LEGISLATIVE GOALS 2025

Mental Health
LEGISLATIVE NETWORK

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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.

This booklet provides important information for legislators and other elected officials on how to improve the lives of children and adults with mental illnesses and their families and how to build Minnesota's mental health system.

The following organizations are members of the Mental Health Legislative Network:

- Accord
- Allina Health
- Aspire MN
- Avivo
- Barbara Schneider Foundation
- Catholic Charities Twin Cities
- Canvas Health
- Children's Minnesota
- Central Minnesota Mental Health Center
- Fraser
- Greater Minnesota Family Services
- Guild
- Hennepin Healthcare
- Lutheran Social Service of Minnesota
- Mental Health Minnesota
- Mental Health Providers Association
- Mental Health Resources
- Mid-Minnesota Legal Aid
- Minnesota Association for Marriage & Family Therapy
- Minnesota Association of Black Psychologists
- Minnesota Association of Resources for Recovery and Chemical Health (MARRCH)
- Minnesota Behavioral Health Network
- Minnesota Psychiatric Society
- Minnesota Psychological Association
- Minnesota School Social Workers' Association
- Minnesota Social Service Association
- Minnesota Society for Clinical Social Work
- NAMI Minnesota
- National Association of Social Workers, MN Chapter
- NUWAY
- Nystrom & Associates
- Ombudsman for Mental Health and Developmental Disabilities
- People Incorporated
- PrairieCare
- Rise
- SAVE - Suicide Awareness Voices of Education
- Tasks Unlimited
- Touchstone Mental Health
- Vail Communities
- Washburn Center
- Wilder Foundation

If you have questions about the Mental Health Legislative Network or about policies related to the mental health system, please feel free to contact NAMI Minnesota at 651-645-2948 or Mental Health Minnesota at 651-493-6634. These two organizations co-chair the Mental Health Legislative Network.

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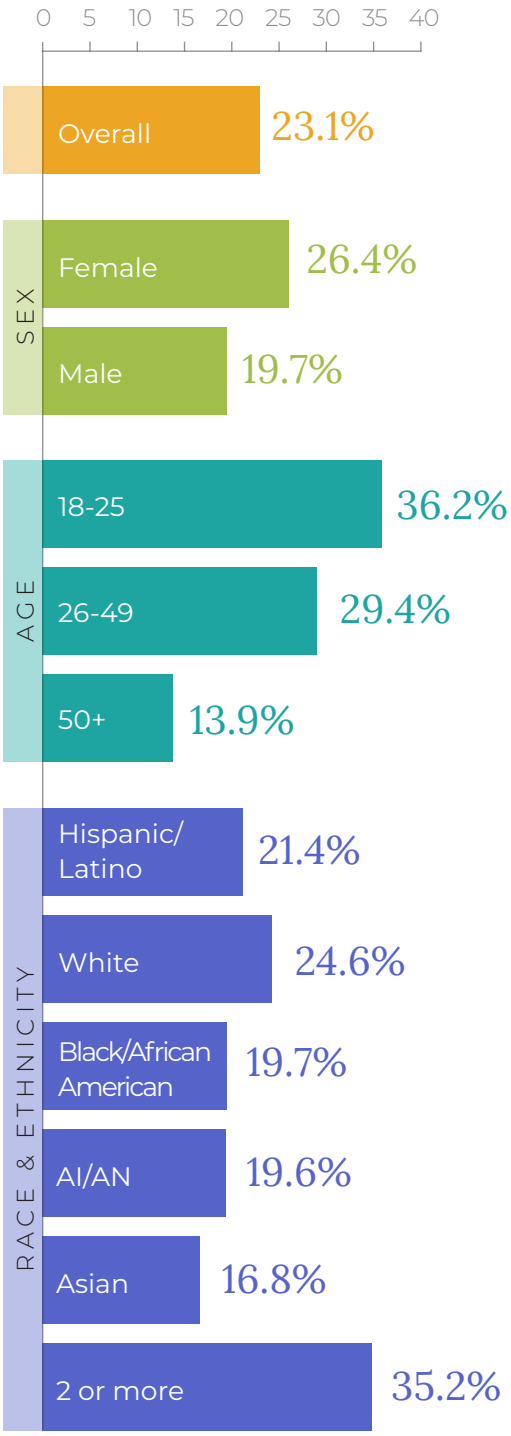
Mental Illnesses

Past Year Prevalence of Any Mental Illness Among U.S. Adults



SAMHSA, 2022

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Mental illnesses affect over one in five people in any given year. People affected more seriously by mental illnesses number about 1 in 25. Mental illnesses can affect persons of any age, race, religion, political party, or income. It should be noted that the pandemic had a negative impact on the mental health of people of all ages, with the rates of depression and anxiety increasing greatly – by 25% globally, according to the World Health Organization.

Examples of mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), anxiety, panic disorder, post-traumatic stress disorder (PTSD), eating disorders and borderline personality disorder. There is a continuum, with good mental health on one end and serious mental illnesses on the other end.

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.

The Substance Abuse Mental Health Services Administration (SAMHSA) defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is characterized by growth and improvement in one's health and wellness that may also involve setbacks. Resilience becomes a key component of recovery.

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 support them to live in the community.

Although there are effective treatments and rehabilitation, the current mental health system fails to respond in a timely manner 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.

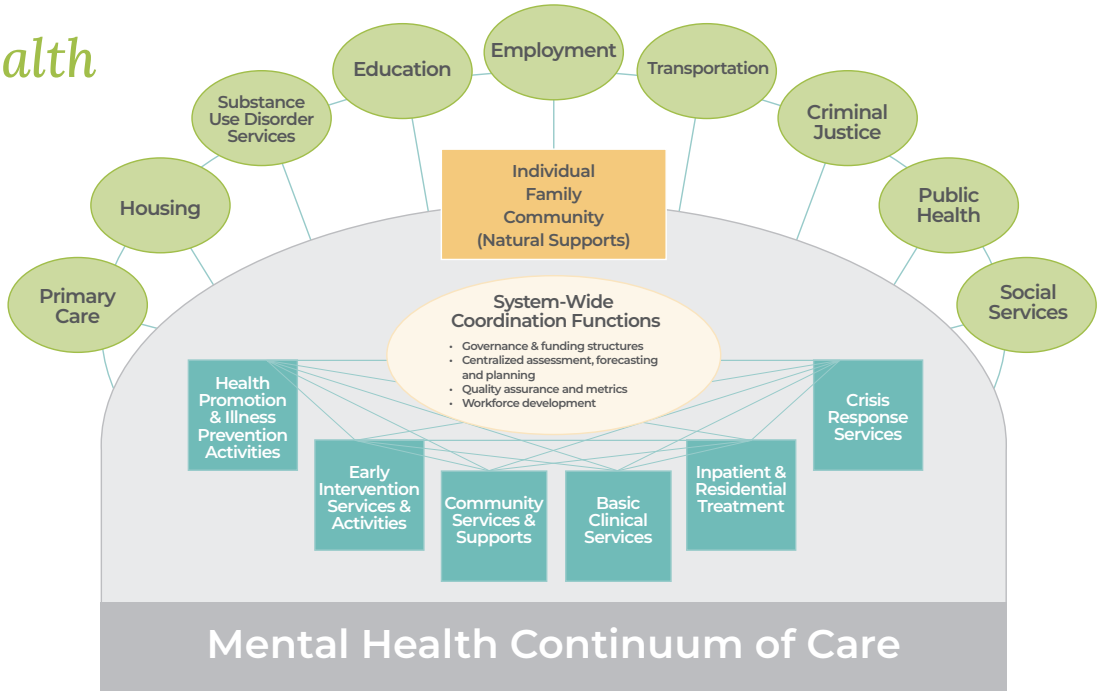
Depending on the severity of the mental illness and whether timely access to effective treatment and support services are available, mental illnesses may significantly impact all facets of living including learning, working, housing stability, living independently, and relationships.

Without access to treatment and support, people with mental illnesses may cycle in and out of the criminal justice system or homelessness, drop out of school, be unemployed and be isolated from family, friends, and the community.

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 most of them were closed, largely by 1980. Since then, we have identified what works and advocated for funding to build a more effective mental health system.



ACCESS TO TREATMENT AND SERVICES: Many people seeking mental health treatment or services struggle to access what they need, especially in rural areas and among Black, Indigenous, and People of Color (BIPOC). Telemedicine has opened doors to treatment, but there are still not enough options for treatment, support, and services in many areas of the state.

INSURANCE COVERAGE: The main access to the mental health system is through insurance – either private health plans or state programs such as Medical Assistance (MA) or MinnesotaCare. For those who have no insurance or limited coverage, access is through the county or a community mental health center. Private health plans do not cover the full array of mental health services. Mental health parity only requires plans to ensure parity if they cover mental health or substance use disorder treatment. Under the Affordable Care Act (ACA) individual policies and small group plans must cover mental health and substance use disorder treatment and follow mental health parity laws. Yet, parity is not effectively enforced, resulting in people not being able to access care under private insurance due to limited networks, limited benefits, prior authorization requirements, or paying more out-of-pocket for mental health treatment.

COMMUNITY SERVICES: Some people who have the most serious mental illnesses need additional services in the community such as affordable supportive housing, community supports, employment supports, educational services, respite care, waivered services, and in-home supports. These services are often funded by state grants, Medical Assistance, and county funds.

WORKFORCE: Psychiatry, psychology, clinical social work, psychiatric nursing, marriage and family therapy, peer support, and professional clinical counseling are considered the "core" mental health professions. For many years, Minnesota has experienced a shortage of mental health professionals. This shortage has been felt most profoundly in the rural areas of the state and within BIPOC and LGBTQ+ communities and communities that speak a language other than English.

REIMBURSEMENT RATES: Historically, poor reimbursement rates in public mental health programs and Medical Assistance have contributed to the problems of attracting and retaining mental health professionals. Improved payment to mental health providers allows providers to hire, retain, and supervise qualified workers to better meet the needs of people with mental illnesses in a timely way.

Key Issues for the 2025 Legislative Session

Several of the Mental Health Legislative Network's goals passed in the 2024 session, but with a low Health and Human Services spending target it was difficult to fund key priorities.

We are still experiencing a statewide mental health crisis – especially among the most vulnerable of us, our children. While we have received investments in mental health over the past few years, it has not been enough to fully fund and build our mental health system and we have people boarding in the emergency department waiting for weeks to access a therapist, and children's residential facilities have months long wait lists. We still have many of the same barriers to mental healthcare that Minnesotans have struggled with for generations – not being able to access care when and where it is needed.

We know what works. Early intervention, evidence-based and culturally informed practices, and a wide array of mental health services and supports have created the foundation for a good mental health system in Minnesota. Unfortunately, workforce shortages, poor reimbursement rates, closure of programs and hospitals, health inequities, and lack of coverage by private plans have resulted in a fragile system that is not available statewide and is not able to meet the demand.

People often look for "quick fixes" such as more beds. While we need more inpatient beds, children and adults with mental illnesses spend the majority of their lives in the community. Thus, the "fix" is more complex in that we need to provide early identification and intervention, be able to address a mental health crisis, and provide ongoing supports in the community.

The Mental Health Legislative Network believes these challenges, though very significant, are not insurmountable. Again, we know what works. Let's build our mental health system.

Key Issues for the 2025 Legislative Session

- Increase rates for inpatient and outpatient mental health and SUD care
- Address workforce shortages
- Address the needs of youth boarding in the ED and waiting for services in the community
- Address the needs of youth in the juvenile justice system
- Increase grant funds for programs that work
- Eliminate unnecessary and duplicative paperwork
- Support Audio Only telehealth
- Ensure access to mental health care for students
- Require health plans to cover effective mental health treatment
- Increase funds for housing for people with mental illnesses
- Increase funds for employment programs for people with mental illnesses
- Support recovery residences funding and regulation
- Build the SUD system
- Fund re-entry programs from the criminal justice system
- Address the issue of transport holds under the commitment act
- Sustain FastTrackerMN.org, a web-based directory for all Minnesotans to search and find real-time access to treatment openings, services, and facilities

System Issues

Reimbursement Rates & Medicaid

ISSUE: Reimbursement rates for mental health providers are unsustainable at a time when the need has grown so greatly, and wages have been low. Providers are leaving the field, and programs are closing because of unsustainable rates. DHS released the final version of their rates report last year, which confirmed that rates must be consistently and transparently raised. Funds are also needed now, on an emergency basis, to meet the skyrocketing need and maintain critical services in place today. We need to ensure our foundation of the mental health system is solid.

BACKGROUND: Reimbursement rates for mental health services under Medical Assistance have been problematic for many years. DHS' rates report revealed what providers already knew to be true: Medicaid rates setting is convoluted, confusing and hard to administer for providers and the people who use them. Rates for mental health services are not set with parity to physical health services; mental health and substance use treatment rate setting methods are in high need of reform. We need a consistent, simple, and transparent framework for setting rates and paying for services under Medicaid. There should be options for enhanced rates based on a client's context. Mental health and substance use disorder treatment rates need to be substantially raised.

Providers are leaving the field, and programs are closing because of unsustainable rates. The rates report DHS released last year confirmed that rates must be consistently and transparently raised.

Currently, the need for providers is so acute that every effort must be made to address rate issues in the interim so needed services are available. Some potential fixes could be made to rates, independent of the development of a new rate system.

Due to historic and chronic underfunding in mental health, Minnesotans seek psychiatric services in primary care resulting in shortages and access issues there. While Collaborative Care (CoCM) improves outcomes and access, Minnesota Medicaid is not required to reimburse for CoCM, leaving many patients out.

POLICY RECOMMENDATIONS:

- Raise all mental health and SUD Medicaid reimbursement rates
- Provide recognition for providers with a disproportionate share of Medicaid patients
- Begin scaling and implementing the rate structure the DHS study recommended this year
- Increase rates for protected transport
- Require Minnesota Medicaid to reimburse for CoCM at sustainable rates
- Require Medicaid to cover First Episode of Psychosis
- Support audio only telephonic healthcare

Program Standards

ISSUE: Complicated and contradictory standards make it difficult for providers of community mental health services. We need to improve the ability of community mental health service providers to meet the immense need for quality mental health services in a time of a severe workforce shortage and inadequate reimbursement rates.

Program Standards *continued*

POLICY RECOMMENDATIONS:

- Clarify currently conflicting statutory requirements regarding client rights in IRTS facilities
- Modernize modes of required staff communication away from facsimile
- Update staff qualification and supervision requirements to focus on the competencies needed for the applicable staff role
- Allow for limited use of remote support under Adult Targeted Case Management
- Address the frequency of assessments required to take place at start of treatment to lessen administrative burdens on staff and clients
- Clarify intention of 2024 enacted change to staff qualification requirements of Assertive Community Treatment Team Leader
- Require training on Tardive Dyskinesia
- Expand eligibility for case management to people with PTSD, anxiety, panic disorder, eating disorders
- Expedite MN Choices Assessment

Grant Funded Programs

ISSUE: Many mental health programs are funded through grants or use braided funding (grants, insurance) to cover the costs. We need to ensure these important programs continue to operate. Minnesotans with mental illnesses and their providers need a web-based directory to find real-time access to treatment openings, services, and facilities.

POLICY RECOMMENDATIONS:

- Increase funding for First Episode of Psychosis Programs
- Fund an Early Episode of Bipolar Program
- Increase funding for crisis services to avoid an $8 million funding cliff
- Fund FastTracker.org

Commerce Issues

ISSUE: Both private and public insurance fails to adequately cover many mental health services and treatments. Many Minnesotans are still uninsured.

BACKGROUND: Last year, the legislature passed a law mandating transparency when disability insurance companies do not cover disabling mental illnesses like they would disabling physical illness or injury, but there is still not parity. The legislature also instructed DHS to develop a Medicaid benefit for first episode psychosis programs, and those programs are not covered by most private insurance plans.

Minnesotans have an especially hard time getting coverage for the preventative care, assessments, and evaluations they need to avoid crisis care and get the level of care they need.

POLICY RECOMMENDATIONS:

- Mandate coverage of First Episode of Psychosis programs and ACT under private insurance
- Cover diagnostic assessments, COPM assessments, and SUD evaluations as preventative care
- Require plans to cover clinical trainees

Adult Mental Health Services and Supports

Housing

ISSUE: Access to affordable and supportive housing remains limited.

BACKGROUND: Individuals with mental illnesses are significantly more vulnerable to housing instability and homelessness. Factors such as unmanaged mental health symptoms, job loss, inpatient treatment, or involvement with the criminal justice system often compound the challenges they face in securing and maintaining stable housing. Without stable housing, recovery from mental illness becomes unattainable.

There is an urgent need to sustain and expand permanent supportive housing. Many individuals thrive when they have access to ongoing, housing-linked services that help them maintain their homes, build positive relationships with property management and neighbors, and integrate into the community. However, these critical services are often underfunded, putting housing stability at risk for those with mental health needs.

MHLN supports and joins the work of other housing advocates who share our goal of increasing access to safe and affordable housing.

Without stable housing, recovery from mental illnesses becomes unattainable. There is an urgent need to sustain and expand permanent supportive housing.

HSASMI Program: In Minnesota, the Housing with Supports for Adults with Serious Mental Illness (HSASMI) program plays a crucial role in addressing this issue. HSASMI provides funding to create and maintain housing opportunities that offer both affordable living and supportive services. These services include mental health support, case management, and assistance with daily living, designed to help individuals with serious mental illnesses live independently. Despite the program's success in reducing homelessness, the funding doesn't meet the growing need for supportive housing.

In 2024, 28 proposals were received requesting a total of $7,601,000 per year. Available funding supports 8 new grantees for a total of $2,179,000 per year.

- Selected new grantees serve the metro (5) and greater MN (3).
- HSASMI base funding is $4.55 M per year. The remaining funds support 8 established grantees, for a total of 16 HSASMI grantees

In 2024, HSAMI received 28 proposals totalling...

$7,601,000/*year*

Available funding supports 8 new grantees for a total of...

$2,179,000/*year*

POLICY RECOMMENDATIONS:

- Increase base funding for Housing with Supports for Adults with Serious Mental Illness
- Sustainable, predictable, and ongoing funding to real solutions to our housing crisis
- Amend the Minnesota Human Rights Act to clarify that housing discrimination based on a person's source of income is illegal
- Enact policies that ensure people of all types and incomes can find homes by allowing more building flexibility and expediating city approval processes

Clubhouses

ISSUE: Increase access to Clubhouse Model programs across the state.

BACKGROUND: Community Support programs and Clubhouse Model programs help people with mental illnesses stay out of the hospital while achieving social, financial, housing, educational and vocational goals. People are referred to as members not clients.

The Clubhouse Model is an Evidence–Based Practice for employment, quality of life, and mental health recovery. It provides a uniquely integrated approach to recovery, combining peer support with a full array of services. Studies have shown that Clubhouse Programs decrease isolation, reduce incarceration and hospitalizations, and increase employment opportunities.

Last year, the legislature instructed DHS to conduct an analysis to identify existing or pending Medicaid Clubhouse benefits in other states and submit a report to the legislature by December 2025 with recommendations for designing a medical assistance benefit in Minnesota. But this unique, effective model needs funding now and will need continued funding while an MA benefit is implemented.

POLICY RECOMMENDATIONS:

- Fund the continuation and expansion of Clubhouses

Employment

ISSUE: People living with mental illnesses face several barriers to finding and keeping a job. They often face discrimination when applying for jobs and may face other obstacles such as losing health insurance coverage for their mental health treatment and medications or having a lack of transportation. In addition, few receive the supported employment opportunities shown to be effective for people with mental illnesses and few employers know about accommodations for a mental illness.

Individual Placement and Support (IPS) - also known in state budget documents as Employment Supports for Persons with Mental Illness - is an evidence-based employment program for people with serious mental illnesses, and it works!

- The average placement rate in Minnesota is 61% - higher than the national average of 55% for IPS projects. Other vocational approaches have only a 25% placement rate.
- IPS participants report 33% fewer days to first job, 4x as many weeks worked during follow-up, triple the earnings from employment, 3x or more number of working 20 hours/week.

IPS is a critical program that requires a sustainable and robust funding source. There are only 22 programs in the state, serving 44 counties.

In 2023, the Legislature appropriated a temporary $2.5 million annual increase for IPS programs in fiscal year 2024 and another one in fiscal year 2025. In the 2024 legislative session, this funding was extended into fiscal years 2026 and 2027. However, it is unclear if any funds will still be available.

IPS Participants report...

- *33% fewer days to first job*
- *4x as many weeks worked*
- *3x the earnings from employment*
- *3x more individuals working 20 hours/ week*

POLICY RECOMMENDATIONS:

- Increase base funding by $5 million (per biennium) for the IPS program for both expansion and infrastructure.
- Identify an ongoing, sustainable funding source for IPS programs.

Substance Use Disorder Treatment

ISSUE: Substance use disorder (SUD) is a chronic disease. Minnesotans deserve quick access, and ample support throughout their recovery journey. Programs need adequate funding to maintain appropriate staffing levels to deliver life-saving care.

BACKGROUND: The Substance Use Disorder (SUD) field has undergone substantial changes in a relatively short amount of time. Since 2017, SUD program standards were moved under a new statute called 245G; the 1115 Waiver was introduced as a demonstration and subsequently became a mandate, and the state has been moving towards meeting a national standard referred to as ASAM (American Society of Addiction Medicine). In 2022 and 2023, there was a net reduction of 45 licensed programs in the state with more than 40% of those closures occurring outside the metro area.

The movement towards meeting ASAM standards through delivering evidence-based practices is a good thing, however, the timing and cost of implementation must be taken into account.

The rate methodology recommendations developed by Burnes & Associates have diligently taken into consideration the costs of delivering comprehensive care at various ASAM levels. Any further delays in addressing SUD rates will result in more burnout and program closures. We are at a critical breaking point and need immediate and long-term relief.

POLICY RECOMMENDATIONS:

- Implement the substance use disorder rates recommended by Burnes & Associates
- Fund and regulate recovery residences
- Allow alternative accrediting bodies to supplement licensing inspections
- Eliminate a DWI assessment surcharge when eligible for public funding
- Program closure requirements for Recovery Community Organizations
- Create County of Financial Responsibility for Withdrawal Management
- Amend timelines for Diagnostic Assessments to be completed within 10 business days

Crisis Response

ISSUE: Minnesota residents do not have the appropriate level of mental health crisis services available to them in an appropriate or effective time frame.

BACKGROUND: Research has shown that mobile crisis services are:

- Effective at diverting people in crisis from psychiatric hospitalization
- Effective at linking suicidal individuals discharged from the emergency department to services
- Better than hospitalization at linking people in crisis to outpatient services
- Effective in finding hard-to-reach individuals
- Providing a mental health response also limits interactions with police

In 2016 MMB reported the cost savings for crisis services is $102 per person avoiding hospitalization, and $1,080 per person avoiding the criminal justice system. Mobile crisis interventions are face-to-face, short-term, intensive mental health services provided during a mental health crisis or emergency. These services help the recipient to:

- Cope with immediate stressors to lessen suffering
- Identify and use available resources and recipient's strengths
- Avoid unnecessary hospitalization and loss of independent living
- Develop action plans
- Begin to return to their baseline level of functioning

$102

cost-savings per person avoiding hospitalization.

$1,080

cost-savings per person avoiding the criminal justice system.

Crisis Response *continued*

Mobile crisis services are available throughout Minnesota for both adults and children. Hours of coverage vary as does ability to respond. Other components of the crisis system should include urgent care or walk in clinics, direct referral from 911, psychiatric emergency rooms, and crisis homes. The Legislature appropriated one-time funding of $8,472,000 in FY 2024 and $830,000 in FY 25 with the funds available until June 30, 2027.

POLICY RECOMMENDATIONS:

- Ensure mobile crisis services are provided free of charge, without copayments
- Don't allow plans to charge a copayment for crisis services
- Allow crisis teams to use funds for protected transport vehicles
- Promote 988
- Increase funding for crisis teams
- Create a task force to explore issues related to transport holds

Children's Mental Health

Children's Mental Health Building Blocks

ISSUE: Children's mental health needs are going unmet, due to a lack of mental health services. Children are waiting for months to access needed treatment and families are too often forced to rely on hospital emergency departments as their front door to care. This crisis is not new and it's getting worse. It is harming children and families, debilitating our emergency systems and needs immediate attention. Children's Therapeutic Services and Supports funding had not been increased since 2007. In 2024, they received a meager 3% increase. Right now, children's mental health organizations are not able to recruit and retain staff because of these very poor reimbursement rates. Children at-risk and their families are not getting services.

The solution is to build the mental health system children and families need to live their best lives. The following Building Blocks outline the investments and infrastructure required to solve the current crisis and provide treatment to our children.

By investing in the building blocks of children's mental health, we can build the continuum that children and families need to access treatment and live their best lives.

POLICY RECOMMENDATIONS:

- Build infrastructure and enhance training support for children's in-home services via enhanced rates and more occupational therapy and positive behavioral supports
- Create a child mode for non-emergency medical transportation
- Remove the antiquated term "emotional disturbance" from statute and replace it with "mental illness"
- Create a Youth Care Professional Training Institute
- Eliminate the phrase "out of home placement" in Minnesota Statute 245 and making it "residential treatment"
- Support aftercare services by replicating Community Integration within CTSS
- Increase funds for school-linked mental health which will face a funding cliff in the next biennium
- Increase the funding for the third path for residential to avoid child protection
- Support innovative care pathways and boarding decompression through the MH Collaborative Hub
- Fund and update language around youth care transition team grants
- Fund High-Fidelity Wrap-Around for children and families with complex care needs
- Make it easier to train Family Peer Specialists
- Improve the MNChoice assessment process
- Increase staffing for SMRT (State Medical Review Team)
- Target funding for licensed respite providers for children and youth with complex needs
- Fund children's crisis residential until Medicaid funds come through
- Create working group to develop recommendations to expand PRTFs (Psychiatric Residential Treatment Facilities)
- Increase rate by 50% for in-home intensive mental health care
- Provide funding to DOC to provide mental health care in juvenile detention centers
- Fund High Fidelity Wrap-Around for youth involved in juvenile detention

Education K-12 and College

ISSUE: Providing mental health care to where youth are eliminates barriers and increases access. Schools have an important role to play in supporting students with mental illnesses, but they need to partner with community mental heath providers to do this work effectively.

BACKGROUND: Since 2008, grants have been made to community mental health providers to collaborate with schools to provide mental health treatment to children. This program has reduced barriers to access such as transportation, insurance coverage, and finding providers.

This program works collaboratively with school support personnel such as school nurses, school psychologists, school social workers and school counselors. The providers bill private and public insurance and use grant funds to pay for students who are un/underinsured and for services for which you can't bill insurance. Grants are used to build the capacity of the school to support all children.

Data show that of the children served in this program, 50% of the children had never been seen before, and 50% had a serious mental illness.

In 2023, the Legislature appropriated $14 million for school-linked services in fiscal year 2024 but only $9 million for fiscal year 2025. Last year, the Legislature appropriated an additional $3 million for fiscal year 2025, but there is still a gap to fill and increased funding is needed.

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.

Last session the legislature required students to receive education on mental illnesses. However, there are very few programs or curricula available.

POLICY RECOMMENDATIONS:

- Increase funding for school-linked mental health services
- Require MDE to approve curriculum to educate youth about mental illnesses
- Fund college-linked mental health services for community colleges
- Require coaches to have training on mental illnesses
- Require MDE to continue the advisory committee on seclusion and restraints

Mental Health Workforce

Recruitment and Retention to Address Workforce Shortages

ISSUE: Minnesota has longstanding significant shortages in the mental health workforce. Not only do we need to do more as a state to recruit and retain a larger mental health workforce, but we also need a mental health workforce that can be responsive to and reflect the needs of our diverse communities.

BACKGROUND: For many years Minnesota has experienced a shortage of providers for mental health services. This shortage is felt most acutely in rural areas and for culturally specific communities. Nine of eleven geographic regions in Minnesota are designated as mental health shortage areas by the Health Resources and Services Administration. As more people seek mental health treatment, there is an urgency to increasing the supply of community mental health professionals, especially those able to meet the needs of our diverse community.

9 out of 11 geographic regions in Minnesota are designated as mental health shortage areas.

There is an urgency to increasing the supply of community mental health professionals, especially those able to meet the needs of our diverse community.

The 2015 Mental Health Workforce Task Force made a number of recommendations to address shortages by increasing the number of qualified people working at all levels of our mental health system. Several of these recommendations were passed during the 2021 Legislative Session including requiring mental health professionals to have at least 4 of their 40 hours of continuing education on cultural awareness, racism, and cultural humility; allowing Licensed Alcohol and Drug Counselors to access the health professional education loan forgiveness program; and funding CEUs for BIPOC mental health professionals to become supervisors. A Culturally Informed and Culturally Responsive Mental Health Task Force (CICRMHTF) was also established to evaluate and make recommendations on improving the provision of culturally informed and culturally responsive mental health services throughout Minnesota.

In 2023, the Legislature increased funds for loan forgiveness for mental health professionals, established a program to train pediatricians and primary care providers with psychiatrists, funded an additional psychiatry residency slot, funded BIPOC mental health professionals to become supervisors, and provided funding for students at community mental health agencies to receive free supervision.

And in 2024, additional helpful changes were enacted such as clarifying the definition of clinical trainee, joining the interstate compact for LPCCs and social workers, and offering an alternative pathway to licensure for social workers.

While we have made progress, more must be done to attract and retain mental health professionals due to the critical workforce shortage. We also need to invest in traditional healing models that incorporate multigenerational and multidisciplinary approaches. People of color and new immigrants face additional hurdles when trying to become licensed as a mental health professional.

Recruitment and Retention to Address Workforce Shortages

continued

POLICY RECOMMENDATIONS:

- Create alternative pathways to licensure for mental health professionals from diverse backgrounds and work with the licensing boards to encourage people to provide demographic/ethnic information in order to measure progress.
- Establish a mental health and substance use disorder education center at the Minnesota Department of Health to increase the workforce and diversity. The center can analyze data, engage high school students, identify barriers to licensure, help people understand the different MH/SUD professions, develop training to increase the knowledge about mental health and substance use disorders for other health care professionals, including but not limited to community health workers, pediatricians, primary care physicians, physician assistants, and nurses; and support training for integrated mental health and primary care in rural areas.
- Update children's licensing category for the Youth Care Professional Institute and create and fund the institute
- Align the state's peer specialist standards with SAMHSA's
- Update the Health Professionals Services Program
- Provide specific funding in the Dual Training Pipeline program for social workers from cultural or rural communities
- Create and fund paid field internships for mental health programs. Ensure protections are in place to protect the learning experience and prevent exploitation.
- Continue funding for the program that supports BIPOC mental health professionals to become supervisors
- Continue funding for paying for supervision
- Continue funding for the pilot program to train pediatricians and primary care residents in children's mental health
- Reform qualifying routes and supervision requirements to increase the utilization of Case Management Associates and Mental Health Rehabilitation Workers
- Expand qualifying routes for Mental Health Practitioner and Mental Health Rehabilitation Worker to recognize additional relevant educational and professional experience
- Incorporate tax credits for mental health and substance use disorder workers

Criminal Justice

Juvenile Justice

ISSUE: Children with mental illnesses are severely overrepresented in the juvenile justice system. The federal Office of Juvenile Justice Delinquency and Prevention (OJJDP) estimates around 70% of juveniles have a diagnosable mental health condition. On top of this, data and first-hand experience in Minnesota show deep racial disparities in the juvenile justice system – Black and Brown children are more likely to be put in the legal system and are punished more severely than their white counterparts.

BACKGROUND: When children and their families cannot access mental health care in the community, a crisis can lead to involvement in the legal system. Other factors are also proven to be risk factors for legal involvement including housing insecurity, parental incarceration, and school suspensions. The first solution to disparities in the juvenile justice system will always be building an equitable children's mental health system. This includes prevention, school-linked services, a continuum of care in the community, and sufficient crisis and inpatient services.

We also need many interventions for youth who have already entered the system. Minnesota has specifically seen a growing crisis with children with very complex needs who cannot find placements around the state. Some board in emergency rooms, some are taken out of state. Many of these children are not involved with the justice system, but for those who are, finding placements can be even harder, and the children can be placed in juvenile detention facilities.

Last year, the legislature initiated raising the lower age of delinquency in Minnesota from 10 to 13. It is important to prepare for the 2026 implementation by increasing capacity to serve children and families outside the juvenile justice system. Raising the lower age is one great first step in reducing the number of children who are found incompetent to stand trial, but even many children over the age of 13 are found incompetent. When a child is found incompetent to stand trial, their family should have timely access to the help they need, like high fidelity wraparound services and residential care.

We believe that all children deserve a rehabilitative and restorative response when they have committed a crime. We know that children in the juvenile justice system are overwhelmingly survivors of trauma, yet many corrections practices are not trauma-informed, and worse yet, can be retraumatizing. We need to work together to realize the values of rehabilitation by investing in diversion programs and restorative justice, and providing adequate care for children across a full continuum, including in detention facilities.

POLICY RECOMMENDATIONS:

- Provide technical assistance and funding for services to implement the change in the lower age for delinquency from 10 to 13
- Increase mental health care in detention facilities
- Address the issues in juvenile competency attainment
- Provide funding to expand high fidelity wraparound services
- Require minimum standards for juvenile court examiners
- Create stronger protections and oversight for interrogation of juveniles

Public Safety

ISSUE: People with mental illnesses and Black, Indigenous, and people of color (BIPOC) communities are disproportionately impacted by our public safety and criminal legal systems. We need more equitable resources to divert people away from the legal system, restore those who are in the legal system, and support public safety and legal professionals who work in these environments.

Public Safety *continued*

BACKGROUND: Everyone has mental health needs – victims of crimes, first responders, lawyers, judges, the accused, corrections officers, incarcerated people, and the families and loved ones of every one of these people. While the issues across the legal system can be very complex, we operate from the simple principle that everyone deserves to be safe.

This means that whenever we are talking about public safety, we are talking about adequate mental health supports for victims and families, job-specific supports for first responders, mental health care in our jails, support for corrections officers, trauma-informed courts, court officials who partner with the mental health system, robust rehabilitative services in our prisons, and sufficient resources for probation officers and people reentering the community.

Many times, symptoms and untreated mental illnesses can result in criminalization, whether it is called trespassing or disorderly conduct, the underlying issue is not criminal behavior, but unmet needs. We know that when we respond to the underlying issues, the criminal concerns often resolve themselves, and in many cases, responding to root social issues costs less to taxpayers and human beings than a criminal legal response. In cases where a person has committed a serious crime, it is also important that adequate mental health supports are in place throughout the legal system so that a person can be held accountable for their harm and that everyone in the community can be safe.

Finally, when we talk about public safety we are also talking about systemic racism. In the United States many of our laws and corrections practices were created out of the notion that (BIPOC) are inherently more dangerous than white people. When we work to correct and improve our systems, we must address systemic racism head on and take action to allow communities of color to heal from the significant trauma that has been inflicted and continues to harm them today.

POLICY RECOMMENDATIONS:

- Fund reentry coordination programs, or jail social workers
- Eliminate co-pays for mental health medications in jails
- Decriminalize homelessness

Prison and Probation

ISSUE: People with mental illnesses need support and treatment while in prison and serving sentences under community supervision. 95% of incarcerated people in Minnesota will reenter the community. Prisons need more mental health professionals and trauma informed practices to ensure that people can live safely while incarcerated and reenter the community with stability and safety.

Minnesota also faces a dire need for resources in community supervision, from workforce to adequate treatment options to ensure that people are successful as they serve their sentences. Startling data from the Department of Corrections has shown thousands of people are being released from prison into homelessness each year.

BACKGROUND: Many people are returned to prison for less than 90 days for technical probation violations, where they will not be engaged in programming for such a short sentence. Thus, many people are removed from their community where they may be working, engaging treatment, and supporting families and are returned to prison on small violations with no support, risking loss of treatment, employment, and housing. Minnesota must prioritize resources for community supervision to support people and relieve the strain on the needs of the prison population.

POLICY RECOMMENDATIONS:

- Increase staffing levels for mental health and substance use disorder treatment staff
- Increase diversion of technical-violators, lower-risk-level, non-violent offenders out of the prison and jail systems and into community-based alternatives to incarceration
- Expand release options like work release and compassionate medical release
- Reduce the use of solitary confinement and promote rehabilitative safety measures in prisons

We need a path forward for mental health. Care and treatment take us from crisis to recovery.

Mental Health
LEGISLATIVE NETWORK

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