Behavioral health: Tackling challenges, building on strengths

Minnesota’s behavioral health system provides a range of services to help people recover from mental illnesses and substance use disorders. However, significant gaps remain for those most in need. The opioid epidemic continues to rip through families and communities. Minnesota also needs to address overall sustainability and gaps in the current system.

The state has made several changes to the behavioral health system in recent years. In 2015, Minnesota made a significant investment to build the continuum of care for mental health services. In 2016, the Governor’s Task Force on Mental Health was established to develop comprehensive recommendations for improving the mental health system. In 2017, major reforms began to speed access to services for substance use disorder.

The state must now address these critical structural problems:

• State funding for certain children’s residential treatment facilities that no longer qualify for federal funding ends in April 2019.
• Inconsistent payment structures for substance use disorder, mental health and physical health care.
• Complex, overlapping regulations for mental health services.

Minnesota can also build on successes:

• Maintain and expand Certified Community Behavioral Health Clinics.
• Extend the Transition to Community initiative to more people leaving the highest levels of care.
• Reach more children by building on school-linked mental health grants and expanding capacity to serve children who need intensive mental health care.
• Improve and expand opioid services to reduce the burden of the epidemic, expanding access to culturally specific care for tribal communities disproportionately affected by the opioid crisis.

Proposals:

Governor Tim Walz proposes measures to make behavioral health care more accessible and affordable, strengthen the safety net and protect services:

• **Addressing the opioid epidemic through prevention and treatment.** An advisory council will provide strategic oversight of funds from the new Opiate Stewardship Fee. Screening, Brief Intervention, and Referral to Treatment (SBIRT) focuses on health care settings to deliver early intervention and treatment for substance use disorder. Grants to tribal nations and five urban American Indian communities will improve access, coordination and referrals for culturally specific, traditional healing practices.

• **Accessing more federal funding for substance use disorder services.** The state will seek more Medicaid reimbursement for substance use disorder treatment, and increase rates for treatment providers in Minnesota’s Medicaid demonstration project for substance use disorder reform.
• **Improving behavioral health care through Certified Community Behavioral Health Clinics.** Certified Community Behavioral Health Clinics will transition from a demonstration project to an ongoing service model, with five new providers becoming CCBHCs over the next four years.

• **Critical and sustainable funding solutions for children’s mental health.** State funding will offset lost federal funding for children’s mental health providers. The state will raise a cap of 150 Psychiatric Residential Treatment Facility beds to 300 and allow more sites across the state.

• **School-linked mental health services for Minnesota students.** Expanding school-linked mental health grants will reach about 7,000 more K-12 students, with more focus on measuring and improving quality.

• **Building an integrated behavioral health care continuum.** Changes include aligning billing and payment for substance use disorder and mental health treatment; eliminating the county share for substance use disorder services in Medical Assistance; and providing up to three months of the Housing Support Program for those leaving residential mental health or substance use disorder treatment.

• **Expand the Transition to Community initiative.** Eligibility for this initiative expands to people at state-operated Community Behavioral Health Hospitals and people who are hospitalized, civilly committed or on waiting lists for Anoka-Metro Regional Treatment Center or Community Behavioral Health Hospitals.

• **Supporting the Community Competency Restoration Task Force.** A new task force will clarify the roles of courts, jails, counties and state-operated services in competency restoration. This proposal will provide staff to support the task force.

• **Uniform Service Standards: Clarifying and simplifying regulatory requirements for mental health programs.** The state will align standards for services, eliminate unnecessary requirements and repeal outdated administrative rules for outpatient mental health services.

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**Related information:**

• Revised Governor’s Budget Recommendations for FY 2020-21, Pages 69 to 104: