DEPARTMENT OF HUMAN SERVICES

Legislative Report

Mental Health Grants
Fiscal Years 2019-2020

Behavioral Health Division

March 2021

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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 $15,650.

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Contents

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.

Introduction

The 2019-2020 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 2019 and 2020 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 Division continues to review processes for collecting outcomes data on each of the grants to reduce missing or incomplete data. This report contains new outcomes measures for a variety of grants, and reporting will improve further as additional years of data are gathered for the next Mental Health Grants Legislative Report in 2022.

Covid-Related Grant Flexibilities and Funding

In April 2020, the Behavioral Health Division, in consultation with the Department's Compliance Office and the Department of Administration's Office of Grants Management, began authorizing its grantees certain flexibilities to support them for the duration of the COVID-related Peacetime Emergency. The flexibilities fell primarily into two categories. The first category was a temporary relaxation of certain contractual requirements that were inconsistent with public safety, such as face-to-face service requirements, or difficult for the grantee to satisfy based on circumstances, such as reporting deadlines. The second category included temporary authorization for grantees to use existing funds for expenditures to mitigate COVID-related risk and impact such as purchasing telepresence equipment and software or personal protective equipment, safely transporting clients, or delivering food or medication to clients. Depending on the funding source, these flexibilities were accompanied by various restrictions.

In June 2020, the Behavioral Health Division received funding from a Crisis Counseling Assistance and Training program Federal Emergency Management Agency (FEMA) grant, supervised by the Substance Abuse and Mental Health Services Administration (SAMHSA), that seeks to help individuals and communities recover from the effects of a presidentially declared major disaster through community-based outreach and psycho-educational services. DHS released $1.68 million in grants to 11 community agencies for crisis counseling services to help people struggling with stress and anxiety as a result of the pandemic. The program helps through education,

promoting coping strategies, emotional support, and encouraging linkages to resources. The grants are focused primarily on those communities and individuals most affected.

In July 2020, DHS released $700,000 in grants to Community Mental Health Service providers to deliver immediate relief to providers impacted by the COVID-19 pandemic. This was a short-term funding opportunity for providers to enhance telehealth services, including buying equipment to boost provider capacity and other telepresence equipment to support operations. The funding was also used to purchase Personal Protective Equipment (PPE) for staff use while delivering services.

Finally, DHS, in collaboration with the Children's Cabinet and the Minnesota Department of Education, announced in October 2020 that $3 million in federal Coronavirus Relief Funds would be available to support the mental health needs of children, youth, and families during the COVID-19 pandemic. DHS released a competitive request for mini-grant proposals to distribute funds to school-linked mental health providers and other mental health providers who serve children and families with young children. The funds may be used to mitigate service interruptions and prioritize in-person services, purchase critical care supplies, cover public health-related training costs, and address the behavioral health needs of communities of color and Native communities related to the COVID-19 public health emergency.

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 rank their top 7 Service Needs and top 7 Service Barriers in the application process for AMHI funds for 2021/2022 funds. Rankings were submitted in July 2020. Service needs and barriers categories were taken from the 2015 GAPS analysis (adult mental health services only).

Top Service Needs, 2020[1]	*Number of Regions*	*Percent of Regions*
Permanent supportive housing	13	68%
Inpatient adult psychiatry beds	10	53%
Crisis stabilization – residential	10	53%
Complex needs with multiple diagnosis and chronicity	10	53%
Availability of psychiatric prescribers	9	47%
Intensive Residential Treatment Services (IRTS)	7	37%
Non-Medical Transportation	6	32%
Mobile mental health crisis response	6	32%
MH services offered in adult correctional settings	5	26%
Assertive Community Treatment (ACT)	5	26%

Top Barrier to Receiving Services, 2020[2]	*Number of Regions*	*Percent of Regions*
Lack of housing	18	95%
Access to transportation	18	95%
Geographic location of providers/distance to services	13	68%
Funding availability or Medicaid coverage of service	11	58%
Capacity to access service/navigate system	11	58%
Lack of subsidized housing for felons	9	47%
Eligibility restrictions (i.e. qualifying criteria)	9	47%
Stigma	8	42%
Cultural responsiveness of service providers	7	37%
Cost of service (e.g. high co-pays)	7	37%
Requirements to prove eligibility	6	32%
Lack of psychiatric services	6	32%

[1] Services listed by less than 25% of AMHIs include ARMHS, drop-in centers, medical transportation, foster care, behavioral programming, Adult Targeted Case Management, transition age services, psychological testing, PATH, prevention, neuropsychological services, case management, Bridges, adult day treatment, respite care - out of home and crisis, psychiatric consultations to primary care providers, physician consultation, evaluation and management, outreach, MH diagnostic assessment, MH court, integrated primary care with MH services, Integrated Dual Diagnosis Treatment, independent living skills training, immediate support around chemical health needs, ER referral to outpatient, eating disorders, culturally specific service providers, clubhouse model of psychosocial rehabilitation, and certified peer specialist services.

[2] Barriers listed by less than 25% of AMHIs include requirements to prove eligibility, lack of psychiatric services, long waiting times for services/providers, lack of awareness of available services, inconvenient service hours, caregiver and/or family issues, lack of waiting times for services/providers, and lack of interest in available services.

Adult Mental Health Initiative and Community Support Programs

State Funding Appropriated (FY19/FY20): $112,889,660; Funding Spent: $112,244,168[3]
Federal Funding Appropriated (FY19/FY20): $1,380,000; Funding Spent: $1,316,470

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.

Individuals Served by Service Type[4]	*2018*	*2019*
Adult Client Outreach	1,922	2,443
Adult Day Treatment	1	3
Adult General Case Management	11	9
Adult Mobile Crisis Services	681	857
Adult Outpatient Diagnostic Assessment/Psych Testing	821	1,187
Adult Outpatient Medication Management	3,897	4,679
Adult Outpatient Psychotherapy	853	1,358
Adult Residential Crisis Stabilization	140	208
Adult Targeted Case Management	2,275	3,325
Assertive Community Treatment (ACT)	262	359
Basic Living/Social Skills and Community Intervention	2,103	2,136
Client Flex Funds	1,783	1,535
Community Education and Prevention	13	4
Community Support Program Services	7,639	7,483
Housing Subsidy	1,208	1,337
Intensive Residential Treatment Services (IRTS)	22	59
Peer Support Services	107	135
Supported Employment and Individualized Placement	524	556
Transportation	899	867
SSIS client without Service Detail[5]	6,969	7,657
Total	21,502	23,474

[3] There is a remaining encumbrance of $564,964.11 for these grants.

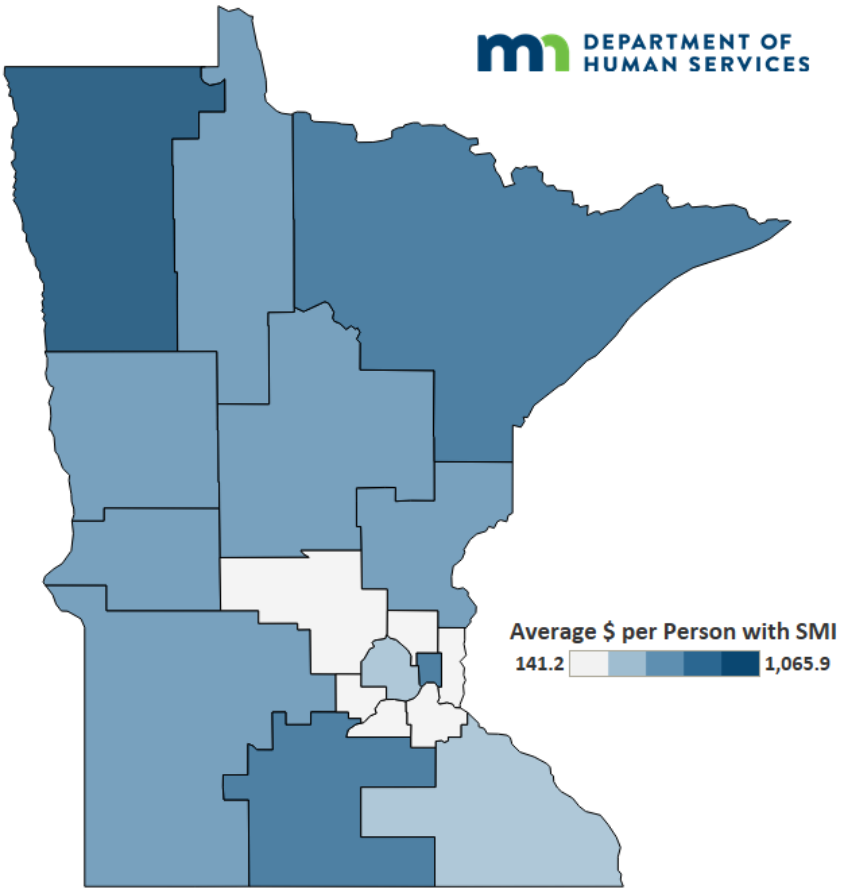
[4] Eligible services under these grants are a mix of Medicaid eligible and non-Medicaid billable services. Medicaid billable services are provided to individuals experiencing gaps in coverage who are underinsured or uninsured.

[5] Individuals reported into the Social Services Information System (SSIS) where BRASS code information could not be associated with a client. Some of these clients did have outcomes data associated with the service period. AMHI/CSP data were still likely underreported due to the addition of new providers and missing data due to provider employee turnover.

Since detailed client outcome data collection started in 2017, the percentage of client data with reported housing and residential status outcomes has grown from about 27% in 2017 to almost 74% in 2019. In 2018 and 2019, about 93.6% of clients with outcomes data were housed, and 84% of clients resided in a private residence either independently or with housing supports.

Adult Mental Health Initiative (AMHI) and Community Support Program (CSP) dollars support a multitude of services with wide-ranging outcomes. Employment outcomes in particular varied greatly by program type. For example, 67% percent of the 556 supported employment clients reported some type of employment, whereas about a quarter of community support program service recipients were employed.

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



Total grant funds allocated per person with serious mental illness (SMI) in the region. People with SMI make up an estimated 5.4% of the adult population. Population data from American Community Survey, 2018, 5-year estimates.

At DHS, Adult Mental Health Initiative reform efforts are currently underway. In CY 2020, DHS contracted with Forma Actuarial Consulting, Inc. to develop a new AMHI funding formula. After this work concludes, a new funding formula will be implemented by the 2023 grant cycle that will operationalize and strengthen the following principles:

- Bringing together people with lived experience, providers, counties, tribal nations, 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.

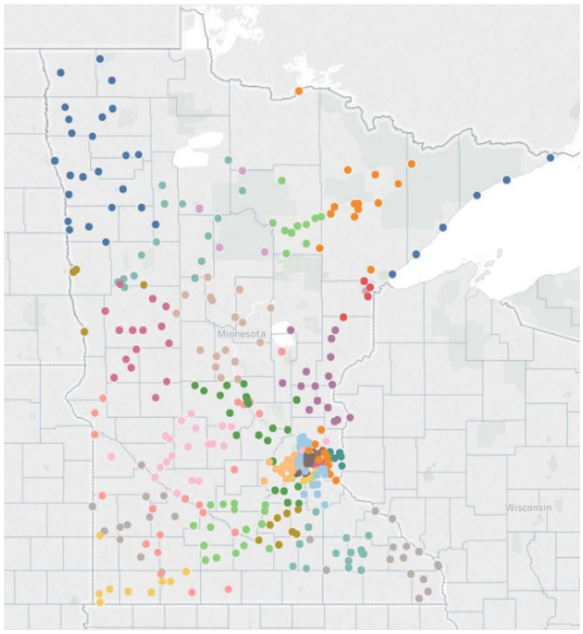
School-Linked Mental Health Grants

State Funding Appropriated (FY19/FY20): $22,508,000; Funding Spent: $21,823,715

Since 2007, Minnesota has pioneered efforts to bring mental health services to students through the school-linked mental health (SLMH) program. Under Minnesota's model, 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, provide care coordination, and offer classroom presentations and school-wide trainings on mental health issues.

In 2019 the legislature passed a law that provided clarity to the prior definition of SLMH grants and required the Commissioner of DHS to "establish a school-linked mental health grant program to provide early identification and intervention for students with mental health needs and to build capacity of schools to support students with mental health needs in the classroom." The new language also required a report of findings, which was published in February 2020 and titled "Legislative Report: Improving the school-linked mental health program." [6]

School-linked mental health sites across Minnesota. [7]



School-linked mental health services also eliminate common barriers for families such as taking time off from work, transportation, navigating complex systems, and longer wait times in the community clinic. The natural, non-stigmatizing location offers an early and effective environment for intervention. These services work to increase access to mental health services, improve clinical and functional outcomes for children and youth with a mental health disorder, and improve identification of mental health issues.[8]

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

In FY 2018, grantees provided 17,168 students with school linked mental health services.

FY 2019 SLMH School District & School Site availability:

- SLMH at 300 of 543 School Districts (55.4%)
- SLMH at 1,118 of 2,080 School Sites (53.8%)

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[6] The full report is available at: https://www.leg.state.mn.us/lrl/mndocs/mandates_detail?orderid=14932
[7] Information about School-Linked Mental Health Services schools, providers and locations can be found at: https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/school-linked-mh-services/
[8] While SLMH services are Medicaid billable, grant funds are only used for children who are uninsured or underinsured.

Mobile Crisis Service Grants

State Funding Appropriated (FY19/FY20): $27,800,840; Funding Spent: $27,462,887

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.[9]

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 2018 to 2019, mobile crisis teams conducted 34,707 face-to-face episodes[10] across Minnesota. Referrals to one or more services were documented in 60.3% (20,918) of episodes. Mobile crisis team response time improved considerably from 2016 to 2019. In 2016, mobile crisis teams responded to 72% percent of referrals in less than 2 hours; by 2019, 81% of referrals were responded to in less than 2 hours.

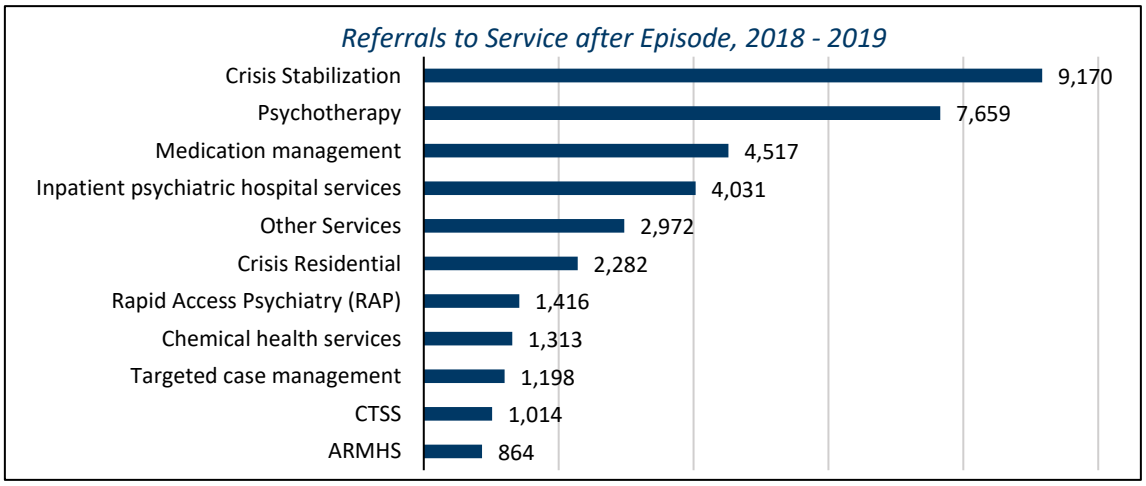
Primary reason for crisis intervention:

- Suicidal Ideation, 31.4% of episodes
- Depression, 16.5% of episodes
- Anxiety/Panic, 12.8% of episodes
- Dysregulated Behavior, 10.8% of episodes

Most common referral sources:

- Self-referral or friends/family, 39.7% of episodes

Hospitals, 26.0% of episodes



[9] While Mobile Crisis teams provide a Medicaid billable service, grant dollars fund underinsured and uninsured individuals, as well as critical infrastructure costs and additional ancillary services and expenses that are not Medicaid billable.

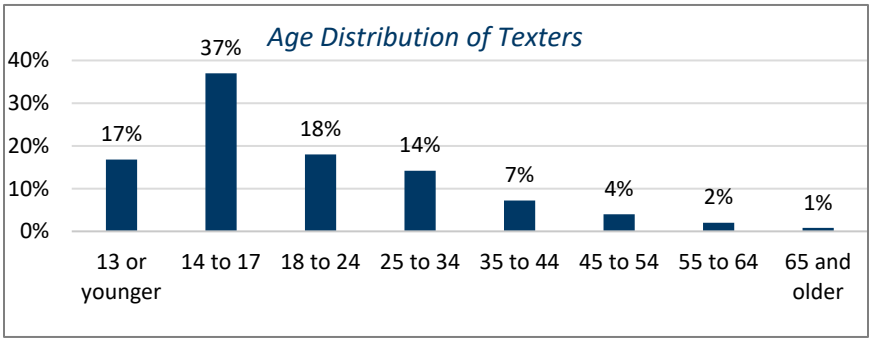
[10] Total episodes include episodes reported into the Mental Health Information System (MHIS) and additional recipients with mobile crisis Medicaid claims each year who were missing from MHIS.

Crisis Text Message Grants

State Funding Appropriated (FY19/FY20): $2,250,000; Funding Spent: $1,778,307[11]

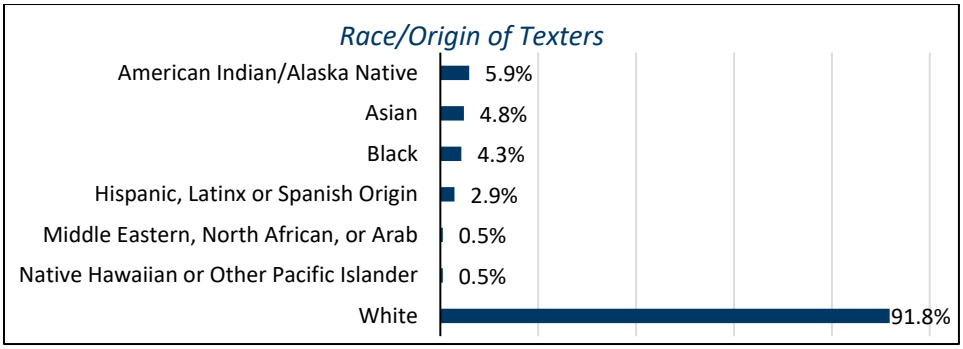
Beginning in April 2018, the Department of Human Services contracted with "Crisis Text Line," a national non-profit which provides free services to all 87 counties in Minnesota. People who text "741741" are connected 24 hours a day, 7 days a week with a trained counselor who helps defuse the crisis and connects the texter to local resources, including coordinating with mobile crisis teams.[12] From 2018 to 2019 Crisis Text Line responded to 6,208 text message conversations in 68 Minnesota counties. Text conversations included 132 Suicidal De-escalations, and texters reported an 84% satisfaction rate with the service. In early 2018 the previous program, TXT4Life, responded to 1,859 text conversations.

Crisis Text Line Minnesota Demographics, April 2018 to December 2019:[13]



Texter Sexual Orientation: 44.1% of individuals served identified as LGBTQ+; 56.7% identified as straight.

Texter Gender: 78.8% identified as female; 17.9% as male; 3.8% as trans; 2.3% as genderqueer; and .8% as Agender.



Regional Trainings on Text Services

Regional coordinators provide trainings to community members and providers, school staff, and social service providers. Grant funding went to three vendors, including a provider, a county, and a tribal nation. Vendors facilitated more than 877 programing activities including outreach, presentations, tabling events, Question, Persuade and Refer (QRP) events, meetings, and collaboration with partners, and also SafeTALK. These activities help to increase awareness and knowledge of how to access the text messaging service.

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[11] There is a remaining encumbrance of $151,566 for this grant.

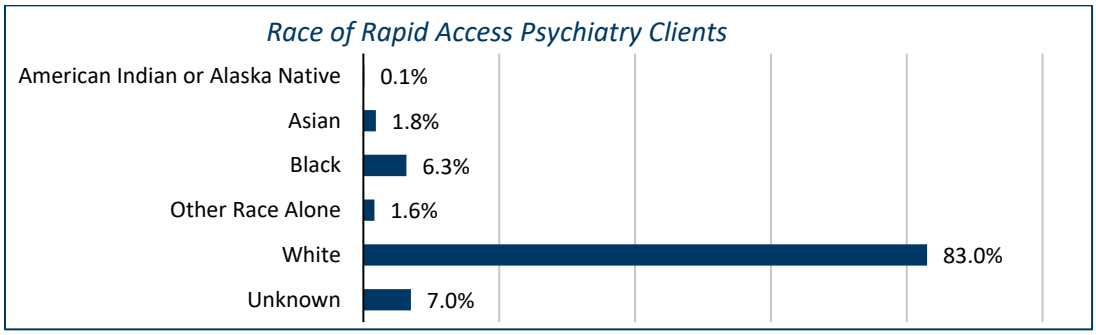
[12] Crisis text messaging is not a Medicaid billable service.

[13] For each demographic category except age, multiple options could be selected.

South Central Crisis Program

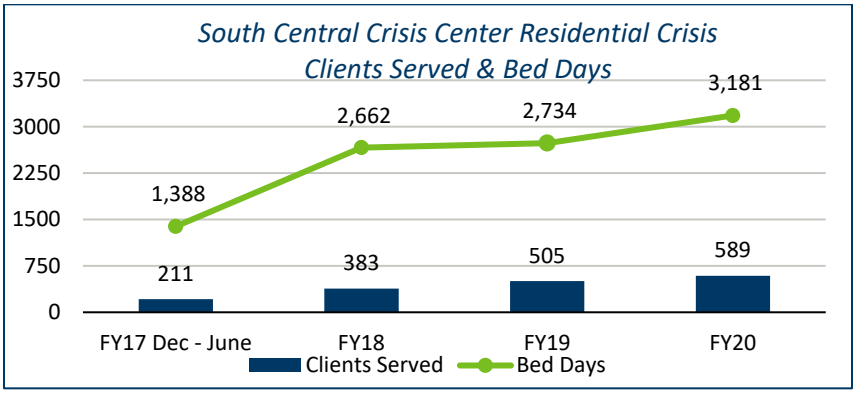
State Funding Appropriated (FY19/FY20): $1,200,000; Funding Spent: $881,926[14]

This program provides rapid access psychiatry services to adults in the South Central region of the state. Starting in 2010, on-going 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.[15] The grant funded 1,398 rapid access psychiatry visits from FY 2019 to FY 2020.



The grant also funds the mobile crisis line for the region which individuals can call to request a mobile crisis assessment. In FY 2019, 1,611 calls were received and in FY 2020, after an integrated call line was implemented, 3,328 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 of these services are for individuals within the 10 county region (Blue Earth, Brown, Faribault, Freeborn, LeSueur, Martin, Nicollet, Rice, Sibley and Watonwan). In FYs 2019 and 2020, there were 1,677 urgent care visits. The number of clients and bed days for residential crisis services are below.



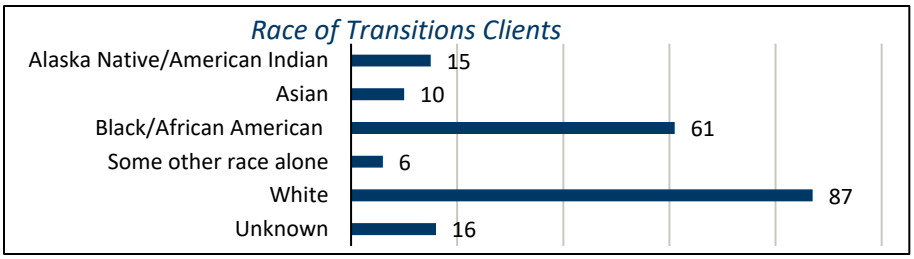
[14] There is a remaining encumbrance of $318,074 for this grant.

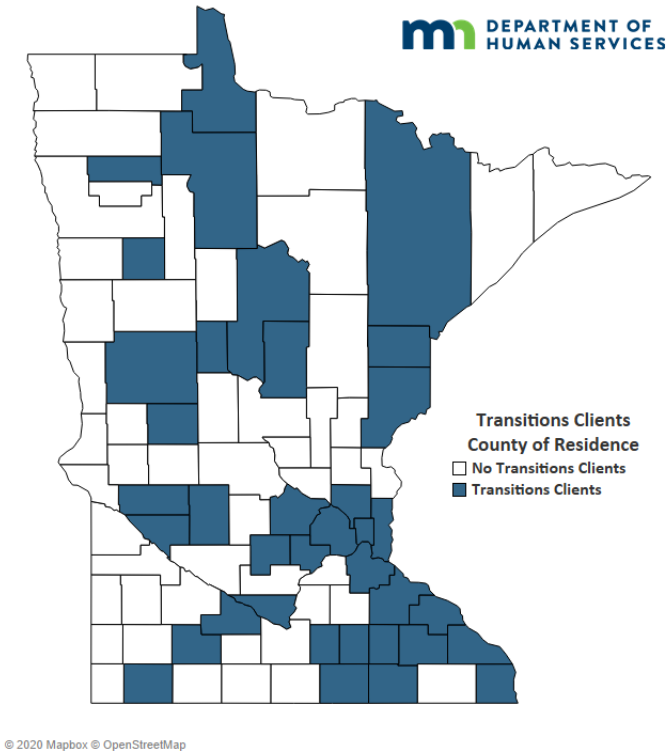
[15] Grant dollars fund a mix of non-Medicaid and Medicaid billable services. Residential Crisis services may be grant paid if the individual is underinsured or uninsured.

Transitions to Community Initiative

State Funding Appropriated (FY19/FY20): $4,506,000; Funding Spent: $3,292,192[16]

The Transition to Community Initiative was established to reduce the time that individuals remain at the Anoka Metro Regional Treatment Center (AMRTC) or the Forensic Mental Health Program (FMHP), formerly known as the Minnesota Security Hospital, when services are no longer clinically necessary. Established in 2013, the initiative 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. Grant dollars help individuals move to community-based services by addressing the unique barriers faced by each person, which promotes recovery and also opens beds at AMRTC and FMHP for other individuals.[17]





The initiative has shown success in helping people with extremely significant barriers to return to the community. Between July 1, 2018 and June 30, 2020, 195 individuals who discharged from AMRTC and FMHP received services or support through the Transitions to Community Initiative. 47% of Transitions clients were racial minorities, 45% white, and the remaining 8% unknown.

Two grant programs make up the mental health side of Transitions to Community Initiative; county technical assistance dollars and Whatever It Takes (WIT) dollars spent through grantee agencies. A portion of the grant funding also goes to the Bridges Rental Assistance Program, operated by Minnesota Housing, to prioritize providing housing assistance to people who are discharging from AMRTC or FMHP while they are waiting for a Housing Choice Voucher or another rental subsidy.

Grant dollars go to a portion of the total AMRTC and FMHP client populations, which are 656 and 503 respectively. It is not uncommon for clients to

[16] There is a remaining encumbrance of $430,126 for this grant.

[17] Transition to Community Initiative funds provide services for individuals who are not Medicaid eligible, or if Medicaid eligible are receiving non-MA billable services.

have delays in discharge after a high level of care is no longer needed, or to cycle through facilities with multiple discharges and readmissions. Despite a population of 656 at AMRTC, 664 discharges were documented over the same time period due to readmissions. Transitions dollars help move clients to less expensive care and free up beds.

Assertive Community Treatment (ACT)/Intensive Residential Treatment Services (IRTS) Sustainability Grants

State Funding Appropriated (FY19/FY20): $3,687,795; Funding Spent: $1,963,795[18]

Intensive Residential Treatment Services (IRTS) and Residential Crisis Stabilization (RCS)

IRTS and RCS providers serve adults who need around the clock services and support for mental health stabilization and to safely transition to community services, who would otherwise need inpatient psychiatric hospitalization and/or are discharging from inpatient care. Grant funds cover uncompensated room and board costs, and projects that improve and increase delivery of culturally responsive services for individuals from communities experiencing health inequities including communities of color, American Indians, veterans, LGBT communities, and people with disabilities.

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.

Uncompensated Space and Food Paid by Grant	*FY 2019 – FY 2020*
# of Grantees	16
Total Grant Dollars	$1,471,764

Grant funds also improved and increased delivery of culturally responsive services by funding interpreter services, staff training, the hiring of a diversity consultant to update forms and implement policy and procedure changes, new internship programs focused on hiring people of color, community meetings and resident satisfaction surveys, and case consultation services.

Culturally Responsive Services and Facilities Funded by Grant	*FY 2019 – FY 2020*
# of Grantees	7
Total Grant Dollars	$399,933

Assertive Community Treatment (ACT) Teams

ACT is an evidence based multidisciplinary treatment serving individuals with a diagnosis of serious and persistent mental illness. Sustainability grant dollars ensure the continuation of ACT in Minnesota by supporting the ability of teams to be fully staffed, well-trained, and equipped to handle unique client needs. In FY 2019/2020, funding from this grant supported 20 out of 34 ACT teams across the state. Grant funds went to a wide variety of purposes including:

[18] There is a remaining encumbrance of $1,599,024 for this grant.

- Filling statutorily required staff positions; costs of hiring, licensure fees, and initial salary costs of Registered Nurses, Certified Peer Supports Specialist, and Mental Health Professional Staff;
- Client Flex Funds; money to meet ad hoc client needs for transportation, living expenses, and uncovered prescription, dental, and primary care costs;
- Team Trainings; CBT Trainings, Team Building Retreats, etc.;
- Facility Improvements; facility and security improvement and remodeling costs; and
- Uncompensated Care; ACT care not paid by Medicaid due to lapse in eligibility or ineligible clients.

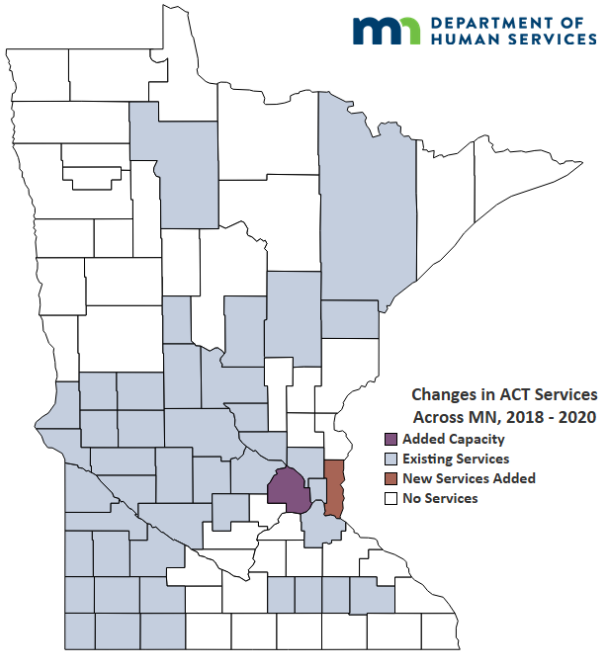
ACT Quality Improvement and Expansion Grants

State Funding Appropriated (FY19/FY20): $1,200,000; Funding Spent: $754,037[19]

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), and a trauma informed Cognitive Behavioral Therapy (CBT) intervention, BREATHE.[20]



Funds are also used to improve the quality of services by improved 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. Throughout FY 2019-2020, 7 corrective action or low fidelity ACT teams significantly improved TMACT scores. These teams moved from corrective action or low fidelity into the medium or high fidelity bracket.

Changes in fidelity bracket:

- 1 team, corrective action to medium
- 1 team, corrective action to high
- 3 teams, low fidelity to medium
- 2 teams, low fidelity to high

Finally, remaining grant funds were used to fund training on culturally responsive services for Black/African-American and Asian clients for a variety mental health and substance use providers in Minnesota. In FY 2019, grant dollars were given to 4 organizations to conduct trainings.[21]

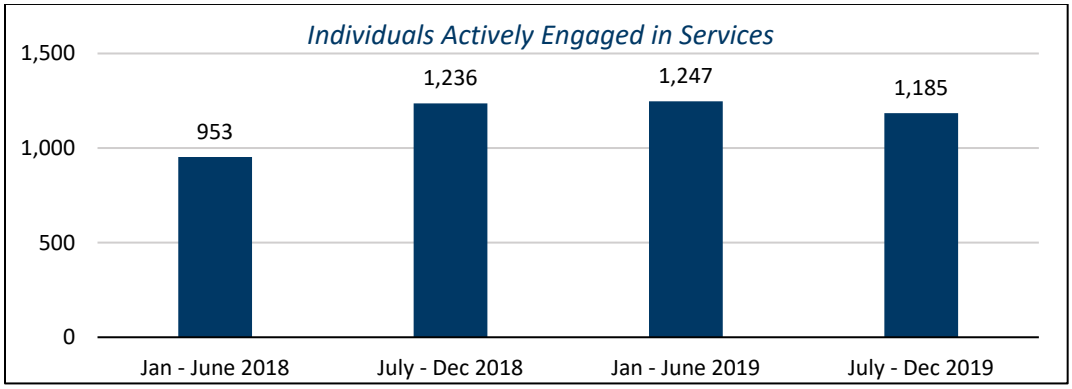
[19] There is a remaining encumbrance of $344,297 for this grant.
[20] While ACT is a Medicaid service, grant funding goes to uncompensated start-up costs, trainings, and TMACT reviewers.
[21] About $160,000 was used for general culturally responsive provider trainings, not specific to ACT teams.

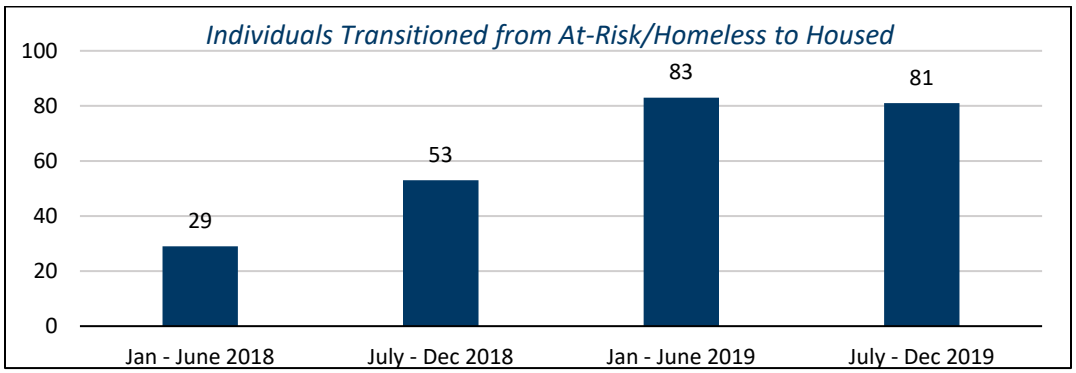
Housing Support for Adults with Serious Mental Illness (HSASMI)

State Funding Appropriated (FY19/FY20): $10,175,000; Funding Spent: $8,170,520[22]
Federal Funding Appropriated (FY19/FY20): $1,566,018; Funding Spent: $1,510,769

The housing with supports for adults with serious mental illness grant program (HSASMI), provides housing support services for individuals 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.[23] 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 individuals 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. From 2018 to 2019, the HSASMI grants assisted 2,796 individuals in accessing and retaining permanent supportive housing. During that time 246 people transitioned from at risk of homelessness/homeless to housed.





[22] There is a remaining encumbrance of $456,529 for this grant.
[23] Some HSASMI grant services are comparable to the new Medicaid Housing Stabilization Services benefit, however this benefit was not available until FY21. HSASMI grants also cover a range of housing support options that are not Medicaid billable.

Crisis Housing Fund

State Funding Appropriated (FY19/FY20): $1,220,000; Funding Spent: $432,680[24]

The Crisis Housing Fund (CHF) are grants given to nonprofits, government organizations, and tribal nations on behalf of individuals with serious mental illness. Individuals are identified by the applicant agency who assist with the Crisis Housing Fund application. CHF provides short-term housing assistance, including financial assistance to pay rent, mortgage, utility, and/or other housing related expenses.[25] 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 stay.

The Crisis Housing Fund prevents homelessness and supports access to treatment by helping individuals to retain their housing while seeking needed behavioral health treatment. In 2018 and 2019, 579 people were able to maintain their permanent housing through the Crisis Housing Fund.

People Served and Months of Assistance	*FY 2019*	*FY 2020*
People Served	275	304
Months of Assistance	671	767

Summary of Expense Type	*FY 2019*	*FY 2020*
Rent & Mortgage Expenses	$ 330,766.00	$ 373,811.00
Utilities & Other Costs	$ 49,586.00	$ 75,870.00
Returns	-[26]	$ (25,670.00)

[24] There is a remaining encumbrance of $787,320 for this grant.
[25] Crisis Housing Fund does not pay for Medicaid billable services.
[26] The Crisis Housing Fund (CHF) was transitioned to a new vendor in July 2019. Returns data were not available for FY19. 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

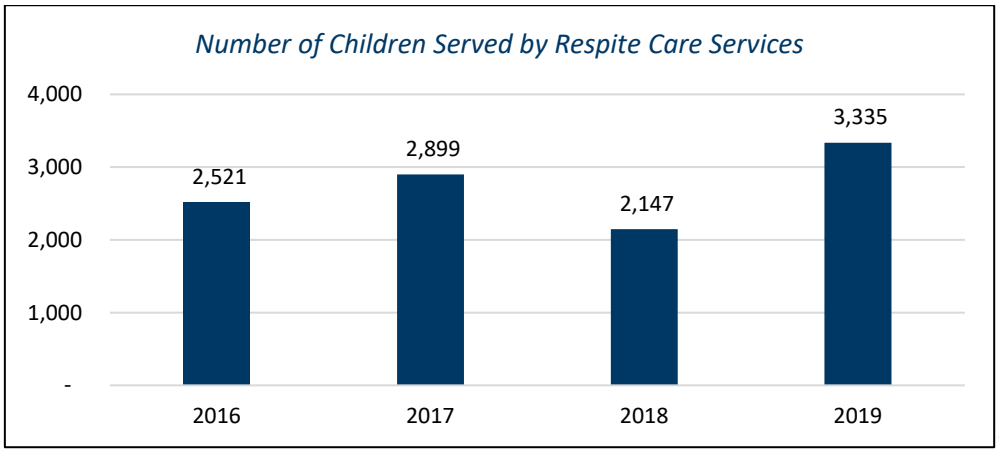
State Funding Appropriated (FY19/FY20): $3,201,000; Funding Spent: $2,888,593[27]

Respite services provide temporary care for children with serious mental health needs who live at home. Access to this program gives relief to families and caregivers 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.[28]

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



[29]

[27] There is a remaining encumbrance of $41,586 for this grant.

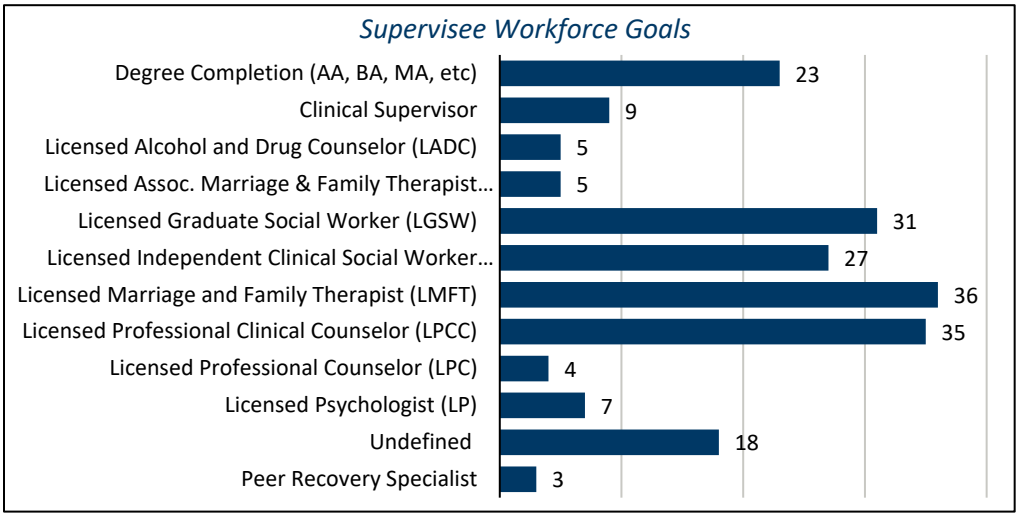
[28] Children's respite care services grant dollars may only be used when Medicaid, a waiver, or another funding source will not pay for services. Additionally, the grant may pay for non-Medicaid billable supportive activities.

[29] 2018 data were incomplete and only covered 1/1/18 to 8/1/2018.

Cultural and Ethnic Minority Infrastructure Grants

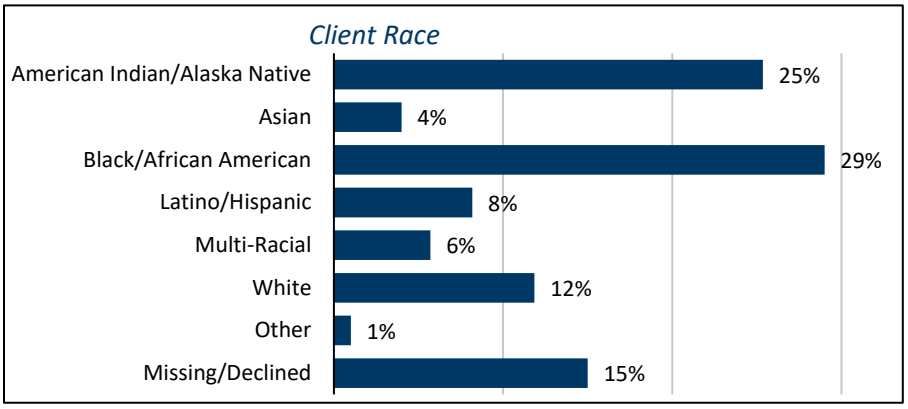
State Funding Appropriated (FY19/FY20): $1,200,000; Funding Spent: $1,169,902[30]
Federal Funding Appropriated (FY19/FY20): $1,821,433; Funding Spent: $1,356,146

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.[31]



During FY 2019/2020, grant dollars went to 22 grantees that either had supervisees and/or provided client services. The grant has helped 203 supervisees from 18 different grantees with workforce development. Among the supervisees, 15 different languages were spoken to help better serve children, youth, and families from cultural and ethnic minority populations.

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. In 2019, services expanded from children's mental health services to include adult mental health services, as well as substance use disorder (SUD) programming. Culturally appropriate mental health services were delivered to 1,447 individuals.



Percent of Service Type Delivered to Clients:

- Adult Mental Health, 30%
- SUD Services, 24%
- Children's Mental Health 21%
- Co-Occurring Disorders, 18%
- Unidentified, 8%

[30] There is a remaining encumbrance of $2,458 for these grants.
[31] Capacity building grant activities are not Medicaid billable, and service related activities are only used to fund underinsured or uninsured individuals.

Children's Evidence-Based Training Grants

State Funding Appropriated (FY19/FY20): $1,500,000 Funding Spent: $1,152,737[32]
Federal Funding Appropriated (FY19/FY20): $1,816,000; Funding Spent: $1,503,346

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 2018 and 2019 is reflected in the table below.

EBP Trainings by Type	*2018*		*2019*	
	Number of Agencies	*Number of Clinicians*	*Number of Agencies*	*Number of Clinicians*
MAP	13	66	19	63
TF-CBT	21	94	18	64
CBITS	8	16	-	-
Bounce Back	-	-	11	23

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. Similar to 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 developmental appropriate.

[32] There is a remaining encumbrance of $171,085 for this grant.
[33] Children's Evidence Based Training grants are for training and not Medicaid billable services.

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 offered every other year. There is no national certification, but they have the same phone consultations sessions as MAP and TF-CBT.

Early Childhood Mental Health Capacity Grants

State Funding Appropriated (FY19/FY20): $2,075,000; Funding Spent: $2,054,499[34]
Federal Funding Appropriated (FY19/FY20): $2,734,758; Funding Spent: $2,494,525

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 2019 and FY 2020, DHS funded 26 mental health agencies that together cover every county in the state and two 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.[35]

Services provided by the 26 ECMH grantee agencies in FY 2019 – FY 2020:	
Benefited a total of population of	5,806 distinct individuals, ages 0 to 5, *67% male, 41% person of color, 85% ages 3 to 5*
Benefited residents from	86 of 87 MN counties
Included delivery of a total of	234,571 services, 28% clinical and 72% auxiliary (which supplement and/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.

Consultation trainings provided by content, FY 2019 & FY 2020	*Clinicians trained*
Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5)	539
Parent-Child Interaction Therapy (PCIT)	11
Child-Parent Psychotherapy (CPP)	52
Attachment and Bio-behavioral Catch-up (ABC)	42
Early Childhood Service Intensity Instrument (ECSII)	398

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.

Mental health consultations trainings, FY 2019 & FY 2020
Were conducted at 128 childcare sites statewide
With a combined enrollment of 6,142 children.

[34] There is a remaining encumbrance of $868 for this grant.

[35] For all other individuals, services are Medicaid billable. Non-clinical services are non-billable to Medicaid.

Child Welfare and Juvenile Justice Screening Grants

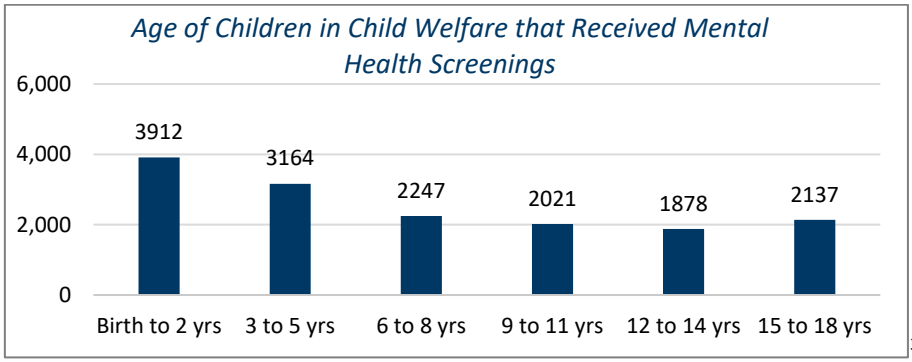
State Funding Appropriated (FY19/FY20): $8,824,000; Funding Spent: $7,407,857[36]

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.[37] 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 diagnoses and identify any necessary treatment or service.

Children who Received Mental Health Screenings	*2018*	*2019*
Child Welfare	9,153	7,617
Juvenile Justice	3,028	2,848

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.



[38]

[36] There is a remaining encumbrance of $1,197,931 for this grant.

[37] Some Child Welfare and Juvenile Justice Screening grant services are Medicaid billable and some are not. Grant dollars fund mental health screenings and ancillary services not covered by Medicaid, as well as services to underinsured and uninsured youth and children.

[38] Demographic data is for child welfare only, juvenile justice system data is not available.

Adverse Childhood Experience Grants

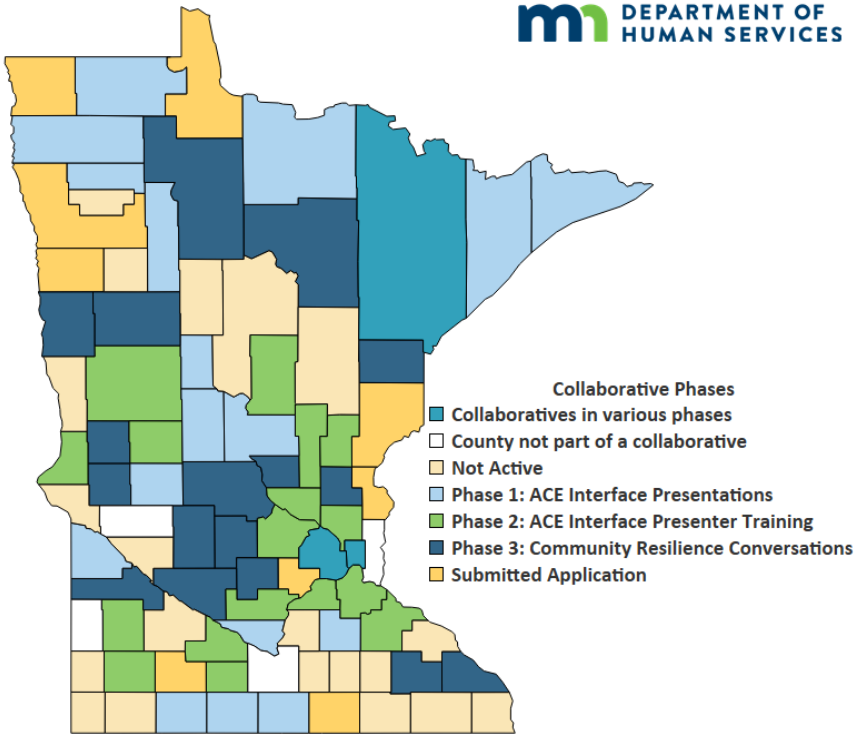
State Funding Appropriated (FY19/FY20): $726,000; Funding Spent: $701,000

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 about ACEs, resilience, and trauma, and increased protective factors for children, families, and communities.[39]

This program has 3 phases of activities, as well as grant activities:

Phase 1 – Training/Presenting/Coaching to train community partners, parents and providers:

- Provided 83 ACE Interface Presentations (*Understanding Adverse Childhood Experiences: Building Self-Healing Communities*) reaching 3,565 people in 33 Collaboratives (28 Counties).



Phase 2 – Community & Regional Cohorts to train community presenters:

- Provided 10 ACE Interface Presenter Workshops training 172 community presenters in 26 Collaboratives (20 Counties).

Phase 3 – Community Resilience Conversations to discuss emerging community needs and inform Collaboratives' Community Resilience Plans:

- Convened 14 Community Resilience Conversations and engaged 578 people in 10 Collaboratives (14 Counties).

Other Grant Activities: Conference/Gathering to support and strengthen communities of practice among the Collaboratives. 856 people engaged in shared learning at the 2019 and 2020 annual *Collaboratives Addressing Adverse Childhood Experiences: Growing Resilient Communities* gatherings.

Additionally, 293 Certified Presenters/Trainers presented more than 192 ACE Interface Presentations reaching more than 5,031 people in communities served by Collaboratives.

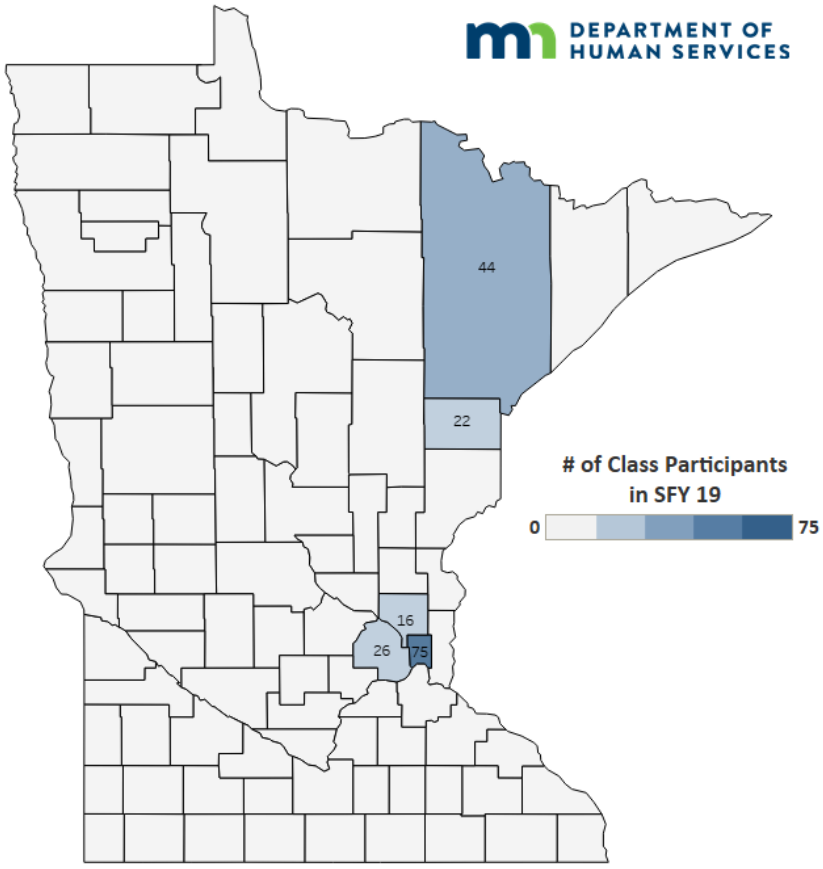
[39] Adverse Childhood Experience grants fund training and collaboration activities, and not Medicaid billable services.

Youth Mental Health First Aid

State Funding Appropriated (FY19/FY20): $46,000; Funding Spent: $0[40]

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.[41] This funding provided 11 classes and training for 183 individuals in FY 2019. Grant funds were 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. NAMI MN surveyed class participants after the workshops and found[42]:



- More than 90% of participants agreed or strongly agreed the materials are/will be useful, and they would recommend the trainings to others.
- More than 85% of participants said their knowledge increased a large or medium amount regarding how to approach an adolescent at risk.
- More than 80% of participants said their knowledge increased a large or medium amount regarding warning signs and risk of suicide in adolescents.

[40] The full $46,000 remains encumbered for this grant.

[41] Youth Mental Health First Aid fund training activities, and not Medicaid billable services.

[42] Several training sessions were not grant funded, but covered identical material. Survey data covered all participants, whether funded by this grant source or other dollars.

Services for First Episode Psychosis

State Funding Appropriated (FY19/FY20): $1,072,000; Funding Spent: $864,999[43]
Federal Funding Appropriated (FY19/FY20): $2,471,500; Funding Spent: $2,183,391

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 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 2019/2020, funding supported three pilot sites:[44] Hennepin Healthcare**,** M Health, and Human Development Center. Grant dollars also funded the University of Minnesota's Department of Psychiatry and Behavioral Sciences to provide technical assistance, including training, consultation, fidelity and data.

Client Admissions by Program	*Fiscal Year 2019*	*Fiscal Year 2020*
Hennepin Healthcare (HCMC), Minneapolis	33	52
M Health, (University of MN Physicians), St. Louis Park	70	43
Human Development Center (HDC), Duluth	18	8

Grant funds covered:[45]

- 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/wifi, supplies, etc.)
- Client needs (bus pass, hygiene items, weather-appropriate clothing and footwear, clothing for interviews/work clothes, ID replacement, laundry supplies, food, etc.)

[43] There is a remaining encumbrance of $207,001 for this grant.

[44] 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/.

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