DEPARTMENT OF HUMAN SERVICES

## Step 1: Assess the strengths and organizational capacity of the service system to address the specific populations.

**Narrative Question**: Provide an overview of the state's M/SUD prevention (description of the current prevention system's attention to individuals in need of substance use primary prevention), early identification, treatment, and recovery support systems, including the statutory criteria that must be addressed in the state's Application. Describe how the public M/SUD system is currently organized at the state and local levels, differentiating between child and adult systems. This description should include a discussion of the roles of the SMHA, the SSA, and other state agencies with respect to the delivery of M/SUD services. States should also include a description of regional, county, tribal, and local entities that provide M/SUD services or contribute resources that assist in providing the services. In general, the overview should reflect the MHBG and SUPTRS BG criteria detailed in "Environmental Factors and Plan" section.

Further, in support of the Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, SAMHSA is committed to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. Therefore, the description should also include how these systems address the needs of underserved communities. Examples of system strengths might include long-standing interagency relationships, coordinated planning, training systems, and an active network of prevention coalitions. The lack of such strengths might be considered needs of the system, which should be discussed under Step 2. This narrative must include a discussion of the current service system's attention to the MHBG and SUPTRS BG priority populations listed above under "Populations Served."

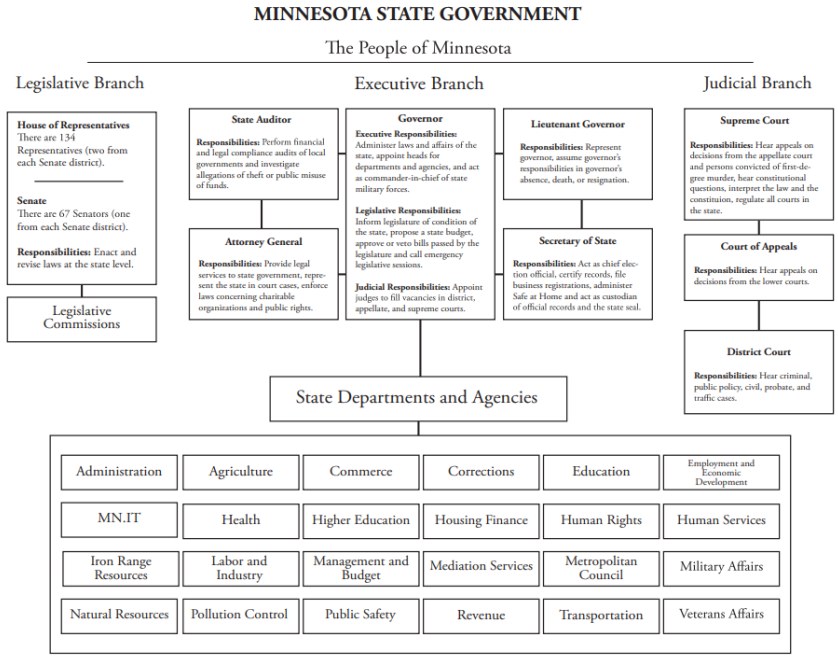
## About the State of Minnesota

Minnesota, which comes from Dakota Indian words meaning "sky-tinted waters" or "sky-blue waters," is in the north central United States, near the geographic center of North America, and bordering Canada. Minnesota is the twelfth largest state based on surface area and the twenty-first most populous state. Minnesota's total population in 2020 was 5,706,494. 23.1% of the population was under age 18 (1,317,461 residents). The non-Hispanic, White alone population accounted for 76.3% of the population (4,353,880 residents), while Black, Indigenous, People of Color (BIPOC) populations comprised 23.7% (1,352,614 residents).

About 60% of Minnesota's population lives in the Minneapolis-St. Paul metropolitan area, while 40% are spread throughout the remainder of the state. This is the result of a migration of the jobs from farming, mining, and logging into professional, service and office jobs which are concentrated in the cities. The most populated counties in Minnesota are Hennepin (Minneapolis) and Ramsey (St. Paul) counties. Hennepin County has over one million residents, while Ramsey County is home to just over 500,000 residents.

According to the United States Census Bureau's American Community Survey, Minnesota has an overall poverty rate of 9.33% and the race most likely to be in poverty is the Native population, with 52% below the poverty level.

## An Overview of Minnesota State Government



**The Legislative Branch**
Minnesota has a bicameral legislature comprised of the Minnesota House of Representatives and the Minnesota Senate. The Legislative Branch is responsible for enacting and revising laws at the state level and includes 67 state senators and 134 state representatives (two from each Senate district). Standing legislative committees study and research bills, hear public testimony on bills, and make recommendations to the full House and the full Senate.

Legislative committees focused on behavioral health policy and legislation include: the House Human Services Finance Committee, the House Human Services Policy Committee, the Senate Human Services Committee, and the Senate Health and Human Services Committee.

**The Judicial Branch**
The Judicial Branch is comprised of the Supreme Court, Court of Appeals, and District Court. The Minnesota Supreme Court hears appeals on decisions from the appellate court and persons convicted of first-degree murder, hear constitutional questions, interprets the law and the constitution, and regulates all courts in the state. The Minnesota Court of Appeals hears appeals on decisions from the lower courts. The Minnesota District Court hears criminal, public policy, civil, probate, and traffic cases.

Included in the District Court system is Treatment Courts, also referred to as Drug Courts. Falling under the Treatment Court umbrella are: Adult Drug Courts, DWI Courts, Family Dependency Treatment Court, Juvenile Drug Court, Mental Health Court, and Veterans Court. Treatment courts are reported to be the single most successful intervention in our nation's history for leading people living with substance use and mental health disorders out of the justice system and into lives of recovery and stability. Treatment Courts represent a shift in the way courts are handling certain offenders and working with key stakeholders in the justice system. In this approach, the court works closely with prosecutors, public defenders, probation officers, social workers, and other justice system partners to develop a strategy that will pressure an offender into completing a treatment program and abstaining from repeating the behaviors that brought them to court.

**The Executive Branch**
The Executive Branch is comprised of five Constitutional Officers: the Governor (Tim Walz), Lieutenant Governor (Peggy Flanagan), Secretary of State (Steve Simon), State Auditor (Julie Blaha), and Attorney General (Keith Ellison).

The Governor's responsibilities include:

- **Executive responsibilities** that include administering the laws and affairs of the state, appointing heads for the departments and agencies, and acts as

commander-in-chief of the state military forces, and

- **Legislative Responsibilities** that include informing the legislature of the condition of the state, proposing a state budget, approving or vetoing bills passed by the legislature, and calls emergency legislative sessions, and
- **Judicial Responsibilities** that include appointing judges to fill vacancies in district, appellate, and supreme courts.

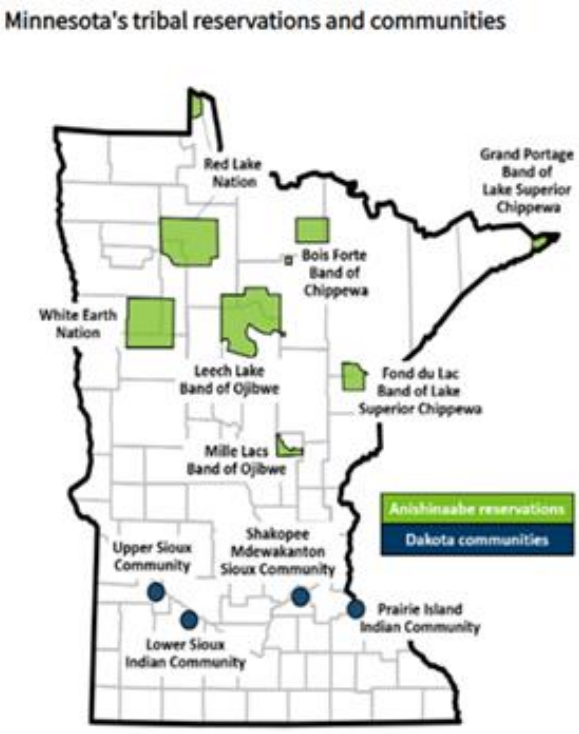
There are twenty-four executive departments and agencies under the leadership of the Governor, including the Minnesota Department of Human Services (DHS).

## Minnesota Counties


While most U.S. states have a centralized administrative system for public benefit programs and are classified as State administered, Minnesota is one of only nine states where counties and some tribal nations, administer the public benefit programs. State law establishes DHS as the state agency responsible for administering and supervising the efficient and effective delivery of human services. However, Minnesota's 87 counties have front-line administrative authority for many of Minnesota's human services programs. For example, counties often determine client eligibility, contract with local service providers, and refer clients to services.

## Federally Recognized American Indian Nations in Minnesota

There are 11 federally recognized American Indian tribes with reservations throughout Minnesota. Seven of these are Anishinaabe (Chippewa, Ojibwe) and four are Dakota (Sioux).




The seven communities of Grand Portage, Bois Forte, Red Lake, White Earth, Leech Lake, Fond du Lac and Mille Lacs comprise the Anishinaabe reservations. These reservations are located throughout northern Minnesota from the central lakes region of the state to the northeastern tip.

In the southern region of the state there are four Dakota reservations: Shakopee Mdewakanton, Prairie Island, Lower Sioux and Upper Sioux. Like the reservations in northern Minnesota, these areas of land were set aside by United States government treaties.

## An Overview of the Minnesota Department of Human Services

The Minnesota Department of Human Services (DHS) is one of the twenty-four executive departments and agencies under the leadership of the Governor. Commissioner Jodi Harpstead was appointed by the Governor to oversee the provision of essential services to Minnesota's most vulnerable residents. While the vast majority of human services in Minnesota are provided by Minnesota's counties, tribes and nonprofits, DHS (at the direction of the governor and Legislature) sets policies and directs the payments for many of the services delivered.

According to Title XIX of the Federal Social Security Act – 42 U.S.C. § 1396a – each state is required to have a single state Medicaid agency that makes decisions regarding use of Medicaid funds in the state and holds authority for the single State Medicaid Plan. According to Minnesota Statutes § 256.01, "[t]he commissioner of human services is hereby constituted the "state agency" as defined by the Social Security Act of the

United States and the laws of this state."

As the largest state agency, DHS administers about one-third of the state budget. For State Fiscal Year 2023, $7.728 billion was appropriated from the general fund to the Minnesota Department of Human Services. This includes administrative and grant funding.

As a steward of a significant amount of public dollars, DHS takes very seriously the responsibility to provide Minnesotans with high value in terms of both the quality and cost of services.

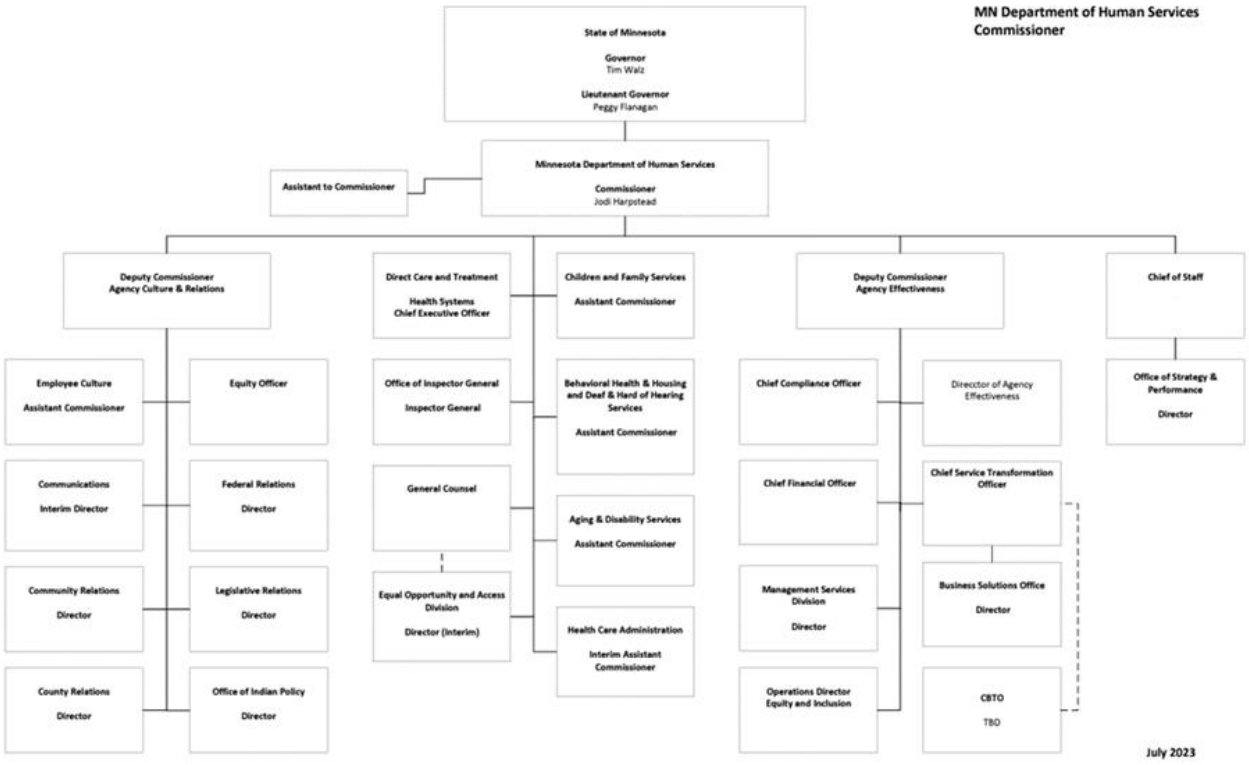
The Department of Human Service's largest financial responsibility is to provide health care coverage for low-income Minnesotans. DHS is also responsible for securing economic assistance for struggling families, providing food support, overseeing child protection and child welfare services, enforcing child support, and providing services for people with mental illness, chemical dependency, or physical or developmental disabilities.

As of May 2023, over 1.3 million Minnesotans, or approximately 23% of the state's population, received comprehensive health care coverage through the state's publicly funded health care programs, Medicaid (called Medical Assistance in Minnesota) and MinnesotaCare (Minnesota's Basic Health Program). Nearly half (46%) of all enrollees across Medical Assistance and MinnesotaCare were children under 19. Through these health insurance programs, the state pays for all or part of enrollees' health care services. The federal Centers for Medicare & Medicaid Services regulates and helps finance Medicaid and the Basic Health Program nationwide. In Minnesota, DHS is the State Medicaid Agency and partners with Minnesota counties and tribes to administer Medical Assistance and MinnesotaCare.

Approximately 81% of Minnesotans enrolled in Medical Assistance receive services through the state's contracted managed care organizations, or health plans. The remaining 19% of enrollees receive services through a traditional fee-for-service system, in which DHS pays providers directly for services received by enrollees. All MinnesotaCare enrollees receive services through managed care.

Through licensing services, DHS ensures that certain minimum standards of care are met in private and public settings for children and vulnerable adults. DHS also provides direct service through our regional offices for people who are deaf or hard of hearing; through DHS Direct Care and Treatment, which provides direct care to people with disabilities; and through the Minnesota Sex Offender Program.

## Organizational Structure of the Minnesota Department of Human Services




The current structure of the Minnesota Department of Human Services includes:

The Office of the Commissioner, which includes:

- Aging and Disability Services
- Behavioral Health, Housing and Deaf and Hard of Hearing Services
- Children and Family Services
- Direct Care and Treatment
- General Counsel's Office
- Health Care Administration
- Office of Inspector General
- Office of Strategy and Performance

The Office of the Deputy Commissioner for Agency Culture and Relations includes:

- Communications
- Community Relations
- County Relations
- Employee Culture
- Equity and Inclusion
- Federal Relations
- Legislative Relations

- Office of Indian Policy

The Office of the Deputy Commissioner for Agency Effectiveness includes:

- Compliance Office
- Operations Director, Equity and Inclusion
- Financial Office
- Management Services Division
- Chief Services Transformation Officer
- MNIT Services

Direct Care and Treatment includes:

- Forensic Services
- Anoka-Metro Regional Treatment Center
- Community Behavioral Health Hospitals
- Minnesota Specialty Health System
- Special Care Dental Clinics
- Community Addiction Recovery Enterprise
- Child and Adolescent Behavioral Health Hospital
- Community Support Services
- Community Based Services

**The Minnesota Department of Human Services' Behavioral Health, Housing, and Deaf and Hard of Hearing Services Administration and the Behavioral Health Division**

The Minnesota Department of Human Services Behavioral Health, Housing, and Deaf and Hard of Hearing Services Administration (BHDH) was formed in July 2022 as part of an organizational restructure of the Minnesota Department of Human Services. The administration, operating under the leadership of Assistant Commissioner Eric Grumdahl, includes the Deaf and Hard of Hearing Services Division, the Housing and Support Services Division, and the Behavioral Health Division.

BHDH oversees service delivery systems for people with behavioral health problems, people who are deaf, deafblind and hard of hearing, and people needing housing and income supports. This includes prevention, treatment, long-term services and supports, including home and community-based services, other Medical Assistance benefits specialized grant programs.

BHDH trains, develops capacity and provides guidance and oversight for community partners including tribes, health plans, counties and community-based providers. BHDH's current work encourages and supports research-informed practices and expanded use of successful models.

BHDH goals are to support people to achieve meaningful outcomes, improve our operational excellence, and to manage an equitable and sustainable service delivery system.

**State Mental Health Authority (SMHA) & Single State Agencies (SSA) for Substance Abuse Services**

The Minnesota Department of Human Services is the SMHA and SSA for Substance Abuse Services, acting through the Behavioral Health, Housing, and Deaf and Hard of Hearing Services Administration. The signing official is the DHS Commissioner, who has delegated authority to BHDH Assistant Commissioner Grumdahl. The SMHA and SSA for Substance Abuse Services funds, but does not operate, community-based programs. The responsibility for the operation of state psychiatric hospitals is not under the authority of the SMHA in Minnesota.

**An Overview of the Behavioral Health Division**

The Behavioral Health Division of the Minnesota Department of Human Services is comprised of adult mental health services, children's mental health services, and substance use disorder services. The division works to integrate substance use disorder and mental health with physical health care, to promote successful treatments, and to serve people close to their communities, families, and other supports. Key functions of the division include:

- Serving as the lead on behavioral health policy in our Minnesota Health Care Programs (MHCP), including benefits policy, rates, and systems.
- Coordinating the development of statewide and local mental health system plans, including statewide goals and objectives.
- Administering grant programs, using funds designated by the Legislature to develop infrastructure for mobile crisis response services, respite care, early childhood mental health services, school-linked services, culturally specific services, and provider capability to deliver evidence-based services.
- Using federal block grant and other state-appropriated funds to prevent substance use, support populations experiencing substance use disorder, support people experiencing homelessness and who are at risk of being homeless, and support justice-involved individuals.
- Administering grants to address gambling disorders and compliance with laws that prohibit tobacco sales to minors.
- Engaging in training to improve cultural and family-oriented expertise, clinical quality, and technical sufficiency of Minnesota's mental health and substance use disorder systems.

The mission of the Behavioral Health Division is to "… create meaningful partnerships with invested stakeholders to optimize mental health and substance use/misuse services and activities across Minnesota."

The Behavioral Health Division "… envision[s] a behavioral health care system that meets the needs of individuals, families, and communities across the continuum-of- care. This system will ensure access to culturally responsive behavioral health services that are respectful and empowering."

Under the leadership of a Deputy Assistant Commissioner, a Deputy Director for Mental Health Services, and a Deputy Director of Substance Use Disorder Services, the Behavioral Health Division develops and implements public policy that ensure evidence-based and person-centered prevention, intervention, treatment, and recovery services for individuals with substance use disorders and mental health conditions, including Severe Mental Illness (SMI) and Severe Emotional Disturbance (SED). The Behavioral Health Division works with county and tribal partners and qualified behavioral health care providers to optimize a continuum-of-care system that is equitable and responsive to all targeted populations of need, experiencing health disparities.

Since its inception, the Behavioral Health Division has worked to integrate comprehensive behavioral health care and physical health care services, and to ensure an evidence-based, person-centered treatment and recovery approach that is culturally responsive and linguistically appropriate for the targeted populations of need.

The current structure of the Behavioral Health Division includes:

The Office of the Behavioral Health Division Deputy Assistant Commissioner, which includes:

- Data, Evaluation and Information Systems
- Medical Assistance/Managed Care Organization (MA/MCO) Policy
- Communications and External Relations
- Nicotine Point of Sale Prevention and Control Section (on a temporary basis)

The Office of the Deputy Director for Mental Health Services,* which includes:

- Clinical Treatment Policy
- Residential/Intensive Services
- Children & Families Mental Health Team
- Early Childhood Mental Health Services
- Adult Mental Health Initiative
- Certified Community Behavioral Health Clinics (with a dotted line to Substance Use Disorder Services)
- Behavioral Health Homes
- Crisis Services

* A process is underway to establish a Children and Family Mental Health Manager and an Adult Mental Health Manager who will report to the Deputy Director for Mental Health Services

The Office of the Deputy Director for Substance Use Disorder Services, which includes:

- Promotion, Prevention and Early Intervention

- Clinical Policy
- American Indian Team (with a dotted line to Mental Health Services)
- Opioid Response
- Substance Use Disorder Services Reform

**MINNESOTA'S CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS**

Certified Community Behavioral Health Clinics (CCBHCs) are community clinics that offer comprehensive, coordinated mental health and substance use services appropriate for individuals across the life span. These clinics provide outreach, increase access, improve services, and serve as a "one-stop-shop" to a wide range of community members regardless of ability to pay. CCBHCs are located across Minnesota. There are currently 15 state-certified CCBHCs serving more than 50 counties, as well as another 6 CCBHCs funded by SAMHSA grants.

In 2014, the Protecting Access to Medicare Act (PAMA), section 223, directed the U.S. Department of Health and Human Services to publish criteria for clinics to be certified as CCBHCs. The criteria were issued in 2015 and revised in March of 2023. Minnesota is one of eight (8) states to participate in the original federal demonstration for CCBHC. Since that time, Minnesota has an approved State Plan Amendment (SPA) that makes CCBHC a permanent Medicaid benefit in our state. Minnesota continues to participate in the federal demonstration while operating its SPA and supporting SAMHSA grantees while they develop their own sustainability plans.

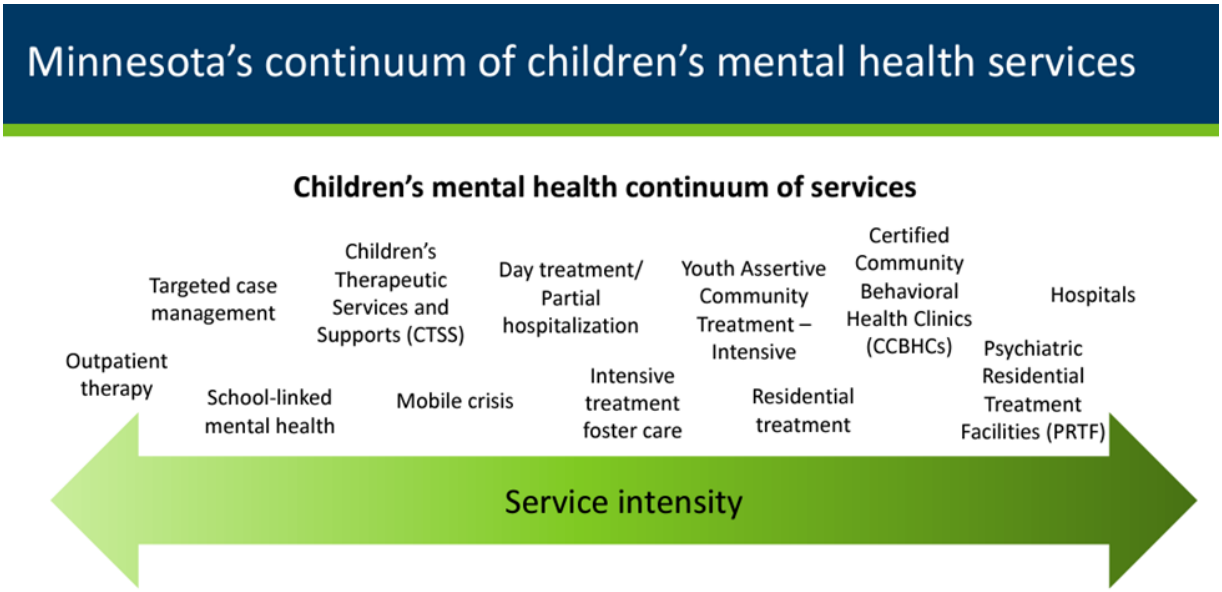
**MINNESOTA'S BEHAVIORAL HEALTH HOME SERVICES**

Behavioral health home (BHH) services is Minnesota's version of the federal "health home" benefit. In July 2016, Minnesota adopted a state plan amendment and established BHH services through the health home model provision authorized in the Affordable Care Act under Sec. 1945 of the Social Security Act available to states to serve the needs of complex populations covered by Medicaid. The Department of Human Services (DHS) implemented the BHH services model in response to the known barriers to health care access, high co-occurrence of chronic health conditions and early mortality that individuals with serious mental illness disproportionately experience.

The health home model expands upon the concept of person-centered medical homes (health care homes in Minnesota) and makes a more concerted effort through design, policy levers and outcome measures to serve the whole person across primary care, mental health, substance use disorder treatment, long-term services and supports and social service components of our health care delivery system.

There are currently 53 certified Behavioral Health Home providers operating at locations throughout Minnesota.

**MINNESOTA'S CHILDREN'S MENTAL HEALTH SERVICES**




Challenges to children's emotional well-being and development are common. The Centers for Disease Control and Prevention estimate that as many as one in five children experience a mental health disorder in a given year. Further, an estimated 10% of children have a serious emotional disturbance, which is a mental health problem that has become longer-lasting and interferes significantly with the child's functioning at home and in school. An estimated 130,000 children and youth, birth to age 17, in Minnesota need treatment for serious emotional disturbances. With appropriate identification, evaluation and treatment, children and adolescents living with mental illness can achieve success in family life, in school, and at work. However, the overwhelming majority of children with mental disorders fail to be identified and lack access to treatment and support.

The Minnesota Department of Human Services, through the Behavioral Health Division, works with partners and providers to ensure that children's mental health programs and services are available throughout Minnesota. Partners include counties, providers, and tribes delivering services so that children and youth with mental health needs can develop and function as fully as possible in all areas of their lives. DHS is committed to a continuum of services that are informed by research and that will lead to a measurable reduction in mental health symptoms and increases in strengths and functional abilities, so that children who have had challenges during their development can approach and enter adulthood as resilient, competent youth.

**AT A GLANCE**

- 154,219 children and youth in Minnesota on Medicaid Programs (under 21 years of age) meet federal criteria for serious emotional disturbance (SED) in CY21.
- In CY21, 81,162 children and youth in Minnesota on Medicaid Programs (under 21 years of age) received publicly funded mental health services.
- 2,488 youth with a severe emotional disturbance received Respite Care Grant services in 2021.
- All funds spending for the Child Mental Grants activity for FY 2021 was $24.88 million. This represented 0.12 percent of the Department of Human Services overall budget.

The Minnesota Comprehensive Children's Mental Health Act (Minnesota Statute 245.487) establishes basic standards for children's mental health services in Minnesota. While the Act is primarily directed at counties, which are designated as local mental health authorities, it establishes that the Commissioner of the Minnesota Department of Human Services, through the Behavioral Health Division, creates and ensures a unified, accountable, comprehensive children's mental health service system and that:

- Identifies children who are eligible for mental health services;
- Makes preventive services available to all children;
- Assures access to a continuum of services that:
    - educate the community about the mental health needs of children;
    - address the unique physical, emotional, social, and educational needs of children;
    - are coordinated with the range of social and human services provided to children and their families by the Departments of Education, Human Services, Health, and Corrections;
    - are appropriate to the developmental needs of children; and
    - are sensitive to cultural differences and special needs;
    - includes early screening and prompt intervention to:
    - identify and treat the mental health needs of children in the least restrictive setting appropriate to their needs; and
    - prevent further deterioration.
- Provides mental health services to children and their families in the context in which the children live and go to school;
- Addresses the unique problems of paying for mental health services for children, including:
    - access to private insurance coverage; and
    - public funding;
- Includes the child and the child's family in planning the child's program of mental health services, unless clinically inappropriate to the child's needs; and
- When necessary, assures a smooth transition from mental health services appropriate for a child to mental health services needed by a person who is at least 18 years of age.

Minnesota Statute 245.4873 establishes the coordination of the development and delivery of mental health services for children at the state and local levels to assure the availability of services to meet the mental health needs of children in a cost-effective manner. Specific roles, as defined in statute, related to the coordination of a Children's Mental Health System Include:

The Children's Cabinet & Representatives of the Minnesota District Judges Association Juvenile Committee - Educates agencies about the policies, procedures, funding, and services for children with emotional disturbances; develops mechanisms for interagency coordination on behalf of children with emotional disturbances; identify barriers including policies and procedures within all agencies represented that interfere with delivery of mental health services for children; recommend policy and procedural changes needed to improve development and delivery of mental health services for children in the agency or agencies they represent; and, identify mechanisms for better use of federal and state funding in the delivery of mental health services for children.

The Minnesota Department of Human Services, through the Behavioral Health Division - Supervises the development and coordination of locally available children's mental health services by the county boards, provides technical assistance to county boards in developing and maintaining locally available and coordinated children's mental health services, and develops and implements policies and procedures for the children's mental health service delivery system that includes a continuum of care that spans from prevention, early intervention, and treatment to resiliency and recovery supports.

In the children's continuum, secondary prevention focuses on early childhood mental health consultation to caregivers in the childcare and early childhood education sectors. Further, state-supported infrastructure development for school-based mental health coincides with the Education Department's Multi-Tiered System of Supports (MTSS) model with state mental health grants supporting school-based and community-based continuums from tertiary prevention and early access to outpatient therapy and more-intensive rehabilitation and day treatment to residential and inpatient referrals and post-discharge planning. Community infrastructure developments include implementation of statewide provider networks for children's mental health rehabilitation; (evidence-based) early childhood mental health; mobile crisis intervention; and targeted case management—all of which are covered benefits under Minnesota's Medicaid program and MinnesotaCare for people with low incomes that exceed Medicaid eligibility.

The state also is building networks of culturally specific providers; providers of intensive, multidisciplinary, non-residential services for youth (16-20 years) with a serious mental illness or co-occurring substance abuse disorder; children's intensive behavioral health services; first-episode psychosis; psychiatric residential treatment facilities (PRTF); respite care; behavioral health homes; and partial hospitalization. The children's mental health system delivers certified provider training in trauma-informed care and several evidence-based assessment and interventions for children under age five; and supports mental health screening for children and

youth in the child welfare and juvenile justice systems.

Minnesota County Boards – Each County develops a system of affordable and locally available children's mental health services that:

- Considers the assessment of unmet needs in the county as reported by the local children's mental health advisory council,
- Assures that parents and providers in the county receive information about how to gain access to services provided,
- Coordinates the delivery of children's mental health services with services provided by social services, education, corrections, health, and vocational agencies to improve the availability of mental health services to children and the cost-effectiveness of their delivery,
- Assures that mental health services are delivered according to state statute, expeditiously, and are appropriate to the child's diagnostic assessment and individual treatment plan,
- Provides for case management services to each child with severe emotional disturbance,
- Provides for screening of each child upon admission to a residential treatment facility, acute care hospital inpatient treatment, or informal admission to a regional treatment center,
- Prudently administers grants and purchase-of-service contracts that the county board determines are necessary to fulfill its responsibilities,
- Assure that mental health professionals, mental health practitioners, and case managers employed by or under contract to the county to provide mental health services are qualified,
- Assures that children's mental health services are coordinated with adult mental health services,
- Assures that culturally competent mental health consultants are used as necessary to assist the county board in assessing and providing appropriate treatment for children of cultural or racial minority heritage,
- Arranges for or provides a children's mental health screening for a child receiving protective service, a child in out-of-home placement, a child for whom parental rights have been terminates, a child found to be delinquent, a child found to have committed a juvenile petty offense for a third or subsequent time.

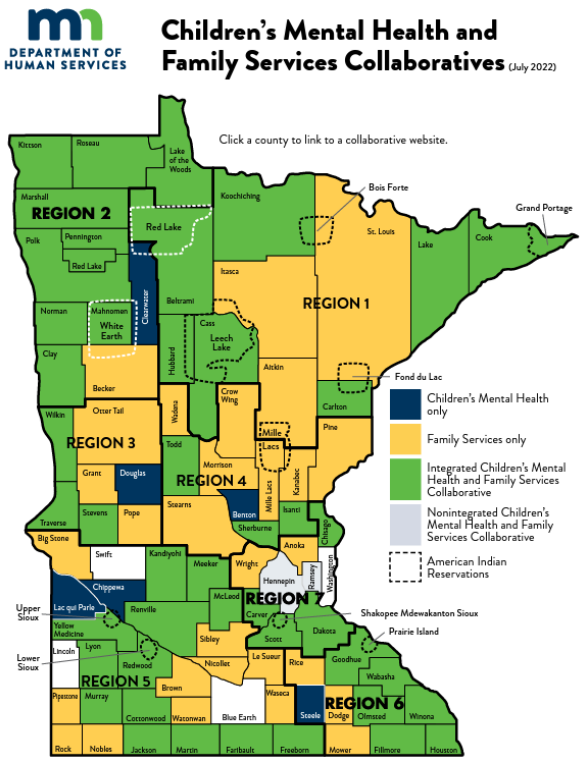
Tribal Partners – The Minnesota Department of Human Services' works with the Office of Indian Policy and the Behavioral Health Division's American Indian Team to promote children's mental health and wellbeing in American Indian communities through partnerships, targeted initiatives, and the promotion of government-to-government relations.

Local Children's Mental Health Collaboratives - Children's Mental Health Collaboratives were established by the 1993 Minnesota Legislature in recognition that children with severe emotional disturbances or who are at risk of such disturbances often require services from multiple service systems. Since no single agency can assume sole responsibility for providing all services and in order for the services provided to be effective, non-duplicative and less fragmented, a network of child-serving agencies in which the family was a full partner was

needed.

There are currently 89 Children's Mental Health and Family Services Collaboratives in Minnesota:

- 8 Children's Mental Health Collaboratives
- 43 Family Services Collaboratives
- 38 Integrated Children's Mental Health and Family Services Collaboratives




The Children's Mental Health Integrated Fund legislation created Children's Mental Health Collaboratives as entities in which counties, school districts, local mental health entities and juvenile corrections are mandatory partners that come to an agreement with parents, public health and other community-based organizations to provide integrated and coordinated services, pool resources and design services. Collaborative partners strategically decide how to restructure their resources and address liability and other issues to support children, youth and families.

Through Collaboratives, children with emotional disturbances and their families receive a coordinated, multi-agency response to their needs and participate fully in the design and implementation of a common plan of care through an innovative process known as "wraparound." Wraparound interventions are alternative, flexible and individualized services coordinated through a cross-agency plan of care. These interventions effectively build on the

strengths of a child and respond to the needs identified in a child's assessment so as to improve the child's ability to function in the home, school and community.

Children's Mental Health Grants are administered by the Behavioral Health Division, which receives both federal and state funding, to support services for children with mental illness. These grants fund community, school, home, and clinic-based children's mental health services provided by non-profit agencies, schools, Medicaid-enrolled mental health clinics, tribes, counties, and culturally specific agencies.

Children's mental health grants build providers' capacity to deliver equitable access to effective mental health treatment, promote innovation, and promote integration of mental health services into the state's overall healthcare system. Partners are essential to developing develop and maintaining a dynamic and competent mental health service delivery system. For children, coordination of care must include other child-serving sectors of the public and private health and human service systems.

**Children's mental health grant programs include:**

Collaborative Psychiatric Consultation Service - The Psychiatric Consultation Service offers a phone line for health care professionals to help determine the most appropriate medication for children and youth struggling with mental illness.

Culturally-Specific Capacity - Culturally-Specific Capacity Grants increase access to mental health services for children from cultural minority populations, develop and enhance the capacity of providers who serve these populations and support members of cultural and ethnic minority communities to become qualified mental health professionals and practitioners.

Early Childhood Mental Health Capacity Grants - Identifying difficulties early, before age 5, and providing families with the proper assessments and interventions can make a difference in a child's earliest years and for many years thereafter. DHS awards competitive grants to mental health providers to provide early childhood mental health services in Minnesota. There are three core components of the Early Childhood Mental Health (ECMH) grant program: 1) providing appropriate clinical services to young children and their families who are uninsured or underinsured, 2) increasing 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 and provide mental health consultation to childcare providers across the state to prevent expulsion and suspension of young children from childcare, and 3) increasing childcare staff morale and retention, and addressing the mental health issues of young children and their families accessing childcare.

Children's Evidence-Based Practices Grants – These grants are awarded to mental health provider agencies serving children and youth for strengthening the clinical infrastructure. The grants are used to provide training and consultation to practicing mental health providers in the

use of treatment strategies.

Mental Health—Targeted Case Management Mental Health – Targeted Case Management assists recipients in gaining access to needed educational, health, legal, medical, social, vocational and other services and supports. The four core components are assessment, planning, referral/linkage and monitoring/coordination.

Mobile Crisis Services - Mobile crisis response teams are the front-line safety net for children in psychiatric crisis. The goal of the Mobile Crisis Services grant is to ensure that every Minnesota child and family has access to timely intervention by trained mental health responders.

Psychiatric Residential Treatment Facility - These facilities provide services to children and youth with complex mental health conditions. These services more intensive than other services, such as residential treatment or day treatment, but less medically intensive than a psychiatric hospital or a hospital psychiatric unit.

Children's Respite Grants - Respite services provide temporary care for children with serious mental health needs who live at home, giving families and caregivers a much-needed break while offering a safe environment for their children.

School-linked mental health services - These grants provide funding to community mental health agencies that 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.

Children's mental health screening grants - 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.

Screening in child welfare and juvenile justice systems - Grants to child welfare and juvenile justice agencies help them provide mental health screenings to children receiving child protective services or those in out-of-home placement; children for whom parental rights have been terminated; children found to be delinquent; children in juvenile detention; and certain children in trouble with the law.

Crisis Text Line - Minnesota's suicide prevention and mental health crisis service is available 24 hours a day, seven days a week. People can call, text, or online chat 988 to connect to the Minnesota Suicide Prevention and Crisis Lifeline Centers.

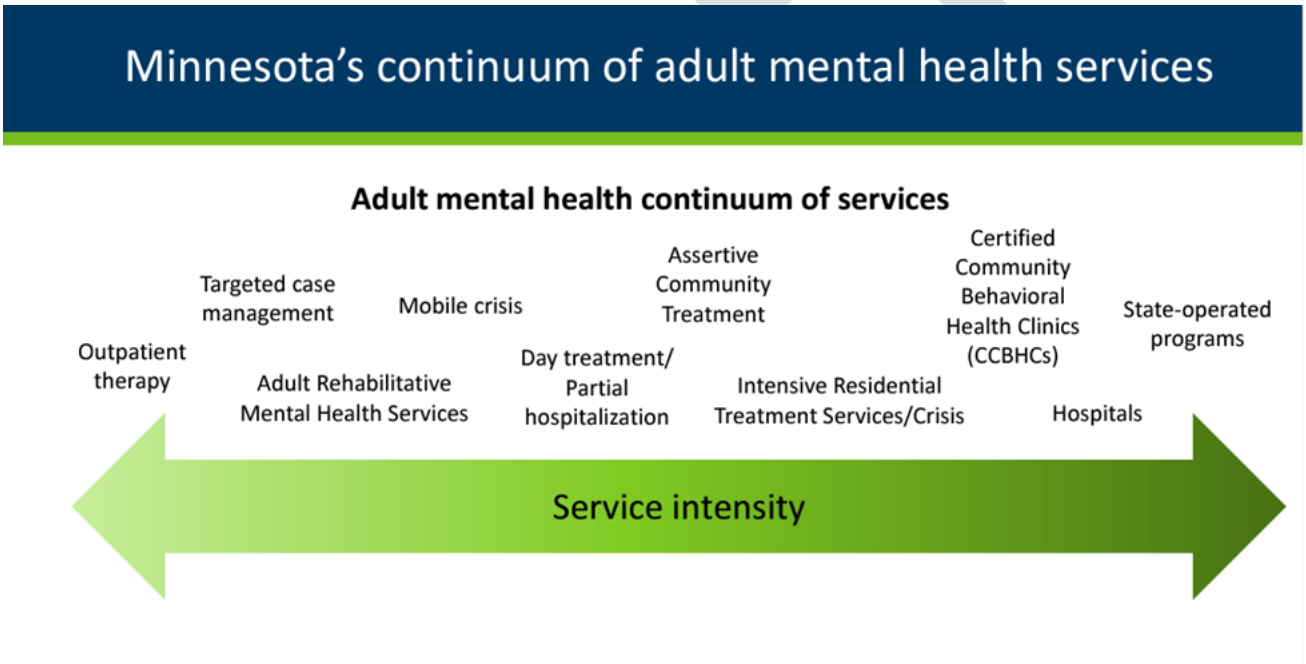
Adverse Childhood Experience grants - This program provides training to Children's Mental Health and Family Services Collaboratives on the impact of ACEs (Adverse Childhood

Experiences), brain development, historical trauma, and resilience.

Youth Mental Health First Aid grants - 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.

First Episode Psychosis - 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.

**MINNESOTA'S ADULT MENTAL HEALTH SERVICES**




The Minnesota Department of Human Services (DHS), through the Behavioral Health Division (BHD), works with partners and providers to ensure that adult mental health programs and services are available throughout Minnesota. People may need assistance in a variety of areas, such as employment, housing, social connections, family relations and other co-occurring conditions. While DHS sets policy and standards for care, and provides funding for services of mental health treatment, our partners and providers are the key to delivering mental health services within Minnesota.

Minnesota's publicly provided mental health system, as reflected in the Minnesota Comprehensive Mental Health Acts, is supervised by DHS and administered by counties. Counties act as the local mental health authority.

**AT A GLANCE**

- Approximately 223,760 adults in Minnesota have a serious mental illness.
- Provided Assertive Community Treatment to 2,087 people in CY21.
- Provided Crisis Housing Assistance to prevent homelessness of 275 people in facility-based treatment in CY21.
- Provided Housing with Support services to assist 2,761 persons with serious mental illness in accessing and retaining permanent supportive housing by the end of CY21.
- Provided Mobile Crisis Response Services to 10,518 people in response to crisis episodes in CY21. All funds spending for the Adult Mental Health Grants activity for FY21 was $80.3 million. This represented 0.395 percent of the Department of Human Services overall budget.

The Minnesota Comprehensive Adult Mental Health Act (Minnesota Statute 245.461) establishes that the Commissioner of the Minnesota Department of Human Services, through the Behavioral Health Division, to create and ensure a unified, accountable, comprehensive adult mental health service system. The purpose of this system is to:

- Recognize the right of adults with mental illness to control their own lives as fully as possible;
- Promote the independence and safety of adults with mental illness;
- Reduce chronicity of mental illness;
- Eliminate abuse of adults with mental illness;
- Provide services designed to:
    - increase the level of functioning of adults with mental illness or restore them to a previously held higher level of functioning;
    - stabilize adults with mental illness;
    - prevent the development and deepening of mental illness;
    - support and assist adults in resolving mental health problems that impede their functioning;
    - promote higher and more satisfying levels of emotional functioning; and
    - promote sound mental health; and
- Provide a quality of service that is effective, efficient, appropriate, and consistent with contemporary professional standards in the field of mental health.

Specific roles established in statute related to the provision of adult mental health services include:

<u>The Minnesota Department of Human Services, through the Behavioral Health Division</u> - Supervises the development and coordination of locally available adult mental health services by the county, coordinates locally available services with those services available from the regional treatment center serving the area including state-operated services offered at sites; provides technical assistance to county boards in developing and maintaining locally available mental health services; and monitors the county board's progress in developing its full system capacity and quality through ongoing review of the county board's adult mental health

component of the community social services plan and other information.

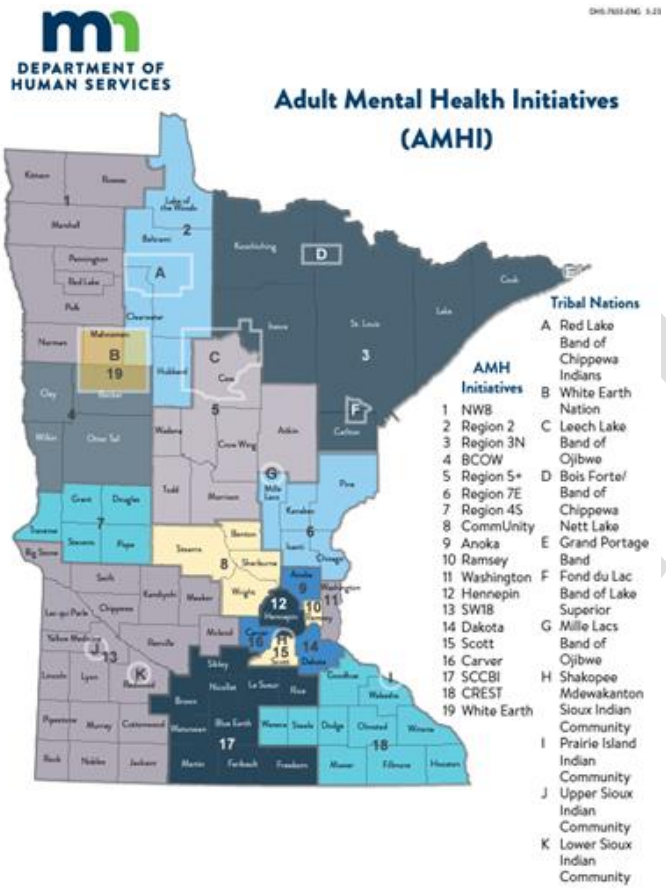
Minnesota County Boards - Develops and coordinates a system of affordable and locally available adult mental health services; with the involvement of the local adult mental health advisory council or the adult mental health subcommittee of an existing advisory council, develops a biennial adult mental health plan which considers the assessment of unmet needs in the county as reported by the local adult mental health advisory council; provides for case management services to adults with serious and persistent mental illness; provides for screening of adults (as specified in statute) upon admission to a residential treatment facility or acute care hospital inpatient, or informal admission to a regional treatment center; prudently administers grants and purchase-of-service contracts that the county board determines are necessary to fulfill its responsibilities; and, assures that mental health professionals, mental health practitioners, and case managers employed by or under contract with the county to provide mental health services have experience and training in working with adults with mental illness.

Local Advisory Councils - The county board, individually or in conjunction with other county boards, establishes a local adult mental health advisory council or mental health subcommittee of an existing advisory council. The council's members must reflect a broad range of community interests. They must include at least one consumer, one family member of an adult with mental illness, one mental health professional, and one community support services program representative. The local adult mental health advisory council or mental health subcommittee of an existing advisory council must meet at least quarterly to review, evaluate, and make recommendations regarding the local mental health system. In addition, at least annually the Local Advisory council must:

- Arrange for input from the regional treatment center's mental illness program unit regarding coordination of care between the regional treatment center and community-based services,
- Identify for the county board individuals, providers, agencies, and associations who should receive information on predictors and symptoms of mental disorders, where mental health services are available in the county, and how to access the services,
- Provide to the county board a report of unmet mental health needs of adults residing in the county to be included in the county's mental health plan, and participate in developing the mental health plan, and
- coordinate its review, evaluation, and recommendations regarding the local mental health system with the state advisory council on mental health.

Adult Mental Health Initiative (AMHI) Services - Adult Mental Health Initiatives (AMHI) are grant programs administered by the DHS Behavioral Health Division to fund regional collaborations charged with overseeing adult mental health services and funding to counties and tribal governments in their area. Each county board, county boards acting jointly, or tribal government must provide or contract for sufficient infrastructure for the delivery of mental

health services under the Minnesota Comprehensive Adult Mental Health Act. Over time, this has resulted in 18 regional county initiatives and the White Earth Nation tribe who have identified as AMHIs. Each region ranges in size from single, large county entities in the metro area to regions encompassing up to 18 counties in greater Minnesota.




These AMHI's are responsible for designing, planning, improving, and maintaining a mental health service delivery system for adults with serious and persistent mental illness that:

- Provides an expanded array of services from which clients can choose services appropriate to their needs,
- Is based on purchasing strategies that improve access and coordinate services without cost shifting,
- Prioritizes evidence-based services and implement services that are promising practices or theory-based practices so that the service can be evaluated,
- Incorporates existing state facilities and resources into the community mental health infrastructure through creative partnerships with local vendors, and
- Utilizes existing categorical funding streams and reimbursement sources in combined and creative ways.

The following three distinct grant programs and services are funded through the AMHI:

- Mental Health Crisis Services
- Housing with supports for adults with serious mental illness
- Projects for assistance in transitioning from homelessness (PATH program)

Minnesota Department of Human Services Direct Care and Treatment - DHS operates Direct Care and Treatment (DCT), a highly specialized behavioral health care system that serves people with mental illness, chemical dependency, intellectual disabilities, traumatic brain injuries and other serious and often co-occurring conditions.

The only behavioral health care system of its kind, size and scope in Minnesota, DCT occupies a unique niche among the state's health care providers. The system serves patients and clients that other health care providers cannot or will not serve because they do not have the capacity or expertise. Nearly all of the 12,000 patients and clients served each year in DCT facilities have been civilly committed by a court as mentally ill, chemically dependent, developmentally disabled or as sexually dangerous persons. Some patients and clients are under more than one civil commitment. Many face proceedings in criminal courts.

Adult Mental Health Grants support services for adults with mental illness and are administered by the Behavioral Health Division using both federal and state funds. These funds, combined with county dollars, are used to identify and meet local service need by developing and providing a range of mental health services in the community. Adult Mental Health Grants support the mission of the Minnesota Comprehensive Adult Mental Health Act by supporting community mental health system infrastructure and services. The grants are used in conjunction with healthcare coverage and other funding sources to support individuals in independent living through community-based service and treatment options. Services are delivered using best practice and evidence-based practice models that are person-centered and effective.

**Adult Mental Health Grants** support a broad range of vital community service needs. The grants provide funding for infrastructure, community services, supports, and coordination activities not covered by Medical Assistance, and/or for persons who are uninsured or under-insured by public or private health plans. These grants are distributed in a number of ways. Some are allocated to counties and tribes in the form of block grants that can be used to fund a number of services. Other grants are awarded competitively to counties, tribes, mental health providers, and other organizations for specific services, projects, and programs. Services include, but are not limited to the following:

Transitions to Community Initiative - This initiative is designed to reduce the time that individuals remain at the Anoka Metro Regional Treatment Center (AMRTC) or the Forensic Mental Health Program (FMHP) located in St. Peter (formerly known as the Minnesota Security Hospital MSH) once they no longer need hospital level of care. This program funds transitional

services, referred to as the Whatever It Takes (WIT) program, which is designed to work with the individual and their treatment teams in addressing unique discharge barriers faced by some individuals. The initiative promotes recovery and allows individuals to move to integrated settings of their choice as outlined in the Minnesota Olmstead Plan, which then opens beds at AMRTC and MSH for other individuals who need them.

Project for Assistance in Transition from Homelessness (PATH) - PATH is a federal program supplemented with state matching funds to provide outreach, service coordination, and related services designed to find and engage persons with serious mental illness who are homeless or at imminent risk of becoming homeless and provide them with services to meet basic needs, resources, and housing.

Crisis Housing – This program provides direct payments for rent, mortgage, and utility costs, to assist persons in retaining their housing while getting needed facility-based treatment. The program prevents homelessness while the individual uses their income to pay for treatment or loses income while getting needed treatment.

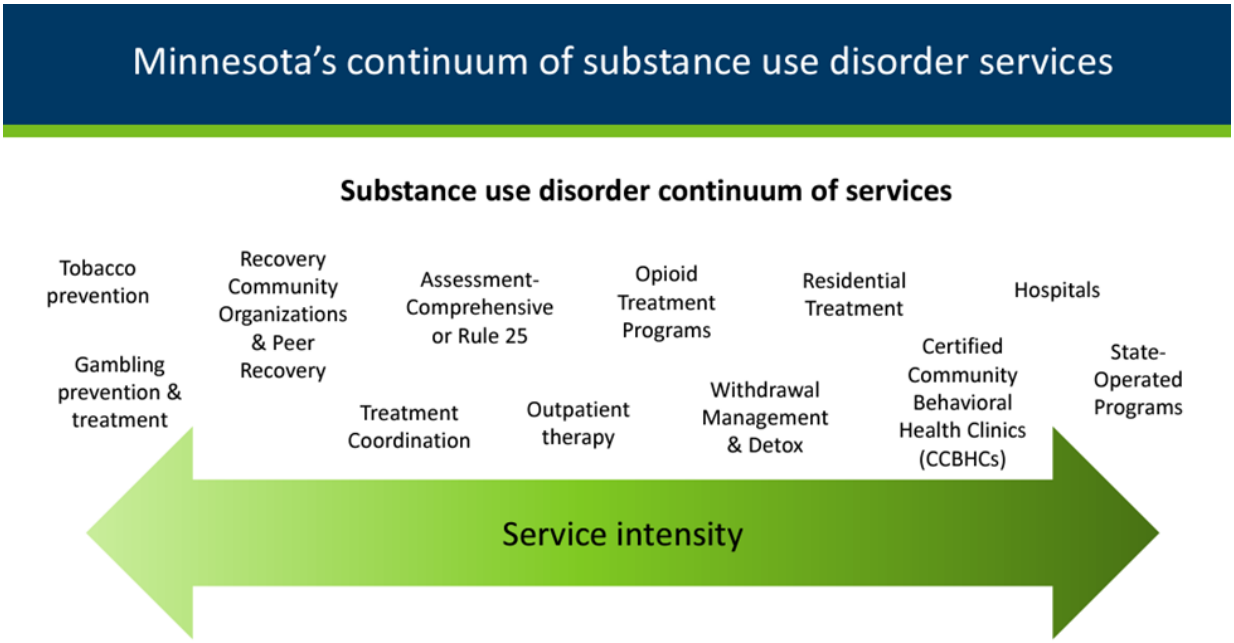
Housing with Supports - These grants fund the development of permanent supportive housing for persons with serious mental illness, by providing options that assist individuals who need housing linked with supportive to help maintain an individual's mental health and housing stability while living in the community.

Crisis Response Services – Provides an array of services from mobile crisis response teams to crisis stabilization beds and aftercare services. Mobile crisis teams respond to an individual experiencing a severe mental health problem that requires immediate assistance in their home, place of employment, or in a hospital emergency department. Many components of crisis services are not reimbursable under Medicaid, such as telephone contacts with a person in crisis, linkage and coordination, benefits assistance, and post-hospital transition services. Ancillary services that are not able to be billed to MA are being provided through grant funding.

Culturally specific services – These grants expand capacity for ethnically and culturally-specific, trauma-informed, adult mental health services within targeted cultural and ethnic minority communities in Minnesota.

Mental Health Innovations – These grant funds are dedicated to finding innovative approaches for improving access to and the quality of community-based, outpatient mental health services. Programs are focused on helping people with mental illness receive effective and culturally specific services in their community.

**MINNESOTA'S SUBSTANCE USE DISORDER SERVICES**




The Minnesota Department of Human Services (DHS), through the Behavioral Health Division (BHD), also works with partners and providers to ensure that substance use disorder programs and services are available throughout Minnesota.

Minnesota's current response to substance misuse includes primary prevention, intervention, detoxification, treatment, continuing care and recovery support services. Substance use disorder reform efforts have been ongoing to improve the treatment system from an acute, episodic model of treatment to a chronic disease, longitudinal model of care. These efforts aim to create a person-centered, recovery-oriented system of care in Minnesota that will expand and enhance the nature of services available for substance use disorder, while improving integration and coordination with the rest of health care.

Minnesota is implementing a Substance Use Disorder (SUD) System Reform Demonstration that incorporates the American Society of Addiction Medicine (ASAM) criteria to establish specific residential and outpatient levels of care for SUD treatment services for Medical Assistance (MA) under the authority of section 1115(a) of the Social Security Act. The demonstration, through the implementation of ASAM criteria, seeks to enhance evidence-based assessment and placement criteria for the purpose of matching individual risk with the appropriate ASAM level of care. The demonstration also increases standards for treatment coordination to ensure transitions to needed services across a comprehensive continuum of care.

The substance use disorder treatment support and primary prevention activities utilize both federal and state funding to support state-wide prevention, intervention, recovery maintenance, case management and treatment support services for people with alcohol, or

drug addiction. Treatment support services include outreach and engagement, assistance with housing-related services, assistance with applying for state benefits, subsidized housing, transportation, childcare, and parenting education.

This activity also includes the state Compulsive Gambling Treatment Program, which funds statewide education, prevention messaging, intervention, treatment and recovery services for individuals and families impacted by problem gambling through evidence-based practices, education, supports, and protective financial resources.

The Opioid Epidemic Response law raises fees to prescribers, drug manufactures, and distributors. The fee revenue is deposited into the opiate epidemic response fund. The Opiate Epidemic Response Advisory Council has decision-making authority over the allocation of a portion of account funds. The Behavioral Health Division administers grants based on direction from the council.

**Substance use disorder treatment support and primary prevention activities include:**

- Community drug and alcohol abuse prevention, intervention, and case management services for communities of color, the elderly, disabled, individuals with a mental illness and substance use disorder, individuals experiencing chronic homelessness, and people involved in the criminal justice system;
- Treatment supports specifically targeted to women, women with children, the elderly, and other diverse populations;
- Residential substance use treatment for pregnant and parenting mothers and mental health services for the children continuing to reside with them in the treatment setting to enable mothers to continue to parent while addressing substance use disorders;
- A statewide prevention resource center that provides education and capacity building to prevent the misuse of alcohol and other drugs. Education includes delivering information and training to counties, tribes, local communities, and other organizations; and
- Community-based planning and implementation grants that use a public health approach to preventing alcohol use problems among young people.
- Regional prevention coordinators across Minnesota to provide substance use prevention technical assistance and training locally to prevention professionals; and
- A tobacco merchant educational training and compliance check project, as well as funding for Synar inspectors, who conduct random inspections of tobacco retailers.

**AT A GLANCE**

- In the United States in 2020, it is estimated that 25.9 million people over the age of 12 had substance use disorders (SUD).
- 58,563 people in Minnesota received treatment for substance use disorder in CY21.
- 43 percent of people who sought substance use disorder treatment in 2021 completed their program.
- The compulsive gambling helpline receives more than 1,500 calls and texts each year for information or referrals to treatment.
- All funds spending for the SUD Treatment Support and Primary Prevention grant activity for FY21 was $27.9 million, which represented 0.13 percent of the Department of Human Services overall budget.

Minnesota Statute CHAPTER 254A. Treatment for Alcohol and Drug Abuse and Minnesota Statute CHAPTER 254B. Substance Use Disorder Treatment define the mission and framework for the substance use disorder services delivery system in Minnesota. The two laws define an array of comprehensive treatment and recovery services. State policy ensures that treatment be voluntary and shall not be denied based on prior treatment. Instead, treatment shall be based on an individual treatment plan for every individual in treatment and shall include a continuum of services when an individual leaves a treatment program. If possible, treatment shall include family members at the earliest phase of the individual's treatment program.

Specific roles established in statute related to the provision of substance use disorder services include:

The Minnesota Department of Human Services, through the Behavioral Health Division – is responsible for:

- Conducting and fostering basic research relating to the cause, prevention and methods of diagnosis, treatment and recovery of persons with substance misuse and substance use disorder,
- Coordinating and reviewing all activities and programs of all the various state departments as they relate to problems associated with substance misuse and substance use disorder,
- Developing, demonstrating, and disseminating new methods and techniques for prevention, early intervention, treatment and recovery support for substance misuse and substance use disorder,
- Gathering facts and information about substance misuse and substance use disorder, and about the efficiency and effectiveness of prevention, treatment, and recovery support services from all comprehensive programs,
- Informing and educating the general public on substance misuse and substance use disorder,
- Serving as the state authority concerning substance misuse and substance use disorder by monitoring the conduct of diagnosis and referral services, research and comprehensive programs,
- Establishing a state plan which shall set forth goals and priorities for a comprehensive continuum of care for substance misuse and substance use disorder for Minnesota,

- Making contracts with and grants to public and private agencies and organizations, both profit and nonprofit, and individuals, using federal funds, and state funds as authorized to pay for costs of state administration, including evaluation, statewide programs and services, research and demonstration projects, and American Indian programs,
- Receiving and administering money available for substance misuse and substance use disorder programs under the alcohol, drug abuse, and mental health services block grant,
- And, with respect to substance misuse and substance use disorder programs serving the American Indian community, establishing guidelines for the employment of personnel with considerable practical experience in substance misuse and substance use disorder, and understanding of social and cultural problems related to substance misuse and substance use disorder, in the American Indian community.

The Behavioral Health Division's American Indian Team - Minnesota statute also creates a section of American Indian programs staffed with individuals with considerable practical experience in and understanding of substance misuse and substance use disorder in the American Indian community to work within the Substance Use Disorder section of the Behavioral Health Division. A special assistant for American Indian programs on substance misuse and substance use disorder meets and consults with the American Indian Advisory Council and serves as a liaison to the Minnesota Indian Affairs Council and tribes to report on the status of substance misuse and substance use disorder among American Indians in the state of Minnesota. This special assistant also administers funds appropriated for American Indian groups, organizations, and reservations within the state for American Indian substance misuse and substance use disorder programs; establishes policies and procedures for such American Indian programs with the assistance of the American Indian Advisory Board; and hires and supervise staff to assist in the administration of the American Indian program section.

Local Agency, as Designated by the County - Local agencies provide substance use disorder services to persons residing within its jurisdiction who meet criteria established by the commissioner for placement in a substance use disorder residential or nonresidential treatment service.

**Promotion, Prevention & Early Intervention**

The Behavioral Health Division's promotion, prevention and early intervention activities are focused on: problem gambling, primary prevention, and life skills project.

Compulsive Gambling Program – Minnesota's Compulsive Gambling Program provides public awareness campaigns to promote information and awareness about problem gambling; a statewide phone and text help line and problem gambling awareness resources and supports; funding for problem gambling assessments, outpatient and residential treatment of problem gambling and gambling addiction; compulsive gambling assessments of offenders; training for gambling treatment providers and other behavioral health service providers; research focusing on the prevalence of problem gambling and gambling addiction among Minnesotans; and

research that evaluates awareness, prevention, education, treatment service and recovery supports related to problem gambling and gambling addiction

Minnesota Prevention Resource Center - Minnesota Prevention Resource Center is a grantee of the DHS Behavioral Health Division that is funded by the block grant to assist the state in improving and maintaining a statewide infrastructure to provide prevention technical assistance and training to individuals, coalitions, communities, counties, tribes, and others. They collaborate with the state and other agencies to promote effective and coordinated prevention services throughout Minnesota, assist Regional Prevention Coordinators in serving all regions of the state, disseminate research findings and educational information to primary prevention professionals in Minnesota; and plan, organize and implement an annual Statewide Primary Prevention Conference (Program Sharing). Program Sharing provides a rich array of training, information, and technical assistance annually.

Regional Prevention Coordinators – Established in 2005, the DHS Behavioral Health Division utilizes block grant funding to support Minnesota's Regional Prevention Coordinators. Their role is to help support individuals and communities working to prevent youth substance use by providing support for: where to begin, getting the right people to the table, creating a plan, putting the plan in to action, and figuring our what's working and what is not. Services provided by Regional Prevention Coordinators are guided by the federal Substance Abuse and Mental Health Services Administration principles designed to build and maintain effective prevention programming within a Strategic Prevention Framework.

Substance Use in Minnesota (SUMN.org) – Is a project of the Minnesota State Epidemiological Outcomes Workgroup (SEOW) that was launched in 2008. The SEOW is a collaborative effort on the parts of the Minnesota Department of Human Services, the Minnesota Department of Health, the Minnesota Department of Education, the Minnesota Department of Public Safety, the Minnesota Department of Corrections, EpiMachine LLC, EpiCog LLC, and Association for Nonsmokers-Minnesota. SUMN.org provides web-based tool that provides data on alcohol, tobacco, and other drug consumption patterns, consequences, and contributing factors in Minnesota. Data and resources can be used to prepare applications for funding, to monitor prevention-related trends, to plan programs by establishing community-level prevention priorities. The website:

- Provides data by topic, location, or demographic categories,
- Uses data to create custom charts, maps, or data tables, and
- Provides downloadable data fact sheets, reports, and infographics on a variety of topics.

**Prevention and Intervention for Youth**

Positive Community Norms – DHS, through the Behavioral Health Division, funds Positive Community Norms grants to strengthen the collaboration between community entities to reduce substance use and opioid use among youth. Every responder to the RFP is expected to strengthen and expand an existing or newly formed Alcohol, Tobacco and Other Drug (ATOD) community prevention coalition by increasing the number of members of the coalition. Responders to the RFP must have a clear vision and mission statement, bylaws, and their own strategic plan for reducing substance use and opioid use among youth in their local communities. For this purpose, a coalition is defined as a formal arrangement for the purpose of cooperation and collaboration between groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.

Minnesota Student Survey - The Minnesota Department of Education, the Minnesota Department of Health, the Minnesota Department of Human Services, and the Minnesota Department of Public Safety conduct the Minnesota Student Survey to inform policy and to develop and implement effective, evidence-based prevention and intervention strategies. The Minnesota Student Survey is administered every three years in public elementary and secondary schools, including public charter schools, Tribal schools, and juvenile detention centers.

Minnesota LifeSkills Project – DHS, through the Behavioral Health Division, is funding implementation of LifeSkills Training (LST) through a partnership with school districts or collaboratives of schools to offer a social emotional learning-based curriculum to middle school students over three consecutive years to promote positive mental health and prevent adolescent tobacco, alcohol, marijuana use, and violence. LST provides schools and districts the opportunity to implement an evidence-based curriculum that promotes positive mental health

and prevents substance use and risky behaviors in middle school students, and training materials for instructors to integrate it into existing courses (health, physical education, social studies, etc.).

**Addressing the Opioid Epidemic**

The Opiate Epidemic Response Advisory Council (OERAC) – OERAC was established in Minnesota Statutes sections 256.042 and 256.043 to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota. The council, which is supported by DHS through the Behavioral Health Division, focuses on:

- Prevention and education, including public education and awareness for adults and youth, prescriber education, the development and sustainability of opioid overdose prevention and education programs, the role of adult protective services in prevention and response, and providing financial support to local law enforcement agencies for opiate antagonist programs,
- Training on the treatment of opioid addiction, including the use of all Food and Drug Administration approved opioid addiction medications, detoxification, relapse prevention, patient assessment, individual treatment planning, counseling, recovery supports, diversion control, and other best practices,
- The expansion and enhancement of a continuum of care for opioid-related substance use disorders, including primary prevention, early intervention, treatment, recovery, and aftercare services, and
- The development of measures to assess and protect the ability of cancer patients and survivors, persons battling life threatening illnesses, persons suffering from severe chronic pain, persons at the end stages of life, and elderly who legitimately need prescription pain medications, to maintain their quality of life by accessing these pain medications without facing unnecessary barriers.

State Opioid Response (SOR) Grants – SOR grants are administered by DHS, through the Behavioral Health Division, to provide federal funding for:

- Medication assisted treatment (MAT) expansion and recovery resources,
- Workforce capacity building,
- Naloxone training and distribution,
- Expanding navigation and access to MAT, and
- Innovative response to Minnesota's Opioid Epidemic.

Programs funded through SOR aim to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use

disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs).

**BEHAVIORAL HEALTH-RELATED ADVISORY & PLANNING COUNCILS IN MINNESOTA**

Behavioral Health Planning Council - 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 responsibilities of the BHPC include:

- Review plans provided to the council by the state (pursuant to 42 U.S.C., Chapter 6A, Part B, Subpart I, §300x–4.(a) Review of State Plan by Mental Health Planning Council) and submit to the State any recommendations of the council for modifications to the plans,
- Serve as an advocate for adults with serious mental illness, children with severe emotional disturbance, other individuals with mental illnesses, and people experiencing or at risk of experiencing substance use disorder,
- Monitor, review and evaluate not less than once each year, the allocation and adequacy of mental health and substance use disorder programs and services within the state,
- Establish council bylaws, including group norms/values, leadership and decision-making structures, and
- Represent council activities under the direction of the Minnesota Department of Human Services, Behavioral Health Division, as needed.

Additionally, the DHS 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, and
- Offer insights for consideration on effective measures and themes/issues DHS should consider in its work.

American Indian Advisory Council - The 17-member American Indian Advisory Council assists in formulation of policies and guidelines in the area of chemical health. The council advises on policies, goals, and the operation of the chemical health program services, and encourages public understanding and support of chemical health. The council also makes recommendations regarding grants and contracts which use federal and state funds. The council includes one member from each of the 11 reservations, two members from Minneapolis, two members from St. Paul, one member from Duluth, and one member from International Falls. Meetings are held around the state every other month, with each reservation taking turns hosting the meetings. The appointing authority is the Commissioner of the Minnesota Department of Human Services.

(Minnesota Statutes 254A.035.)

Culturally Informed and Culturally Responsive Mental Health Task Force - The Task Force is established to evaluate and make recommendations on improving the provision of culturally informed and culturally responsive mental health services throughout Minnesota. The task force makes recommendations on:

- Recruiting mental health providers from diverse racial and ethnic communities,
- Training all mental health providers on cultural competency and cultural humility,
- Assessing the extent to which mental health provider organizations embrace diversity and demonstrate proficiency in culturally competent mental health treatment and services, and
- Increasing the number of mental health organizations owned, managed, or led by individuals who are Black, indigenous, or people of color.

Advisory Council on Problem Gambling – The Advisory Council provide advice to DHS in ensuring the establishment of a comprehensive continuum of care system for problem gambling services.

State Advisory Council on Mental Health & the Subcommittee on Children's Mental Health - Established under Minnesota Statute 245.697 within the Comprehensive Mental Health Act, the State Advisory Council is charged with making recommendations to the Governor, Legislature and state departments on mental health policies, programs, and services. The Governor appoints the members of the State Advisory Council on Mental Health.

The State Advisory Council on Mental Health is charged with:

- Advising the governor and heads of state departments and agencies about policy, programs, and services affecting people with mental illness,
- Advising the commissioner of human services on all phases of the development of mental health aspects of the biennial budget,
- Advising the governor about the development of innovative mechanisms for providing and financing services to people with mental illness,
- Encouraging state departments and other agencies to conduct needed research in the field of mental health,
- Educating the public about mental illness and the needs and potential of people with mental illness,
- Reviewing and commenting on all grants dealing with mental health and on the development and implementation of state and local mental health plans,
- Coordinating the work of local children's and adult mental health advisory councils and subcommittees.

The Subcommittee on Children's Mental Health was established in 1989 under the Minnesota Statute 245.697 Subd. 2a. in order to make recommendations to the State Advisory Council on Mental Health on policies, laws, regulations, and services relating to children's mental health.

The Ombudsman Committee for Mental Health & Developmental Disabilities – The Committee advises and assists the ombudsman in developing policies, plans and programs to benefit persons with mental illness, developmental disabilities, chemical dependence, and emotional disturbance.

Governor's Advisory Council on Opioids, Substance Use, and Addiction - The duties of the Advisory Council are to:

- Meet up to four times per year to identify opportunities for, and barriers to, the development and effective implementation of policies and strategies to expand access to services for people in Minnesota suffering from addiction,
- Promote equity by examining what services and supports are needed in communities that are disproportionally impacted by the opioid epidemic, including but not limited to Native American communities, African American communities, and other communities of color, and
- Provide opportunities for Minnesotans who have directly experienced addiction to address needs, challenges, and solutions.

Task Force on Pregnancy Health and Substance Use Disorders - The Task Force is established to recommend protocols for when physicians, advanced practice registered nurses, and physician assistants should administer a toxicology test and requirements for reporting for prenatal exposure to a controlled substance.

The Opiate Epidemic Response Advisory Council – The Advisory Council:

- Reviews local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families experiencing and affected by opioid use disorder;
- Establishes priorities to address the state's opioid epidemic, for the purpose of recommending initiatives to fund;
- Recommends to the commissioner of human services specific projects and initiatives to be funded;
- Ensures that available funding is allocated to align with other state and federal funding, to achieve the greatest impact and ensure a coordinated state effort;
- Consults with the commissioners of human services, health, and management and budget to develop measurable outcomes to determine the effectiveness of funds allocated; and
- Develops recommendations for an administrative and organizational framework for the allocation, on a sustainable and ongoing basis, of any money deposited into the separate account under section 16A.151, subdivision 2, paragraph (f), in order to address the opioid abuse and overdose epidemic in Minnesota and the areas of focus specified in paragraph (a).
- The council, in consultation with the commissioner of management and budget, and within available appropriations, selects from the awarded grants projects that include promising

practices or theory-based activities for which the commissioner of management and budget shall conduct evaluations using experimental or quasi-experimental design. Grants awarded to proposals that include promising practices or theory-based activities and that are selected for an evaluation shall be administered to support the experimental or quasi-experimental evaluation and require grantees to collect and report information that is needed to complete the evaluation. The commissioner of management and budget, under section 15.08, may obtain additional relevant data to support the experimental or quasi-experimental evaluation studies.

- In consultation with the commissioners of human services, health, public safety, and management and budget, establishes goals related to addressing the opioid epidemic and determine a baseline against which progress shall be monitored and set measurable outcomes, including benchmarks. The goals established must include goals for prevention and public health, access to treatment, and multigenerational impacts. The council shall use existing measures and data collection systems to determine baseline data against which progress shall be measured. The council shall include the proposed goals, the measurable outcomes, and proposed benchmarks to meet these goals in its initial report to the legislature under subdivision 5, paragraph (a), due January 31, 2021.

**ADVANCING EQUITY FOR ALL**

Consistent with President Biden's Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, on his first day in office on January 9, 2019, Minnesota Governor Tim Walz signed his first Executive Order 19-01 Establishing the One Minnesota Council on Diversity, Inclusion, and Equity. This Executive Order recognizes that, "Our State must be a leader in ensuring that everyone has an opportunity to thrive. Disparities in Minnesota, including those based on race, geography, and economic status, keep our entire state from reaching its full potential. As long as inequities impact Minnesotans' ability to be successful, we have work to do. Our state will recognize its full potential when all Minnesotans are provided the opportunity to lead healthy, fulfilled lives." The One Minnesota Council focuses on grounding the administration's work in core values, including ensuring that those most affected by decisions are not only included in, but are at the center of, the decision-making process. Accordingly, the One Minnesota Council developed a framework to work collaboratively to address diversity, inclusion, and equity in state government practices. As this framework continues to be implemented, the One Minnesota Council will develop a long-range plan to identify barriers to success, recommendations to continue the work, and metrics for measuring progress.

Further, on March 18, 2021 the Governor amended this Executive Order and signed Executive Order 21-13, Establishing the Governor's Community Council on Inclusion and Equity. In recognition that the administration remains committed to centering the people most impacted by disparities— including those based on race, geography, and economic status—and making sure that they participate in developing solutions to address those disparities. Building on the work that began with Executive Order 19-01, the Governor's Office of Inclusion will establish a

community 2 council consisting of community members to advise, support, and collaborate with the One Minnesota Council in its on-going work and long-range plan.

**Minnesota Department of Human Services on Equity for All**

The Minnesota Department of Human Services shares these core values as demonstrated in our 2023 – 2027 strategic plan, where DHS recognizes the unique experiences of people impacted by programs and services, so the creation of the plan was informed by engagement with community and various partners. This work requires on-going coordination with the people who are closest to the human services system. DHS used an equity lens for the development of this strategic plan and acknowledges that we must continue to build trust and relationships authentically to accomplish what we set out to achieve, together. In alignment with the Governor's One Minnesota plan, DHS will seek to end discrimination and eliminate disparities for people of color and Indigenous community members, women, members of the LGBTQIA2S+ community, people with disabilities, immigrants, and people in all zip codes and of all economic statuses, referred to in this document as historically marginalized communities.

The guiding principles in the DHS Strategic Plan are aspirational commitments to how DHS will approach work. For these guiding principles to happen, cultural change and accountability are needed throughout the agency. In alignment with the DHS Standards of Culture, DHS will continue to build on successes to make DHS a great place to work and Minnesota a great state for people to live. The guiding principles are as follows:

- Center and invest in diversity, equity, inclusion, accessibility, and anti-racism.
- Be trustworthy and accountable.
- Listen with humility to grow authentic partnerships.
- Communicate with simplicity and cultural competence.
- Collaborate and innovate with Tribal Nations, counties, and providers.
- Amplify community-led approaches and give voice to impacted populations.
- Subtract work and processes that do not add value, protect health and safety or prevent fraud and abuse.
- Protect our planet and reduce our carbon footprint.


Specific equity goals in the DHS Strategic Plan include:

Advance policy and programs that support equity, justice and stability in food, housing, income, childcare and health care, which includes the following select strategies:

- People on Minnesota Health Care Programs: Implement innovative approaches to support an effective and efficient process for redetermining eligibility for 1.5 million Minnesotans.
- Black, Brown, and Indigenous children, babies, and pregnant people: Improve health care stability and invest in early intervention, prenatal health, well visits and preventive care.
- People in poverty and recent immigrants: Simplify and improve benefits, eligibility and enrollment processes for health and economic assistance programs and support all food systems.
- Black, Brown, and Indigenous people: Pilot and evaluate efficacy of population-specific, culturally responsive and for traditional healing health care service models.
- Black, Brown, and Indigenous people: Be a proactive partner with other state agencies on career paths for jobs with a livable income and advancement.
- People experiencing homelessness and housing instability: Support and invest in work across agencies on housing, racial, and health justice for people facing homelessness.
- People in the LGBTQIA2S+ community: Increase and improve working relationships with members of the LGBTQIA+ community to understand policy and program needs.

- People living in rural Minnesota: Work with counties and Tribal Nations to increase experiential and evidence-based understanding and tailor services to unique needs in every corner of the state.
- Low-income children and families: Create incentives to increase quality childcare access and availability for low-income families.

Promote adult and children's safety and wellbeing with easy access to behavioral health supports and optimal living situations, which includes the following select strategies:

- People experiencing mental health and/or substance abuse needs: Ensure people receive integrated, culturally responsive care in the most appropriate setting, in every corner of the state.
- People experiencing a behavioral health crisis: Expedite and streamline the process to receive mental health and substance abuse disorder services, including telehealth.
- Children needing behavioral health services: Invest in expansion of children's mental health providers and service options, including screening and prevention in primary care and school settings.
- Black, Brown, and Indigenous children and families: Focus on mitigating the need for out-of-home placement by supporting population specific child welfare infrastructure.
- People experiencing opioid use disorder: Deploy dedicated funds and resources to combat the opioid crisis focusing on disproportionately impacted communities.

Champion a service continuum that centers justice, equity and choice supporting people with disabilities and older adults to lead meaningful lives in community, which includes the following select strategies:

- People with disabilities and older adults: Expand the continuum of services including self-directed options and facilitate service delivery in a variety of settings.
- Working age people with disabilities: Expand and promote the use of best and promising practices for employment supports.
- Vulnerable adults: Strengthen the system of protections and address disparities in reporting.
- Older adults: Support successful transitions along the continuum of care.
- People in Minnesota: Foster a network of support to advance agefriendly communities that enable all residents to thrive at every age and life stage.
- People using long-term services and supports: Ensure availability and high quality of services.

Build capacity to partner with Tribal Nations and counties to envision a human services system that works for people, which includes the following select strategies:

- Tribal Nations and counties: As a state funded, county administered human services system, support engagement strategies that facilitate meaningful conversations and foster

relationship building for partners to envision the human services system.
- Tribal Nations and people in urban and non-reservation tribal communities: Implement direct funding to Tribal Nations and urban tribal communities.
- Tribal Nations: Increase all staff capacity and resources to support government-to-government relationships.
- Tribal Nations and counties: Implement uniform data security and privacy standards, and secure data collection and access.
- Tribal Nations and counties: Continue to support strategies and methods to eliminate bias and discrimination in the human services' system

Build capacity to engage with community and amplify voices in decision making processes, which includes the following select strategies:

- DHS employees: Increase staff capacity and competence in equitable and authentic community engagement practices.
- Community: Advocate to change policies around compensation, reimbursement, and childcare expenses for participating in engagement opportunities.
- Historically marginalized communities: Create accessible feedback loops and increase DHS's capacity to use disaggregated data and lived experiences to better understand unique needs and inform programs and policy development.
- Community organizations: Expand opportunities to collaborate on how funds are distributed to the community.

Become an anti-racist, multicultural, equitable organization and build equity into everything we do, which includes the following select strategies:

- Leadership: Equip leadership with the knowledge, skills, ideologies, and lenses to dismantle structural racism in their area.
- Underrepresented employees: Include employees from diverse backgrounds, generations, abilities, lived experiences, and professional expertise to review existing and new policies, practices, and recruitment utilizing an equity lens and cultural context references.
- Underrepresented employees: Improve people's experiences at work by developing a set of measures and accountability standards to identify behavior and attitude changes throughout the agency.
- Potential employees: Intentional focus on community organizations and networks in diversity recruitment efforts and eliminate barriers to employment.
- Certified targeted vendors: Review, update and communicate policies to support the increase in DHS spending with certified targeted vendors.

<u>Minnesota Culturally and Linguistically Appropriate Services (CLAS) Standards Statewide Plan</u>

Effective July 1, 2021, the Minnesota legislature directed Department of Human Services to develop a statewide implementation and transition plan for culturally and linguistically

appropriate services (CLAS) national standards, including technical assistance for providers to transition to CLAS standards and to improve disparate treatment outcomes. DHS is required to consult with substance use disorder treatment providers, lead agencies, individuals who receive substance use disorder treatment services, and individuals who are Black, indigenous, people of color, and linguistically diverse in the development of the implementation and transition plans. (MN Laws 2021, First Special Session, Chapter 7, Article 11, Section 40)

Minnesota Culturally and Linguistically Appropriate Services Implementation Grants

Effective July 1, 2023, the Minnesota legislature appropriated $2,275,000 in fiscal year 2022 and $2,206,000 in fiscal year 2023 from the general fund for grants to disability services, mental health, and substance use disorder treatment providers to implement culturally and linguistically appropriate services standards, according to the implementation and transition plan developed by the commissioner. (MN Laws 2021, First Special Session, Chapter 7, Article 16, Section 2, subdivision 31, paragraph a)

Tribal-State Relations Training

Minnesota is home to 11 sovereign tribal nations, which collectively represent the sixth largest employer in the state and the majority of the state's 61,000 American Indians. As required by Minnesota Statute, 1st Spec. Sess. chapter 14, article 11, section 5, Minnesota Tribal-State Relations Training (TSRT) all executive branch commissioners, deputy commissioners, assistant commissioners, and agency employees whose work is likely to include matters that have Tribal implications must attend Tribal-state relations training. This training equips state agency employees with the knowledge and tools to consult with tribes on matters of mutual interest. Participants learn departmental expectations and ways to promote state-tribal agreements.

The mission of the TSRT is to provide training and education for Minnesota state employees about American Indian tribal governments, histories, cultures, and traditions to empower state employees to work effectively with American Indians and promote authentic and respectful relationships between state agencies and American Indian tribes.

Orientation to Antiracism Training

Antiracism is central to the work of the Minnesota Department of Human Services. In alignment with the DHS Mission, Vision and Values, DHS requires *Orientation to Antiracism* to build staff capacity to confront and reduce race-based outcome disparities for DHS clients, create a work environment in which access, respect, and equity are central and consistent, and build the agency's future capacity for equitable and justice-driven service to all Minnesotans. This course provides foundational knowledge of the ways that racism operates within society and equip DHS employees with some tools, knowledge, and skills to address challenges of equity and racism personally, interpersonally and systemically.

Learners in this course:

- Learn key examples of U.S. historical origins of race, racism and racial disparities in society,
- Gain a better understanding of how racism operates on three different levels,
- Reflect on ways that racism exists in society and within institutions,
- Define race, racism, antiracism, diversity, equity and more, and
- Gain tools and commit to working towards anti-racism.

**MINNESOTA HEALTH EQUITY AND TARGETED POPULATIONS OF NEED**

The Minnesota Department of Human Services strives for consistency with SAMHSA's Office of Behavioral Health Equity's mission is to advance equity in behavioral health care by tailoring public health and service delivery efforts that promote mental health, prevent substance misuse, provide treatments, and facilitate supports to foster recovery for racial, ethnic and sexual, gender minority populations and communities. Specific examples of grant programs specific to that purpose are:

Pregnant and Postpartum Women (PPW) Services Grant is dedicated to addressing the needs and health disparities of pregnant and parenting women seeking substance use disorder treatment, and who identify as African American. The DHS Behavioral Health Division.

Wayside Recovery Center provides culturally responsive treatment and recovery services for Substance Use Disorder (SUD) and co-occurring mental health conditions. Wayside Recovery Center has staff who reflect the population they serve and collaborates with other culturally specific providers in the area to strengthen resources and services. The Pregnant and Postpartum Women (PPW) services grant supports a culturally specific Family Services Team that is entirely staffed by individuals who identify as African American. This program is dedicated to providing wraparound services to African American women and their families. The Family Services Team collaborates closely with culturally specific partner organizations in the area, such as Cultural Wellness Center in Minneapolis and the African American Babies Coalition, a program of the Amherst H. Wilder Foundation in St. Paul. These partner organizations provide cultural intelligence training to the staff of Wayside Recovery Center, including services necessary to address the unique social determinants of health affecting every woman, child, and family; the goal is to achieve health equity and long-term stabilization. In addition, Wayside Recovery Center provides parenting support groups for fathers to promote family healing.

The Women's Recovery Services Grant provides gender specific Substance Use Disorder (SUD) services to women, including their dependent children, and recognizes the complexity of recovery and funds qualified providers who offer a range of comprehensive services, from non-billable peer recovery support services to family residential services. The Women's Recovery Services grant funds eight grantees that provide wraparound services to women with SUD, their

dependent children, and all family members the client wants to include in their treatment plan.

The Women's Recovery Services grant was implemented more than a decade ago. The current Women's Recovery Services grant cycle has been in effect since April 2022 and goes until June 2026. The Behavioral Health Division of the Behavioral Health, Housing, and Deaf and Hard of Hearing Services Administration, Minnesota Department of Human Services, recognizes the disparities and barriers that exist for women with SUD. The Women's Recovery Services grant funding addresses these disparities and barriers and helps to improve the quality of the treatment services available for women with SUD and their families. Substance use block grant funding through the Consolidated Appropriations Act has been awarded to three Women's Recovery Services grantees – AVIVO, Ramsey County, and RS Eden – to expand their existing services. The goal is to offer comprehensive crisis services that are culturally responsive and linguistically adequate, address community crisis needs in real time, and provide the right level of care and access, ideally leading to the prevention of a crisis.

The Cultural and Ethnic Minority Infrastructure (CEMIG Grant is designed to increase access to mental health care services for:

- Children and families
- Youth and adults from cultural minority populations

CEMIG grants are designed to increase access to mental health and substance use disorder services for children and families, youth and adults from cultural minority populations, by supporting member of cultural and ethnic minority communities to become qualified mental health professionals and practitioners and by enhancing the capacity of provider to serve these populations. Some of the program areas of focus include workforce development, recruiting, supporting, training and supervision activities for mental health and substance use disorder practitioners and professionals. Training clinical staff in culturally appropriate evidence-based practices and interventions from a cultural lens has shown to be effective with specific cultural populations. Hardware or software investments to facilitate third-party billing. Coverage of services for clients from cultural minority backgrounds who are not insured or underinsured for mental health care and culturally specific outreach. The state funds culturally specific providers that serve the following populations: Black Americans, American Indians, Hispanic, Asian, East African immigrant communities, and cultural minorities who also are LGBTQ.

American Indian Traditional Healing for Native Communities Program**.** The nature of traditional healing is based upon knowledge and sacred ceremonies passed through the generations, carefully taught, and intrinsically linked to the respect of the communities. The Minnesota Department of Human Services Traditional Healing for Native Communities program, which is entering its third year, is a step closer to acknowledging the needs of the community. It is providing support to, while following those who know the situation best.

Many of the issues facing American Indian communities are rooted in historical trauma,

intergenerational economic disenfranchisement, and a prescriptive approach to solutions. Each of these came with their own harm, but notably in respect to this program, there is an opportunity for a shift.

Traditional healing:

- Addresses whole health and the root cause of inter-generational trauma.
- Promotes self-esteem and resiliency.
- Keeps families intact.
- Helps with identity formation and/or reclamation.
- Improves coping skills.
- Connects children, adults, and elders and to promote positive community integration and presence.
- Helps assign meaning and purpose to life.

Certified Mental Health Peer Specialists Training & Funding for Community Engagement. DHS, through the Behavioral Health Division, has funded training and certification of Mental Health Peer Specialists since 2010. The approved curriculum is the 76-hour Recovery Innovations training – Peer Employment Training. In Minnesota, mental health peer specialist services are Medicaid-reimbursable services, using the rehabilitation option found in Assertive Community Treatment Teams, Intensive Rehabilitative Treatment Service, Crisis Services, and Adult Rehabilitative Mental Health Services.
In 2021, the Minnesota Certification Board approved the training for peers with a lived experience of Substance Use Disorder and co-occurring mental health conditions. This approval increased the demand for the training.

Peer Support Connection Warmline of Minnesota. Funded by DHS, through the Behavioral Health Division, Wellness in the Woods hosts the Peer Support Connection Warmline of Minnesota, a safe and free way for individuals to receive confidential and anonymous one on one peer support from trained Peers, Certified Peer Support Specialists, and Recovery Coaches. The Peer Support Connection Warmline is available from 5:00 pm to 9:00 am (7 days a week/365 days a year) All Peer Support Connection Warmline staff identify as having a lived experience with a mental health and substance use challenge. The staff are offered ongoing training about different cultures, trauma response, and self-care.

Behavioral Health Education**.** DHS award grant funds to six organizations to provide culturally specific education to Minnesota communities, including:

- Family-to-Family: an eight-week free educational class taught by trained family member who provides education and resources for family, significant others, and friends of people with mental health conditions.
- Hope for Recovery: a six-hour workshop for family and friends of a teen or an adult living with mental illness.

- In Our Own Voice: a free presentation provided by people with a lived experience of mental health conditions.
- Creating Caring Communities (faith and regular): This one-hour class is for any community or organization interested in learning about mental illnesses and helping to change attitudes towards mental illness.
- Peer support groups: Trained individuals offer 53 support groups, including support groups for people with mental illnesses, co-occurring disorders, family members, parents of children, BIPOC, LGBTQA+, Spanish speaking persons, and young adults.