



Minnesota Department of **Human Services**

Fast Facts:
2015 Legislative Session

Strengthening Minnesota's mental health system

In 2014, Minnesota Department of Human Services (DHS) staff traveled the state to hear from individuals impacted by mental illness, their families, mental health providers, counties and community members about Minnesota's mental health system. What they found was a mental health infrastructure with many bright spots but with too many gaps and unable to serve all those in need of care. These gaps were even more pronounced in Greater Minnesota.

In response to this situation the governor and Legislature made an historic investment in Minnesota's mental health system in the 2015 legislative session. This included additional resources for community-based services to care for people with the most intensive needs, additional beds for those needing a hospital-level of care, and more safe and affordable housing with supports for people with mental illness. In particular great strides were made in children's mental health, with critical investments in services to reach kids earlier and in the places where they can access help easiest, like schools.

2015 legislation:

Mental health crisis services: These services get needed care to people experiencing mental health issues early, helping to prevent their condition from worsening and keeping them out of the hospital. These investments will enhance and expand mental health crisis services for both children and adults. Initiatives include a single statewide telephone number for mental health crisis services, expanded mobile crisis services, improved consistency and quality of mobile crisis services, as well as expanded availability of telephone consultation to mobile crisis teams. Included is start-up funding to expand crisis residential services capacity for adults and for DHS to develop recommendations for children's mental health crisis residential services models that don't require county authorization or a child welfare placement. In addition, health crisis services will be defined as "emergency service" for the purposes of private insurance coverage.

FY16/17: \$8.6 million

Behavioral health homes model designed to support adults and children with serious mental illness: People with serious, persistent mental illness die on average 25 years earlier than the general population. The reasons for this premature death can mostly be traced to physical causes such as heart disease and cancer. To help these individuals live longer, healthier lives, DHS designed a behavioral health home model. This model will make sure adults and children with serious mental illness have access to coordinated delivery of primary care and behavioral health services. These services will be available starting in July 2016. **FY16/17: \$5.4 million**

Rate stabilization: Over the years the payment structure for mental health services has become fragmented and underfunded. As a result, Minnesota has a fragile and unsustainable provider network, leaving people unable to access needed services. In the short term, DHS will create grant funding to stabilize Minnesota's intensive mental health services infrastructure for Intensive Residential Treatment Services (IRTS), Residential Crisis Services (RCS) and Assertive Community Treatment (ACT), while also providing an immediate rate increase for Mobile Crisis services to retain existing services and promote expansion. **FY16/17: \$5.5 million**

Housing with supports for adults with serious mental illness: Increased funding will help an additional 840 individuals experiencing serious mental illness with stable housing and connect them with health care and other services. With safe, stable housing and connection to support services these individuals will have a stronger recovery and better opportunity to live more fully integrated in their communities. **FY16/17: \$4.7 million**

Assertive Community Treatment (ACT): Increased funding will allow Minnesota to expand ACT services around the state and to improve the quality of ACT services. ACT is often called a "hospital without walls" because it provides an intensive level of service wherever a person resides. Services are offered by a team of professionals with 24-hour availability for crises. The team and the client meet daily, and together they focus on solving practical problems of daily living while also making progress toward personally defined goals. **FY16/17: \$1.3 million**

Psychiatric Residential Treatment Facilities (PRTF): This new service will support children with very serious mental illnesses. Minnesota has been lacking intensive services for children with the most serious mental illnesses, especially those with aggressive or self-injurious behaviors. As a result, there are currently between 300 to 400 children each year whose needs cannot be met by the current system of care. This new service will offer 150 new beds by July 2018 and an array of services to meet the multiple and changing needs of children and youth and their families, such as individual therapy, family therapy and medication management. **FY16/17: \$6.6 million**

Two percent increase for chemical dependency providers: Chemical dependency providers will receive a 2 percent payment rate increase for services provided to Medical Assistance enrollees on or after July 1, 2015. The higher rate will increase the financial stability of Minnesota's chemical dependency treatment system and allow providers to expand access to needed care. **FY16/17: \$3.6 million**

Services and supports for first episode psychosis: DHS will provide grants to pilot evidenced-based early interventions programs for youth and young adults (ages 16 to 26) experiencing early onset psychosis. This investment will also provide resources to conduct a public awareness campaign on the signs and symptoms of early onset psychosis. This funding will allow Minnesota to strengthen the state's capacity to serve youth (ages 16 to 26) with early signs of psychosis and help to bridge gaps between children's and adult mental health services. **FY16/17: \$260,000**

Adverse Childhood Experiences (ACE): ACE describes a set of traumatic experience in a person's life occurring before age 18. Research has shown that higher ACE scores increase the risk for health problems such as alcohol and substance abuse, depression, anxiety and smoking. Fifty-five percent of Minnesotans report experiencing one or more ACE. Beginning in the summer of 2017, DHS will provide training on ACE to 5,000 community partners, parents and providers, as well as support local efforts to provide earlier intervention. **FY16/17: No fiscal impact**

Respite care services: Respite care provides temporary care for children with serious mental health needs who live at home, giving families and caregivers a break while offering a safe environment for their children. These services help keep families together and strong. Respite care for the child may be provided in a family's home, foster home or licensed facility in the community, and may be used on an emergency or crisis basis. Increased funding will allow between 500 and 1000 more children and their families to access mental health respite care. **FY16/17: \$847,000**

School-based diversion for students with co-occurring disorders: Minnesota will pilot a new model for supporting students with co-occurring mental health and substance abuse disorders and ensure they are connected to the services they need. This new model is designed to assist schools and their partners to become more selective about making referrals to the juvenile justice system and develop school- and community-based alternatives for addressing student behavior. The model provides a blueprint for shared decision-making, new partnerships, and alternatives that keep students in school and out of the juvenile justice system. **FY16/17: \$65,000**

Increasing mental health bed capacity at Anoka-Metro Regional Treatment Center (AMRTC): Additional funding will allow AMRTC to increase bed capacity from 95 to 110 and help more people access mental health care when they need it. **FY16/17: \$6.4 million**

DHS Communications: June 2015