

Adult Mental Health

HENNEPIN COUNTY
MINNESOTA

Adequately fund essential mental health services

Counties have a responsibility to ensure a vibrant service array for all residents, including those with significant mental health needs.

The state must adequately increase its investment in communities, particularly BIPOC communities facing stark disparities, to improve outcomes and prevent the need for expensive deep end interventions. The state must cease cost shifts in critical safety net services to already stretched county budgets.

Accordingly, Hennepin County urges the Minnesota Legislature to:

- Reinvest 100% of fines imposed on counties for patients at Anoka-Metro Regional Treatment Center (AMRTC) who do not meet criteria (DNMC) for treatment to county-administered services, to distribute as counties deem necessary, to maintain local mental health systems.
- Eliminate county-imposed fines for patients at AMRTC who are on wait lists for other state operated facilities.
- Ensure Direct Care and Treatment (DCT) operates at capacity to meet the statewide need.
- Create an equitable Adult Mental Health Initiative (AMHI) funding formula and expand funding to serve individuals with serious mental illness.
- Allow flexible use of the Transitions to Community grant and require the state to fully spend the allocated amount.
- Change eligibility of Emergency Medical Assistance to support people transitioning from AMRTC.
- Fund the unfunded mandate activities of civil commitment monitoring.

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Cease cost shifting to counties and address inadequate funding

Each year, Hennepin County invests more than \$29 million in adult mental health services. More than \$14 million annually, levied from property tax, is in cost shifts from the state for residents in state treatment facilities. Nearly \$4.5 million is in fines for individuals who DNMC at AMRTC.

The AMHI grant is intended to fund the community based mental health network. Hennepin's funding decreased by nearly \$1.5 million between 2014 and 2015 and has not been made whole since. Additionally in 2022, DHS proposed a new formula to allocate AMHI dollars. The proposed formula fails to incorporate considerations for disparities and undervalues population measures. Current guidelines drastically restrict eligibility for programming, impacting residents with serious and persistent mental illness (SPMI), forcing residents to become worse before staff can intervene. This traps residents, as well as service providers, in a deep web unequipped to meet growing demand.

The **Innovations** grant is intended to improve access to community-based mental health services and reduce entries to and lengths of stay in Anoka Metro Regional Treatment Center and community behavioral health hospitals, providing \$2 million in county fees every biennium through grants across the state for the coordinated development of the community mental health system. These two-year grants provide \$500,000 per year for providers serving urban counties and the same rural counties. While statewide funding remained flat in 2020, the County's annual grant funding was reduced by \$118,000.

Address system gaps and bottlenecks

Lack of adequate resources for the mental health system results in poorer health and well-being outcomes for residents as well as increased disparities for BIPOC residents. For example, while BIPOC residents make up 26% of adults in Hennepin, they make up at least 55% of people under civil commitment. Insufficient funding allocation impacts include:

- Hennepin County has approximately 16 people at any given time waiting in jail an average of 7 weeks from the time of priority admission eligibility for a bed at DCT. Residents are also boarding at hospitals and decompensating in community due to the lack of access to DCT. Hennepin was billed more than \$1.3M in 2022 for individuals deemed DNMC at AMRTC waiting for a bed at the state's Forensic hospital.
- 80 Hennepin County residents are on waitlists for Adult Mental Health Targeted Case Management (AMH TCM) services. Lack of access to preventative AMH TCM results in decompensation and further deep end involvement.
- Recommitment for individuals on civil commitment increased 33% from 2015 to 2021. Without sufficient community supports, there is over-reliance by the Court, attorneys, and hospitals on keeping individuals under civil commitment, adding to the bottleneck and burden on resident lives.
- Lack of sufficient supports to effectively serve adults with complex mental health needs, particularly individuals who are justice involved or at risk of being so, contributes to bottlenecks in institutions and residents cycling through deep end services. In 2022, 115 residents on civil commitment were booked into the Hennepin County jail 161 times.

These impacts and support needs leave minimal funding for upstream supports that would better meet diverse community needs. Residents, providers, and counties would be better served if the state directly allocated assessed fees back to counties for planning that supports ever-changing needs and strategic opportunities. If property tax dollars that are levied in fees are returned to counties to administer, counties can fund culturally specific and diverse providers to provide mental health services that meet diverse needs and achieve better outcomes at lower costs over time.

