Landmark mental health legislation was passed by the Minnesota legislature in 2021. While this legislation addressed some gaps in our mental health system, there is more that can be done. More than 800,000 adults in Minnesota have a mental illness, and nearly 200,000 of those adults needed but did not receive mental health care. Hospitals and health systems are dedicated to fighting stigma and providing the most appropriate care to patients with mental illnesses, substance use disorders, and co-occurring conditions. Without continued policy emphasis and additional funding, access will remain inadequate; available workforce will still be insufficient; and the struggles to find appropriate, effective, convenient, and affordable services will continue to grow.

\[1/4\text{ of Minnesota adults with mental illnesses are not receiving mental health care.}\]

There is strong bipartisan recognition that mental health services are at a breaking point from unyielding demand for services and workforce shortages. One area of highest concern is the need to strengthen the continuum of care for adolescent mental health services that require residential treatment and home-based care.

MHA urges the legislature to build on its momentum by:

- **Increasing the availability of Psychiatric Residential Treatment Facilities (PRTFs)** that offer residential mental health services for adolescents who do not require inpatient services but still need a high level of care.

- **Seeking improvement of payment rates for mental health services.** State and federal public health programs – including Medicare, Medicaid, and MinnesotaCare, as well as commercial health insurers – must increase reimbursement rates to mental and behavioral health.

- **Extending coverage of audio-only telehealth services.** In 2021, the legislature expanded Medicaid and MinnesotaCare coverage for audio-only telehealth services through July 1, 2023, and directed the state agencies to conduct a study and develop recommendations on future coverage. Given the final version of the state's report and recommendations are not due until 2024, coverage should be extended to allow for additional data collection.

- **Funding additional Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) units,** that use the emergency mental health care model. EmPATH units provide an alternative to an emergency room for individuals experiencing a mental health crisis, and are proven to reduce hospital admissions.

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