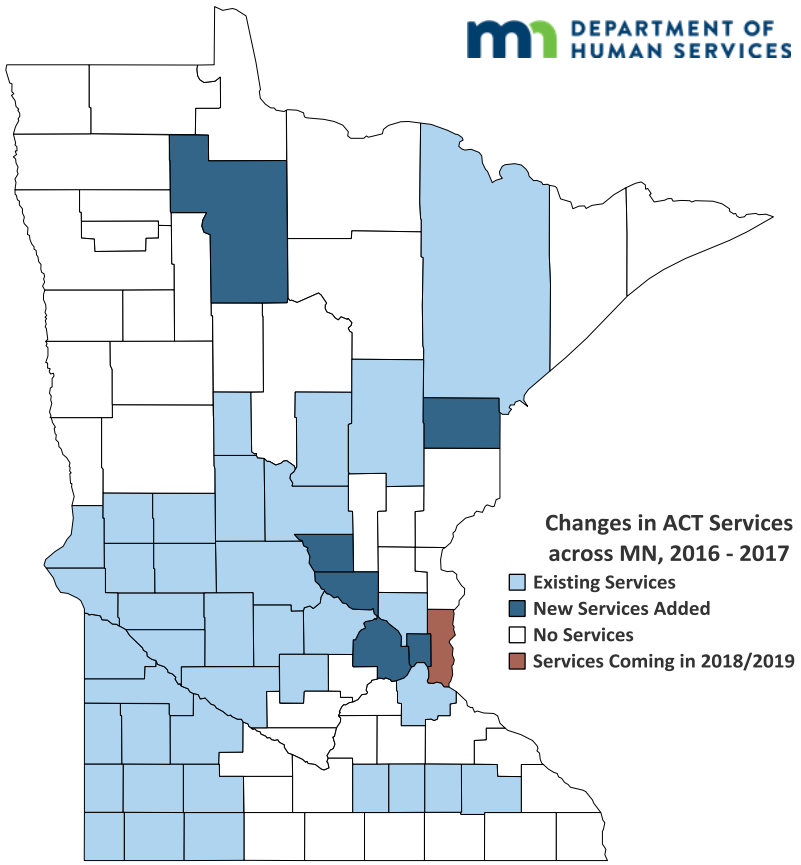
ACT Quality Improvement and Expansion Grants – State Funding FY17/FY18 $664,533

Assertive Community Treatment 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, one or more nurses, substance abuse specialists, supported employment specialists, certified peer specialists, and other mental health professionals, practitioners, or rehabilitation workers.

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

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

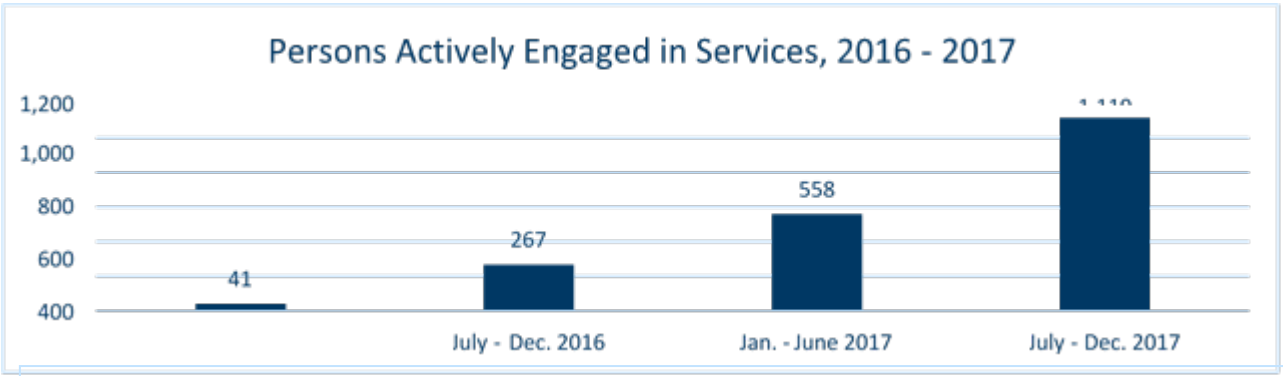
In addition, funds are used to improve the quality of services by improved fidelity of teams through knowledge, targeted technical assistance, resources, and targeted trainings. Through these grants we have seen nine ACT teams across Minnesota improve their fidelity scores and six teams have moved out of corrective action.

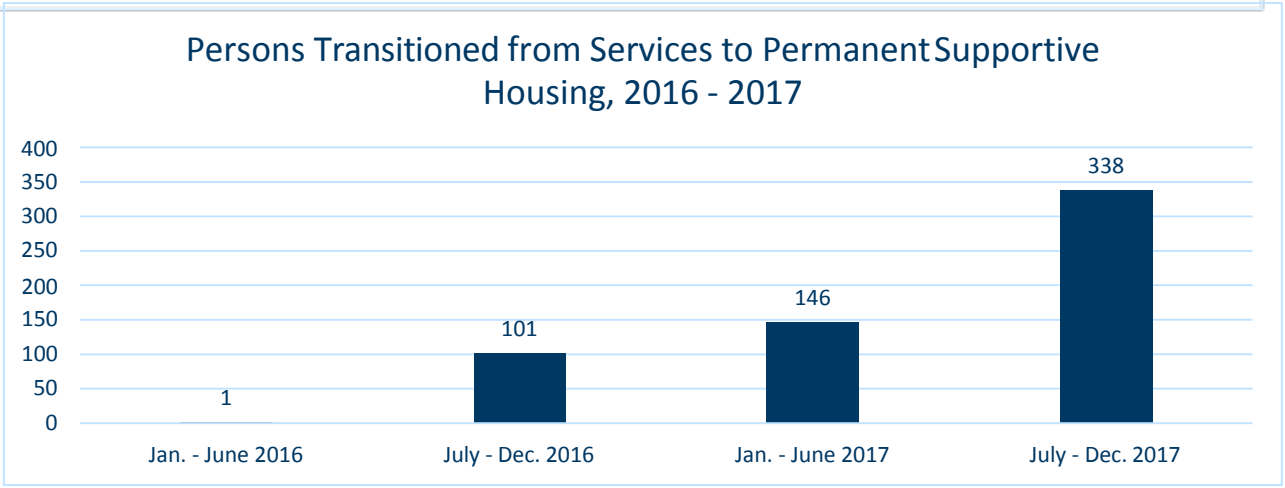


Housing Support for Adults with Serious Mental Illness (HSASMI) – State Funding FY17/FY18 $7,724,564

The housing with supports for adults with serious mental illness grant program (HSASMI), provides housing supportive services for persons 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. Services provided assist persons 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 persons have access to affordable, lease-based, housing opportunities. The housing support services are recovery oriented, person-centered, and link tenants to best practice and evidence-based behavioral health services. In 2016 and 2017, the HSASMI grants assisted 1,985 individuals in accessing and retaining permanent supportive housing and 586 people transitioned from services to permanent supportive housing.





[10]

[10] This data comes from the 6 months reports of providers from Jan 2016 – December 2017. Based upon start date of program and wind-up activities, there are 21 total providers: 1 provider reporting 4 periods of data, 3 providers reporting 3 periods of data, 7 providers with 2 reporting periods of data, and 10 providers with a single reporting period.

Crisis Housing Fund – State Funding FY17/FY18 $592,722

The Crisis Housing Fund (CHF) are grants given to nonprofits, government organizations and Indian tribes on behalf of individuals with serious mental illness. Individuals are identified by the applicant agency who assist individuals with the Crisis Housing Fund application. This fund provides short-term housing assistance for those who have lost income while in, or their income is being used to pay for, facility based behavioral health treatment of 90 days or less.

The Crisis Housing Fund prevents homelessness and supports access to treatment by helping persons to retain their housing while seeking needed behavioral health treatment. In 2016 and 2017, 525 people were able to maintain their permanent housing through the Crisis Housing Fund.

People served and months of assistance.

	2016	*2017*	*2018 Jan-June*
People Served	294	231	123
Months of Assistance	734	517	302

Summary of Mortgage, Rent, Utilities, and other non-administration expenses, Jan. 2016 – June 2018

	2016	*2017*	*2018 Jan-June*
Rent & Mortgage Expenses	$331,679	$302,956	$118,761
Utilities & Other Costs	$66,499	$45,577	$24,100
Returns[11]	-$21,422	-$26,741	-$9,117

[11] Returns are amounts given back due to shorter than expected visits. For example, if a client is given 3 months of rent assistance for a 90 day IRTS stay and then are released a month early, the remaining funds must be returned.

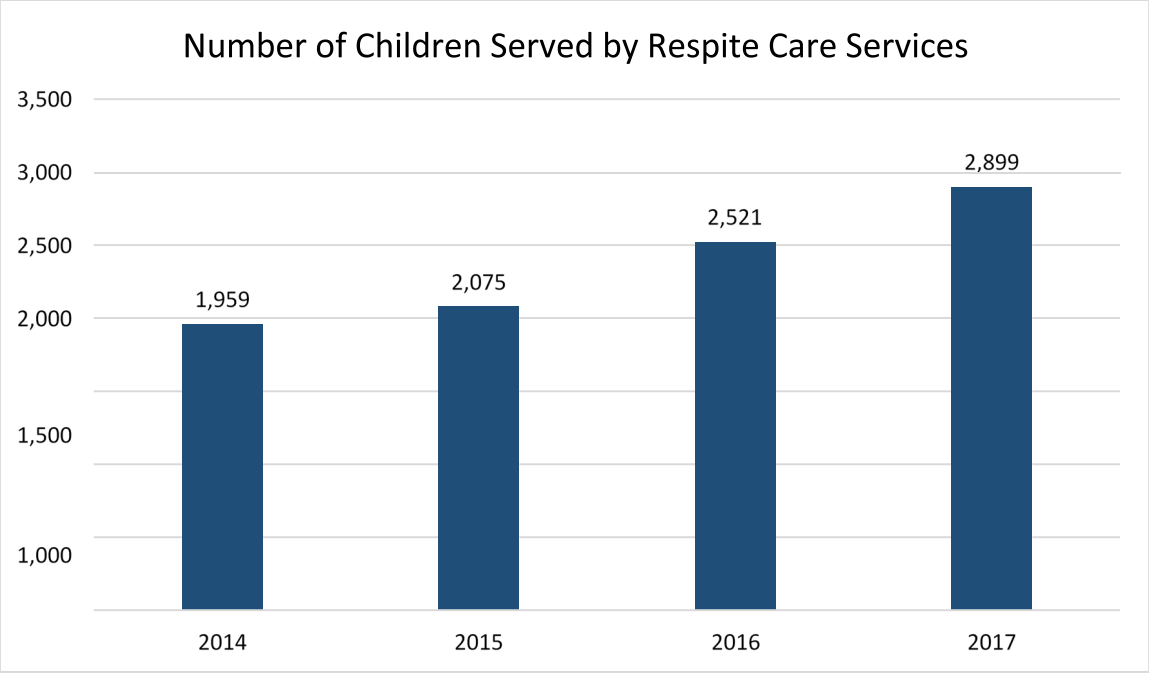
Children's Respite Care Services Grants – FY17/FY18 State Funding $3,247,800 and FY17/FY18 Federal Funding $41,043

Respite services provide temporary care for children with serious mental health needs who live at home. Access to this program gives families and caregivers a much needed break while offering a safe environment for their children. 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.

Minnesota is working towards a flexible and creative respite care system that is available statewide. The purpose of the grant is to support resilience and stability in families and grantees are encouraged to be innovative, using a variety of supports to reduce family stress and decrease the likelihood of out-of-home placements.

The goals of these grants 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 activities and community that may not normally be present



Cultural and Ethnic Minority Infrastructure Grants – State Funding FY17/FY18 $1,215,638 and Federal Funding FY17/FY18 $1,852,120

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.

The goal of this program is to develop and enhance the capacity of mental health providers who serve children, youth and families from cultural and ethnic minority populations.

Since 2008, 390 individuals have received clinical supervision, mentoring or training provided by CEMIG grant funding. Of those individuals 140 have a clinical license from one of the four behavioral health boards and are a licensed mental health professional. [12] Funding is also used to increase access to culturally and developmentally appropriate mental health services for children, youth and families from a cultural and ethnic minority background who are uninsured or underinsured regardless of their geographical location.

For the next grant cycle in 2019, DHS will be hiring an external vendor to evaluate the effectiveness of these grants and provide recommendations.

Number of Children Served by these Grants in 2017[13]

Insurance	*Number of Children*	*Percent*
MHCP[14]	83	34.2%
Private/Commercial	47	19.3%
None	109	44.9%
Missing	4	1.6%
Total	**243[15]**	**100%**

[12] Grant cycles for this program are approximately two years and boards may require more than three years of clinical hours before becoming eligible to take a final licensure exam.
[13] Incomplete data count for calendar year 2016, therefor data for that year has been omitted from this report.
[14] Children under this category received services before being enrolled in MHCP insurance by the provider.
[15] Most children were identified by MA number or Children's Mental Health ID. However, some submitted with other identifiers and those were used, when possible, for deduplication. Some records did not have any identifier listed and they are not included. DHS is working on a data collection plan in order to accurately evaluate the Cultural and Ethnic Minority Infrastructure grant going forward. We expect more complete data in the 2021 legislative report on these grants.

Children's Evidence-Based Training Grants – FY17/FY18 State Funding $1,261,569 and Federal Funding FY17/FY18 $746,986

These grants are awarded to mental health provider agencies serving children and youth. The goal is 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. Two primary practices supported by these grants are Managing and Adapting Practice (MAP) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). In 2016 and 2017 a total of 105 clinicians were trained in MAP and 97 clinicians were trained in TF-CBT.

MAP is a nationally recognized 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.

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. Both models provide for a national certification that requires renewal every 3-5 years. This process is in place to help ensure continued fidelity to the models and sustainability within mental health provider agencies.

2016

EBP Training	*Number of Agencies*	*Number of Clinicians Trained*
MAP	12	53
TF-CBT	8	46

2017

EBP Training	*Number of Agencies*	*Number of Clinicians Trained*
MAP	16	52
TF-CBT	12	51

Early Childhood Mental Health Capacity Grants – FY17/FY18 State Funding $1,755,526 and FY17/FY18 Federal Funding $64,261

Early childhood mental health consultation is a key component of efforts to develop the capacity of early childhood mental health services. 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. DHS currently funds 26 mental health agencies that together cover every county in the state and two tribal nations. The purpose of these grants is three fold:

1) 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;

2) Provide appropriate clinical services to young children and their families who are uninsured or underinsured;

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 families accessing childcare.

Consultation is a weekly event for about two hours a week for each site. From December 2016 through June, 2018 we served 46 sites that enrolled 1200 children.

2016-2017 Consultation Trainings	*Number of Clinicians Trained*
Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5),	600
Parent-Child Interaction Therapy	10
Child-Parent Psychotherapy	43
Attachment and Bio-behavioral Catch-up (ABC) – supervisor, infant and toddler.	44

Child Welfare and Juvenile Justice Screening Grants – FY17/FY18 $8,415,407

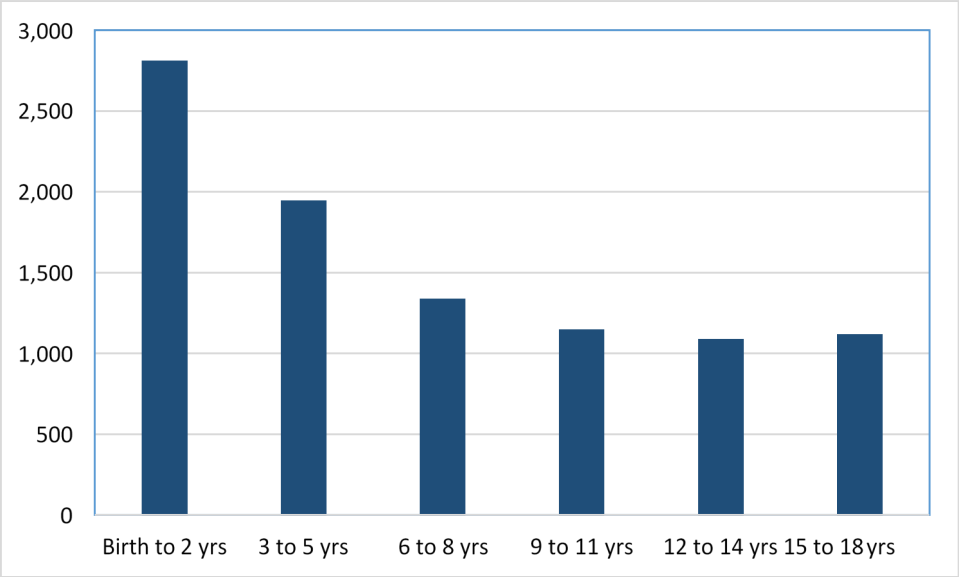
The children's mental health screening initiative was a response to the Children's Mental Health Task Force of 2002. The Department of Human Services (DHS) partners with the Child Safety and Permanency Division of DHS and the Department of Corrections to provide means for county and tribal social services and juvenile justice programs to screen children within specific target populations and refer, 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 are referred to a mental health professional who can determine a mental health diagnoses.

Number of children who received mental health screenings in 2016-2017

System	*2016*	*2017*
Child Welfare	9,237	9,076
Juvenile Justice	3,074	4,174

Age of children in Child Welfare that received mental health screenings.[16]



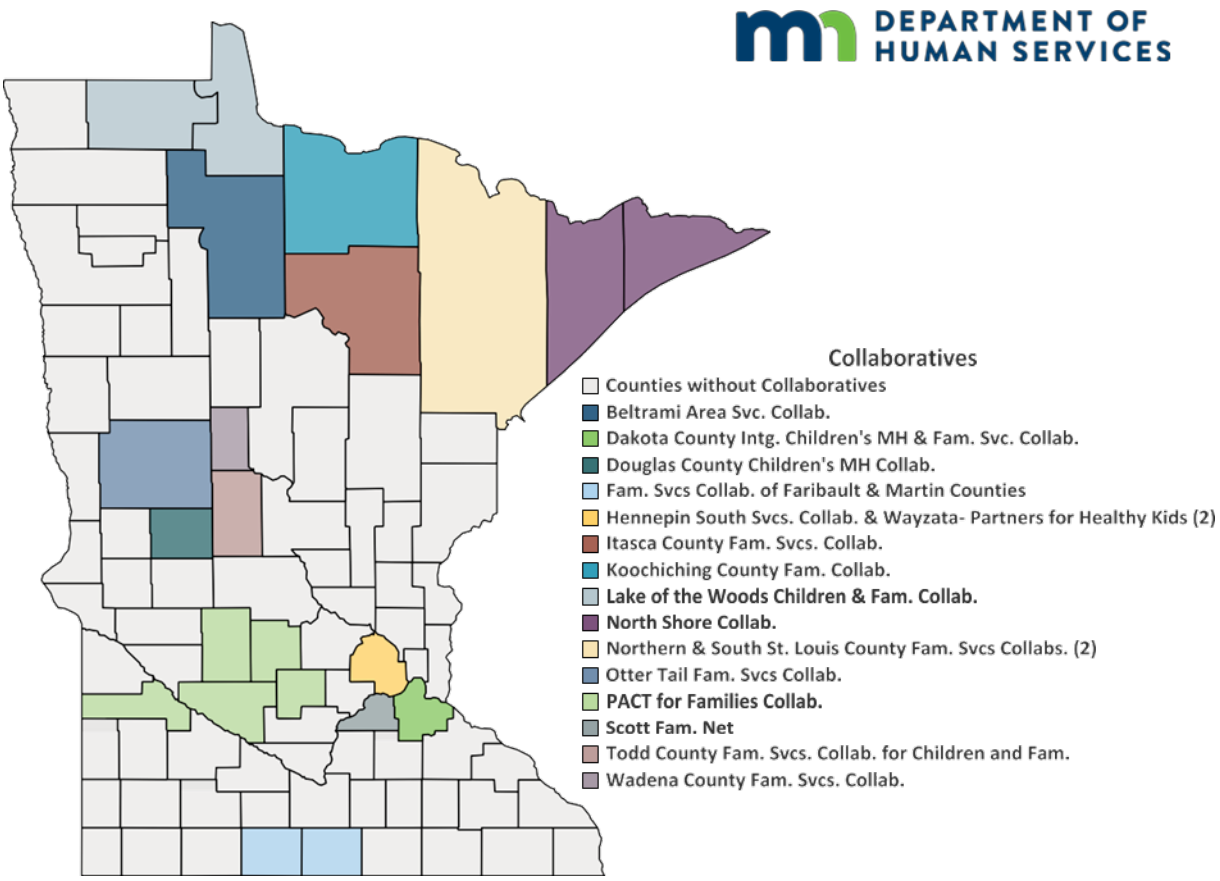
[16] This is only for the child welfare and does not include juvenile justice system. Demographic data about mental health screenings within the juvenile justice system is not available.

Adverse Childhood Experience Grants – State Funding FY17/FY18 $333,000

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

It also develops cohorts of presenters to share the ACEs curriculum with partners, parents, and providers in Collaboratives' communities. It supports coaching these communities to create community resilience plans to become "self-healing communities" based on local data, conversations, and priorities. The program includes an annual statewide gathering of Collaboratives addressing ACEs, resilience and trauma to support and strengthen communities of practice.

Grant funding for this program started in April 2017. Since then, this grant funded 37 ACE interface (Understanding Adverse Childhood Experiences: Building Self-Healing Communities) presentations, reaching 1,277 people in Collaboratives' communities throughout Minnesota through 17 collaborative and covered 22 counties. In addition, the program trained 261 certified presenters who presented an additional 107 ACE interface presentations which reached an additional 3,383 people.



Youth Mental Health First Aid – State Funding FY17/FY18 $55,427

Mental Health First Aid for Youth is a one day workshop designed to teach parents, family members, caregivers, teachers, school staff, and other citizens how to help an adolescent who is experiencing a mental health or substance use challenge, or who is in crisis. This funding provided 27 classes and training for 574 individuals. Grant funds are awarded to a community advocacy organization, NAMI Minnesota, to develop and hold the workshops.

Workshops are designed to help anyone who interacts or works with an adolescent identify warning signs and early identifiable symptoms and help refer or connect that adolescent and their family to mental health services.