

***S.F. 1337/ Author Senator Andrew Lang***  
***Journey To Independence - A Demonstration Project in Rural Minnesota for Youth ages 15-25***  
***with Mental Health Needs to Transition to Independence***

**What is the issue?**

- One out of five youth has a mental health disorder. One out of four adults does. That is 20-25% of the population that is struggling with mental health needs.
- Adolescence is the time when symptoms of major mental health concerns emerge—particularly ages 15-25. First episode psychosis, major anxiety problems, chemical health issues, depression and suicide.

**What is the need?**

- Untreated youth have high rates of suicide, medical problems, homelessness, unemployment, incarceration, truancy, difficulty concentrating in school or focusing attention on tasks at home, at part-time work or during extracurricular activities, and poor peer and parental relations.
- 70% of youth in the juvenile justice system have at least one mental health condition.
- Individuals living with serious mental health conditions face an increased risk of having chronic medical conditions.
- Over 1/3 of students with a mental health condition age 14-21 served by special education drop out of school. The highest drop-out rate of any disability group. (statistics retrieved from: [www.nami.org/Learn-More/Mental-Health-By-the-Numbers](http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers))

**Why a Rural Demonstration Project?**

*Minnesota has an urban care delivery system trying to operate in rural Minnesota.*

*We face certain challenges unique to urban areas:*

- Shortage of providers in rural MN. Creates extremely long waits for providers. While waiting weeks or months, symptoms become heightened, more urgent and critical.
- Existing clinics can be hours from a person in need. Transportation, work schedules, and school schedules impact access to service. People often drop out of services/help due to unmanageability.
- Inadequacies in health coverage to rural residents. Can't afford the services.
- Seeking care for mental health often carries a greater stigma in rural areas. Perceived labeling/ "weakness", lack of confidentiality or anonymity.

This bill looks at supporting a project that can demonstrate the power of intervening early to avoid more serious costs to society. We hope to demonstrate that a coaching approach is both powerful and cost-effective.

Often when waiting to receive care or unable to access care, emergency medical services, law enforcement, and the criminal justice system are the ones left to manage an emergency. They may need to hold individuals at facilities or hospitals and then often need to transfer across the state to find an open bed.

## Two examples of youth who could benefit

Jack is really struggling at school. He is listless or preoccupied, truant or sleeping through classes, bullied by his peers and aggressive in return. His hygiene isn't the best and he often talks to himself. He has been in trouble with the police for petty crimes, but is in with a group of boys who is daring him to take his parents handgun and hold up the local convenience store. A social worker at school refers him for help and he finally agrees to ask his parents if he can participate in a pilot project to work with youth like him.

The first step, no matter what severity or type of mental illness, is to seek support from a mental health professional. Whether that is in the capacity of licensed counselor, psychologist or medical mental health professional, taking this initiative is key. Once the mental health plan is in place, this project would work to assist Jack to identify his future goals and how he can make them within reach in addition to becoming psychologically healthy. Simple things like learning basic finance and taking regular showers to harder issues like how to say "no" when someone approaches him about buying some pot. How to put his educational plan into motion, decision-making and safe sex are some of the skills he would likely be working on.

Jessie has been using drugs and alcohol to self-medicate since she tried to kill herself last month. She is in such a dark place that she can hardly leave her house when all of a sudden her single mom hears she is pregnant and kicks her out of the house. Jessie is 16, pregnant and homeless, but also hopeless and sees no point in going on. She has been in the local crisis program before and refuses to go back. She hears about this program and refers herself.

*From the years 2002-2007, PACT for Families was one of five sites across the U.S. involved in a federally-funded SAMHSA project to test out models to support youth in transition. The model implemented was the TIP (Transition to Independence Planning) system, intended to help guide and support young adults with emotional/behavioral difficulties through an individualized, developmentally-appropriate process. Outcomes of this program were tremendously successful, but the development of comparable supports has never been realized. See related videos about this project at: <http://www.pactforfamilies.org/Page/Pride4.aspx>*

## What are the yearly costs per person?

- Residential Treatment \$131,035
- Group Home \$69,350
- Juvenile Correctional Facility \$58,400
- Juvenile Court per case \$4,500
- Average Emergency Room visit \$1,500 plus individual facility charges and follow up.
- **THIS DEMONSTRATION PROJECT** Projected at **\$13,750 PER YEAR**

Funding for this project would be broken down into the following areas:

- ✓ Six mental health transition coaches/Coordinator
- ✓ Clinical supervision
- ✓ Training
- ✓ Mileage and supplies
- ✓ Funds to work with an Evaluation organization to measure not only outcomes, but Social Return on Investment for this project.