

# Community Mental Health Block Grant COVID-19 Supplement Relief Funding Proposal Plan

Minnesota Department of Human Services

Behavioral Health Division

Submitted to SAMHSA on 4/3/2021

**APPROVED: 10/8/2021**

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## Background

In accordance with the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], the Substance Abuse and Mental Health Services Administration (SAMHSA) is releasing an additional \$825 million to states through the Community Mental Health Services Block Grant (MHBG) program to assist in response to the COVID-19 pandemic. MHBG is designed to provide comprehensive community mental health services to adults with serious mental illness (SMI) or children with serious emotional disturbance (SED). The Minnesota Department of Human Services (DHS) received a notice of award for an allocated amount of **\$12,518,067** through the MHBG program to assist in the response to the COVID-19 pandemic from Substance Abuse and Mental Health Services Administration (SAMHSA). This one time grant period is from March 15, 2021 through March 14, 2023.

SAMHSA has guided states to use this supplemental COVID-19 Relief funding to:

- prevent, prepare for, and respond to SMI and SED needs and gaps due to the on-going COVID-19 pandemic

SAMHSA requests that the following information is included when submitting the proposals:

1. Identify the needs and gaps of your state's mental health services in the context of COVID-19.
2. Describe how your state's spending plan proposal addresses the needs and gaps.
3. Describe how the state will advance the development of crisis services based on the "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)". The five percent crisis services set-aside applies to these funds.
4. Explain how your state plans to collaborate with other departments or agencies to address the identified needs.
5. If your state plans to utilize any of the waiver provisions or the recommendations listed in this guidance, please explain how your state will implement them with these funds. (These waivers are only applicable to these COVID-19 Relief supplemental funds and not to the regular or FY 2021 MHBG funds. States will be required to provide documentation ensuring these funds are tracked separately.)

# Mental Health Services System Gaps and Needs

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in its Mental Health Services system in the context of Covid-19. Within the Mental Health Services system in Minnesota Black Indigenous People of Color (BIPOC) communities have been impacted disproportionately by mental health related issues and the impacts of COVID-19. The needs and gaps that have been identified in this area are:

- Enhancing and expanding Mental Health Crisis services
- Expanding First Episode Psychosis services and programs
- Increasing Mental Health services and programs for the American Indian communities
- Expanding Culturally Specific and relevant Mental Health Services
- Increasing Mental Health Recovery Supports and Services
- Workforce Development and Trainings for Providers of Mental Health Services
- Addressing Gaps in Equity

## Mental Health Crisis Services

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in its Mental Health Crisis Services in the context of Covid-19. We are proposing on spending a total of **\$ 2,324,560** for Mental Health Crisis programs and services. Individuals in the State of Minnesota are experiencing mental health crisis and this has been exasperated due to COVID- 19. The Minnesota Department of Human Services, Behavioral Health Division along with mental health advocates and providers have identified a need to ensure our state’s crisis system is sustainable and has the ability to meet the statewide needs.

### Summary of Proposed Spending Plan

#### **\$50,000 to contract with a vendor to facilitate stakeholder engagement around our crisis system model and sustainability of crisis services**

There are different co-responder pilots occurring throughout the state, and we don’t have an understanding of what it takes to sustain crisis services now that we have expanded them statewide 24/7. This funding would assist us in working with stakeholders to gather information and input about our current crisis system and the existing gaps as well as align it with the best practices.

For the cost of a vendor to provide listening and stakeholder engagement sessions on two topics:

1. A sustainable model for crisis services
2. Feasibility of co-responder models for MN

Since these are 2 separate issues the vendor will hold separate meetings for each topic. With multiple dates and times for each topic. The vendor will connect with other state agencies such as Minnesota Department of Health and Department of Public Safety, Minnesota Department of Education, community members, providers, advocacy organizations, and community leaders. There may be a need for multiple listening sessions over several months to insure we capture all input, and offer opportunities to hold separate meetings with and without law enforcement present. It will be important to hear from communities who haven't always had positive experiences with law enforcement. These funds will pay for the vendor's time to develop a contact list, schedule meetings/sessions, facilitate the meetings, gather information and provide 2 separate reports with recommendations based on the feedback received. We plan to work with the vendor to research co-responder models in other states as well and provide feedback on those models.

**\$1,775,000 to counties and tribal nations for Mental Health Crisis Services**

The for the following mental health crisis related services and needs will be funded. This would help our state to work toward the sustainability phase of people having someone to respond face to face.

- Training for crisis providers
- Funds to pre-purchase rapid access psychiatry slots- so individuals in crisis can access same day or same week psychiatry appointments for med management.
- Emergency medication costs for individuals in crisis in need of medication
- Equipment- PPE, IPADs, mobile printers for crisis responders to get signatures on treatment plans in the community, cell phones
- Mileage and on-call staffing hours (but this would have an impact once the funds go away)
- Uninsured and underinsured individuals receiving crisis services

**\$240,000 for 1 FTE Crisis Program Staff**

The additional funding and programing for mental health crisis services will need to be managed

**\$34,560 Training on Best Practices on Serving Individuals Experiencing Homelessness**

Provide training to crisis service staff and providers on best practices for serving people experiencing homelessness. Example of a training that might be used is MESH Homeless 101 and 201 trainings.

**\$225,000 for to Address Crisis Services Needs**

In 2020, communities in Minnesota have experienced events and trauma in their community related to the COVID-19 pandemic and equity and racial disparity issues. It is estimated as high as 50% of the individuals the metro area is supporting are living with co-occurring mental health and substance use disorders. COVID-19 has had a negative impact on people's wellbeing and these services will be critical to decreasing long term hospital stays. Individuals receiving services in the metro area experience 56% fewer emergency room visits, and 40% fewer days at Regional Treatment Centers.

The services will be for Adult Mental Health Targeted Case Management for individuals who are not insured. The funds will allow continuation of support needed through case management services for individuals who do not have an insurance options. As our data

indicates, case management plays a critical role in helping people maintain community tenure, reduce hospital use, and subsequently reducing inequitable access to care. We are planning to fund a total of \$450,000 to address crisis services needs split between the SABG COVID Relief Funds (\$225,000) and the MHBG COVID Relief Funds (\$225,000).

## First Episode Psychosis Programs and Services

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in its First Episode Psychosis programs and services in the context of Covid-19. We are proposing on spending a total of **\$ 1,300,000** for First Episode Psychosis programs and services.

Over that last year, greater need for additional staff training, additional client resources, and additional First Episode Psychosis (FEP) service providers were identified as gaps and needs. Despite the COVID-19 pandemic, FEP Providers received a larger influx of inquiries and referrals for FEP services since March 2020. Over 300 total referrals were submitted to the 3 teams and over 100 new clients were admitted. During this time, staff transitioned from face to face in person visits to telephonic and/or virtual telemedicine visits. Due to these changes and transitions, the need for staff trainings, additional client resources, and additional FEP service providers were identified.

Our three-fold approach will benefit FEP clients and families as well as the FEP services providers. First, additional staff trainings related to psychosis and diagnosis, trauma, substance abuse and cultural diversity will help provider FEP staff with more knowledge about how to best service FEP individuals and their families especially when multiple co-occurring issues are present. Second, additional client resources to help decrease client burden including phone cards, bus cards and gas cards. Third, an additional FEP service provider could help alleviate the currently high caseload and wait list occurring for 2 providers as most services will be available in the state of Minnesota.

FEP services receive oversight from the Minnesota Department of Human Services. A stakeholder engagement listening session was held on 3-30-2021 which allowed service providers, individuals receiving services, family members, or the general public to share their suggestions related to FEP.

### Summary of Proposed Spending Plan

#### **\$300,000 for Training FEP Providers**

- Staff training (guest speakers re: psychosis and racial and ethnic diversity, LGBTQ, trauma, substance use, and differential diagnosis)
- FEP Education Day (a free annual full day of training with continuing education credits, refreshments and food for the purposes of marketing and educating the community about interventions for FEP)

#### **\$1,000,000 to Create one additional FEP team to serve people across MN**

- Support education, support and advocacy efforts to raise awareness regarding Psychosis( non-clinical)
- Provide infrastructure support to small/BIPOC providers to address stigma around psychosis( non-reimbursable through MA)

- Set up support infrastructure to build linguistic competency for clinicians serving FEP clients.
- Set up technical center to support providers to build infrastructure to provide clinical services which are reimbursable through MA. Training, hiring, onboarding
- Provide support to hire family peer specialists and mental health peer specialists for FEP teams.
- Test model for training and setting up FEP teams in Emergency Departments.
- Parents and client support groups across the State( non-clinical)
- Funding to community-based organizations to raise awareness and provide support around substance induced psychosis (SUD)
- evaluation on effectiveness of the above-mentioned ventures
- Training for new team.

## American Indian Mental Health Services

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in its American Indian Mental Health Services in the context of Covid-19. We are proposing on spending a total of \$ 3,360,000 for American Indian Mental Health Services.

The COVID-19 pandemic has significantly impacted individuals in our tribal and urban American Indian communities, especially those experiencing mental illness and mental health issues. While social distancing is necessary to reduce the spread of COVID-19, at the same time, contributed to disproportionately negatively impacts those in our communities with SMI and/or SED. Because our American Indian communities are largely culturally communal, social distancing has been especially isolating culturally, where healing often occurs through our cultural practices and traditional healing practices. Our partners have reported clients have increased stress, anxiety, feelings of isolation and loneliness, the use of alcohol or illicit substances, and other symptoms of underlying mental illness. There were challenges with access to the treatment and support needed prior to the pandemic. Now these challenges have been amplified by the pandemic.

Each of our tribal communities are distinctly unique, and have unique needs. Needs that have been shared with us include services such as: mental health first aid training for community members, collaborating with schools to provide social support for families, increasing traditional healing support, increasing technological capacity to serve families virtually, and training for clinical staff in Evidence Based Practices.

Our urban American Indian community agencies have different roles in the community. We have organizations that provide housing services, child welfare services, services specific for women, health clinic services, after 7 school programs and more. A common thread is the need to be able to address the increased stress and feelings of isolation that families are feeling during the pandemic. Specific needs for our relatives with SED and SMI that have been identified include: assisting families with stress due to housing, transportation needs to and from treatment, access to treatment and other supports, outreach and service provision to homeless and unsheltered relatives with SMI, mental health first aid training with community members, and culturally appropriate and COVID-19 friendly social support activities for children with SED. An increase of at least 18 more grants to manage this \$3 million portion of the funds, is anticipated. At least one FTE is needed to assist with this work load.

## Summary of Proposed Spending Plan

\$1,500,000 for 10 Tribes to provide services to assist families and children experiencing mental health stressors due to COVID-19 such as, but not limited to:

- mental health first aid training for elders and other band members,
- collaborating with schools,
- increasing traditional healing support,
- increasing technology capacity to serve families virtually, and
- training for clinical staff in EBPs

**\$1,500,000 for Urban or non-tribal programs that serve American Indians provide services to assist families and children experiencing mental health stressors due to COVID-19 such as, but not limited to:**

- Assisting families with SED or SMI with housing supports, excluding rental assistance,
- Assisting families with transportation needs to and from treatment,
- Assisting families with access to treatment and support needed,
- Outreach and service provision with homeless and unsheltered relatives,
- Mental health first aid training with community members, and
- Culturally appropriate and COVID-19 friendly social support activities for children

**\$360,000 for a 1.5 FTE position to manage American Indian Grants for two years**

- The additional funding for this program will need to be managed by these two positions

## Cultural and Ethnic Minority Infrastructure Grant (CEMIG)

Health inequities, including mental health and substance use disorder, continue to affect certain communities Minnesota. It has been found that one solution to this is to offer services that acknowledge and support the needs of people in a culturally-specific, trauma-informed way. Due to the COVID-19 pandemic, culturally specific providers in our state are experiencing increased numbers of individuals with co-occurring substance use and mental health disorders seeking services. We are proposing a total of **\$1,740,000** from our MHBG COVID Relief Funds to expand our current CEMIG program and fund additional capacity building for integrated services delivery. We are proposing to fund a total of **\$3,426,593 for this program split between the SABG COVID Relief Funds and the MHBG COVID Relief Funds. We plan to continue to working with our current CEMIG grantees for this initiative.**



## Summary of Proposed Spending Plan

### **\$1,500,000 to expand the CEMIG program. The program provides the following:**

- Provide culturally-specific, trauma-informed mental health and substance use disorder services within targeted cultural and minority communities in Minnesota, and
- Expand these services by increasing the number of licensed mental health professionals and licensed alcohol and drug counselors, as well as other behavioral health supports such as Peer/Family Specialists and Recovery Peer Specialists, from ethnic and cultural minority communities. Populations of focus for CEMIG include individuals with SMI, SED and SUD from the following communities:
  - African
  - African American
  - American Indian
  - Hispanic, Latino
  - Asian
  - Immigrants
  - Refugees
  - Lesbian Gay Bi-sexual Transgender Queer (LGBTQ+)

### **Proposed activities for additional capacity building for integrated services delivery:**

- For SUD providers to expand mental health capacity- fund the hiring of licensed mental health professionals of color for two years. These clinicians will deliver culturally congruent direct services and provide clinical supervision to clinical trainees seeking to complete supervised experience needed for licensure.
- For Mental Health providers to expand substance use disorder capacity- fund the hiring of licensed alcohol and drug abuse counselors (LADCs) of color. These LADC will deliver culturally-congruent direct services.
- For already-SUD-MH integrated providers-fund the hiring of clinical positions for integrated model to increase capacity in order to meet the increased demand for two years at the rate

### **\$240,000 for a Cultural Specific Program Specialist**

The additional funding for this program will need to be managed

## Recovery Supports and Services

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in its Mental Health Recovery Supports and Services in the context of Covid-19. We are proposing on spending a total of **\$730,000** to support the recovery of individuals living with mental illnesses. Individuals in recovery are experiencing mental health distress and crisis and this has increased due to

COVID- 19. The Minnesota Department of Human Services, Behavioral Health Division along with mental health advocates and providers have identified a need to ensure our state’s mental health recovery and support system meets the needs of individuals living with mental illnesses.

### **Summary of Proposed Spending Plan**

#### **\$400,000 for Warmline**

Mental Health Minnesota has Regular Services Program (RSP) FEMA dollars to expand their Warmline call center until June 2021. These dollars have allowed them to add daytime certified peers to respond to calls from individuals experiencing mental health distress. Mental Health MN currently funds their Warmlines with foundational grant dollars and the FEMA funds. We would like to fund warm lines to allow them to continue the expanded hours and add staff especially since mental health crisis due to the impacts of COVID-19. We plan to continue to work with Mental Health Minnesota to provide this services and add an additional provider to provide this service as needed.

#### **\$120,000 for Whatever It Takes Diversion Program**

There is a bottleneck within our psychiatric care system and long waiting lists for people to be admitted to Regional Treatment Centers, especially, since individuals on Rule 20 take precedence for admission. Whatever It Takes program teams will provide outreach services to individuals experiencing mental illnesses in the hospital settings to divert them from having to be admitted to the Regional Treatment Centers. The Minnesota Department of Human Service, Behavioral Health Division has worked on this initiative with RADIAS Health in the past and it has been successful. We plan to collaborate with them on this initiative.

#### **\$210,000 for African American Community Crisis & Referral line for COVID19 and Integrated Mental Health and Substance Use Disorder Services**

Culturally Specific providers are experiencing an increased numbers of individuals in crisis with co-occurring substance use and mental health disorders during the COVID pandemic. Disparities continue to persist during the COVID-19 pandemic, especially within the African American and African Decent community. This service for African American Community focuses on crisis and referral link for COVID-19 and Integrated Mental Health and Substance Use Disorder Services. Mental Health and Substance Use Disorder Providers of African descent and culturally specific mental health and substance use disorder providers will serve individuals with mental illness, substance use disorder, and co-occurring disorders that are from diverse communities and cultures and are experiencing crisis. We are planning to fund a total of \$420,000 for this service split between the SABG COVID Relief Funds (\$210,000) and the MHBG COVID Relief Funds (\$210,000). We are planning to work with African American Child Wellness Institute for this initiative.

Crisis Support teams will facilitate the following:

- real-time technical assistance.
- emergency response to critical client care needs
- linkage to care
- evidence based practices to utilize in individual real time response

- substance use disorder recovery and mental health resources
- information sharing, resources
- community activities

## **Workforce Development and Trainings for Providers of Mental Health Services**

Mental Health related issues have increased during the COVID-19 pandemic due to factors related to social isolation and fear of infection. Providing comprehensive and up to date trainings will assist mental health services providers and clinicians in conducting assessments and recommending placements that are aligned with evidence-based standards. Additionally, it will assist providers in ensuring that individuals receive the right services at the right time. We are proposing a total amount of **\$1,150,750** Workforce Development and Trainings.

### **Summary of Proposed Spending Plan**

#### **\$12,000 for Peer Specialist Trainings for CCBHC and 1115 providers**

Recovery Peer Specialist, Peer Specialist, and Family Peer Specialist are an important part of our mental health, substance use disorder and behavioral service systems. There is a need to provide and increase peer specialist trainings for Certified Community Behavioral Health Clinics (CCBHC) and 1115 providers to enhance the services for individuals with co-occurring substance use and mental health disorders are receiving and support them in their journey in recovery. We are proposing to fund a total of \$25,000 for this services split between the SABG COVID Relief Funds (\$13,000) and the MHBG COVID Relief Funds (12,000).

#### **\$667,000 for Trauma Focused Cognitive Behavioral Health Therapy (TF-CBT) Trainings for Mental Health Clinicians**

- With these funds we plan to adapt the commissioner-approved mental health evidenced based practice for school-aged children and adolescents—Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Cultural adaptations would focus on the African-American and Native American communities, those who experience the worst health disparities in our state.
- Train clinicians of color in TF-CBT - the funds would cover the lost productivity time for BIPOC clinicians to attend the trainings and become certified in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). The cost per clinician to become certified in TF-CBT is approximately \$11,050 per clinicians.
- We plan to collaborate with culturally specific agencies and clinicians of color who serve children and adolescents, ages six through 18.

#### **\$200,000 for Training clinicians of color in the early childhood mental health evidenced based practices**

- The funds would cover the lost productivity time for BIPOC clinicians to attend the trainings and become certified in Attachment Bio behavioral Catch-up (ABC) and Child Parent Psychotherapy (CPP) (two evidenced based practices for children birth to six with trauma histories).
- Children birth through five are the largest group of children in out of home placement- the leading causes of out of home placement are parental mental illness, parental substance use disorder and domestic violence. CPP and ABC are two multigenerational interventions that have positive impact on families with young children who are struggling with mental illness, SUD and domestic violence.
- The recent Minnesota Department of Human Services, Behavioral Health Division telehealth report shows that the highest utilization of telehealth during the COVID-19 pandemic was early childhood mental health, thus indicating a high need during the pandemic. The University of California has offered to provide a free CPP learning collaborative for up to 20 Minnesota BIPOC clinicians. The cost per clinician to become certified in CPP and ABC is approximately \$10,000 per clinician.
- We plan to collaborate with culturally specific agencies and clinicians of color who serve children ages birth through age five.

### **\$30,000 to Provide Crisis Intervention Team (CIT) Training for Whatever It Takes (WIT) Program Providers**

Provide CIT related training to all the Whatever It Takes providers and record the training as a future reference for new staff coming on board. There has been a huge shift in who we are serving which includes the forensic populations. As a result of this, it's unclear if the staff providing the services have been properly trained in de-escalation techniques.

### **\$40,000 Training on Racial, Equity, and Historical Trauma for Whatever It Takes (WIT) Program Providers**

Each of the WIT program provider is at different levels related to their understanding of Racism, Equity, and historical trauma as relates to the population we serve. Funds will be used to hire a consultant in the areas of serving diverse communities which include BIPOC and LGBTQAI+ communities to provide training to WIT providers. We would like to collaborate with the following organizations Samuel Simmons Consulting, Cultural Somatic Training and Institute, Kente Circle Training Institute, People's Institute/Undoing Racism – Community Organizing for this training.

### **\$201,750 Increase trainings for providers that supports enhanced Mental Health and Substance Use Disorder Services**

The COVID-19 pandemic, has increased the number of individuals with co-occurring substance use and mental health disorders seeking services. Culturally specific providers need trainings that supports enhanced mental health and substance use disorder response and services. We are proposing to fund this initiative with both SABG COVID Relief Funds and the MHBG COVID Relief Funds. We are planning to work with African American Child Wellness Institute for the following:

#### **\$31,500 Mental Health First Aid for Police, Parents & Individuals in recover that are of African descent**

- This training covers Mental Health and Substance Use Disorder and will be held 2 times

#### **\$86,750 for Workforce Development for Community Organizations and Mental Health and Substance Use Providers serving African American and African Born Populations**

- Trainings, staff development, and supervision program will be provide to community organizations and providers providing services to African American and African born populations. This will reduce shortages in the workforce, increase the number of licensed individuals within the African American and African immigrant communities and increase the number of supervisors and address the disparities in terms of licensure.

#### **\$83,500 for Mental Health First Aid (MHFA) Training the Trainers**

- This training will be for 30 mental health and substance use disorder providers from communities of African Descent. This training is an 8 day training

## **Addressing Gaps in Equity**

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following additional gaps in equity. We are proposing on spending a total of **\$1,459,757** to address equity related gaps in our system from the MHBG COVID Supplement Funds. Over the last year, the communities most impacted by COVID-19 are Black, Indigenous, and People of Color (BIPOC). They are most likely to suffer mental health crisis and substance use brought on by financial stress, illness of themselves or family, and general isolation. In addition, BIPOC individuals experiencing serious mental illness (SMI), severe emotional disturbance (SED), and substance use disorder already experience social isolation and are easily overlooked by the health and human services systems. BIPOC individuals have been under-served by the pandemic response due to long entrenched social and systemic issues.

### **Summary of Proposed Spending Plan**

#### **\$500,000 to Support Mental Health and Substance Use Disorder Providers Serving BIPOC and Underserved Communities**

BIPOC communities and BIPOC providers have been disproportionately affected by COVID-19. Disparities in these groups continue to increase in the state of Minnesota. We have identified a need for providing additional supports to our state’s BIPOC providers and providers that are focused on serving BIPOC and underserved communities. With additional support and resources for these providers, services and supports for individuals experiencing mental health, substance use disorder, and co-occurring will enhance and disparity related issues will decrease. We are proposing to fund a total of \$1,000,000 for this services split between the SABG COVID Relief Funds and the MHBG COVID Relief Funds.

#### **\$50,000 for SED and Communities of Color - Adult Mental Health Initiative Reform Efforts**

Increase input into the AMHI reform efforts from individuals with SED and communities-of-color who are most impacted by COVID-19 based on existing systemic inequities. On-going engagement activities including implementation of qualitative data collection activities such as focus groups, listening sessions, program follow-up surveys, and key informant interviews. Qualitative data collection is

engagement. Engagement activities to be conducted with people with lived experience, providers impacted by AMHI funds, managed-care organizations, and other stakeholders who are impacted by AMHI reform.

### **\$909,757 Infrastructure for Culturally Specific Organizations**

The CCBHC's are comprised of Community Behavioral Health Centers that serve individuals with serious mental illness and substance use disorders through a wide array of comprehensive evidence-based practices that include treatment, prevention and wellness services. CCBHC's are tasked with partnering with community organizations that may already provide required CCBHC services to enhance their reach into community. These partnerships are developed through a formal agreements called Designated Collaborating Organization (DCO). DCO requirements mirror CCBHC requirements and include having a compatible electronic health record system, providing staff training in specified areas and tracking reporting data. For smaller community culturally specific organizations, the cost associated with developing the infrastructure to adequately meet the needs of becoming a DCO is significant and a barrier that prevents organizations from exploring this collaborative effort. However, the relationship that culturally specific providers demonstrate is essential to providing the person centered services that CCBHC requires. Governor Waltz stated in a recent news release article, "An important goal of the CCBHC model in Minnesota is to increase access and availability of behavioral services to underserved Black, indigenous and people of color BIPOC communities, including non-native English speakers". By providing funding to allow culturally specific organizations to develop the appropriate infrastructures to become a DCO, we deepen the impact that CCBHCs have to serve underserved communities throughout MN.

- Support outreach efforts to address stigma, trauma and COVID related impacts that prevent individuals from accessing integrated mental health and substance use disorder services.
- Work with CCBHCs to develop ongoing funding for the above initiative by including culturally specific providers in CCBHC rates as DCOs.
- Continue and expand the above services and increase access to the integrated CCBHC model by addressing clinical, legal, data systems and other barriers which have prevented culturally competent providers from becoming part of the integrated model of CCBHC as a DCO.

## FY2021 Table 2 -State Agency Planned Expenditure - MHBG COVID Supplement Funds

### FY2021 Table 2 -State Agency Planned Expenditure - MHBG COVID Supplement Funds

Planning Period Start Date: 3/15/2021

Planning Period End Date: 3/14/2023

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID Supplement Funds
1. Substance Abuse Prevention and Treatment (a +b)								
a. Pregnant Women and Women with Dependent Children								
b. All Other - Treatment								
2. Primary Prevention								
a. Substance Abuse Primary Prevention								
b. Mental Health Primary Prevention*								
3. Evidenced Based Practices for Early Serious Mental Illness including First Episode Psychosis (10% of the state's total MHBG award)**								1,300,000
4. Tuberculosis Services								
5. HIV Early Intervention Services**								
6. State Hospital								
7. Other 24 Hour Care								
8. Ambulatory/Community Non-24 Hour Care								8,440,507
9. <b>Administration</b> (Excluding Program and Provider Level).								625,903
10. Crisis Services								2,324,560
<b>11. MHBG Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12,690,970</b>

## MHBG COVID-19 Supplement Proposal and Plan Revision Request 1

MHBG COVID Supplement Relief Proposal Plan Section	MHBG Originally Submitted Proposed Ideas	MHBG Project Officer Questions for clarification or change	Revisions and Reponses to MHBG Project Officer Questions
<p><b>Mental Health Crisis Services</b></p>	<p><b>\$50,000 to contract with a vendor to facilitate stakeholder engagement around our crisis system model and sustainability of crisis services</b></p> <p>There are different co-responder pilots occurring throughout the state, and we don't have an understanding of what it takes to sustain crisis services now that we have expanded them statewide 24/7. This funding would assist us in working with stakeholders to gather information and input about our current crisis system and the existing gaps as well as align it with the best practices.</p>	<p>What is being supplied for \$50,000? – Response in the right column</p>	<p>For the cost of a vendor to provide listening and stakeholder engagement sessions on two topics:</p> <ol style="list-style-type: none"> <li>1. A sustainable model for crisis services</li> <li>2. feasibility of co-responder models for MN</li> </ol> <p>Since these are 2 separate issues the vendor will hold separate meetings for each topic. With multiple dates and times for each topic.</p> <p>The vendor will connect with other state agencies such as Minnesota Department of Health and Department of Public Safety, Minnesota Department of Education, community members, providers, advocacy organizations, and community leaders. There may be a need for multiple listening sessions over several months to insure we capture all input, and offer opportunities to hold separate meetings with and without law</p>



<b>MHBG COVID Supplement Relief Proposal Plan Section</b>	<b>MHBG Originally Submitted Proposed Ideas</b>	<b>MHBG Project Officer Questions for clarification or change</b>	<b>Revisions and Responses to MHBG Project Officer Questions</b>
			<p>enforcement present. It will be important to hear from communities who haven't always had positive experiences with law enforcement.</p> <p>These funds will pay for the vendor's time to develop a contact list, schedule meetings/sessions, facilitate the meetings, gather information and provide 2 separate reports with recommendations based on the feedback received.</p> <p>We plan to work with the vendor to research co-responder models in other states as well and provide feedback on those models.</p>
<b>Mental Health Crisis Services</b>	<p><b>\$225,000 for to Address Crisis Services Needs</b></p> <p>In 2020, Hennepin County has experienced events and trauma in their community related to the COVID-19 pandemic and equity and racial disparity issues. It is estimated as high as 50% of the individuals the county is supporting are living with co-occurring substance use disorders. In 2020, Hennepin County spent \$619,000 above what was budgeted to pay for services to people who were uninsured in the community. COVID-19 has had a negative impact on people's wellbeing and these</p>	<p>What services are these? - Revision is on the right column</p>	<p><b>\$225,000 for to Address Crisis Services Needs</b></p> <p>In 2020, communities in Minnesota have experienced events and trauma in their community related to the COVID-19 pandemic and equity and racial disparity issues. It is estimated as high as 50% of the individuals the metro area is supporting are living with co-occurring mental health and substance use disorders. COVID-19</p>

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	<p>services will be critical to decreasing long term hospital stays. Individuals receiving services in the Hennepin County system experience 56% fewer emergency room visits, and 40% fewer days at Regional Treatment Centers. We are planning to fund a total of \$450,000 to address crisis services needs split between the SABG COVID Relief Funds (\$225,000) and the MHBG COVID Relief Funds (\$225,000). We are planning to collaborate with Hennepin County for this initiative.</p>		<p>has had a negative impact on people’s wellbeing and these services will be critical to decreasing long term hospital stays. Individuals receiving services in the metro area experience 56% fewer emergency room visits, and 40% fewer days at Regional Treatment Centers.</p> <p>The services will be for Adult Mental Health Targeted Case Management for individuals who are not insured. The funds will allow continuation of support needed through case management services for individuals who do not have an insurance options. As our data indicates, case management plays a critical role in helping people maintain community tenure, reduce hospital use, and subsequently reducing inequitable access to care.</p> <p>We are planning to fund a total of \$450,000 to address crisis services needs split between the SABG COVID Relief Funds (\$225,000) and the</p>

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			MHBG COVID Relief Funds (\$225,000).
First Episode Psychosis	<p><b>\$1,000,000 to Create one additional FEP team to serve people across MN</b></p> <ul style="list-style-type: none"> <li>☑ Support education, support and advocacy efforts to raise awareness regarding Psychosis( non-clinical)</li> <li>☑ Provide infrastructure support to small/BIPOC providers to address stigma around psychosis( non-reimbursable through MA)</li> <li>☑ Set up support infrastructure to build linguistic competency for clinicians serving FEP clients.</li> <li>☑ Set up technical center to support providers to build infrastructure to provide clinical services which are reimbursable through MA. Training, hiring, onboarding</li> <li>☑ Provide support to hire family peer specialists and mental health peer specialists for FEP teams.</li> <li>☑ Test model for training and setting up FEP teams in Emergency Departments.</li> <li>☑ Parents and client support groups across the State( non-clinical)</li> <li>☑ Funding to community-based organizations to raise awareness and provide support around substance induced psychosis (SUD)</li> <li>☑ evaluation on effectiveness of the above-mentioned ventures</li> <li>☑ Training for new team.</li> </ul>	<p>Is this a telehealth model? In emergency departments? Not FEP - Response in the right column</p>	<p><u>Question:</u> For Overall proposal - Is this a telehealth model? In emergency departments? Not FEP</p> <p><u>Response/Rationale –</u>No, this is not intended as a telehealth model; however, FEP providers will be able to utilize telemedicine as deemed appropriate.</p> <p>No, the new team will not be located in an emergency department.</p> <p>This new team will be a coordinated specialty care (CSC) team focusing on the FEP population. It will be modeled after our 3 current teams. Two of our FEP teams are part of large medical hospitals, yet the teams have their own space which is part of their behavior health department, not the emergency department. The third FEP team is part of an outpatient mental health clinic. Minnesota’s FEP teams coordinate care with all professionals involved in</p>

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		SED SMI? – Response in the right column	<p>the client’s care including but not limited to medical professionals.</p> <p>In Minnesota, the CSC model focuses on meeting with FEP clients both in the community (i.e. client’s home, school/college, place of work, etc.) as well as in the office for FEP sessions. During COVID due to public health needs for social distancing, this has changed to non-face-to-face appointments via phone and/or virtual telehealth (Zoom, Microsoft teams, etc.). The Governor of Minnesota has declared of a state of emergency due to the COVID pandemic and has temporarily approved telehealth sessions for behavioral health services including FEP. More recently, providers have started to resume face-to-face appointments in their office setting for acute/high risk clients. At this time, providers also continue FEP services by phone and/or virtual telehealth sessions. An RFP would be issued to seek potential respondents to create one additional FEP team to serve people across Minnesota.</p>

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			<p><u>Plan:</u> Funding to community-based organizations to raise awareness and provide support around substance induced psychosis (SUD)</p> <p><u>Question:</u> Does this include SED SMI? Or only SUD? It needs to include SED or SMI</p> <p><u>Response/Rationale –</u> Yes, this plan will include serious mental illness (SMI).</p> <p>The intent is to educate providers and the general public about the distinction between first episode psychosis as a serious mental illness and substance induced psychosis as a substance use disorder. In Minnesota, the criteria for FEP eligibility is having a primary diagnosis of a schizophrenia-spectrum disorder which is a serious mental illness. At the same time, we recognize that co-occurring mental health and substance abuse concerns often exist which leads to a need for</p>

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			more education and awareness about these concerns.
<b>American Indian Mental Health Services</b>	<p>The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in its American Indian Mental Health Services in the context of Covid-19. We are proposing on spending a total of \$ <b>3,360,000</b> for American Indian Mental Health Services.</p> <p>The COVID-19 pandemic has significantly impacted individuals in our tribal and urban American Indian communities, especially those experiencing mental illness and mental health issues. While social distancing is necessary to reduce the spread of COVID-19, at the same time, contributed to disproportionately negatively impacts those in our communities with SMI and/or SED. Because our American Indian communities are largely culturally communal, social distancing has been especially isolating culturally, where healing often occurs through our cultural practices and traditional healing practices. Our partners have reported clients have increased stress, anxiety, feelings of isolation and loneliness, the use of alcohol or illicit substances, and other symptoms of underlying mental illness. There were challenges with access to the treatment and support needed prior to the pandemic. Now these challenges have been amplified by the pandemic.</p> <p>Each of our tribal communities are distinctly unique, and have unique needs. Needs that have</p>	Must be for SED SMI - Revision highlighted in yellow in the right column	<p>The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in its American Indian Mental Health Services in the context of Covid-19. We are proposing on spending a total of \$ 3,360,000 for American Indian Mental Health Services.</p> <p>The COVID-19 pandemic has significantly impacted individuals in our tribal and urban American Indian communities, especially those experiencing mental illness and mental health issues. While social distancing is necessary to reduce the spread of COVID-19, at the same time, contributed to disproportionately negatively impacts those in our communities with SMI and/or SED. Because our American Indian communities are largely culturally communal, social distancing has been especially isolating culturally, where healing</p>

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	<p>been shared with us include services such as: mental health first aid training for community members, collaborating with schools to provide social support for families, increasing traditional healing support, increasing technological capacity to serve families virtually, and training for clinical staff in Evidence Based Practices.</p> <p>Our urban American Indian community agencies have different roles in the community. We have organizations that provide housing services, child welfare services, services specific for women, health clinic services, after 7 school programs and more. A common thread is the need to be able to address the increased stress and feelings of isolation that families are feeling during the pandemic. Specific needs that have been identified include: assisting families with stress due to housing, transportation needs, access to treatment and other supports, outreach and service provision to homeless and unsheltered relatives, mental health first aid training with community members, and culturally appropriate and COVID-19 friendly social support activities for children. An increase of at least 18 more grants to manage this \$3 million portion of the funds, is anticipated. At least one FTE is needed to assist with this work load.</p> <p><b>Summary of Proposed Spending Plan</b></p> <p><b>\$1,500,000 for 10 Tribes to provide services to assist families and children experiencing mental</b></p>		<p>often occurs through our cultural practices and traditional healing practices. Our partners have reported clients have increased stress, anxiety, feelings of isolation and loneliness, the use of alcohol or illicit substances, and other symptoms of underlying mental illness. There were challenges with access to the treatment and support needed prior to the pandemic. Now these challenges have been amplified by the pandemic.</p> <p>Each of our tribal communities are distinctly unique, and have unique needs. Needs that have been shared with us include services such as: mental health first aid training for community members, collaborating with schools to provide social support for families, increasing traditional healing support, increasing technological capacity to serve families virtually, and training for clinical staff in Evidence Based Practices.</p> <p>Our urban American Indian community agencies have different</p>

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	<p><b>health stressors due to COVID-19 such as, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• mental health first aid training for elders and other band members,</li> <li>• collaborating with schools,</li> <li>• increasing traditional healing support,</li> <li>• increasing technology capacity to serve families virtually, and</li> <li>• training for clinical staff in EBPs</li> </ul> <p><b>\$1,500,000 for Urban or non-tribal programs that serve American Indians provide services to assist families and children experiencing mental health stressors due to COVID-19 such as, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Assisting families with housing needs,</li> <li>• Assisting families with transportation needs,</li> <li>• Assisting families with access to treatment and support needed,</li> <li>• Outreach and service provision with homeless and unsheltered relatives,</li> <li>• Mental health first aid training with community members, and</li> <li>• Culturally appropriate and COVID-19 friendly social support activities for children</li> </ul>	<p>Block grant funds cannot be spent on rent assistance unless in a</p>	<p>roles in the community. We have organizations that provide housing services, child welfare services, services specific for women, health clinic services, after 7 school programs and more. A common thread is the need to be able to address the increased stress and feelings of isolation that families are feeling during the pandemic. Specific needs for our relatives with SED and SMI that have been identified include: assisting families with stress due to housing, transportation needs to and from treatment, access to treatment and other supports, outreach and service provision to homeless and unsheltered relatives with SMI, mental health first aid training with community members, and culturally appropriate and COVID-19 friendly social support activities for children with SED. An increase of at least 18 more grants to manage this \$3 million portion of the funds, is anticipated. At least one FTE is needed to assist with this work load.</p>



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	<p><b>\$360,000 for a position to manage American Indian Grants</b></p> <p>The additional funding for this program will need to be managed</p>	<p>therapeutic setting. – Revision highlighted in yellow in the right column</p> <p>Transportation to obtain treatment is OK, otherwise not an appropriate use of BG funds - Revision highlighted in yellow in the right column</p>	<p><b>Summary of Proposed Spending Plan</b></p> <p>\$1,500,000 for 10 Tribes to provide services to assist families and children experiencing mental health stressors due to COVID-19 such as, but not limited to:</p> <ul style="list-style-type: none"> <li>• mental health first aid training for elders and other band members,</li> <li>• collaborating with schools,</li> <li>• increasing traditional healing support,</li> <li>• increasing technology capacity to serve families virtually, and</li> <li>• training for clinical staff in EBPs</li> </ul> <p>\$1,500,000 for Urban or non-tribal programs that serve American Indians provide services to assist families and children experiencing mental health stressors due to COVID-19 such as, but not limited to:</p> <ul style="list-style-type: none"> <li>• Assisting families with SED or SMI with housing supports, excluding rental assistance,</li> </ul>

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		<p>How many anticipated? - Revision highlighted in yellow in the right column</p>	<ul style="list-style-type: none"> <li>• Assisting families with transportation needs to and from treatment,</li> <li>• Assisting families with access to treatment and support needed,</li> <li>• Outreach and service provision with homeless and unsheltered relatives,</li> <li>• Mental health first aid training with community members, and</li> <li>• Culturally appropriate and COVID-19 friendly social support activities for children</li> </ul> <p><b>\$360,000 for a 1.0 FTE position to manage American Indian Grants</b></p> <p>The additional funding for this program will need to be managed</p>

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<b>Cultural and Ethnic Minority Infrastructure Grant</b>	<p><b>Cultural and Ethnic Minority Infrastructure Grant (CEMIG)</b>  Health inequities, including mental health and substance use disorder, continue to affect certain communities Minnesota. It has been found that one solution to this is to offer services that acknowledge and support the needs of people in a culturally-specific, trauma-informed way. Due to the COVID-19 pandemic, culturally specific providers in our state are experiencing increased numbers of individuals with co-occurring substance use and mental health disorders seeking services. We are proposing a total of <b>\$1,740,000</b> from our MHBG COVID Relief Funds to expand our current CEMIG program and fund additional capacity building for integrated services delivery. We are proposing to fund a total of \$4,099,895 for this program split between the SABG COVID Relief Funds and the MHBG COVID Relief Funds. We plan to continue to working with our current CEMIG grantees for this initiative.</p> <p><b>Summary of Proposed Spending Plan</b></p> <p><b>\$1,000,000 to expand the CEMIG program. The program provides the following:</b></p> <ul style="list-style-type: none"> <li>• Provide culturally-specific, trauma-informed mental health and substance use disorder services within targeted cultural and minority communities in Minnesota, and</li> <li>• Expand these services by increasing the number of licensed mental health professionals</li> </ul>	<p>Responses are in the right column and Revision highlighted in yellow in the right column</p> <p>Must focus on SMI AND SED populations</p>	<p>Updated dollar amount from <b>\$1,000,000 to \$1,500,000 for expanding the CEMIG program</b> – this was a typo in the original submission.</p> <p><b>Summary of Proposed Spending Plan</b></p> <p><b>\$1,500,000 to expand the CEMIG program. The program provides the following:</b></p> <ul style="list-style-type: none"> <li>• Provide culturally-specific, trauma-informed mental health and substance use disorder services within targeted cultural and minority communities in Minnesota, and</li> </ul> <p>Expand these services by increasing the number of licensed mental health professionals and licensed alcohol and drug counselors, as well as other behavioral health supports such as Peer/Family Specialists and Recovery Peer Specialists, from ethnic and cultural minority communities. Populations of focus for CEMIG include individuals with SMI, SED and SUD from the following communities:</p>

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	<p>and licensed alcohol and drug counselors, as well as other behavioral health supports such as Peer/Family Specialists and Recovery Peer Specialists, from ethnic and cultural minority communities. Communities of focus for CEMIG include :</p> <ul style="list-style-type: none"> <li>o African</li> <li>o African American</li> <li>o American Indian</li> <li>o Hispanic, Latino</li> <li>o Asian</li> <li>o Immigrants</li> <li>o Refugees</li> <li>o Lesbian Gay Bi-sexual Transgender Queer (LGBTQ+)</li> </ul> <p><b>Proposed activities for additional capacity building for integrated services delivery:</b></p> <ul style="list-style-type: none"> <li>• For SUD providers to expand mental health capacity- <b>fund the hiring of licensed mental health professionals of color for two years.</b> These clinicians will deliver culturally congruent direct services and provide clinical supervision to clinical trainees seeking to complete supervised experience needed for licensure.</li> <li>• For Mental Health providers to expand substance use disorder capacity- fund the hiring of licensed alcohol and drug abuse counselors (LADCs) of color. These LADC will deliver culturally-congruent direct services.</li> </ul>		<ul style="list-style-type: none"> <li>o African</li> <li>o African American</li> <li>o American Indian</li> <li>o Hispanic, Latino</li> <li>o Asian</li> <li>o Immigrants</li> <li>o Refugees</li> <li>o Lesbian Gay Bi-sexual Transgender Queer (LGBTQ+)</li> </ul>

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	<ul style="list-style-type: none"> <li>For already-SUD-MH integrated providers-fund the hiring of clinical positions for integrated model to increase capacity in order to meet the increased demand for two years at the rate</li> </ul> <p><b>\$240,000 for a Cultural Specific Program Specialist</b></p> <p>The additional funding for this program will need to be managed</p>	<p>OK to assist MH providers do deal with co-occurring problems but not other way around – Response in the right column</p>	<p>This is to expand mental health treatment access for individuals experiencing mental health and co-occurring conditions that may be receiving services with an SUD provider. The served population will still be individuals that have SMI and SED.</p>

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<b>Warmlines</b>	<p><b>\$250,000 for Warm line</b></p> <p>Mental Health Minnesota has Regular Services Program (RSP) FEMA dollars to expand their Warmline call center until June 2021. These dollars have allowed them to add daytime certified peers to respond to calls from individuals experiencing mental health distress. Mental Health MN currently funds their Warmlines with foundational grant dollars and the FEMA funds. We would like to fund warm lines to allow them to continue the expanded hours and add staff especially since mental health crisis due to the impacts of COVID-19. We plan to continue to work with Mental Health Minnesota to provide this</p>	<p>ok if supplement to 988 but not general hotline activity - Response in the right column</p>	<p>Warm lines isn't a hotline. It provides support for individuals with a mental illness or concerns about their mental wellness. It is not a different service than currently provided by Mental Health MN. They have seen an increase in calls since COVID. Typical themes: isolation, and now some new anxiety about going back into the world.</p>
<b>MNSASU Survey</b>	<p><b>\$800,000 for expanding Minnesota Survey on Adult Substance Use (MNSASU) to include Serious Mental Illness (SMI)</b></p> <p>Statewide survey, among a representative sample of adults, in the state of Minnesota with some oversamples for hard to reach subgroups will allow estimating treatment and service need for substance use disorder and serious mental illness, not only for statewide but also for various subpopulations across race/ethnicity, gender and age. In addition, treatment needs can be estimated across prevention regions and at county level. The latest data set for estimating SUD treatment need was collected in 2014/2015. It is critical to have more current data, considering the disparity in the</p>	<p>Block grant funds can only be spent for the benefit of those with SMI and SED but not general screening or prevalence estimation.</p>	<p>Removed from the MHBG COVID-19 Supplemental Proposal and funding allocated to the following proposed activities in this plan:</p> <ul style="list-style-type: none"> <li>• Increased counties and tribal nations for Mental Health Crisis Services by \$500,000</li> <li>• Increased Warmline by \$150,000</li> <li>• Increased Infrastructure for Culturally Specific Organizations by \$150,000</li> </ul>

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	<p>impact of Covid-19. The impact of COVID-19 differs across various sub-populations and it may have increased the disparity of health and well-being. To be able to provide mental health, substance use disorder, and behavioral health services more equitably and efficiently it is critical to have an accurate and up-to-date estimate for treatment need for SUD and SMI, not only for statewide but also for sub-populations and county level. We are proposing to fund a total of \$1,600,000 for this project split between the SABG COVID Relief Funds and the MHBG COVID Relief Funds.</p>		
<b>Gaps in Equity</b>	<p><b>\$759,757 Infrastructure for Culturally Specific Organizations</b>  The CCBHC's are comprised of Community Behavioral Health Centers that serve individuals with serious mental illness and substance use disorders through a wide array of comprehensive evidence-based practices that include treatment, prevention and wellness services. CCBHC's are tasked with partnering with community organizations that may already provide required CCBHC services to enhance their reach into community. These partnerships are developed through a formal agreements called Designated Collaborating Organization (DCO). DCO requirements mirror CCBHC requirements and include having a compatible electronic health record system, providing staff training in specified areas and tracking reporting data. For smaller</p>	<p>Must be sub grants for public health orgs or contracts with for non profit providers – Response is highlighted in yellow in the right column.</p>	<p>CCBHCs and DCOs must be a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code; part of a local government behavioral health authority; operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act (25 U.S.C. 450 et seq.) or an urban Indian organization pursuant to a grant or contract with</p>

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	<p>community culturally specific organizations, the cost associated with developing the infrastructure to adequately meet the needs of becoming a DCO is significant and a barrier that prevents organizations from exploring this collaborative effort. However, the relationship that culturally specific providers demonstrate is essential to providing the person centered services that CCBHC requires.</p> <p>Governor Waltz stated in a recent news release article, “An important goal of the CCBHC model in Minnesota is to increase access and availability of behavioral services to underserved Black, indigenous and people of color BIPOC communities, including non-native English speakers”. By providing funding to allow culturally specific organizations to develop the appropriate infrastructures to become a DCO, we deepen the impact that CCBHCs have to serve underserved communities throughout MN.</p> <ul style="list-style-type: none"> <li>☑ Support outreach efforts to address stigma, trauma and COVID related impacts that prevent individuals from accessing integrated mental health and substance use disorder services.</li> <li>☑ Work with CCBHCs to develop ongoing funding for the above initiative by including culturally specific providers in CCBHC rates as DCOs.</li> <li>☑ Continue and expand the above services and increase access to the integrated CCBHC model by addressing clinical, legal, data systems and other barriers which have prevented culturally competent providers from becoming part of the integrated model of CCBHC as a DCO.</li> </ul>		<p>the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).</p>



## MHBG COVID-19 Supplement Proposal and Plan Revision Request 2

MHBG COVID Supplement Relief Proposal Plan Section	MHBG Project Officer Additional Questions for clarification or change	Revisions and Responses to MHBG Project Officer Questions
<b>First Episode Psychosis</b>	What is the plan to reach across the state? What specific evidence based model are you using? Coordinated specialty Care (CSC) model.	MN uses the NAVIGATE model which is based on the RAISE study.
<b>American Indian Mental Health Services</b>	<ul style="list-style-type: none"> <li>• What services and supports are you providing specifically in regards to “assisting families with stress due to housing”– please specify this. A reminder, rental assistance is not allowed with these funds.</li> </ul>	<ul style="list-style-type: none"> <li>• Providing families who are homeless or unsheltered relatives with mental health services that are above and beyond typical services. For example, mental health professionals going to our relatives, where they are (maybe to a camp or hotel), instead of expecting them to come into the office. The said mental health professional might also be the trusting person who can help them work through the mental health issues that contribute to their housing situation, or even that stops them from receiving services (ie.</li> </ul>

MHBG COVID Supplement Relief Proposal Plan Section	MHBG Project Officer Additional Questions for clarification or change	Revisions and Responses to MHBG Project Officer Questions
	<ul style="list-style-type: none"> <li>• \$360,000 – for 1 FTE is too high. Can you break down the salary per fiscal year and indicate if this is a multiyear position and what this cost for salary is including</li> </ul>	<p>Anxiety, depression). Our homeless and unsheltered relatives often have many different needs that our typical mental health system doesn't adequately provide. Once a service provider (here, the mental health professional) is trusted for example, that person might be the one of the only people who can really make an impact.</p> <ul style="list-style-type: none"> <li>• <b>\$360,000 for a 1.5 FTE position to manage American Indian Grants for two years</b></li> <li>• The additional funding for this program will need to be managed by these two positions</li> </ul> <p>Salary cost breakdown details are listed below</p> <p>Salary for Year 1 1<sup>st</sup> FTE: \$87,500</p> <p>Salary for Year 1 2<sup>nd</sup> 0.5 FTE \$43,750</p> <p>Fringe Year 1 35% <u>\$ 45,938</u></p> <p>Total Salary for Year 1: \$177,188</p> <p>2.5 COLA applies in Year 2</p> <p>Salary for Year 2 1<sup>st</sup> FTE: \$ 90,125</p> <p>Salary for Year 1 2<sup>nd</sup> 0.5 FTE: \$45,063</p> <p>Fringe Year 2 35% <u>\$47,316</u></p> <p>Total Salary for Year 2: \$182,504</p> <p>Total Salaries <u>\$ 266,438</u></p>

MHBG COVID Supplement Relief Proposal Plan Section	MHBG Project Officer Additional Questions for clarification or change	Revisions and Responses to MHBG Project Officer Questions
	<ul style="list-style-type: none"> <li>• Areas where it talks about providing outreach - general outreach to the public is not allowable- outreach will need to be for SMI and SED populations. Please specify this.</li> </ul>	<p>Total Fringe <span style="float: right;">\$ 93,254</span></p> <p><b>Total Salary &amp; Fringe</b> <span style="float: right;"><b>\$359,692</b></span></p> <ul style="list-style-type: none"> <li>• This is related to the homeless and unsheltered relatives. A large percentage are suffering from SMI and SPMI, and the children are more often SED than housed populations.</li> </ul>
<p><b>Cultural and Ethnic Minority Infrastructure Grant (CEMIG)</b></p>	<p>Change in the total amount proposed for this project was made. This change doesn't impact the amount from the MHBG but does impact the amount from SABG COVID-19 Relief Funds.</p>	<p>We are proposing to fund a total of <b>\$3,426,593 for this program split between the SABG COVID Relief Funds and the MHBG COVID Relief Funds. We plan to continue to working with our current CEMIG grantees for this initiative.</b></p> <p>A total of <b>\$673,302</b> was reduced from the SABG COVID-19 Supplement funding.</p>