

Behavioral health care: Improving equity and access

Historic advancements in 2023 will bolster the quality and availability of care in Minnesota’s behavioral health system, while working to eliminate health disparities for many communities. New investments in mental health and substance use disorder services – combined with significant steps forward in housing, health care, education and economic supports – will move Minnesota toward a more comprehensive and forward-looking public health approach to behavioral health care.

Support for youth and adult mental health care will increase, with stronger mobile crisis services, step-down options for people leaving hospitals and psychiatric facilities, a ban on so-called conversion therapy and decades-overdue rate increases and inflationary adjustments for mental health services. Other measures span the continuum of substance use disorder care, from prevention to harm reduction, treatment and recovery. These changes will improve the quality of substance use disorder treatment, address disparate outcomes for Black and Native communities and support faster access to treatment and recovery services.

2023 legislation

Addressing disparities in the opioid epidemic. New investments include ongoing grants for traditional healing practices and overdose prevention programs. Start-up and capacity grants will fund family treatment programs, withdrawal management programs and safe recovery sites, which provide a variety of harm reduction and recovery-based services and referrals. A public awareness campaign and “bad batch” overdose text alert system will provide the community with critical information to prevent and address substance use disorders. The state will require overdose-reversing opioid antagonists such as naloxone in schools, housing support settings, treatment centers and correctional facilities. Harm reduction supplies and technical assistance for culturally specific organizations will target disparities. *FY 2024-25: \$47.9 million; FY 2026-27: \$13.8 million*

Transforming the opioid treatment system. A new payment methodology for opioid treatment providers will align with the Medicare payment structure. A work group with community partners will evaluate the opioid treatment program model and recommend improvements in oversight and quality of care, while addressing racial and other disparities. The state will consult with experts and plan for a demonstration waiver application to add behavioral health services in prisons and jails, and traditional healing to the Medical Assistance program. *FY 2024-25: \$1.1 million; FY 2026-27: \$3.5 million*

Improving substance use disorder treatment. The state will pay federally qualified health care centers, rural health clinics and hospitals to conduct assessments for substance use disorder treatment. Continued administrative funding for counties and Tribes will support access to treatment while the state studies and recommends updates to local allocations. Minnesota will move to evidence-based standards set by the American Society of Addiction Medicine for substance use disorder treatment. New staff will help improve program outcomes, train more providers and evaluate gaps using data. *FY 2024-25: \$3.1 million; FY 2026-27: \$3.2 million*

Bridging gaps in mental health care. Room and board payments for children’s residential facilities will cover more children. School-linked behavioral health grants will serve more children, while infant and early childhood mental health consultation will expand to school settings for better continuity of care. Policy changes will reduce unnecessary burdens on mental health providers, allow brief diagnostic assessments for children under 6, ban the use of so-called conversion therapy, and allow minors 16 years or older to consent to outpatient mental health services. *FY 2024-25: \$15.4 million; FY 2026-27: \$8.4 million*

Raising rates for mental health services. A rate increase for adult day treatment programs and mental health community services will result in more people having supportive step-down options when leaving residential psychiatric settings. Adult day treatment rates will increase by 50%, while rates for many community mental health services will go up 3%. Rates will have annual updates to keep pace with rising costs. Several cost-based services will also receive annual adjustments, including psychiatric residential treatment facilities (PRTFs), intensive residential treatment services (IRTS), intensive non-residential mental health services (IRMHS, formerly known as YouthACT), residential crisis services (RCS) and assertive community treatment (ACT). *FY 2024-25: \$18.5 million; FY 2026-27: \$49.9 million*

Strengthening Minnesota’s behavioral health workforce. Cultural and ethnic minority infrastructure grants will help recruit and retain behavioral health professionals offering culturally responsive services to Black, Indigenous and people of color communities. Grants will also help more providers recruit staff in rural areas and underserved communities. Grant funding for psychiatric residential treatment facilities will cover start-up costs, emergency workforce needs and services for specialized populations such as youth with co-occurring mental health and intellectual developmental disabilities. *FY 2024-25: \$11.4 million; FY 2026-27: \$9.2 million*

Improving access to peer support and recovery community services. Best-practice standards for recovery community organizations will ensure that services are high-quality, ethical and culturally responsive. Access to services will expand with additional grant funding for training, investments to streamline provider standards and start-up grants for culturally specific recovery community organizations. A work group will continue to engage with community partners to identify future improvements. *FY2024-25: \$9.2 million; FY 2026-27: \$406,000*

Related information

- [DHS 2023 session fact sheets](#)