

# GREATER STATE OF MIND

## Region 5+ Mental Health Needs Assessment

October 2021



Center for  
Behavioral Health  
Integration, LLC

***"As a group of people who are all trying to accomplish the same common good, how can we work together to be more effective?"***

***-Community Partner***

# AGENDA

1. **Assessment overview**
2. **Findings**
3. **Key takeaways**
4. **Recommendations**
5. **Next steps**

# Overview

## GREATER STATE OF MIND GOALS

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- Conduct a **comprehensive analysis of current mental health service providers** and facilities in the region
- Assess the capacity of current adult mental health service providers **and identify whether staffing, recruitment, and retention is a factor** in service availability
- Evaluate the current service providers' capabilities for **future expansion of services**
- Analyze the potential for **expansion of service provider collaboration**
- **Analyze the current child mental health services**, both in and out of school systems in the region
- Analyze the current reimbursement rates and costs associated with **psychiatric residential treatment facilities, intensive residential treatment services and hospital inpatient psychiatric services**
- **Facilitate listening sessions** with mental health providers and county partners in the region.

## GREATER STATE OF MIND GOALS-Revised

- Conduct a **comprehensive analysis of community-wide mental health system**
- Evaluate the current system's **capabilities for collaboration**
- Identify **barriers to change, avenues for improvement** across the system
- **Facilitate listening sessions** with mental health providers and county partners in the region
- Assess the capacity of current adult mental health service providers **and identify whether staffing, recruitment, and retention is a factor** in service availability
- Identify **barriers to services** for consumers
- Analyze the current reimbursement rates and costs associated with **psychiatric residential treatment facilities, intensive residential treatment services and hospital inpatient psychiatric services**
- Ascertain opinions about the **role law enforcement may play** in mental health crisis calls
- Determine how **culturally responsive** mental health services are for consumers

March

April

May

June

July

August

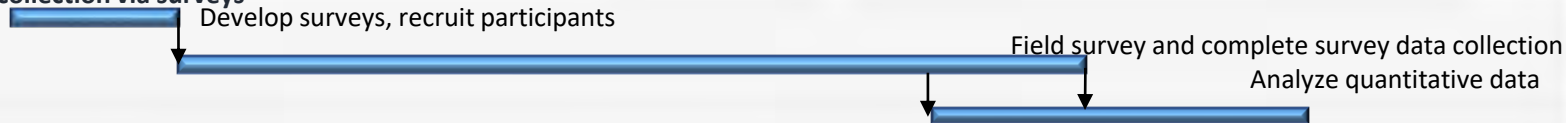
September

October

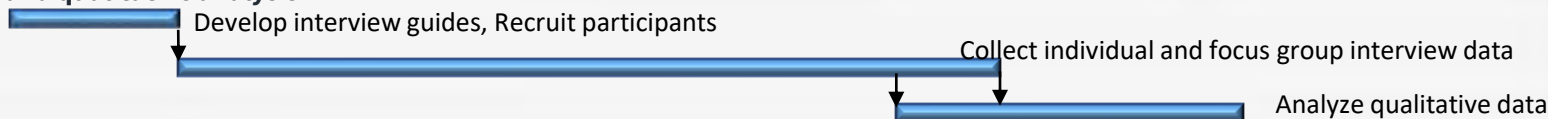
### 1. Project Management, Coordination, and Communication

- Establish AG, identify key MH providers and facilities, outreach to program leadership, project kickoff meeting
- Finalize comprehensive project workplan

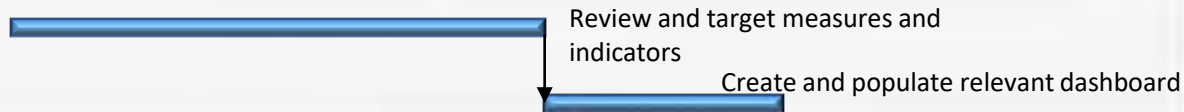
### 2. Primary data collection via surveys



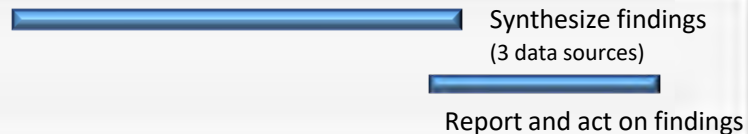
### 3. Interviewing and qualitative analysis



### 4. Secondary data collection



### 5. Reporting of results, recommendations, and action steps



## GREATER STATE OF MIND ADVISORY GROUP

- **Kami Genz**, Aitkin County, Community Corrections Director
- **Kara Griffin**, Crow Wing County, Programs Manager
- **Tami Lueck**, Crow Wing County, Adult Services Division Manager
- **Michael Steinbeisser**, Todd County, Social Services Supervisor
- **Jim Exsted**, Baxter Police Department, Chief
- **Cheryl Turcotte**, Minnesota Office of the Ombudsman, Ombudsman
- **Duffy Craft**, Artesian Homes, General Manager
- **Lisa Worden**, Sourcewell, School Liaison
- **Melissa George-Humphrey**, Leech Lake Behavioral Health-Human Services, Clinical Director
- **Kevin Edwards**, Northern Pines Mental Health Center, Assertive Community Treatment (ACT) Team
- **Dr. David Anderholm**, Northern Psychiatric Associates, Psychiatrist
- **Charitie Herbst**, Sourcewell, Community Solutions
- **Danielle Wadsworth**, Sourcewell, Region 5+ AMHI Program Coordinator
- **Mike Willie**, Sourcewell, Regional Transitional Specialist



Organizational  
data

Surveys

Focus Groups

Individual  
interviews

Secondary  
data

# OUTREACH EFFORTS

- **Greater State of Mind campaign**
- **Group emails**
- **Organization outreach**
- **Word-of-mouth**
- **Personal outreach**

## Greater State of Mind

Addressing Mental Health in Central Minnesota | summer 2021

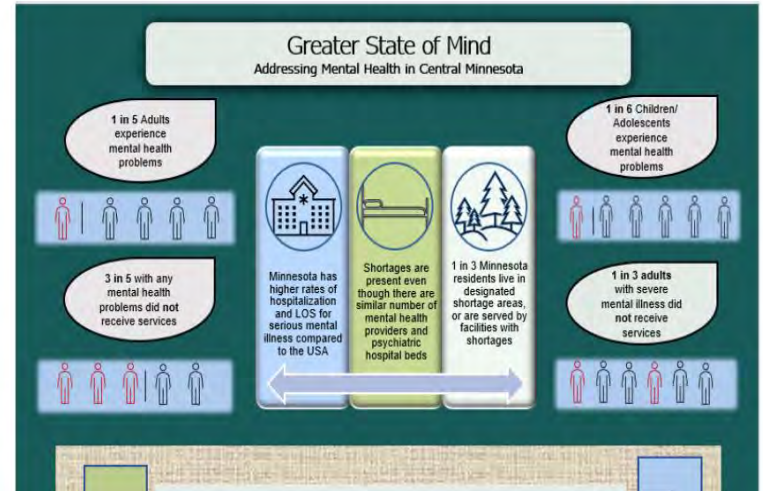
### Working together to understand mental health resources in our region

Greater State of Mind: Addressing Mental Health in Central Minnesota is a collaborative project for Aitkin, Cass, Crow Wing, Morrison, Todd, and Wadena counties and the Leech Lake Band and Mille Lacs Band of Ojibwe Tribal Nations.

Leaders in local government, tribes, schools, community organizations, and mental health care providers in our central-Minnesota region are working together to understand the state of child and adult mental health resources – availability, accessibility, accommodation, affordability, and awareness.

#### Project overview & objective

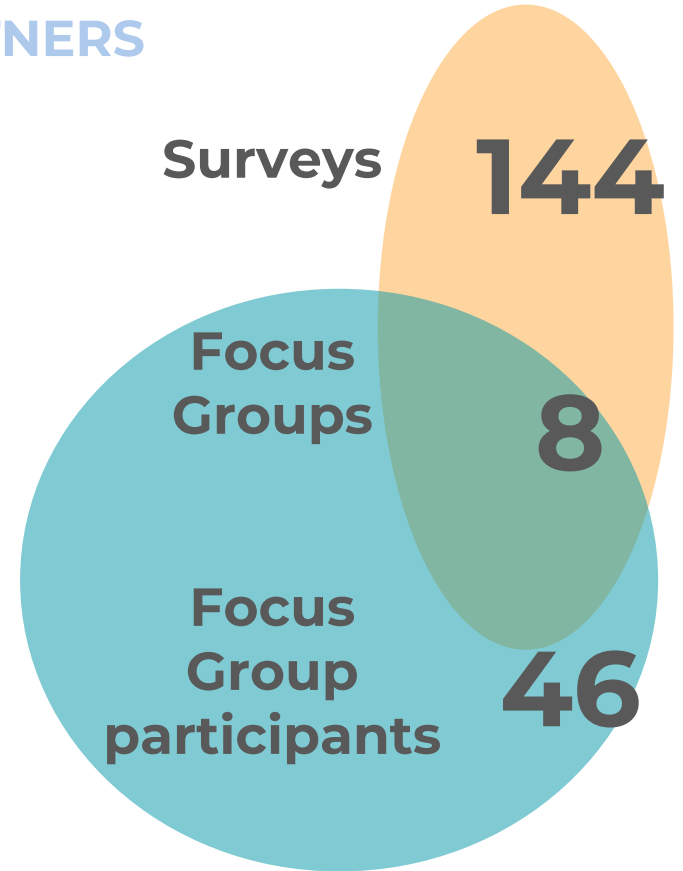
This is a mental health needs assessment, a region-wide



## OUTREACH EFFORTS – COMMUNITY PARTNERS

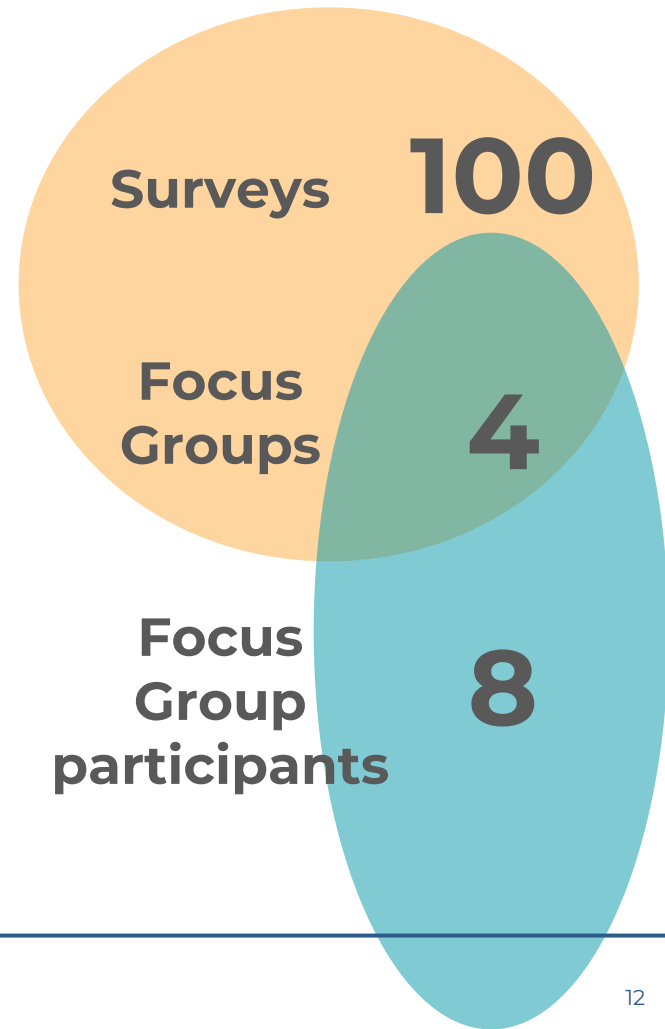
**341 community partners were contacted**

Outreach type	Number of attempts
GSM emails to all partners	4
C4BHI individual emails to partners	5
C4BHI follow-up emails	301
C4BHI phone calls and meetings	5
C4BHI focus group scheduling contacts	52



## OUTREACH EFFORTS – CONSUMERS

Individual outreach at multiple events	
Outreach type	Number of attempts
Individual paper surveys provided to WITW	80
Individual paper surveys provided to Leech Lake Band	40
C4BHI follow-up emails	17
C4BHI phone calls and meetings	1
Total organizations reached out to	7



## OUTREACH EFFORTS - PROVIDERS

**110 mental health providers were contacted**

Outreach type	Number of attempts
GSM emails to all providers	4
C4BHI emails to all providers	5
C4BHI follow-up emails	151
C4BHI phone calls and meetings	12
Sourcewell, AMHI, and GSM AG phone calls and emails	50+



## TOTAL DATA COLLECTED

Type	Providers	Consumers	Community Partners
Surveys	47	100	144
Focus Group Participants	0	8	46
Individual Interviews	7	0	0
Organizational background	0	-	-

# Findings

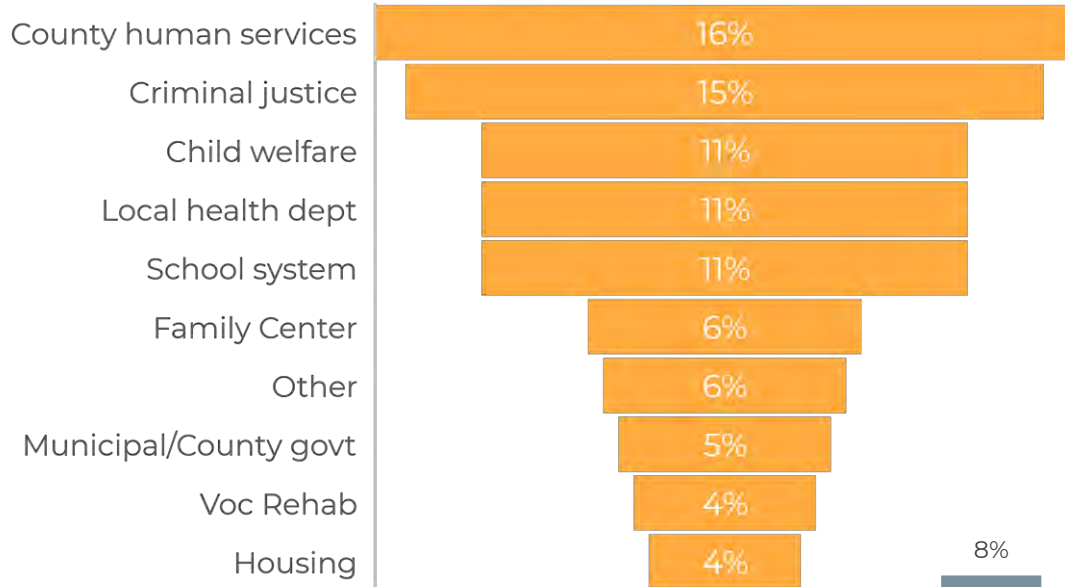
***“I think there are a lot of people who care deeply and want to make a change and want to build that kind of connectivity. I really do.”***

***-Community Partner***



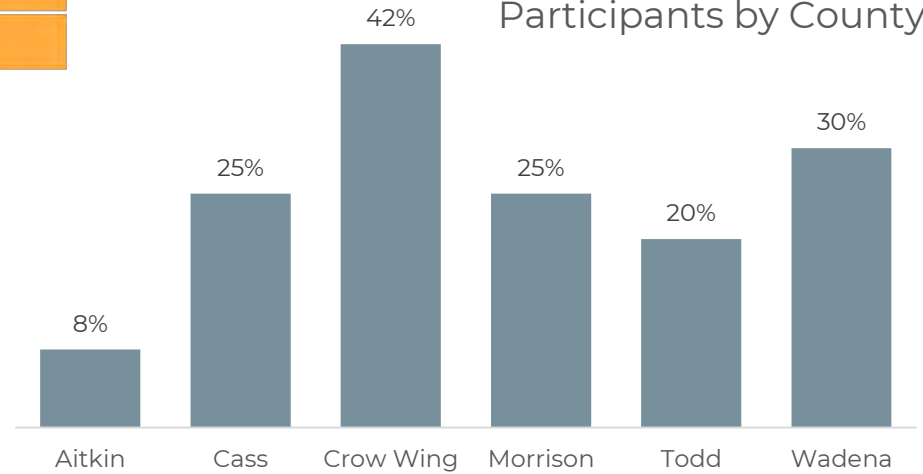
# COMMUNITY PARTNERS

## Contributing organizations



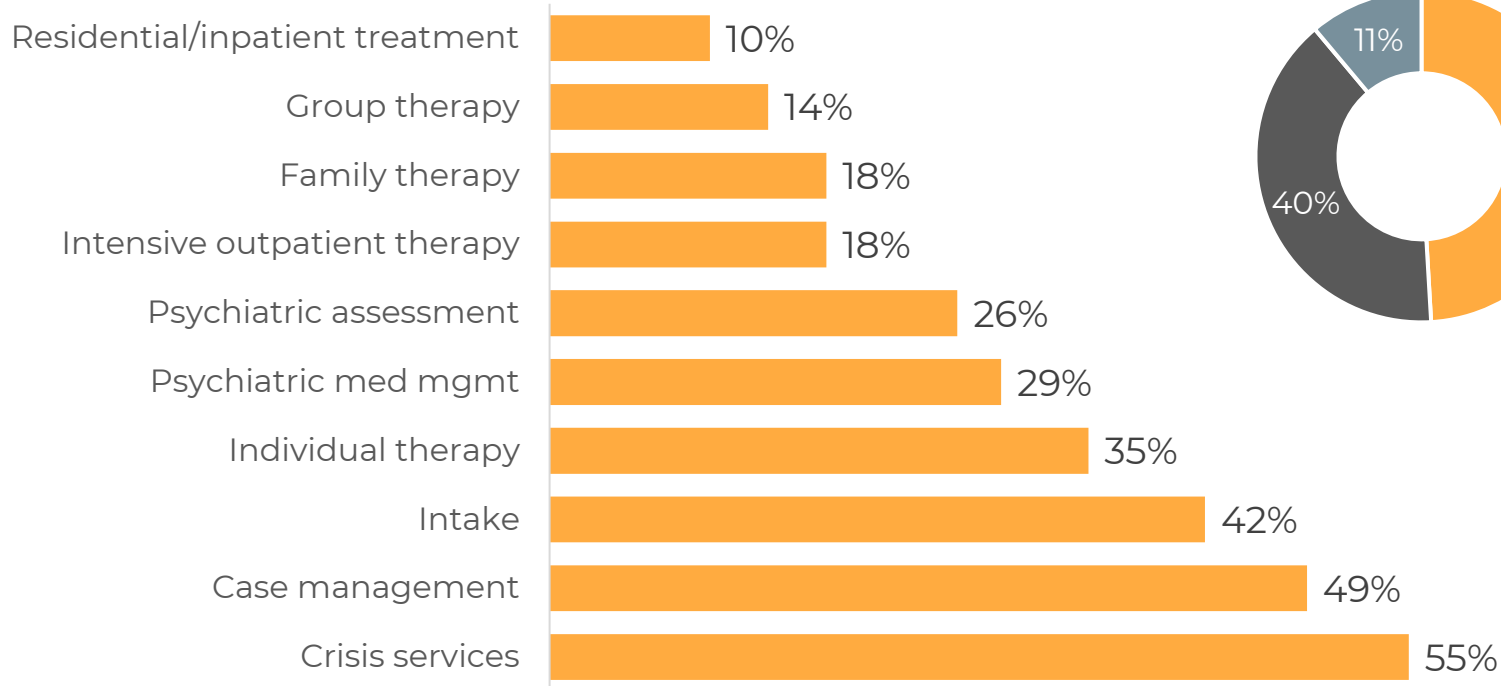
- There was broad representation across services types and counties
- 84 organizations provided data across 13 service areas

## Participants by County

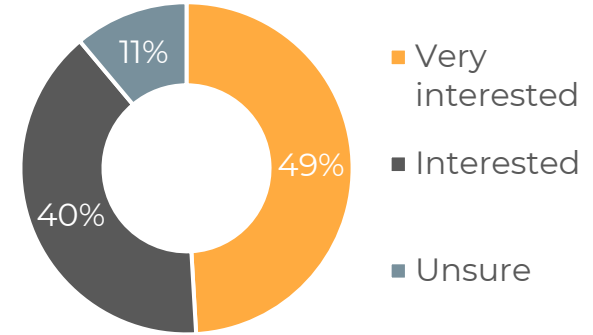


# SERVICE ACCESS

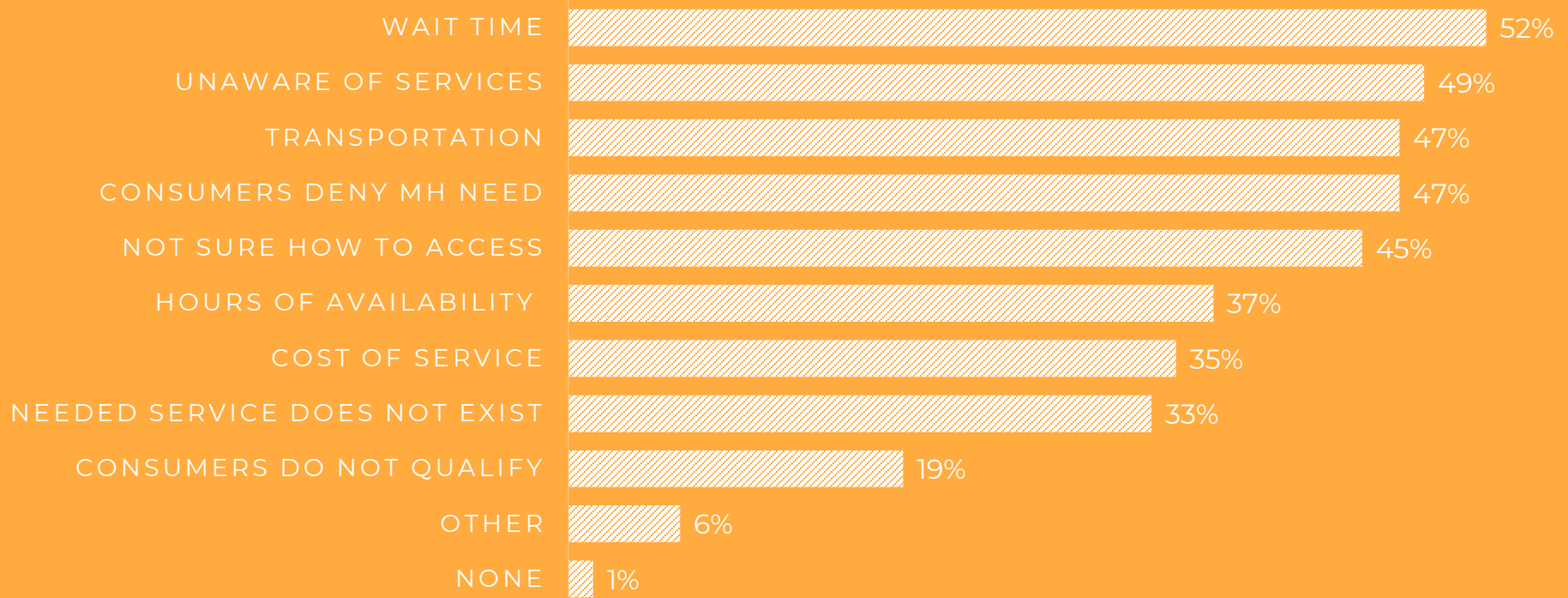
## Perception of Regularly Available Services



## Interest in partnering to increase service access

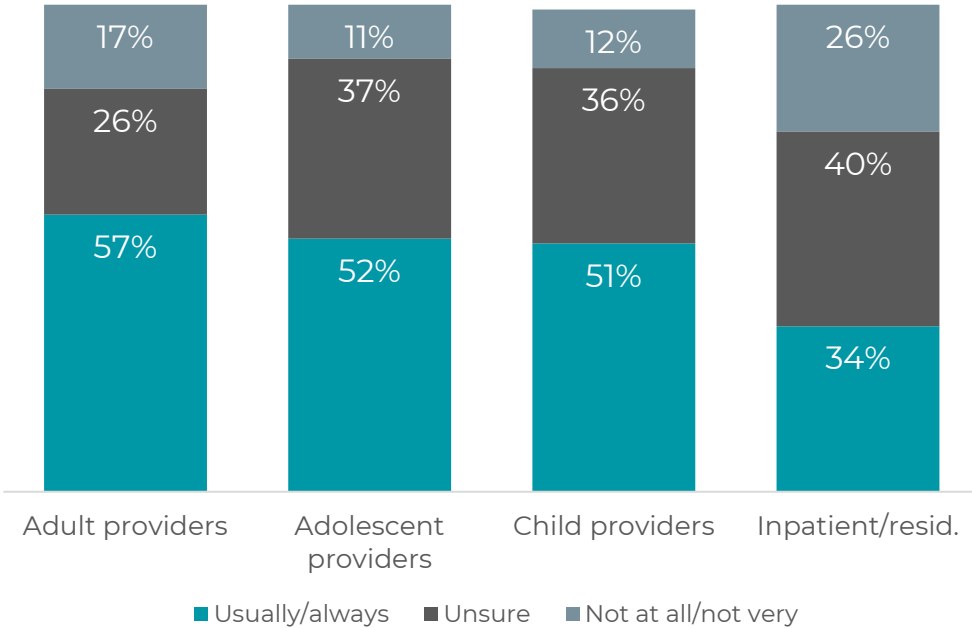


# PERCEIVED BARRIERS TO SERVICE ACCESS

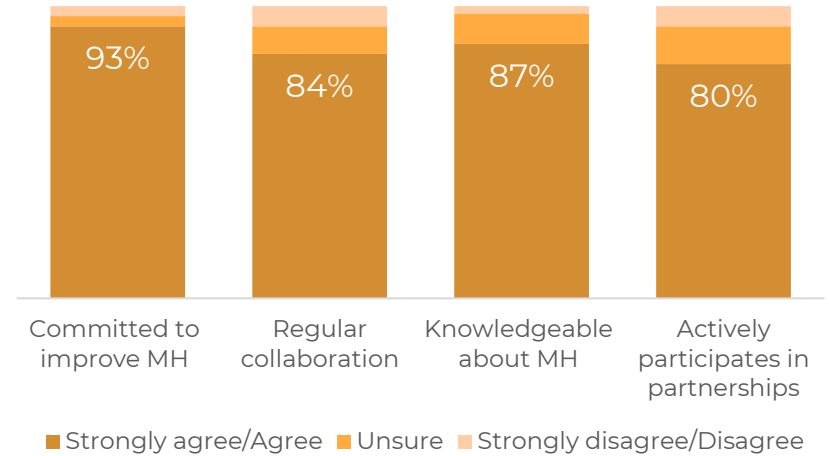


# COLLABORATION WITH PROVIDERS

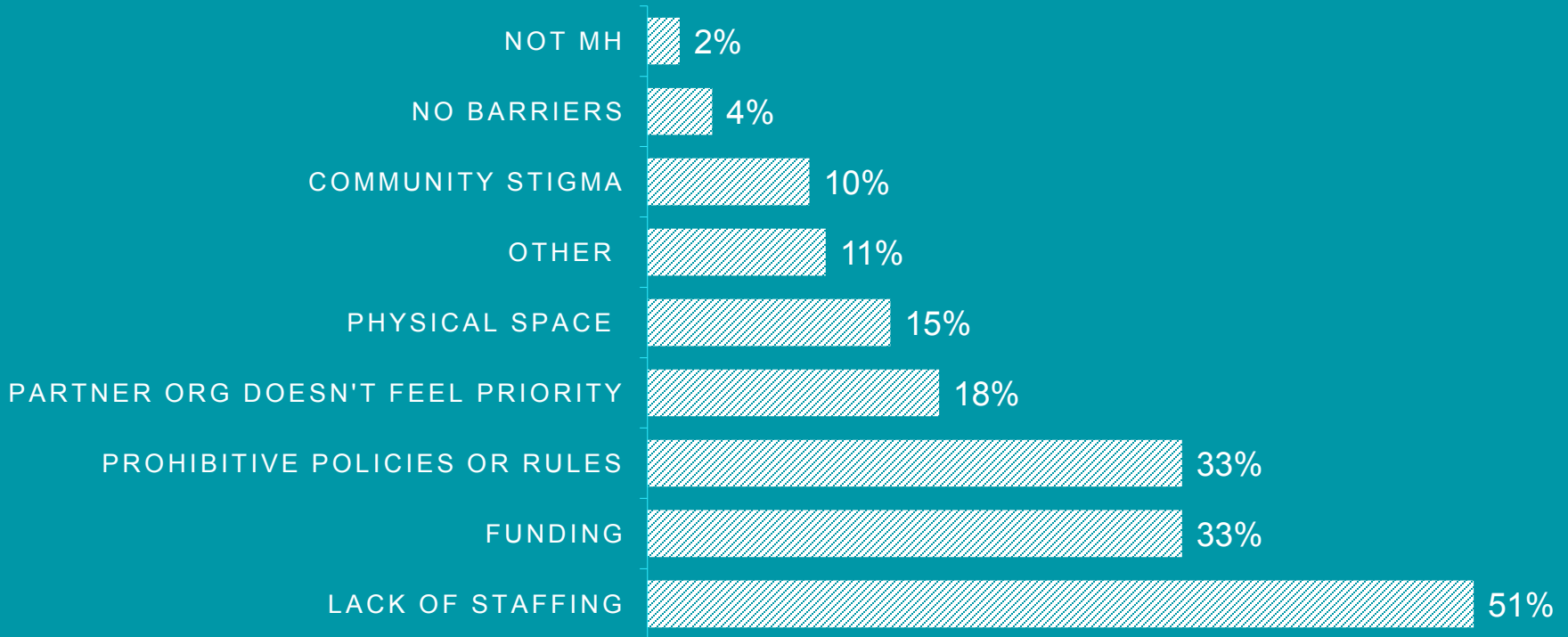
## Provider Openness to Collaboration



- Partners see providers as generally open to collaboration, but themselves as more so
- These numbers improve for providers when discussing client collaboration

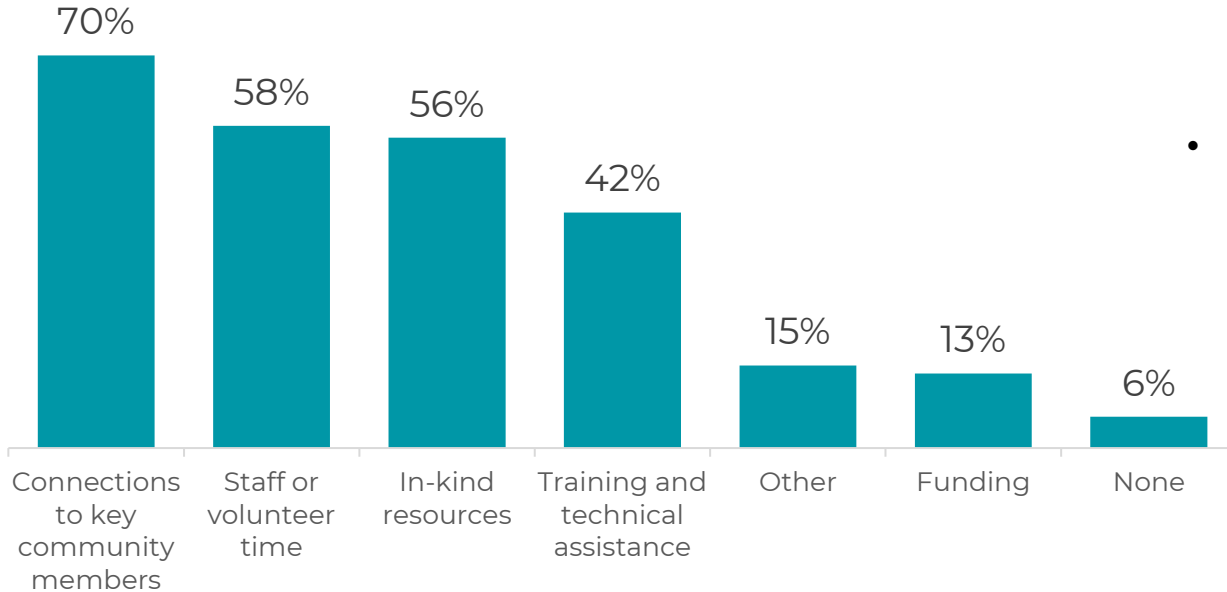


# BARRIERS TO COLLABORATION



# COLLABORATION RESOURCES

Resources to Contribute



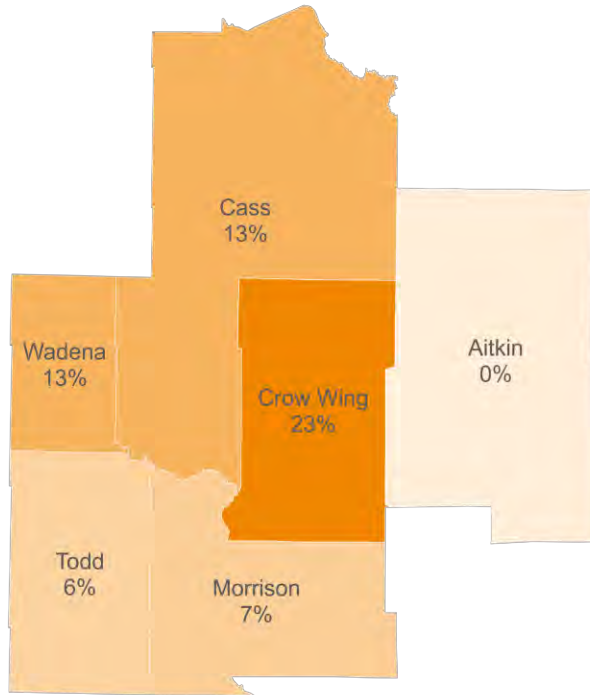
- Collaboration is valued and supported by all involved
- There is a belief that collaborating with mental health providers is difficult
- There is a strong desire to see more cross-sector collaborations on systemic issues

***“I would say, you know, everybody that we worked with in terms of community providers and partners is willing to help the client reach their goal or reach optimal mental health functioning, whatever that looks like.”***

***-Community Partner***

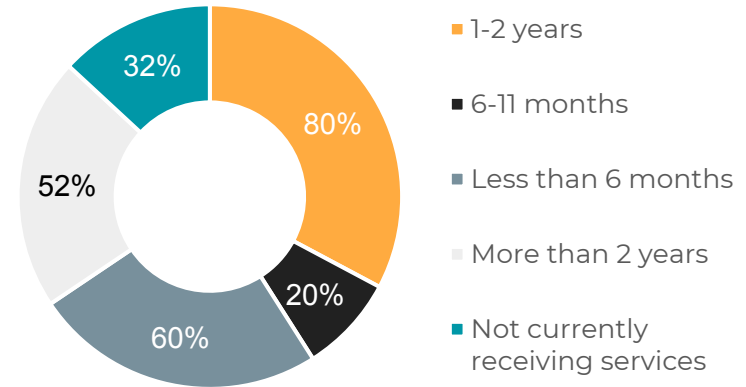
# CONSUMERS

## Location of Services Received



- 71% were female
- 32% had a college degree
- 39% had incomes below the Federal Poverty Level
- 33% were people of color

## Length of time receiving services

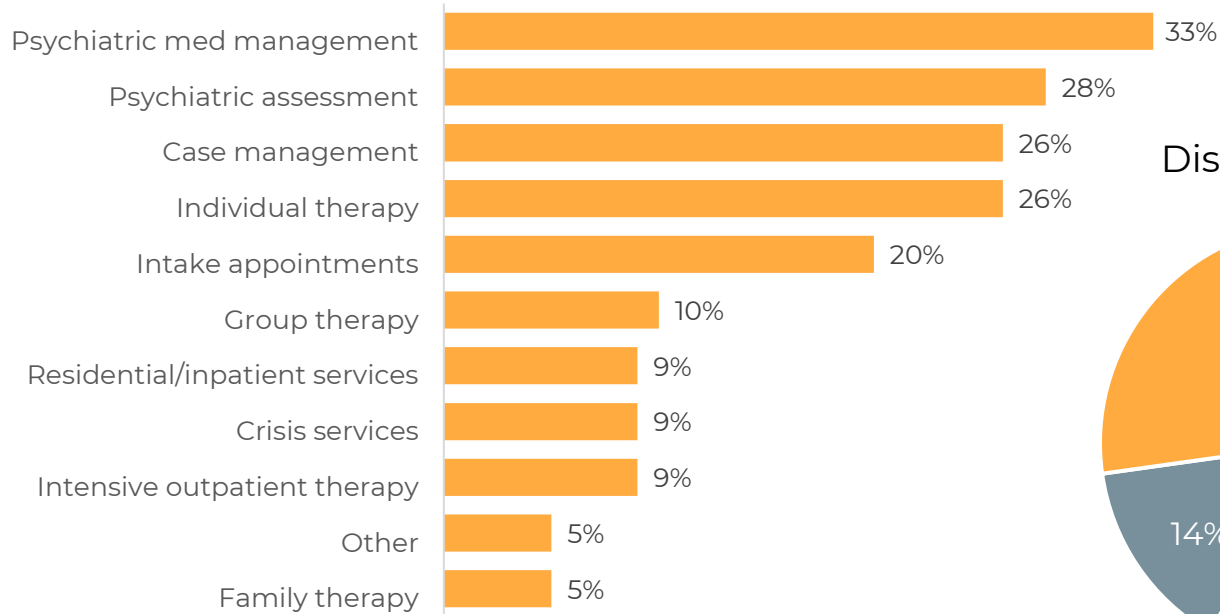


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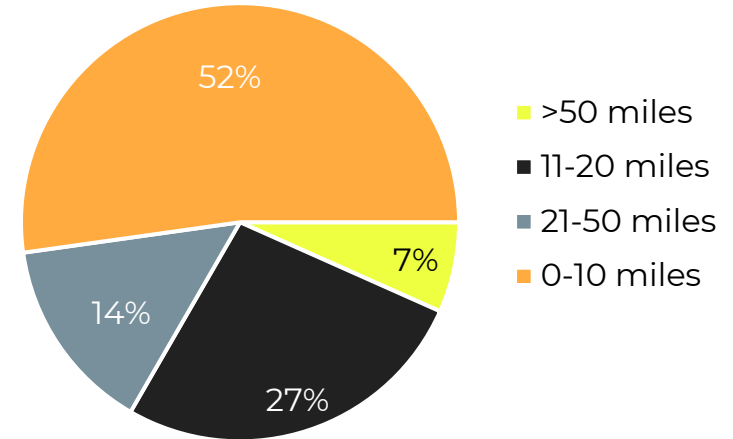


# CONSUMERS

## Services Received

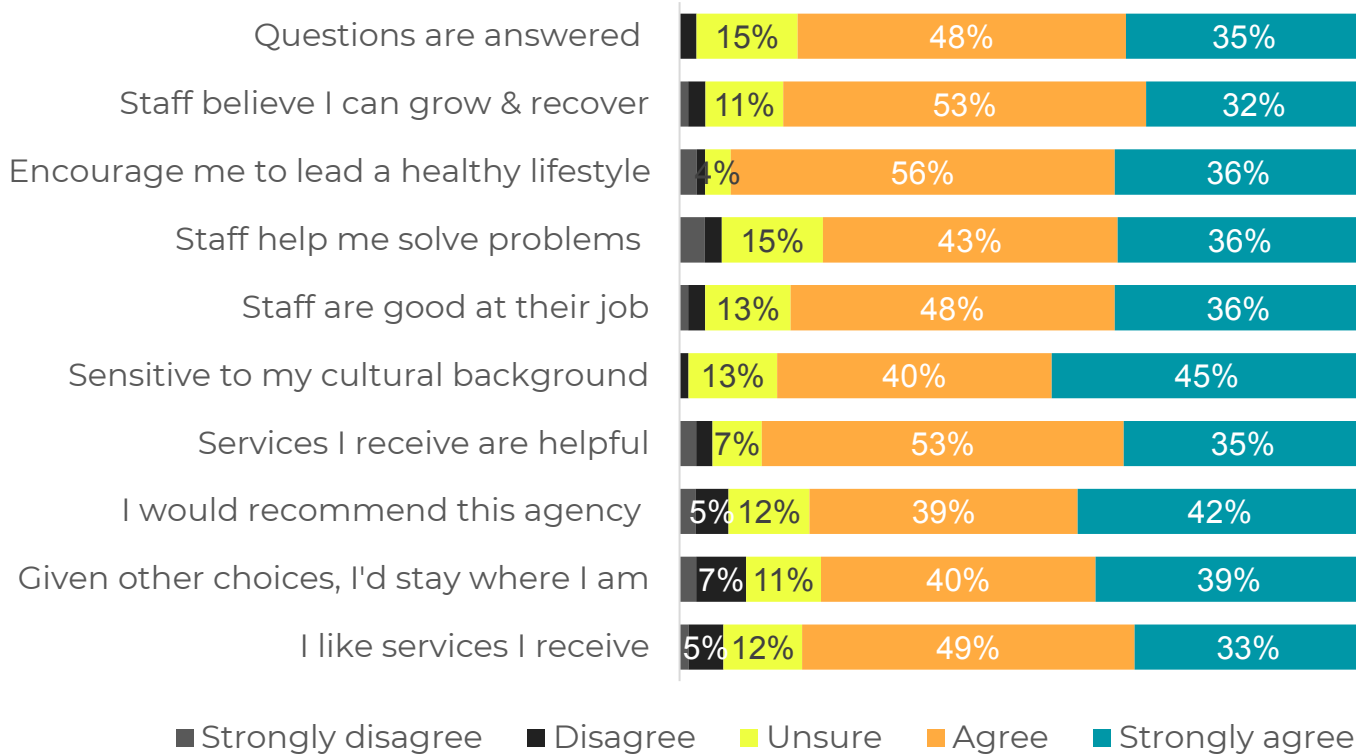


## Distance traveled for services



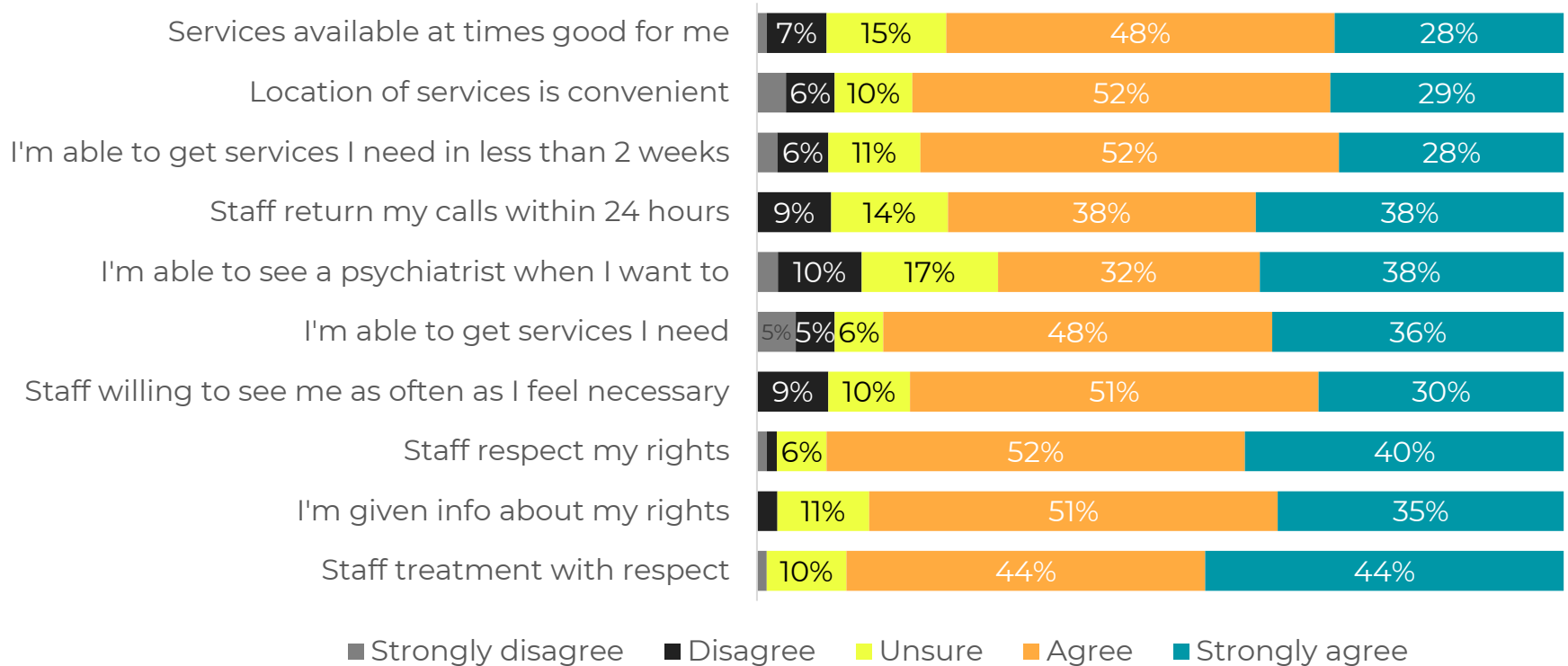
- Most people got an intake within 7 days of requesting one, and services typically started within 7 days of intake

# CONSUMER SATISFACTION

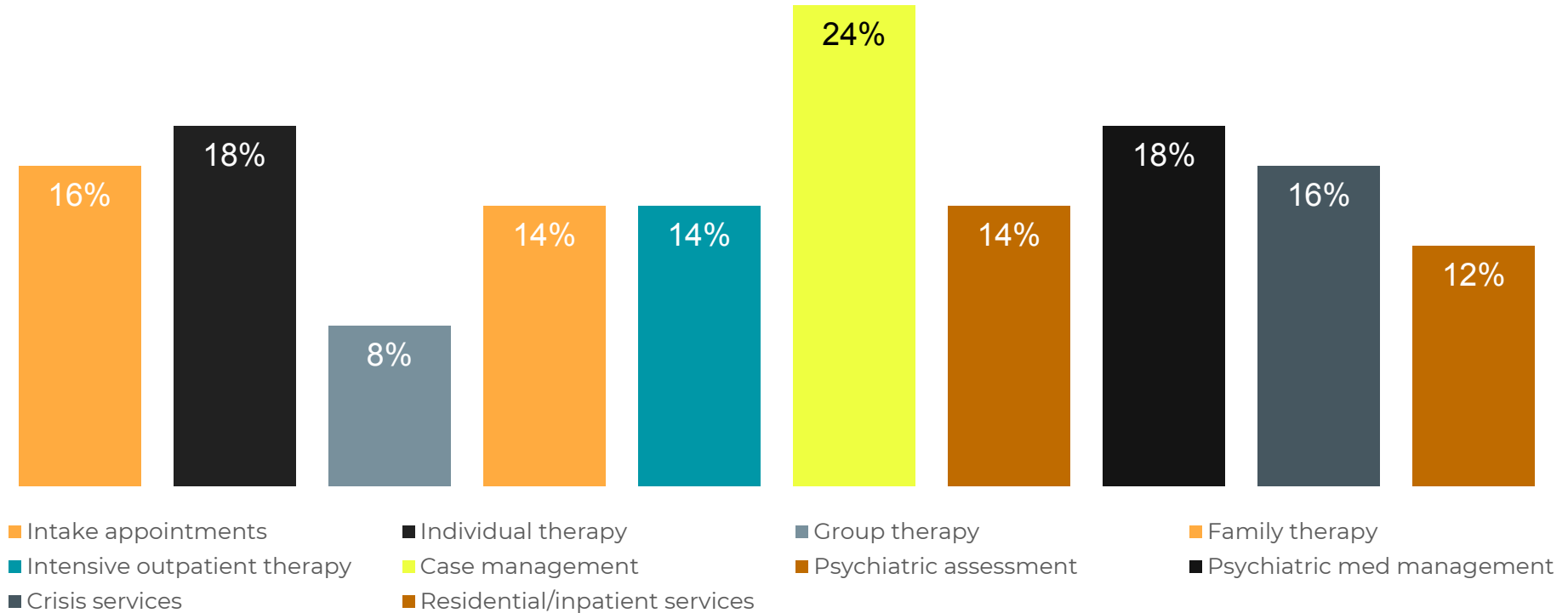


- 75% of consumers were Completely satisfied or Satisfied with the Services they received
- 14% were Very dissatisfied or Dissatisfied

# CONSUMER PERCEPTIONS OF SERVICE AVAILABILITY



# CONSUMERS – FREQUENCY OF SERVICE LIMITATIONS



## Barriers to Access

Transportation was a problem

Service needed not near me

Other

I was told I didn't qualify for service

No insurance to pay for services

Did not know where to get services

Couldn't get an appt/ wait too long

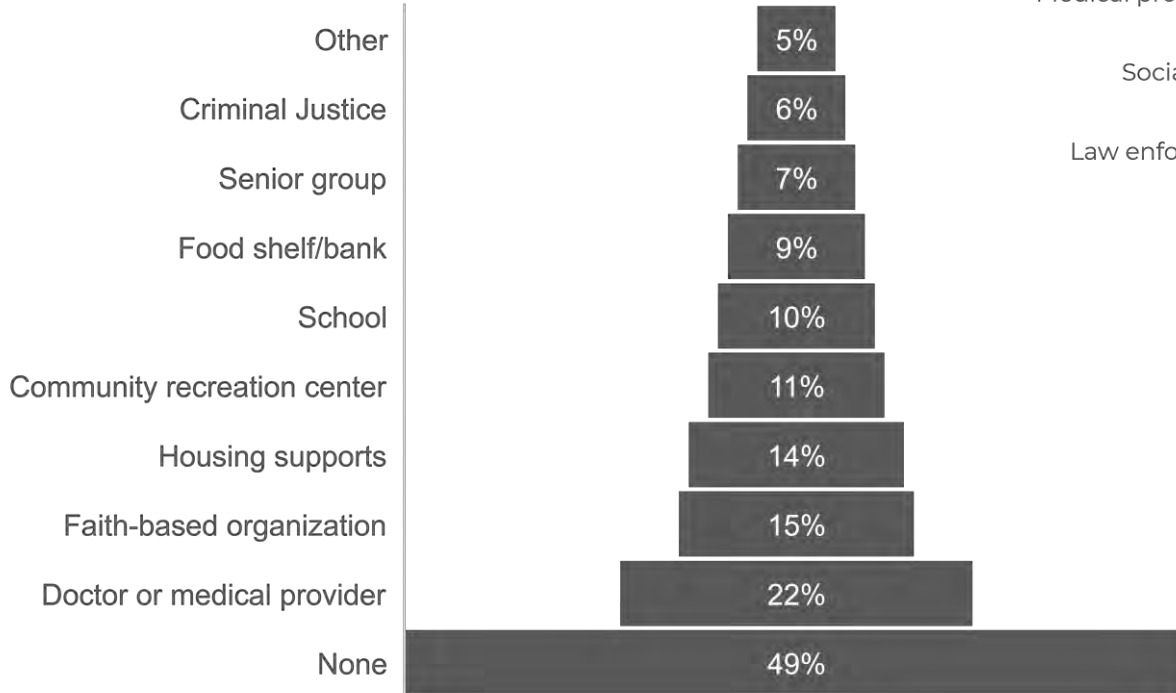
Insurance doesn't cover it

Too afraid or nervous

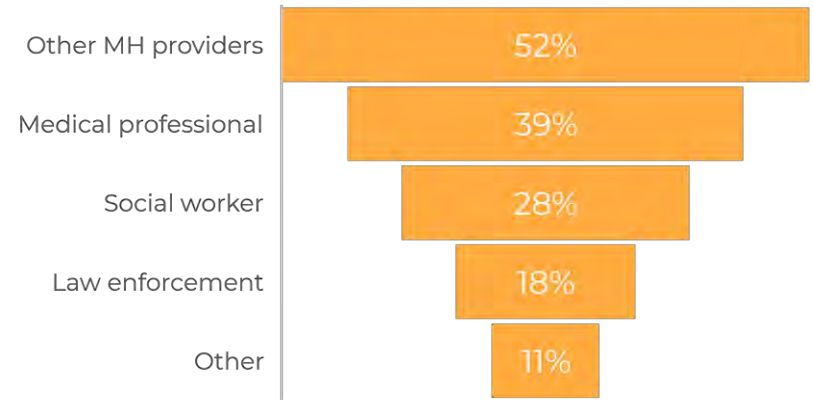
Copay/ deductible too high

# CONSUMERS - COLLABORATION

## Areas for Increased Collaboration



## Preferred Mental Health Crisis Response

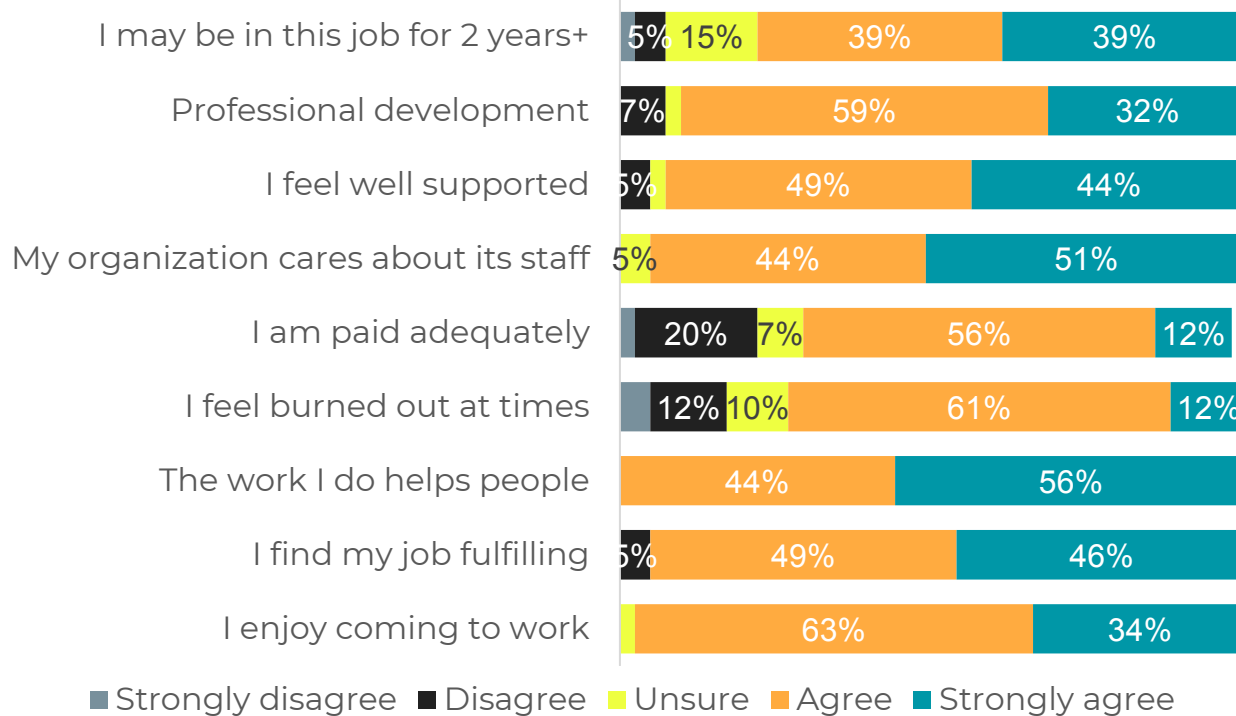


- Very little support for a law enforcement response to crisis calls
- Several community areas could be more involved in treatment collaboration

***“I think there are a lot of people who care deeply and want to make a change and want to build that kind of connectivity. I really do.”***

***-Community Partner***

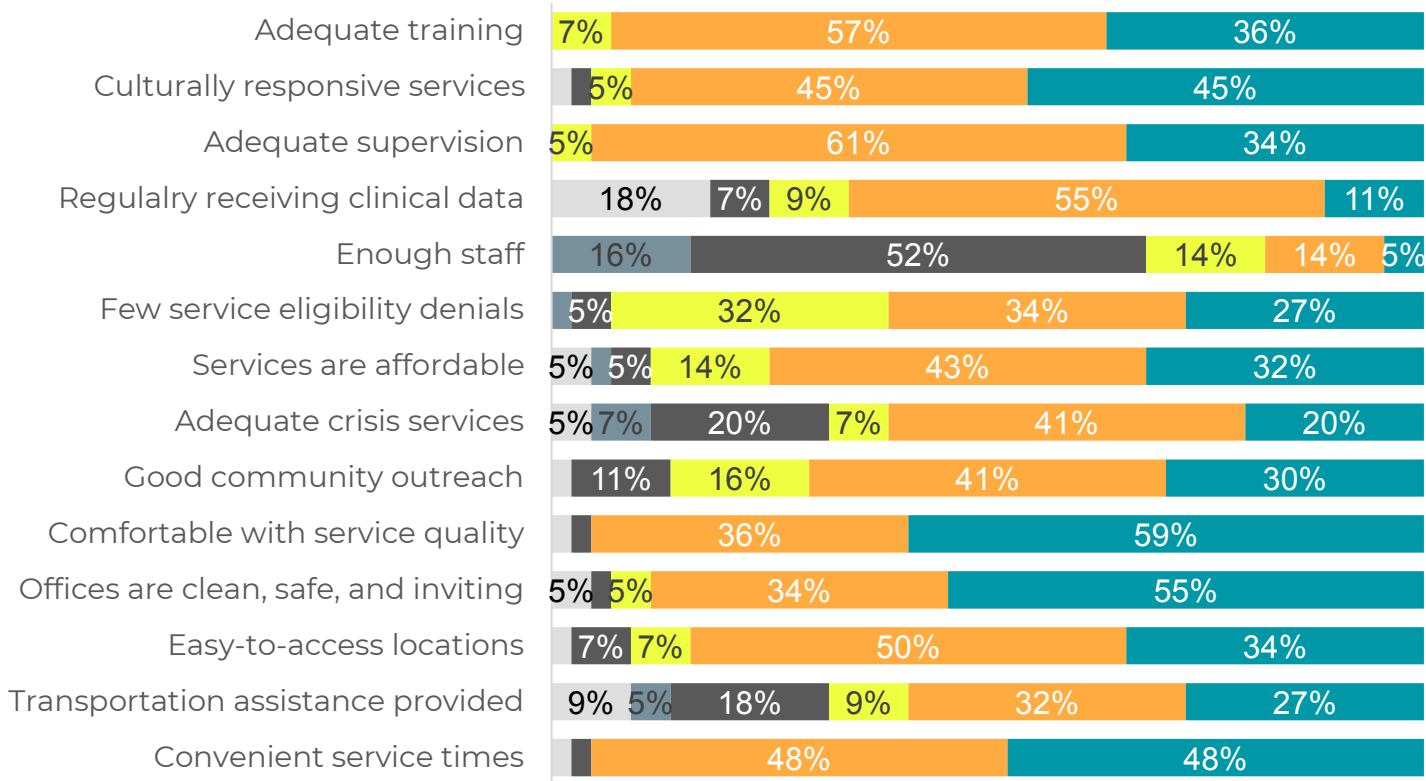
# PROVIDERS – JOB SATISFACTION



- The majority of respondents were licensed clinicians with 5+ years of experience
- Most had been in the same job, with the same agency, for a similar period of time
- 20% were in leadership positions
- Most worked with adults, adolescents, and children



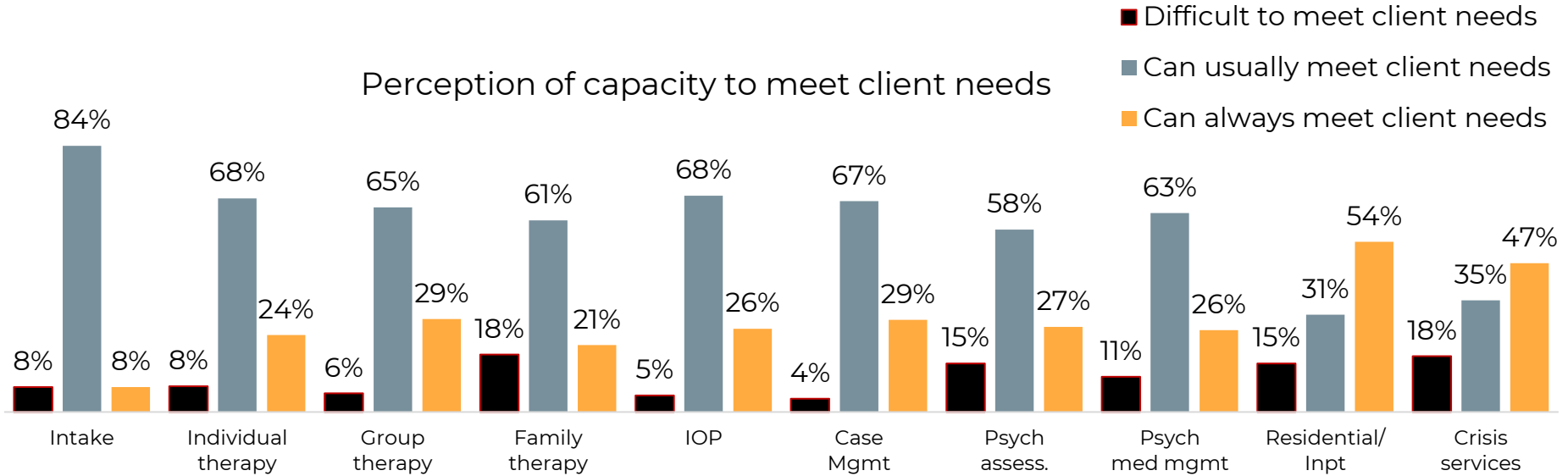
# PROVIDERS – PROFESSIONAL SATISFACTION



- High levels of satisfaction overall
- Strong concerns about staffing limitations
- Some concerns about eligibility-based denials, adequate crisis services, and transportation barriers

# PROVIDERS – SERVICE CAPACITY

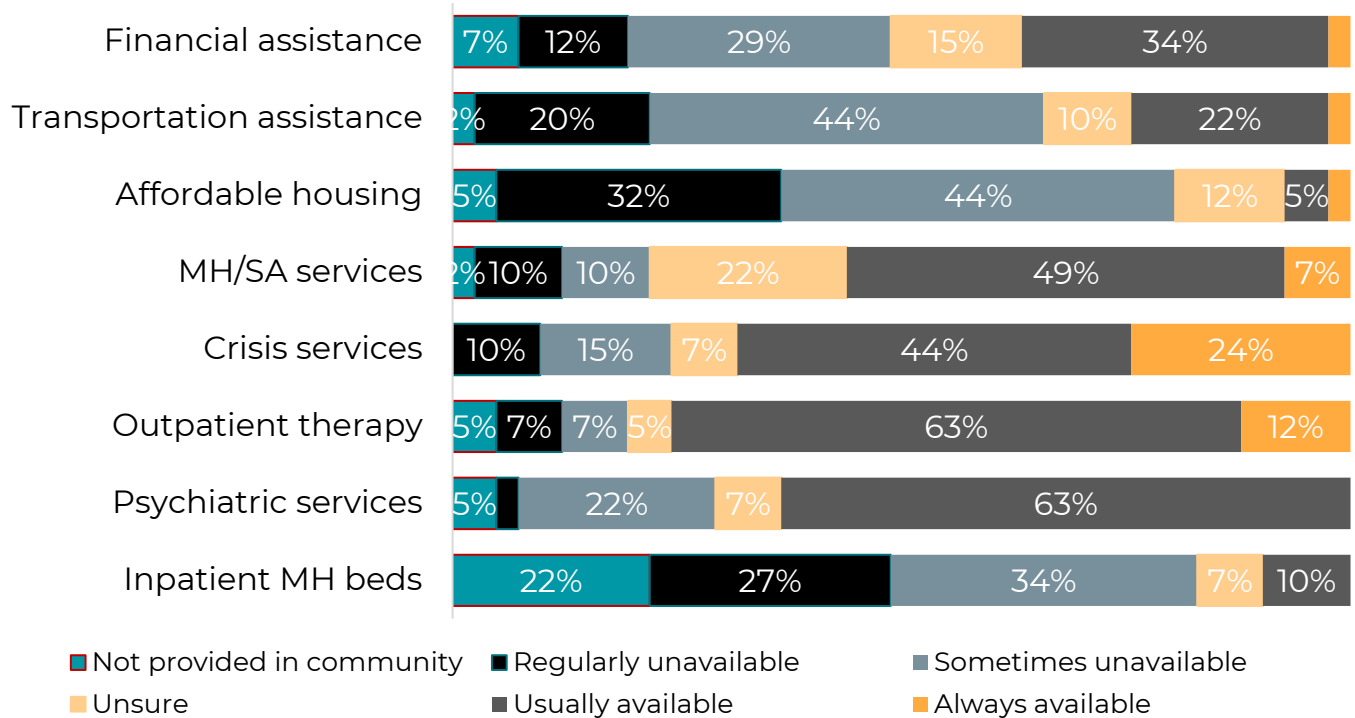
Perception of capacity to meet client needs



- Strong belief that all services are usually or always available
- Generally in line with consumer and partner survey responses
- Interview data suggests that crisis and residential services can be difficult to access

# PROVIDERS – SERVICE CAPACITY

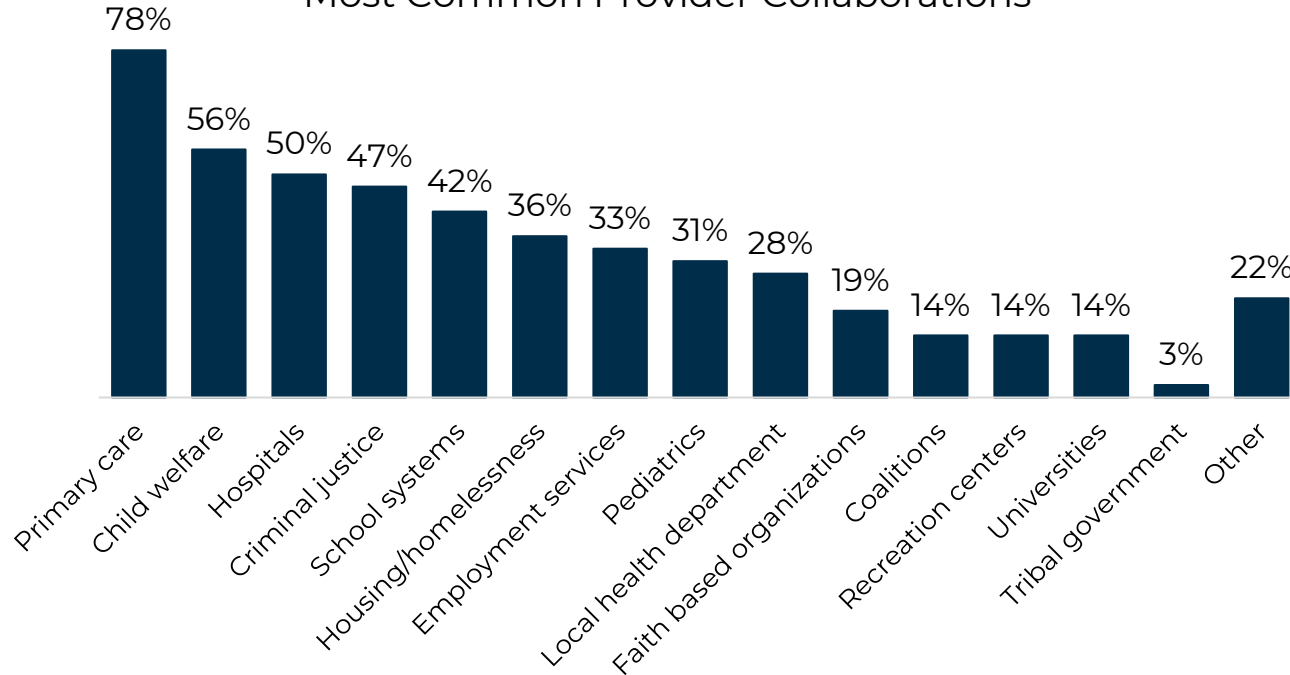
## Availability of services within the community



- Strong belief there is limited community support for service barrier reductions
- Notably around financial assistance, transportation, housing
- Strong concerns about limited inpatient beds, in contrast to previous slide

# PROVIDERS – COLLABORATION

Most Common Provider Collaborations



85% or more of providers feel their organization:

- Is committed to community health
- Regularly collaborates with other
- Is knowledgeable about community health needs
- Actively participates in community coalitions
- Encourages staff to collaborate externally

***“I love it.  
I wake up every morning like, I get to  
do this?”***

***-Provider***

# Key takeaways

## **AREAS FOR FURTHER ACTION**

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- Building community collaboration
- Reducing the transportation barrier
- Enhancing the mental health workforce
- Addressing mental health stigma
- Creating options for Law Enforcement response to mental health crisis
- Promoting culturally responsive care
- Developing new funding opportunities

<https://www.region5mentalhealth.com/home/greater-state-of-mind/>

Sign up to stay involved





# Cross-system Collaboration

*“...these organizations that have the same goal at heart, ... seemed to have an inability or a hesitation about sharing information and coming to the table, and saying, ‘As a group of people who are all trying to accomplish the same common good, how can we **work together to be more effective?**’”*

- Community Partner

## Why

- **Valued by all mental health system partners**
- Increase communication channels
- **Decrease duplication of efforts**
- **Widen reach and impact**
- Plan and launch community-wise initiatives
- **Advocate more effectively together to impact policies and laws.**

## How

- **Readiness**
- Clear **shared goals**
- **Leadership** that **encourages** ownership and accountability, builds trust, decreases turf issues, reduces obstacles, and empowers
- **Diversity** throughout is key (including consumers)
- New or enhanced initiatives
- **Evaluate and celebrate outcomes**

*“I really think it depends on who is listening and who's talking and just who's at the table?”*

- MH Leader

# Collaboration

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Where to go from here?

Engaging Your Community: A toolkit for Partnership, Collaboration, and Action

Principles of Community Engagement:

Community toolbox: A framework for collaboration among community partnerships, support organizations, and funders

*"...when I was about to have a mental health crisis, I called and I was like "hey, can I get in?" And they'd basically went "no, we can't see you for six months" and I ended up at a hospital."*  
- Consumer

# MH Worker Infrastructure

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## Why

- To be able to address needs as they come up
- **To reduce the need for crisis services**
- **To reduce workforce stress and burn out**
- To provide educational and employment opportunities in the community

## How

- **Peer Support Workers:** using lived experience to support others
- **Community Health Workers:** training community members to provide basic services
- **Increasing MH literacy** and help seeking in the community
- Increasing educational and certificate opportunities at all levels of MH

*“The amount of work that they have right now is just so crazy and I can just see it. Just in their behaviors at meetings and things of ‘how can I take on one more thing, and how could I take on one more client’, they just are overwhelmed”*

-Community Partner

# MH Worker Infrastructure

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Where to go from here?

[Mental Health First Aid](#)

[Johns Hopkins Roadmap to Peer Support](#)

[Peer Specialist Toolkit: Implementing Peer Support Services in VHA](#)

[Community Health Worker Toolkit](#)



*“...**transportation in our county is really difficult.** We don't have a taxi service. We have a city bus, but it's very, very limited, and only a couple of days a week[...]our clients are having to drive to Crow Wing County, or Itasca County, or some of the bigger counties around us, and they don't have a license or a working car, it's really hard to make that happen.”*  
– Community Provider

# Transportation

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## Why

- Travel time, cost, distance and no means of transportation are barriers to service, frequency and timing of treatment.
- Many stranded consumers because of age, disability, or income
- **Improves equity**

## How

- **Federal grants** are available
- Map areas with gaps
- **Improve access:** volunteer model, voucher model, coordinated services, ridesharing
- **Overcome barriers:** mobile clinics, telehealth, school/work-based health, increase home visiting programs and personnel
- **Improve infrastructure:** expand existing public transportation

*“transportation is always an issue for kids to get to appointments, for families to get to appointments. Even taking that step, “I need to do something. I don't know that I want to see a therapist, but I need to do something.” That's a tough part. You can have lots of therapists and right now, yes, they're all busy, but **how do we get people to the therapist, too.**”*

- Community Provider

# Transportation

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Where to go from here?

[Promising practices for increasing access to transportation in rural communities](#)

[Rural Public Transportation Systems: U.S. Department of Transportation](#)

[Integrated Mobility Innovation: Federal Transit Administration](#)

*"I think there's always going to be a need for crisis services, but I also feel like in our communities, there is still such a stigma to seeking out services early, and it's so hard to find those early intervention services. So we wait until it's a huge crisis and obviously, we all know that that's not good for anyone."*

- Community Partner

# Reducing Stigma and Shaming

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## Why

- To eliminate barriers to access
- **To provide a more inclusive service**
- **To prevent need for more serious services**
- To increase community mental health awareness

## How

- Educate
- Empower
- Include everyone
- Protect

*“Farmers are a whole different breed themselves too. They will die before they will talk about mental health challenges.”*

- Consumer

# Reducing Stigma and Shaming

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Where to go from here?

[Make It OK](#)

[Developing a Stigma Reduction Initiative](#)



*“I would really like to see [...] a better bridge between law enforcement and mental health practitioners [...] **Because you never go out to someone as a law enforcement officer on their best day** [...] And, usually when you deal with someone more times than not with a mental issue or an anger issue, or whatever you want to call it. There's some sort of emotion and substance involved. So, it's heated. It's already jacked.”*

– Consumer

# Law Enforcement Response

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## Why

- Consumers overwhelmingly prefer a MH professional response to a MH crisis
- There is **variability** in how well LEO's can respond to MH crisis
- **Improves safety to officers and consumers**
- MH informed responses **reduce detention, criminalization, use of force response; increase linking to services**

## How

- **The more prevention and early intervention options, the less crisis and frequent flyers handles by officers**
- Transform crisis response
- Implement policies and practices that support MH of officers

*“When we show up and the kiddo is suicidal or the kiddo is physically acting out and the parents don't know what to do, what I find happens ...I think the police get tired of the calls over and over again. And I know the system is not the best for that kind of support. So kiddos get placed and 3 days later they're discharged. They go back home. Home is the environment that they're struggling in. Services can't get in place fast enough because we have an 8-week wait, at least, and it kind of goes on and on and I'm watching people fall through the cracks and I'm at a loss for what to do and I don't know if law enforcement would be able to help anything like that.”*

- MH Leader

# Law Enforcement Response

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Where to go from here?

[Crisis Assistance Helping Out On The Streets](#)

[Responding to individuals in behavioral health crisis via co-responder models](#)

[Crisis Intervention Team \(CIT\) Programs: A best practice guide for transforming community responses to mental health crises](#)

[Police-Mental Health Collaboration Toolkit](#)

*“We don't have anything regarding the LGBTQ community specifically around this area. We don't have like a drop-in center for them or anything and there's a lot of hate and not a lot of openness.”*

- Consumer

# Culturally Responsive Care

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## Why

- Promotes inclusion
- Promotes respect
- Promotes trust
- Promotes cooperation
- Promotes innovation
- Promotes participation
- Promotes operational effectiveness
- Promotes holistic services and solutions
- **Reduce health disparities**

## How

- Consider: **ethnicity, gender, sexual orientation, social class, spiritual beliefs and practice, language and country of origin, physical and mental ability**
- **Educate leaders** about implicit bias
- **Actively hire for diversity**
- Put diversity at all levels of care, collaboration, and decision making
- **Listen, learn, adapt continuously**

*“...my students of color have no one that looks like them in mental health services.”*  
- Community Partner

# Culturally Responsive Care

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Where to go from here?

[Community toolbox: Building Culturally Competent Organizations](#)

[Think Culture Health, A Physician's Practical Guide to Culturally Competent Care](#)

*“a gap would be permitting mental health treatment and CD treatment in jails. And it's really a funding barrier right now. I mean, **if we can find a way to fund it, I think we could do that.**”*

- Community Partner

# Grant writing and funding opportunities

## Why

### To fund:

- new collaborations
- reducing stigma
- new transportation initiatives
- MH workforce development
- prevention and early intervention initiatives

...and more

## How

- **Consider funding sources**, including Robert Wood Foundation, HRSA, local universities, SAMHSA, NIMH, Foundations
- **Dedicate personnel** to researching new grants, applying, managing grant time-lines, and reporting

*“...they don't rely on too many grants anymore. I mean, they'll get grants for special projects, so they just have a grant for all of the housing[...] That was a grant that's just recently ended. And they were helping people who are having difficulty with housing there but that ended”*

- Community Partner

# Grant writing and funding opportunities

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Where to go from here?

[Applying for grants: Community toolbox](#)

[HRSA Funding for workforce development](#)

# Next steps

<https://www.region5mentalhealth.com/home/greater-state-of-mind/>

Sign up to stay involved

