



Minnesota

In 2006, Minnesota's mental health care system received a grade of C. Three years later, it remains a C. The state is working hard to chart a course for reform. Recent investments in the system have not yet produced results that might have helped improve its standing.

Minnesota has made significant recent investments in infrastructure for its mental health care system. In 2007, the state increased the mental health budget for adult services by about \$21 million to increase access to providers. Minnesota is also piloting an integrated approach to mental and physical health care that consumers and families hope will lower mortality rates.

Minnesota also has enjoyed bipartisan support for mental health services. Governor Tim Pawlenty and the Department of Human Services Chemical and Mental Health Services Administration (CMHSA) established a Mental Health Initiative, and leaders of the state legislature created a mental health subcommittee in the Health and Human Services Policy Committee specifically to advance mental health policy.

CMHSA administers the mental health care system. Local mental health authorities—county boards and their agencies or multi-county authorities—ensure delivery of services through case management or contracts with providers.

Minnesota's strengths include the creation of a uniform benefit package for mental illness for all state-funded insurance plans. Notably, MinnesotaCare, the state's program for the uninsured, has the most expansive outpatient benefits of any state uninsured plan. Individuals who lose Medicaid coverage and come under MinnesotaCare retain the same benefits. These include Assertive Community Treatment (ACT), adult rehabilitative services, intensive residential treatment, and crisis services. The state requires Medicaid health care plans to provide unrestricted access to all psychiatric medications.

Minnesota could do more to address workforce shortages and transportation needs in rural areas, as

Innovations

- Investment in infrastructure
- Strong vision for the state mental health system
- Uniform benefits for mental health in all state programs

Urgent Needs

- Reduce workforce shortages, particularly in rural areas
- Ensure access to treatment for diverse communities
- Housing and employment programs

Consumer and Family Comments

- *"There are a wide variety of services available and that Minnesota is committed to taking care of its citizens. I hope they continue to do so."*
- *"Need more providers especially in rural areas. We often have to wait two months for an appointment and many people are driving a long way."*
- *"It is difficult to find employment that allows reasonable accommodations for psychiatric disabilities."*

well as disparities in access to services. Despite progress in providing housing and employment supports, demand for these critical services continues to exceed availability. Criminalization of mental illnesses also is a concern. There are only two mental health courts and a few police Crisis Intervention Team (CIT) programs in the state. The state's infrastructure investment addressed many of these needs, but the state will need to build on that effort.

In 2005, the Minnesota Mental Health Action Group, a broad coalition of state officials, advocates, providers, insurers, and others, mapped a strong vision for the future of mental health care in the state. Its report is aptly named the *Roadmap for Mental Health Reform in Minnesota*.

Minnesota has a foundation for progress. A broad coalition has mapped priorities for reform. The governor and legislature know the issues. The state's challenge now is to build momentum to meet the needs of its citizens living with mental illness.