

MENTAL HEALTH
LEGISLATIVE
NETWORK



May 3, 2023

Dear Health and Human Services Conference Committee:

The Mental Health Legislative Network (MHLN) is a broad coalition of over forty organizations that advocate for a statewide mental health system that is of high quality, accessible and has stable funding.

In response to the unprecedented mental health needs facing Minnesotans in 2023, MHLN members partnered together to create a consolidated priority package and collaborated to advance **proposals that on-the-ground mental health advocacy and provider organizations believe can make the greatest impact**. We are grateful for your work to date to include policy and funding that can help to build the mental health system we urgently need.

Thank you for all your hard work on the Health and Human Services Omnibus bill. Included in the chart below are MHLN recommendations on funding and policy priorities that we strongly encourage inclusion of in your final HHS omnibus.

Thank you,

Sue Abderholden
NAMI Minnesota
MHLN Co-Chair

Shannah Mulvihill
Mental Health Minnesota
MHLN Co-Chair

Mental Health Legislative Network:

ACCORD
Allina Health System
Amherst H. Wilder Foundation
Avivo
AspireMN
Barbara Schneider Foundation
Catholic Charities Twin Cities
Central Minnesota Mental Health Center
Children's Minnesota
East Metro Crisis Alliance
Epilepsy Foundation of Minnesota
Fraser
Guild
Hennepin Healthcare

Lutheran Social Service of Minnesota
Mental Health Minnesota
Mental Health Providers Association of Minnesota
Mental Health Resources
Mid-Minnesota Legal Assistance/Minnesota Disability Law Center
MARRCH - Minnesota Association of Resources for Recovery and Chemical Health
Minnesota Association of Black Psychologists
Minnesota Association for Children's Mental Health

Minnesota Association for Marriage and Family Therapy
 Minnesota Association of Community Mental Health Programs
 Minnesota Behavioral Health Network
 MN Office of Ombudsman for Mental Health and Developmental Disabilities
 Minnesota Prenatal to Three Coalition
 Minnesota Psychiatric Society
 Minnesota Psychological Association
 Minnesota School Social Workers Association
 Minnesota Social Service Association

NAMI Minnesota
 National Association of Social Workers, Minnesota
 Nurse-Family Partnership
 NUWAY
 Nystrom
 People Incorporated
 Pregnancy Postpartum Support Minnesota
 RISE, Inc.
 State Advisory Council on Mental Health
 Subcommittee on Children's Mental Health
 Touchstone Mental Health
 Vail Place
 Washburn Center for Children
 Wellness in the Woods

Mental Health Legislative Network HHS Priorities – presented by category	MHLN Preferred: House or Senate Position	Appropriation 24/25
ACCESS TO MENTAL HEALTH CARE		
Community-Based Mental Health Rate Increase	Senate	\$48.975M
Adopting broader network adequacy standards than 30 miles, 30 minutes for mental health services.	House	Policy
Allowing any willing mental health provider for the next two years to address the mental health crises of Minnesotans.	House	Policy
Telephonic care extended until 7/1/25	Same language	\$16.727M
Adult day treatment rate increase	Same language	\$943,000
Intensive mental health services inflation adjustment for IRTS, PRTF, ACT/Youth ACT, and Crisis Residential, and including MNCare recipients in full IRTS coverage.		Waiting for fiscal note
Housing with Support for Adults with Serious Mental Illness Grant	House	\$6.376M
CRISIS RESPONSE		
988 including telecom fee	Senate	\$4.913M
Mobile Crisis Teams	Senate funding House language includes training on child and family needs	\$12.528M
Tribal Mobile Teams	Senate funding House funds first biennium	\$2M
EARLY INTERVENTION		
First Episode Psychosis	Same language	\$2.7M
Emerging Mood Disorder	Senate	\$2.708M
Voluntary engagement demonstration	House	\$250,000

CHILDREN'S MENTAL HEALTH		
Third Path for children's residential treatment	Same language	Cost savings
MFIP child only childcare for parents with mental illnesses who need treatment or aren't doing well	House	\$1.537M
Parents whose children are boarding in the ER or in a hospital setting (stuck) who cannot be safely discharged and are unable to access necessary services should not be charged with neglect	Senate	Policy
PRTF start-up and specialization grants	Same language	\$2.195M and \$2.295M
PRTF shared site and sleeping hours language	House	Policy
Young adults included as peer specialists	House	Policy
Peer specialists included in aftercare from QRTPs (Qualified Residential Treatment Programs)	House	Policy
School-linked mental health including language supporting continuity and allowing culturally specific providers to provide treatment in more than one school	House	\$20.439M <i>Prioritizing \$4.4M designated for Intermediate Schools, & concerned about decrease in tails</i>
Use ICD-10 codes V and Z for early intervention services	House	Policy
Allowing brief Diagnostic Assessment for children under the age of 6 to increase access to care	House	Policy
Early childhood consultation and services	Senate – <i>encourage funding to be designated for services</i>	\$2.407M
Youth age sixteen and up consent to outpatient treatment (also moving in stand-alone bill)	House	Policy
Transition to Community grants to include children	House	\$3.860M
Youth ACT changes	House	Policy
SYSTEM IMPROVEMENTS		
CCBHC Return to the Federal Demonstration	House	Cost savings
Streamlining mental health regulations	House	Policy
Allowing six months for providers to submit bills for Medicaid Managed Care	House	Policy
Adds a physician to the Drug Formulary committee explicitly includes a psychiatrist	Senate	Policy
Requires consultation with patient advocacy groups when modifying the preferred drug list under MA	Senate	Policy
Requires health plans filings to include their drug formulary and provide it at least 30 days prior to enrollment deadlines	Senate	Policy
Program locator (Fastracker)	House	\$2.340M

Modifications to behavioral health licensing (CCBHC, ARMHS, CTSS, Crisis)	Senate	\$2.779M
Modifications to Adult Residential MH rule (IRTS and Forensic IRTS)	Senate	\$348,000
WORKFORCE DEVELOPMENT		
Cultural and Ethnic Minority Infrastructure Grants (CEMIG) including consultation and interpreters	House	\$20.407M – House \$3M – Senate
MH agencies providing clinical trainee supervision	Same language	\$10.407M – House \$3M – Senate
Expands loan forgiveness program for when someone is obtaining required supervision hours for licensing	Senate	Policy
MERC definitions to allow for community-based services in mental health	Senate	Policy
Additional psychiatrist residency slot	Senate	\$800,000
Training pediatricians with psychiatrists and mental health professionals so that they are more confident diagnosing and treating children and youth.	Senate	\$2M
Train BIPOC or people from underserved communities who are MH professionals to become supervisors.	Senate	\$1M
Creates the MH and SUD education center to increase the number of people working in the field, increase the diversity of the workforce, and facilitate a culturally informed workforce.	Senate	\$1M
OTHER		
MA coverage for recuperative care for people experiencing homelessness who are recuperating from a serious illness and cannot be in a shelter	Same language	\$2.275M
Expands dental care under MA	Same language	\$30.036M
Eliminate cost sharing under MA	Same language	\$9.207M
Continuous eligibility for MA children 0-6	Senate	\$21.299M
Modifications to Housing Stabilization Services	Same language	\$7.412M
Presumptive eligibility for housing out of prison if having a disability or mental illness (3 months)	Same language	\$2.360M
Tobacco Cessation products covered	House	\$602,000
Foster children benefit trust	Senate	\$4M