

Adult Behavioral Health

HENNEPIN COUNTY
MINNESOTA

Provide effective and efficient systems for those with behavioral health concerns

Hennepin County has a responsibility to care for our communities' most vulnerable residents, including those who have significant issues with behavioral health conditions (mental illness and substance use disorders).

Our systems must lay the groundwork for better outcomes for clients and create smart long-term investments for taxpayers.

Accordingly, Hennepin County urges the Minnesota Legislature to:

- Refine previous legislative action by reinvesting 100 percent of fines imposed on counties for patients at Anoka-Metro Regional Treatment Center who no longer meet criteria for appropriate level of care into county-administered grants to providers for the coordinated development of the community mental health system.
- Require the state to continue to provide competency restoration services.
- Hold DHS accountable to the full implementation of SUD reform by the July 1 deadline.

Investment in effective community behavioral health

Each year, Hennepin County pays approximately \$12 million in penalties, levied from property tax, for clients in state treatment facilities. About one-third of these costs are paid for patients who no longer meet criteria for the level of care provided at the facility. These clients would be better served at less cost through community-based treatment, but there aren't appropriate resources to meet that need.

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In 2018 an innovation grant returned \$2 million in county fees across the state for the coordinated development of the community mental health system. This time-limited, two-year grant provided \$500,000 per year for providers serving urban counties and the same for rural counties. Unfortunately, the small earmark does not come close to addressing the need. In 2020, funding is expected to be significantly reduced and there are no guarantees counties will be awarded these funds. As a result, fiscal and operational planning is extremely difficult. Clients, providers and counties would be better served if the state would directly allocate assessed fees back to counties for planning that supports ever-changing needs and leveraging with other strategic opportunities.

The growing need for services will require strong partnerships between counties and providers for effective treatment, beds, and staff. As mental health authorities, Minnesota counties must administer resources to achieve effective solutions across the continuum of care. The 2017 act allows any provider to apply for the grants, without consideration of the need for a coordinated system. Currently, counties' only involvement is providing letters of support, which limits our ability to create effective partnerships.

If property tax dollars that are levied in fees are returned to counties to administer, provider requests can be considered in light of a coordinated system of community behavioral health care that provides better outcomes at lower cost over time.

Substance use disorder reform (SUD) was passed by the Minnesota Legislature in 2017. Main constructs of reform involve direct-access to care and Medicaid billing for withdrawal management. While many steps have advanced SUD reform, there remains delay in the infrastructure and related billing mechanisms necessary to bring these reforms to fruition. Direct Access supports the right of clients to choose what type and where they receive addiction care and changes the counties' role by replacing the current "Rule 25" system. Full implementation without further delay intends to reduce wait times for people seeking treatment, improve outcomes through enhanced service models, reduce emergency department visits, and allow for reimbursement of those services through Medicaid or the behavioral health fund, saving Hennepin County up to \$10 million annually in property tax expenditures.

Competency restoration

Historically, the state has provided competency restoration for people who have been civilly committed and determined incompetent to stand trial. On December 18, 2018, the Department of Human Services released a bulletin changing this practice, indicating that the state would no longer be paying for these services. This is a cost shift to counties to deliver services without stakeholder input or understanding of the impact on the community.

Counties do not have the infrastructure to support competency restoration. As a result, people charged with a crime who are suffering from mental illness are forced to return to jail, or are discharged to the community without needed support or conditions of release – even if competency has not been restored. This new system gap has compromised the ability to effectively return people to stability in community settings and has compromised public safety.

We urge additional conversations with advocates, county attorneys, public defenders, law enforcement and judges to ensure changes are made intentionally and safely.

