Behavioral health: A continuum of care for all Minnesotans

Minnesota made significant investments in chemical and mental health systems in the 2017 session, including an extensive redesign of the substance use disorder treatment system, essential support for children’s mental health treatment and resources for important county mental health services.

Our state has effective services for people with mental illnesses and substance use disorder, but these services are distributed unevenly. Long wait times for assessments and services for substance use disorder create barriers to timely care, while reimbursements have not been available for some treatment options that would expand choices and save money. Minnesota is at risk of losing federal matching funds for more than 700 children’s residential mental health treatment beds as we address upcoming federal changes.

Our focus is on ensuring that people have timely access to services for mental illness and substance use disorder, while supporting their choices so they remain in control of their care. We are working to build a statewide continuum of care and help people stay in their own homes whenever possible.

2017 legislation

Redesign of the substance use disorder treatment system. Changes to make the system more responsive and individualized include allowing individuals to go directly to providers to receive an assessment for substance use disorder treatment. The state will reimburse licensed providers directly for certain services outside of site-based treatment programs. Three new services — care coordination, peer recovery support and withdrawal management — will join the continuum of care. Long-term planning will help ensure a sustainable and effective system of care for people with the most intensive needs. The Legislature also approved a rate increase for substance use disorder treatment providers. SFY 2018-19: $569,000 net savings; SFY 2020-21: $6.3 million cost for substance abuse reform. SFY 2018-19: $2.4 million; SFY 2020-21: $3.0 million cost for rate increases.

Redesign of intensive mental health services for children. Short-term state funding will replace lost federal revenue so children continue to have access to residential mental health treatment programs that we expect to become ineligible for federal funding. We will develop a long-term strategy to ensure eligibility for federal reimbursement and create a more sustainable and community-driven continuum of care for children with serious mental health needs. SFY 2018-19: $4.8 million

County reinvestment in mental health. Revenue collected from counties for care at state hospitals will go back to counties for mental health innovation grants. The grants can support the development of new mental health services, supportive housing options for people with serious mental illnesses, local competency restoration programming and local discharge planning capacity. Developing community mental health services statewide will help people transition to the services that match their needs, while avoiding unnecessary higher-level care that usually costs more. SFY 2018-19: $2.2 million; SFY 2020-21: $2.2 million