Mental Health Legislative Network (MHLN) Priorities and Legislative Agenda

Presented to the Minnesota House of Representatives

Human Services Policy Committee

MENTAL HEALTH LEGISLATIVE NETWORK

About the Mental Health Legislative Network

- The Mental Health Legislative Network (MHLN) is a broad coalition that advocates for a statewide mental health system that is of high quality, accessible and has stable funding.
- The organizations in the MHLN all work together to create visibility on mental health issues, act as a clearinghouse on public policy issues and to pool our knowledge, resources, and strengths to create change.
- The Mental Heath Legislative Network is co-chaired by NAMI Minnesota and Mental Health Minnesota.

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Background/ Setting the Stage

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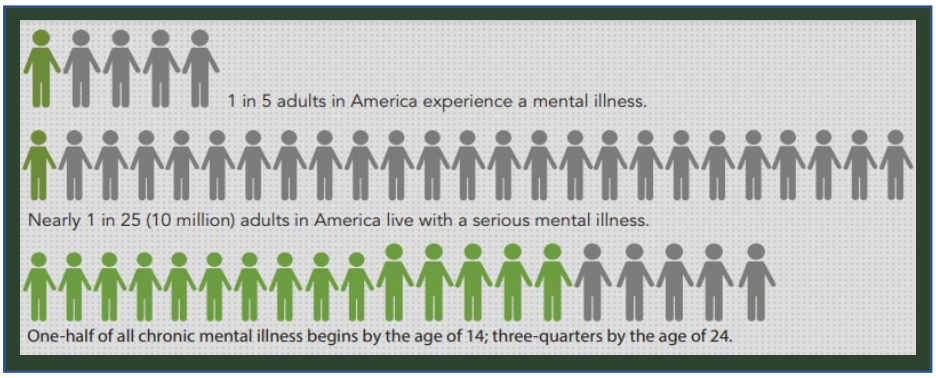
About Mental Illnesses



Minnesota's population is 5.7 million people. That means that more than 1.1 million people in our state will experience a mental illness, and more than 225,000 live with a serious mental illness.

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Mental Illness is Treatable, and People Can Recover with Effective Treatment and Supports

- Mental illnesses are treatable. Most people diagnosed with a serious mental illness can get better with effective treatment and supports.
- Medication alone is not enough. Therapy, peer support, nutrition, exercise, stable housing, and meaningful activities (school, work, volunteering) all help people recover.
- Some people need access to basic mental health treatment. Others need mental health support services such as case management (and/or care coordination) to assist in locating and maintaining mental health treatment and services. Still others need more intensive, flexible services to help them live in the community.
- Although there are effective treatments and rehabilitation, the current mental health system fails to respond timely to the needs of too many children, adults, and their families. Timely access to the full array of necessary mental health benefits and services, whether treatment or rehabilitation, is often limited due to lack of insurance coverage, low payment rates, workforce shortages or geographical or cultural disparities.

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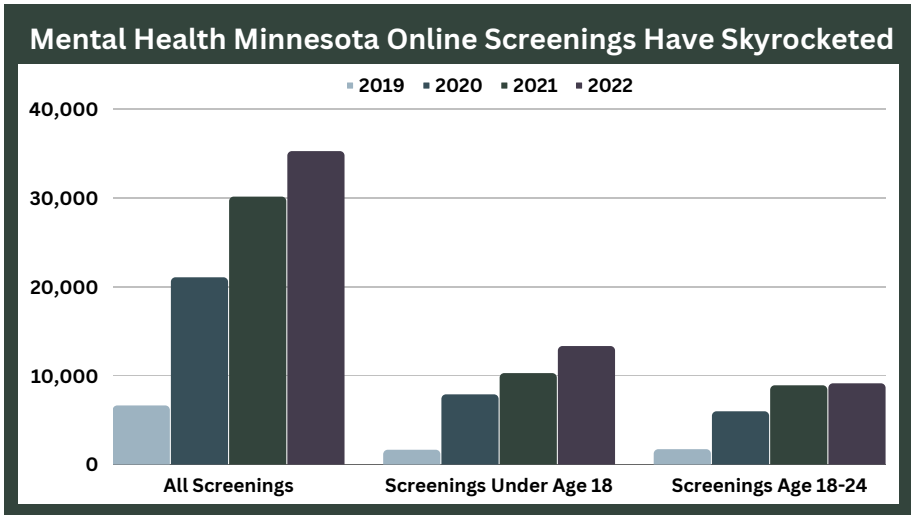
Impact of the Pandemic on Mental Health



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Minnesota Student Survey

- 29% of students reported long-term mental health problems (6% increase)
- 11th graders having seriously considered suicide at some point in their life jumped to 28% in 2022 from 24%
- LGBTQ+ students were 3x more likely than heterosexual students to report seriously considering suicide and 4x more likely to attempt suicide than heterosexual students.

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The Mental Health System

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Overview of the Mental Health System

- The mental health system is not broken. It was never built. The old state hospitals were not a system and there were very good reasons that they were closed. Most of the beds closed by 1980.
- Since then we have identified what works and advocated for funding to build our mental health system.
- Barriers to fully building our mental health system exist and we hope to address them this session, including:
  - Not viewed as health care
  - Over reliance on grants – always cut during tough budget years
  - Discrimination under:
    - Private Insurance – MH and SUD Parity still a dream
    - Medicaid – IMD exclusion
    - Medicare - Life time limit, not paying for LMFTs & LPCCs

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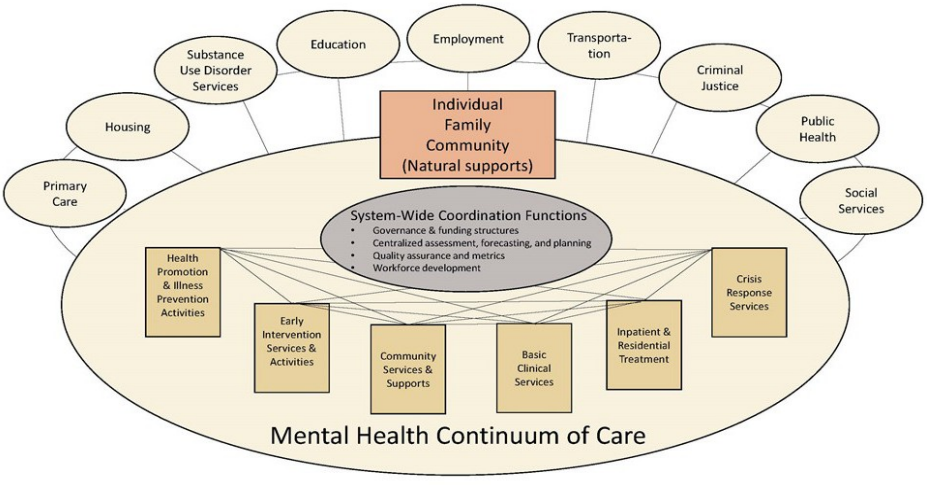
Overview of the Mental Health System



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Mental Health Continuum of Services

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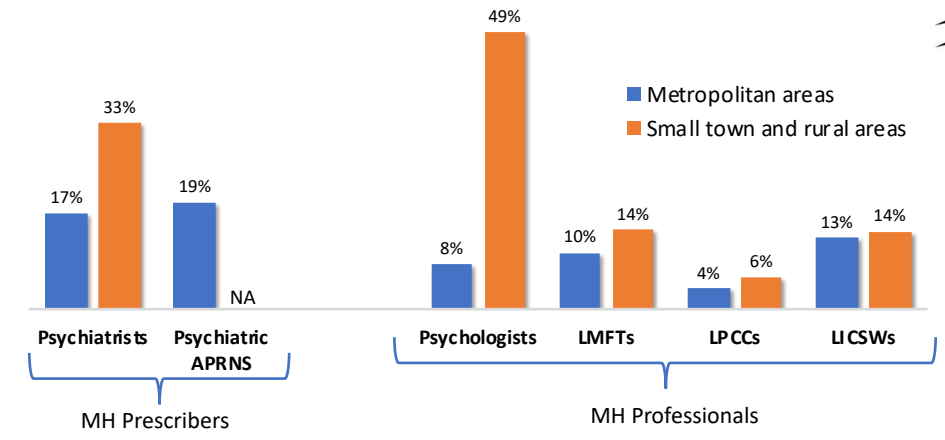
Share of providers who say they plan to leave their profession within five years in metro versus small town/rural areas



Data source: MDH Healthcare Workforce Survey for each profession.

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What happens to mental health program graduates after they finish their degrees?

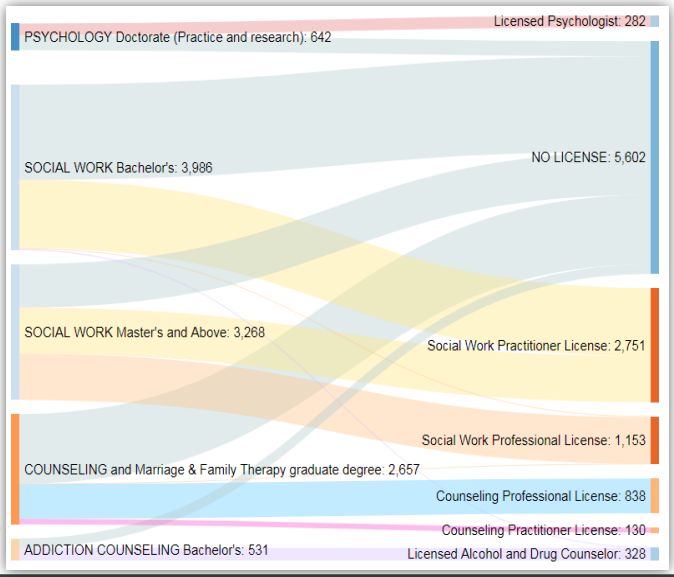
Minnesota graduates from **2007-2014** from the following programs:

- **psychology,**
- **social work,**
- **family and individual counseling,**
- **and substance abuse counseling**

By 2017, just 49.1 percent of these graduates had obtained a mental health professional or practitioner license.

Source: "Filling the Mental Health Pipeline" Minnesota Economic Trends, 2017.

MN MH program graduates, 2007-2014 **License types**



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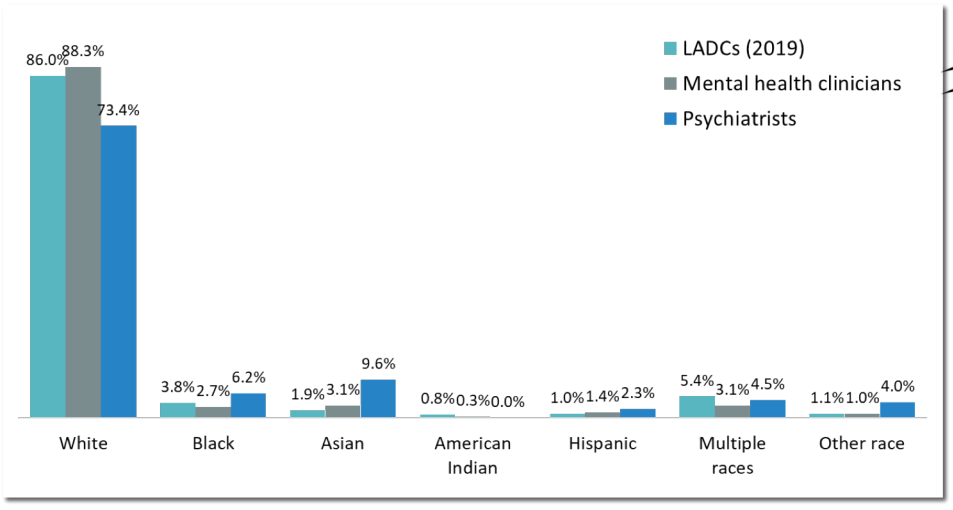

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Accessing Care Through Known Doors

- Integrating into current health care system
  - ED is a normal door to go through with health care – can create psych ERs
  - Urgent care is a normal door to go through with nonemergency health care – but they don't do mental health
  - Question stand-alone psychiatric hospitals, why doesn't every hospital have a psych unit?
- Integrating into current 911 crisis system
  - We have a MH crisis system, and we need to build on it
  - 911 referrals to MH crisis teams
  - Define and don't confuse crisis teams, co-responder models, etc. especially with 988 implementation
  - Don't make people go through criminal justice system to access care – central receiving centers

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Providing Care Where People Are

- School-linked mental health
- Shelter-linked mental health
- Primary care settings
- Early childhood mental health consultations
- In people's homes – ACT, ARMHS, CTSS

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Pandemic Has Created a System Crisis

- Increased needs, especially among children and youth
- Providers struggling financially due to having to close programs or beds so less revenue
- Workforce shortage everywhere – hospitals, residential, community, in-home
- People from diverse communities faced greater trauma during this time and have less access to culturally informed care or from mental health professionals that look like them

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Disparities and the Lack of Culturally Diverse Providers

- Social determinants of health have a huge impact on the mental health of children and adults. This includes economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.
- The state of Minnesota has the second biggest income inequality gap between Black and white people in the entire nation. Compared to white Minnesotans, Asian people earn 94 cents on the dollar, Black people earn 71 cents, Latino people earn 70 cents and Indigenous people earn 68 cents (Minnesota House of Representatives, 2020).
- We know that BIPOC youth, particularly indigenous students, are more likely to be expelled or suspended. They also graduate at lower rates. People from BIPOC communities experience trauma, both historical, and due to racism.
- It can be hard to find a culturally responsive mental health professional or to obtain an interpreter. Over 80% of mental health professionals in Minnesota are white.

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Issues to Highlight Today

Today, we're focusing on issues that could be addressed in this committee, including:

- System and Access Issues
- Building the Continuum of Care
- Meeting the Needs of Children and Youth
- Crisis Response and 988

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System and Access Issues

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System and Access Issues: Background

- Minnesotans seeking mental health care face narrow networks, particularly in rural communities.
- Access to mental health care by people from BIPOC communities can be difficult.
- Minnesota has longstanding significant deficits in the mental health workforce. Not only do we need a larger mental health workforce, but we also need one that reflects and can be responsive to the needs of our diverse communities.
- Survivors of people who die by suicide are unable to get their life insurance benefits if the policy was started within two years of dying.
- Reimbursement rates for mental health services under Medical Assistance have been problematic for many years.
- Complicated and contradictory standards make it difficult for providers of community mental health services.

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System and Access Issues: Equity

- Fund the Cultural and Ethnic Minority Infrastructure Grant program and put it in statute
- Fund culturally specific provider consultation
- Fund cultural healers from different communities
- Create fund to provide interpreters in child or adult residential settings
- Create a program to train community health care workers in mental health

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System and Access Issues: Workforce Pipeline and Diversity

- Establish mental health and SUD education center to increase the number of professionals, practitioners and peers working in the field, increase the diversity and target training to have a workforce that is more culturally informed and responsive
- Increase funding for mental health professional loan forgiveness program
- Create special program to train pediatricians in mental health
- Increase funding for the mental health provider supervision grant program
- Include training hours outside of hospital-based settings in medical education
- Establish the mental health professional scholarship grant program
- Create and fund a Youth Care Professional training program for people working in direct care with youth in residential settings
- Create a governing board of peers
- Increase funds for culturally diverse mental health professionals to become supervisors

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System and Access Issues: Community-Based and Residential Mental Health Services Workforce and Capacity

- Allow Intensive Mental Health Services reimbursement rates to be adjusted for critically needed investments in staff compensation
- Establish a single statewide reimbursement rate for behavioral health home services
- Allow MN Care enrollees to have access to IRTS and Residential Crisis Services through room and board coverage
- Adjust PRTF per diem rates to reflect changes in the CMS Psychiatric Facility Market Basket
- Increase rates for outpatient community-based mental health services by 35% with an annual adjustment

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System and Access Issues: Regulations

- Change BHH staffing regulations from registered nurse to licensed nurse
- Establish a provider entity application and certification process
- Add definition of children's care coordination to CTSS
- Simplifying some documentation requirements
- Simplify diagnostic assessments updates '
- Streamline access to care for children by relying on clinical experts and eliminate requirements to use specific assessments
- Eliminating case reviews under treatment supervision
- Eliminate host county contract for ARMHS
- Ensure MCO process consistency
- Not requiring additional training for clinical trainees within the first 90 days of providing direct contact services

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Building the Continuum of Care

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Abdus Samad,
Executive Director,Grafton

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Building the Continuum of Care: Background

- There is a significant need to strengthen the continuum of care available for mental health in Minnesota to avoid unnecessary use of both hospitals and the criminal justice system, and to ensure that people who do need hospital level of care are able to find the right level of care in their communities when they are ready for discharge.
- There are limited programs and services available for people experiencing their first psychotic or mood episode. The results are adverse outcomes and disability caused by their untreated or undertreated mental illness.
- Mental health professionals who try to engage people in treatment typically stop their efforts if the person refuses, which can often lead to worsening symptoms without treatment.
- There is limited access to affordable and supportive housing.
- People with mental illnesses have the highest unemployment rate and yet employment is an evidence-based practice, meaning it helps people recover. Programs that are designed specifically for persons with mental illnesses are underfunded and serve a limited amount of people.

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Building the Continuum of Care: Adult Mental Health System

- Increase funding for housing support grants for people with mental illnesses (HSASMI)
- Increase funding for First Episode of Psychosis and Emerging Mood Disorder grant programs
- Increase rates for protected transport
- Expand telephonic care (audio only) past July 1, 2023, require providers using telehealth or telephonic care to be reimbursed at the same rate as in-person
- Fund voluntary engagement services as a pilot project

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Meeting the Needs of Children and Youth

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Meeting the Needs of Children and Youth: Background

- When a child is facing significant mental health challenges, there are not enough options for the child and their family to obtain the level of support they need. Extensive wait lists to access all levels of mental health coupled with lengthy assessment requirements significantly delay the delivery of critical treatment and services. Without adequate support in the community, children and youth will develop more serious mental illnesses and require more intensive treatment.
- Children are being assessed in the ER but often there are no appropriate or available services to meet the needs of the children. At times, when a parent cannot bring the child home, they are referred to Child Protective Services.
- Schools have an important role to play in supporting students with mental illnesses, but they don't have the resources to do this work effectively.

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Meeting the Needs of Children and Youth: Children's Mental Health System

- Allow teens ages 16 and older to consent to outpatient treatment
- Allow PRTFs to specialize and provide funding for start-up efforts and to maximize
- Funding for school-linked mental health
- Funding for shelter-linked mental health
- Include Third Path residential option cost of room and board under Behavioral Health Fund
- Allow youth ages 21-26 to remain with the providers of their Youth ACT team
- Create a child mode for Nonemergency Medical Transportation
- Increase SMRT staff
- Fund respite care services and expand to children who have used crisis services, ER services, or experienced a loss of in-home supports
- Create specialized settings for kids boarding in the ER using the mental health innovation grant program

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Meeting the Needs of Children and Youth: Children's Mental Health System

- Fund early childhood mental health
- Fund an enhanced rate for PCAs working with children who exhibit high aggression
- Change the definition of neglect so that parents who cannot bring their children home due to there not being available services are not forced into the child protection system
- Allow up to 20 hours per week of childcare for children under MFIP whose parent has a mental illness
- Require crisis intervention and stabilization service providers to have at least 6 hours of training with children, and establish a pilot program for rural family response and stabilization services
- Fund grants for Child First programs
- Add children to the Transition to Community Initiative

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Meeting the Needs of Children and Youth: Children's Mental Health System

- Create and fund after care services for children being discharged with a voluntary placement agreement
- Expanding training for family peer specialists and allowing them to bill for services
- Increasing rates for in-home services
- Fund training for staff providing in-home services
- Create and fund children's care coordination
- Direct the commissioner to maximize Medicaid benefits for family focused children's mental health care
- Fund Collaborative Bridging Services

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Abigail Morgan,
foster parent

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Crisis Response and 988

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Crisis Response/988: Background

- Suicide is one of the leading causes of death for Minnesotans and has become a public health crisis with nearly 800 people dying by suicide this past year.
- With the implementation of 988 as the new three-digit number for the National Suicide Prevention Lifeline, Minnesota must build the capacity needed to respond to incoming calls, texts, and chats 24/7.
- Minnesota residents do not have the appropriate level of mental health crisis services available to them in an appropriate or effective time frame.

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Crisis Response/988: Recommendations

- Implement a 988-telecom surcharge on all wired lines, wireless, prepaid and VOIP lines to support 988
- Provide funding in the interim before the telecom fee is enacted to ensure that Lifeline centers can meet current needs
- Increase state funding for crisis teams and homes
- Allow flexibility with funding in order to meet demands at key times
- Keep strengthening collaboration between crisis teams, 988 and 911.

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Questions?
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