

Position Statement

For 2024 Session

MACSSA has an organizational priority of “Strategic Position Development” with the goal of addressing challenges and leading innovation through thoughtful analysis that incorporates fiscal implications, systemic policy concerns, and legislative strategies in the development of policy and legislative positions.

Voluntary Engagement Services

Proposal

Issue:

In 2020, Services for Engagement in Treatment (253B.041) was added to the Commitment Statute. This service may have been provided by the county but this gave it a more formal process, eligibility, services to be offered and a dedicated timeline for offering these services. The purpose of engagement services is to avoid the need for commitment and to enable individuals to voluntarily engage in needed treatment.

An interested person may apply to the county where a proposed patient resides to request engagement services. To be eligible for engagement services, the proposed patient must be at least 18 years of age, have a mental illness, and either: be exhibiting symptoms of serious mental illness including hallucinations, mania, delusional thoughts, or be unable to obtain necessary food, clothing, shelter, medical care, or provide necessary hygiene due to the patient's mental illness; or have a history of failing to adhere to treatment for mental illness, in that: the person's mental illness has been a substantial factor in necessitating hospitalization, or incarceration in a state or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding filing the application for engagement; or the person is exhibiting symptoms or behavior that may lead to hospitalization, incarceration, or court-ordered treatment.

Upon receipt of a request for engagement services, the county's prepetition screening team shall conduct an investigation to determine whether the person is eligible. In making this determination, the screening team shall seek any relevant information from an interested person. If the screening team determines that the proposed patient is eligible, engagement services must begin and include, but are not limited to:

- (1) assertive attempts to engage the person in voluntary treatment for mental illness for at least 90 days. Engagement services must be person-centered and continue even if the patient is an inmate in a non-state-operated correctional facility;
- (2) efforts to engage the person's existing systems of support, including interested persons, unless the engagement provider determines that involvement is not helpful to the patient. This includes education on restricting means of harm, suicide prevention, and engagement; and
- (3) collaboration with the person to meet immediate needs including access to housing, food, income, disability verification, medications, and treatment for medical conditions.
- (4) Engagement services regarding potential treatment options must consider the person's preferences for services and supports. The county may offer engagement services through the designated agency or another agency under contract. Engagement services staff must have training in person-centered care. Engagement services staff may include but are not limited to mobile crisis teams under section [245.462](#), certified peer specialists under section [256B.0615](#), community-based treatment programs, and homeless outreach workers.
- (5) If the person voluntarily consents to receive mental health treatment, the engagement services staff must facilitate the referral to an appropriate mental health treatment provider including support obtaining health insurance if

the person is currently or may become uninsured. If the person initially consents to treatment, but fails to initiate or continue treatment, the engagement services team must continue outreach efforts to the person.

Engagement services for a person to seek treatment may be stopped if the person is in need of commitment and satisfies the commitment criteria under section [253B.09, subdivision 1](#). In such a case, the engagement services team must immediately notify the designated agency, initiate the prepetition screening process under section [253B.07](#), or seek an emergency hold if necessary to ensure the safety of the person or others.

Counties may, but are not required to, provide engagement services. Counties support voluntary services yet recognize the challenges that a county may have in offering this service based on resource/service capacity, workforce and funding.

Implementation:

Voluntary Engagement Services implementation should occur through enhanced funding and support of the regional Adult Mental Health Initiative structures which are already successfully functioning across the entire state. Expertise and funding are two essential components to add to this service area that would begin to strengthen the community's treatment capacity to fully meet this need. Capacity concerns must be addressed as this service is further developed into the continuum of care.

Systemic Priority/Paradigm Trend Alignment (highlight all that apply and explain why)

- **Equity:** Promote racial equity and eliminate racial disparities in the human services system for all people across the state. *(systemic priority) Adults living in poverty have less access to mental health services and their families lack supportive resources to care for them.*
- **Workforce:** Advocate for strategies to sustain and equip the workforce, and simplify work given the forecasted labor shortages. *(systemic priority/paradigm trend)*
- **Technology:** Collaboratively seek state investment in systems transformation and modernization which must include appropriate county collaboration, oversight, and guidance. *(systemic priority/paradigm trend)*
- **Governance/Partnerships:** Co-create state/county governance that results in clear accountability, appropriate allocation of resources, stabilized service delivery, and improved outcomes for people served. *(systemic priority/paradigm trend) The Statute indicates that the commissioner could offer pilot projects to evaluate the impact of engagement services in decreasing commitments and increasing engagement in treatment. Through an appropriate allocation or grant funds counties could offer these services.*
- **Resident Service:** Adapt to individual needs to support real choices *(paradigm trend) Engagement Services in one county/region may have different individual needs to support real choices for individuals than another area. Allowing counties/regions some flexibility in how to support these services in their region would be good.*

Operational Priority (Committee) Alignment (highlight all that apply and explain why)

Adult Services Behavioral Health	Children's Services Equity	Healthcare Modernization	Policy Self-Sufficiency
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Why:

Rationale/Background:

Counties agree that voluntary services lead to better services and outcomes for people living with mental illness. To offer this service in a consistent and equitable way counties will need support addressing the resources/service availability, workforce capacity and funding in their respective counties/region.

High-level, one paragraph description of the issue and its importance:

The purpose of Engagement Services is to avoid commitment and to enable individuals to voluntarily engage in needed treatment. This will take local planning and enhanced funding to implement this service consistently across Minnesota.



Submitted by: Tami Lueck

Approved on: