



June 7, 2023

Dear Legislators:

The 2023 Legislative Session is now over, and we want to thank you for your support to continue building our mental health system. As you know, we are in the midst of a mental health crisis. The needs cannot be met with our current capacity. We are seeing children boarding in the ER, adults ending up in jail or homeless, and people waiting days, weeks, even months to access the right service. The Mental Health Legislative Network was painfully aware of the crisis and came prepared this session with 18 bills to address the mental health crisis. Thanks to your support, many of the provisions in the bill passed.

Here is a list of the important investments and changes that were made this session:

- Funding 988 with a telecom fee
- Paying for childcare for low-income parents with a mental illness who don't have a work requirement but need treatment or support
- Providing new funding for an online program to find mental health and SUD providers
- Providing Start-up funding for Psychiatric Residential Treatment Facilities
- Funding for the White Earth Adult Mental Health Initiative
- Creating the Transition from Homelessness grant funding
- Increasing grant funding for:
  - Early childhood mental health services
  - School-linked behavioral health services
  - Mobile mental health crisis teams, including tribal teams
  - Cultural and Ethnic Minority Infrastructure program, including paying for consultation and interpreters in residential settings
  - First Episode of Psychosis programs
- Increasing grant funding to address workforce shortages for:
  - Loan forgiveness for mental health professionals
  - An additional psychiatrist residency slot
  - Training pediatricians with child psychiatrists
  - Paying for BIPOC mental health professionals to become supervisors
  - Mental health agencies providing free supervision to trainees
- Placing Certified Community Behavioral Health Centers back in the federal demonstration project
- Funding children's residential treatment so that families of children with serious mental illnesses do not need to go through the child protection system
- Providing a rate increase of 3% for community mental health providers
- Changing the definition of network adequacy to go beyond 30 miles or 30 minutes to include measures such as wait times and list of culturally specific providers
- Requiring health plans to cover Psychiatric Residential Treatment Facilities and psychiatric collaborative care
- Establishing a mental health parity enforcement office
- Changing the life insurance suicide clause to one year instead of two years

- Fixing the timely filings and exceptions for mental health care providers and Medicaid management care plans
- Providing free phone calls from jail when people are trying to reach their case manager, mental health provider, warmline, etc.
- Creating better discharge planning from jails for people with a mental illness
- Increasing funding for the Bridges housing program for people with mental illnesses and the landlord risk mitigation program
- Increasing funding for the Individual Placement and Support (IPS) evidence-based employment program for people with mental illnesses
- Funding for school support personnel
- Creating a mental health lead in the Department of Education
- Creating basic standards, a bill of rights for sober homes
- Beginning to address the issue of families being reported to child protection when their child is boarding in the ER and no services are available
- Allowing minors 16 years of age and older to consent to outpatient health and mental health services
- Allowing a brief diagnostic assessment for children under the age of 6
- Streamlining some of the mental health related statutes for service delivery
- Expanding the transition to community initiative to children
- Requiring six hours of training for crisis teams and crisis stabilization that serve children specific to working with children and families

As you can see, this is a long list of improved policy changes and funding increases for grant programs. We are grateful for these accomplishments as we know the changes will contribute the building the mental health system we desperately need. We also know that these changes will not fundamentally address our crisis and there is more to do. Low payment rates, workforce shortages and lack of diversity, and lack of parity enforcement have worsened the crisis. Reliance on grants, especially when they are competitive, further disrupts continuity of care. We look forward to working with you next session to continue addressing the mental health of Minnesotans.

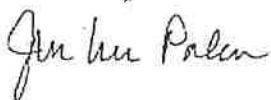
Sincerely,



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