



Behavioral Health Planning Council

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Re: Minnesota's Combined Federal Mental Health and Substance Abuse Block Grant and Strategic Priorities for Integrated Behavioral Health Care

To Whom It May Concern,

Launched in 2017, the Minnesota Behavioral Health Planning Council (BHPC) is an integrated mental health and substance use disorder council that advises the Minnesota Department of Human Services, Behavioral Health Division regarding Minnesota's combined Mental Health and Substance Abuse Federal Block Grant. Minnesota's Behavioral Health Planning Council is required through the Federal Public Health and Welfare Act, Chapter 6A. The Behavioral Health Planning Council is composed of residents of the State of Minnesota, including representatives of the principle State agencies with respect to: mental health, education, vocational rehabilitation, criminal justice, housing, and social services. Minnesota seeks balanced representation for mental health and substance use/misuse experiences for each federally required seat in the council. A minimum of 50 percent of council members are people with lived experience who are not State employees or providers of behavioral health services. In addition to

reviewing Minnesota's combined federal block grant, the Minnesota Department of Human Services, Behavioral Health Division looks to the Behavioral Health Planning Council to:

- Inform DHS about issues at the local level
- Point out structural gaps in the system and identify barriers in the delivery of services to communities
- Consult on policy development: DHS will share what they are planning and ask for the council's feedback
- Offer insights for consideration on effective measures and themes/issues DHS should consider in its work

On behalf of the Behavioral Health Planning Council, we have had opportunity to review the 2020-2021 Combined Substance Abuse and Mental Health Block Grant Application, along with current efforts funded through the current 2018-2019 Combined Substance Abuse and Mental Health Block Grant Application. As well, the Behavioral Health Planning Council has engaged in a two and a half year process of orientation to Minnesota's Combined Federal Block Grant, along with continual updates on the development of Minnesota's new Behavioral Health Division. Recommendations discussed in this letter reflect key themes, priorities and gaps identified during the past two and a half years.

The Behavioral Health Planning Council has selected to write this letter to Substance Abuse and Mental Health Services Administration (SAMHSA), along with leadership within Minnesota's Department of Human Services (DHS), including but not limited to the Behavioral Health Division, to:

- 1.) Emphasize need for collaboration across state agencies and agency divisions; and
2. Highlight siloed billing and contracting systems – often driven by limitations defined by SAMHSA, and sometimes other state resources – that prevent integrated prevention and treatment efforts to reduce mental illnesses and substance use disorders among people in Minnesota.

Key Themes, Priority Populations and Structural Gaps:

Key Themes:

- Prevention of substance use disorder and mental illnesses require integrated and coordinated mental health promotion and substance use prevention efforts. This requires elimination of silos created by funding sources, including restrictions created by SAMHSA in Substance Abuse and Mental Health Block Grant funding.
- Behavioral health support services are successful when people accessing these services also have housing stability, economic opportunity, and support for their families and communities. Therefore, effective behavioral health planning requires a collaborative approach across state agencies and communities.

- Behavioral Health services must be responsive to communities and culture.
- Trauma-informed work should be incorporated across all areas of the continuum of care.
- Incorporating multigenerational approaches in new ways should be prioritized so that therapeutic modalities can be provided to the whole family, where parents and children are both able to access treatment.
- Workforce development remains an important area of need and focus for behavioral health systems.

Priority Populations:

- People who are justice-involved
- People with developmental disabilities (inclusive of people experiencing autism)
- People in need of stable housing

Structural Gaps:

- SAMHSA restricts mental health block grant funds (MHBG) so that they can only be used for tertiary prevention or treatment in mental health. At the same time, SAMHSA restricts substance abuse prevention block grant funds (SAPT) to only primary prevention (and not tertiary prevention or treatment). This makes it close to impossible for the Minnesota Human Services Behavioral Health Division to contract with agencies in support of an integrated mental health promotion/substance use prevention approach. At the same time, SAMHSA funds mental health promotion through Minnesota's Department of Health, creating yet another disconnect. In essence, the restrictions in SAMHSA federal block grant funding creates siloes that SAMHSA encourages states to circumvent. Therefore, SAMHSA should eliminate these siloes to support truly integrated approaches in behavioral health.
- Policies that create barriers for people with criminal histories and/or who have been justice involved must be analyzed and addressed so that people with criminal histories can have access to stable housing, economic (job) opportunities and support in other factors that influence health and wellness. Among other things, these barriers impact the ability of people in recovery who have criminal histories in joining the behavioral health workforce, which is a loss to Minnesota communities as many people who have been justice involved have much to offer and wisdom to share. Therefore, DHS should look for ways to incorporate people who have been justice involved into the Behavioral Health workforce.

Behavioral Health Planning Council Recommendations:

The Behavioral Health Planning Council requests that the Department of Human Services, Behavioral Health Division (BHD) focus on the recommendations in this letter to improve the work being done in communities on substance abuse prevention, mental health promotion and suicide prevention. The focus of the recommendations is to allocate dollars to develop a strategic plan on how the Behavioral Health Division will address mental health promotion and suicide prevention, along with integration of substance abuse prevention and furthermore allocate dollars to communities to implement strategies.

Recommendations in this letter align with the BHPC vision that all Minnesotans, wherever they live, experience optimal health and well-being because of a fully integrated health care system that promotes:

- Full acceptance of what health and wellness mean to each resident, including physical condition, housing, food, security, social connections, community belonging, etc.
- Full access in all locations, communities, tribal reservations, cultures, and languages;
- Full focus on prevention and continuum of care availability at the local level and inclusive of all generations;
- Full choice for each resident—i.e., the person chooses based on complete information about the range and implications of choices, not a social worker or case manager making choices for the person;
- Full collaboration of providers, programs, and organizations;
- Full integration into community, including community traditions and culture;
- Local staff will largely reflect the community and culture, and make use of common or traditional community resources.

Integration of Mental Health Promotion, Suicide Prevention and Substance Use Prevention

The BHPC fully supports the integration of mental health, substance abuse treatment and prevention systems. It is recommended that the Division make intentional efforts to address barriers due to funding and be open to making changes to how the work is currently being done in substance abuse prevention.

Through current SABG, funds are provided to communities to build community substance use prevention coalitions that develop a comprehensive strategic plan using SAMHSA's Strategic Prevention Framework to address substance abuse prevention. The way that the current funding is structured does not support Minnesota communities in addressing mental health promotion or suicide prevention as part of substance abuse prevention strategy, due to these efforts being funded out of the SABG and restrictions in those funds via SAMHSA. However, research shows that there are many factors associated with substance abuse prevention, mental health and suicidal behaviors that could be worked on collaboratively and through integrated approaches to improve Minnesota's environments. The Department should look for ways to integrated funding and strategies in support of community-based infrastructure so that communities can address mental health promotion and suicide prevention as part of a cohesive substance use/misuse prevention strategy. In addition, funding for prevention efforts should be increased overall. In

other words, a larger portion of federal block grant funds should be allocated for integrated prevention strategies. The current siloes do not provide communities opportunity to explore comprehensive strategies that will address substance abuse prevention, mental health promotion and suicide prevention.

For increased integration in practice, and for full integration to occur, we recommend:

- Allocate resources for the BHD to develop a strategic plan with experts from the field from both substance abuse prevention, mental health promotion and suicide prevention to research and determine best practices for systems and communities to integrate substance abuse prevention, mental health promotion and suicide prevention.
- Allocate additional funds to increase the number of Regional Prevention Coordinators and expand the training and technical assistance that they offer across the State on substance abuse prevention, to include mental health promotion and suicide prevention. This would provide the support needed to build this infrastructure and would allow expand services for more communities to be offered training and technical assistance on both substance abuse prevention, mental health promotion and suicide prevention.
- Fund additional communities to received funding to go through the Strategic Prevention Framework and build a community coalition to work collaboratively on substance abuse prevention, mental health promotion and suicide prevention.
- Communicate with SAMHSA project officers to address SAMHSA-imposed funding restrictions that impair states from implementing holistic approaches that recognize shared risk and protective factors associated with substance abuse prevention, mental health promotion and suicide prevention. If Federal Block Grant dollars are not available, the BHPC recommends that State dollars be allocated to support this integration of work at the community level.

Use the Social-Ecological Model and Developmental Perspective

The BHPC values the research done around risk and protective factors across the social ecology and developmental perspective.

The *social ecological model* considers the complex interplay between individual, relationships (peers, family, and school), community, and societal factors for the full life span. There are a range of factors that put people at risk and the factors at one level influence factors at another level. Using this model would allow for communities to work across multiple contexts and identify multiple interventions necessary to reduce substance abuse and promotion well-being. According to the CDC, this will allow for work being done at the community level to be more likely to sustain prevention efforts over time than any single intervention.

Each individual has certain biological and psychological characteristics that make them vulnerable to or resilience in the face of problems. Research done around the *developmental perspective* allows communities to understand stages of human development and how to create interventions that have the broad and significant impact. This also allows communities to work across the lifespan of children and families.

We recommend:

- Allowing for a holistic approach to substance abuse prevention, mental health promotion and suicide prevention to better align with healthcare systems.
- Provide training and technical assistance to, for and with communities that utilizes research related to the socio-ecological model.
- Substance abuse prevention, mental health promotion and suicide prevention efforts be expanded to work earlier in the lifespan of children and their families (or children and families throughout their lifespan in a multigenerational approach). Provide funding to develop system-level prevention models in schools and communities.
- To increase Evidence-Based Suicide Prevention screenings and training across all areas of the Continuum of Care, the BHD should follow best practices and focus on providing suicide prevention training, such as ASIST, Mental Health First Aid, safeTALK, Question, Refer, Persuade, and suicide prevention screening training (e.g., Columbia Screening Tool, PHQ3, PHQ9) in partnership with the Minnesota Department of Health.

Being Responsive to Communities and Culture

Substance abuse prevention and mental health promotion happen in and through communities. The BHPC values communities and their cultures and believes that communities can be empowered to transform mental health promotion and substance abuse prevention.

Communities that build capacity internally are more likely to address the underlying issues that the communities are facing when it comes to substance abuse and mental health. It allows for a community to come together to enhance what they have, increase collaboration among community partners and sustain efforts beyond grant funding. For communities to be responsive to their own members and cultural needs it is recommended that communities:

- Are funded by the BHD to build coalitions that increase the community's capacity to address substance abuse prevention, mental health promotion and suicide prevention through comprehensive approaches.
- Utilize the Strategic Prevention Framework to assess their community, develop capacity to address the identified factors, implement the plan and evaluate.
- Be provided technical assistance, tools and adequate time to truly engage community members and identify what is important to them.
- Have the opportunity to identify what wellness looks like to them.
- Determine which prevention and promotion activities will work best for their community. In addition, be provided support and resources so that they can measure success.
- Are encouraged to use strength-based and culturally responsive approaches.

Increase Trauma Informed Work across All Areas of the Continuum of Care

With new research, we have learned that brains are built through experience. The interaction between these experiences has shown a negative effect on individual's mental health, substance

use and suicide prevention. It is important that communities and agencies across the State not only understand trauma informed work, but also be provided resources to make systematic changes. As recommended in 2017, the BHPC recommends that the DHS Behavioral Health Division increase trauma-informed work across all areas of the continuum of care by:

- Incorporate training and technical assistance on trauma-informed care for communities and agencies contracted through federal block grant funding;
- Increase infrastructure to provide technical assistance, tools and resources to Minnesota communities in support of trauma-informed system changes and trauma-specific care.

Collaboration with Other State and County Agencies

State of Minnesota agencies work on substance abuse prevention, mental health promotion, suicide prevention and trauma-informed system changes in a variety of settings. Each agency has roles and responsibilities that function as part of a coordinated statewide whole, to reduce duplication of efforts and enhance wellness for people throughout Minnesota. It is important that we do not create more silos within State systems. Therefore, members of the Behavioral Health Planning Council recommended the following areas for collaboration in support of addressing the key themes, priority populations and structural gaps discussed at the beginning of this letter.

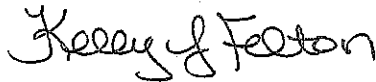
The Department of Human Services, Behavioral Health Division should work collaboratively on substance abuse prevention, mental health promotion, and behavioral health treatment support with the following:

- **Department of Health:** Mental Health Promotion, Statewide Health Improvement Programs and Suicide Prevention.
 - Work with staff at MDH involved with mental health promotion and suicide prevention to create a formal collaboration/partnership that will amplify the effectiveness and scope of efforts and reduce duplication.
 - Share information on mental health promotion, suicide prevention and substance abuse prevention and provided integrated information to communities and county agencies so that they can implement best practices.
 - Work collaboratively on substance abuse prevention, mental health promotion and suicide prevention to compliment and identify distinctive roles with the following:
 - Promote mental health and recovery among people with a mental illnesses and substance use disorders.
 - Partner with MDH to develop and build an infrastructure for innovative clinical prevention supports;
 - Work with mental health professionals to understand and implement mental health promotion opportunities with their clients, build support for it in community; and implement trauma informed care.
- **Department of Corrections:** The DHS Behavioral Health Division and Department of Corrections should work together to ensure community-based behavioral health providers and systems are able to fulfill their essential role in serving individuals with mental and substance use disorder who are currently or formerly involved with the criminal justice system. These individuals are a part of every community, and as for all community

members with behavioral health needs, individualized, integrated, comprehensive, coordinated, and continuous service is the standard of care.

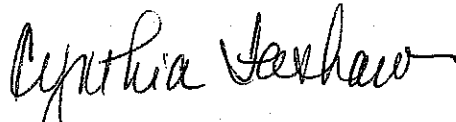
- **Department of Education:** Healthy Students, Safe and Supportive Schools and Special Education are some key program areas that focus on issues of substance abuse and mental health. It is essential that we consider the needs of children in schools as both an opportunity for prevention and intervention. Increased attention to children with developmental disabilities is needed so that there is better recognition of their mental health needs and co-occurring mental health experiences.
- **Department of Employment and Economic Development (DEED):** The Department of Human Services, Behavioral Health Division should work other State agencies to understand the levels and ways trauma-informed system changes are being implemented and identify gaps where collaboration can increase capacity for trauma-informed work throughout Minnesota.

Sincerely,



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