

**Governor’s mental health initiative:
Comparison of proposed 2006 versus final 2006 legislation and 2007
proposed legislation**

Proposal	Final 2006 legislation	Proposed 2007 legislation
Adoption of a comprehensive mental health benefit set across publicly funded health care programs	Not adopted, but previous legislation allows DHS to implement part of this proposal by including adult mental health rehabilitation services in the Pre-Paid Medical Assistance Program.	<p>Adopt a consistent mental health benefit set across all DHS health care programs. The mental health benefit changes would be phased in over CY 2008-09. In CY 2008, GAMC/MinnesotaCare benefits would be expanded to include all outpatient mental health services covered in MA except for mental health targeted case management (MH-TCM). In CY 2009, MH-TCM would be added as a covered benefit and all non-inpatient mental health benefits would be available in both the pre-paid and fee-for-service sides of the state’s health care programs.</p> <p>Implement an intensive mental health outpatient treatment benefit within the Minnesota Health Care The proposed response is to develop a new code and reimbursement rate effective 7-1-2008 that fits the intensity of the service provided. This benefit is limited to only covering dialectical behavior therapy (DBT) for adults.</p>
Integration of mental and physical health care	Not adopted as proposed, but separate legislation in the same bill and in S.F. 2833 allows development of managed care options for people with disabilities.	<p>Increase the portion of public health care clients whose mental health services are provided through integrated health care networks and demonstrate methods to improve the coordination between mental health care, physical health care, and social services.</p> <ul style="list-style-type: none"> •RFP, •Take advantage of Medicare funds w/Special Needs Plans, •Phase in no more than 40% during the first year, •Opt-out for SED in the integrated networks ends – voluntary enrollment for SPMI. <p>Because of funding arrangements established last year in M.S. 256B.69, Subd. 28, the net state cost of the proposed integration and enrollment changes outlined above is estimated to be budget neutral until FY 2011. The net agency administrative costs are estimated at \$103,000 in FY 2008 and \$424,000 in FY 2009, and \$406,000 in both FY 2010 and FY 2011.</p>
Infrastructure investments:		
Crisis services	\$1 million per year for two years	<p>A statewide mental health crisis intervention and stabilization infrastructure. Infrastructure investment grants would be employed to develop and support crisis response services as a first line safety net for both adults and children. Current levels of uncompensated care for these services (over 30%) make it impossible to maintain a viable system of crisis services for either public or private sector clients on just the revenue generated through public and private insurers. Crisis service providers cannot refuse services to individuals who have no coverage.</p> <p>The 2006 legislature appropriated \$1 million in FY 2007 and FY 2008 to help ensure the availability of mental health crisis services. This proposal seeks to increase that amount by \$3 million in FY 2008 and to establish base funding amounts of \$7 million in FY 2009 and \$9 million in FY 2010 and FY 2011.</p>

Childrens' school-based services	Not funded	<p>Shore up children's school-and community-based mental health services infrastructure. A primary funding source for children's mental health collaboratives (known as the Local Collaborative Time Study or LCTS) has experienced a marked decline in revenue due to changes in federal regulations. This funding previously supported much of the state's school-based mental health service infrastructure. These co-located mental health services are critical to the educational success of many children with severe emotional problems. The funding also supports a variety of outreach activities, service coordination, and early childhood programs designed to prevent or address developing mental health problems that could jeopardize a child's success at school. The grants would primarily pay for services to uninsured and under-insured children or services for which there is no available coverage.</p> <p>Appropriations of \$6.825 million for FY 2008 and \$13.65 million per year beginning in FY 2009 are requested to support the school-based mental health treatment and early childhood development infrastructure through 44 children's mental health collaboratives.</p>
Bed tracking system	Approved as proposed, for FY07-08. Total new: \$336,000	<p>This proposal seeks \$52,000 each year beginning in FY 2009 to maintain the tracking system once it is operational. The 2006 legislature appropriated administrative funding totaling \$150,000 in FY 2007 and \$52,000 in FY 2008 to establish the tracking system.</p>
Evidence-based practices grants	Not funded	<p>Develop and support evidence-based practices and best practices. Appropriations of \$1.5 million for FY 2008 and \$3 million for FY 2009, and \$4 million for FY 2010 and SFY 2011 are requested to fund grants to develop and support local implementation of evidence-based and best practices beginning in CY 2008.</p>
Address workforce shortages – increase rates by 23.7% for psychiatrists and other critical mental health professionals	Approved as proposed. Total new: \$7.5 million, which will generate additional federal match of \$5.9 million	<p>Address workforce shortages and infrastructure stability problems by increasing Minnesota Health Care Program rates for smaller Children's Therapeutic Services and Supports (CTSS) and Adult Mental Health Rehabilitation Services (ARMHS) providers when they provide the services which were included in the 2006 rate increase. Also the rate increase is would be extended to children's mental health behavioral aid and AMHRS medication education services.</p> <p>Appropriations totaling \$382,000 in FY 2008, \$1.98 million in FY 2009, and \$3.016 million in FY 2010 and FY 2011 are requested to extend the 23.7% rate increase to these specific providers and services that were not addressed in the 2006 session.</p>
Specialty populations grants	Not funded	<p>Develop and support treatment resources for groups with specialized treatment needs. Finally, grants would develop and support specialty programs, such as those for culturally specific populations, or challenging "niche" treatment populations, such as those persons with eating disorders or treatment resistant psychoses. Funds would be earmarked for local service start-up costs and ongoing costs for uninsured and underinsured individuals.</p> <p>Appropriations of \$500,000 for FY 2008 and \$2 million in FY 2009 and \$2.5 million in FY 2010 and SFY</p>
Outcomes measurement	Approved as proposed, for FY07-08. Total new:	<p>Develop a system for collecting and evaluating mental health treatment outcomes. Administrative funding with a</p>

	\$436,000	net cost of \$61,000 from the health care access fund per year beginning in FY 2009 is requested to maintain operation of the outcomes reporting system.
County maintenance of effort	Approved as proposed	
Increase in county share for regional treatment center placements	Not adopted	<p>DHS proposes that the county share for uninsured stays at Anoka Metro Regional Treatment Center would be reduced from the current 20% to zero for the first 30 days, continue at the current 20% for the 31st thru the 60th day, and increase to 50% for any days over 60.</p> <p>The investments in the mental health service infrastructure elsewhere in this proposal provide counties with the tools to avoid necessary admissions to regional treatment centers and facilitate timely discharges. These changes would be effective 1-1-08.</p> <p>Increasing the county share of state operated treatment center costs generates an estimated \$2.288 million in General Fund revenue in FY 2008 and \$4.576 million per year from FY 2009 through FY 2011.</p>
Housing	n/a	<p>Expand access to a range of housing options.</p> <p>This proposal is intended to complement a proposal from the Housing Finance Agency to increase the state's "Bridges" program which currently provides about \$1.6 million annually in rent subsidies to persons with mental illness who are waiting for their applications for Section 8 housing to be processed and accepted. There are a number of adults with serious mental illness whose housing needs are more complex than a rent subsidy. These needs may include additional supervision and support to assure safety and stability. This proposal includes funding for startup and ongoing costs associated with the specialized housing options that are sometimes needed by adults with serious mental illness.</p> <p>Appropriations of \$1.5 million for FY 2008 and \$3 million per year in FY 2009-11 are requested to fund grants to expand the availability of a range of housing options for persons with mental illness.</p>

The final language is contained in HF4162, (also known as Laws of 2006, Chapter 282):
<http://www.revisor.leg.state.mn.us/bin/bldbill.php?bill=H4162.3.html&session=ls84&print=1>