

Behavioral health: Simplifying regulations, improving culturally informed care, expanding mobile crisis services

Legislative action taken in 2021 will improve the behavioral health system across Minnesota, with efforts to simplify regulations and improve culturally informed mental health and substance use disorder services.

People served by public health care programs will continue to have access to and coverage of telehealth services for mental health and substance use disorder treatment, as they did during the state's COVID-19 peacetime emergency. Telehealth will also receive further study.

Significant investments will enhance substance use disorder treatment programs, expand mobile crisis teams and broaden the reach of school-linked behavioral health services. Other changes will support children who experience mental illness, with measures to improve both residential treatment and support as they move back to their communities.

2021 legislation

Substance Use Disorder treatment enhancements. Rates for culturally specific, culturally responsive and disability responsive treatment services will increase 5% on Jan. 1, 2022. Outpatient SUD treatment providers will be able to participate in DHS's SUD demonstration project, while licensed residential treatment programs, withdrawal management programs, and out-of-state residential treatment programs will be required to enroll. The state will seek to extend the demonstration for five years to continue receiving enhanced federal funding and ask stakeholders to evaluate improvements in access and quality. Meanwhile, the Opiate Epidemic Advisory Council will continue to propose grants from the Opiate Epidemic Response Fund. *FY2022-23: Savings of \$1.3 million*

Telehealth coverage. Medical Assistance and MinnesotaCare will continue to cover video and/or audio treatment services for mental health, substance use disorder and case management, as they did during the state's COVID-19 peacetime emergency. DHS and the Department of Health will study the impact of the telehealth expansion on coverage and services, with an initial report to the Legislature in January 2023 and final reports in January 2024. *FY2022-23: \$37 million*

School-linked behavioral health grants. More children and youth will have access to school-linked services, and grants will cover both mental health and substance use disorder services. Previous funding was dedicated to mental health alone. School-linked behavioral health services make it more likely for a child to be diagnosed, receive access to treatment, and engage in treatment. Care coordination is also improved. *Each year from FY2022 to FY2025: \$5 million from the 2020 Consolidated Appropriations Act and \$5 million from the federal 2021 American Rescue Plan Act*

Grants to expand mobile crisis services. Funding will support teams of mental health professionals who respond rapidly to assess and resolve crisis situations and link people to needed services. Mobile crisis teams reduce psychiatric hospitalizations. *FY2022-23: \$16.4 million*

Culturally informed/responsive mental health task force. A task force will recommend ways to improve culturally informed and culturally responsive mental health services throughout Minnesota. Work will begin in July and August 2022. Recommendations must cover recruiting mental health providers from diverse racial and ethnic communities; increasing the number of mental health organizations owned, managed, or led by individuals who are Black, Indigenous, or people of color; and training all mental health providers in cultural competency and cultural humility. *FY2022-23: \$222,000*

Settlement of overpayments. The state will settle overpayments owed by the Leech Lake Band of Ojibwe and the White Earth Band of Chippewa for medication-assisted treatment services from FY2014-2019. Another appropriation will reimburse counties for their share of costs for substance use disorder services provided in institutions for mental disease, for claims paid between Jan. 1, 2014 and June 30, 2019. *FY2021: \$37.2 million*

Children's mental health treatment. In collaboration with children, parents, social workers, juvenile justice officials, hospital officials and children's treatment facility officials, DHS will work with the departments of Health and Education to analyze residential and psychiatric residential treatment facility options for children covered by Medical Assistance. A report due in February 2022 will identify obstacles to moving children into community-based options and gaps in care for children with the most acute needs, while recommending changes to ensure that children can access behavioral health treatment based on their medical needs and family and caregiver needs. *FY2022: \$200,000*

Transition for children leaving behavioral health facilities. DHS will create children's mental health transition and support teams to facilitate the transition of children moving back to the community from psychiatric residential treatment facilities and child and adolescent behavioral health hospitals. *FY2022-23: \$5 million*

Related information

- [DHS 2021 session fact sheets](#)

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