



A Behavioral Health Agency?
Commissioner Jodi Harpstead
February, 2022

Background of the DHS Behavioral Health Division

- Merger of the Adult Mental Health, Children's Mental Health, and Alcohol and Drug Abuse Divisions in 2018
- Three rounds of leadership changes from 2018-2020 for the Behavioral Health Division, Community Supports Administration and Commissioner of DHS.
- No consistent leadership to build a common employee culture.
- This led in part to \$29M in Tribal MAT and \$8M in County IMD overpayments discovered and made widely public in 2019.

Contracts System Integration Project – March, 2021

- Create a single, robust contracts and grants management system for the Agency, starting with the Community Supports Administration (CSA).
- Software: Agile Apps
- There are three core measures implemented to ensure the success of this pilot project. Example measures:
 - **Measure 1:** 50% reduction in 16A/C violations for the Division within the project time period ending Oct. 30, 2021.
 - **Measure 2:** 100% completion rate of financial reconciliation by June 30, 2022.
 - **Measure 3:** 100% completion rate of grantee monitoring visits by June 30, 2022.

- StarTribune, March, 2021 – **“When asked how far along the agency was in that process, Harpstead reflected for awhile and then said, “We're in the second inning of a nine-inning baseball game.”**
- Operation Swiss Watch new DHS-wide Medicaid Approval Process went into effect in January, 2022.
- Commissioner’s Advisory Panel, December, 2021 – Bill George, Co-Chair – **“This puts you in the 6th inning of that nine-inning ball game!”**
- Investments in Continuous Improvement and Compliance Expansion in 2022 Governor’s Budget when fully implemented, are designed to bring us to the **“bottom of the ninth”**.

Whole-Person Care Progress

- National experts agree that the path forward for behavioral health services is integrating them with physical health services as the science further explores the mind/body/spirit connections of our health.
- Minnesota has fostered the development of 55-and-counting Behavioral Health Homes to integrate behavioral health and physical health into whole-person treatment approaches.
- Separating Behavioral Health from the Health Care Administration in DHS could take these advances backward.

Behavioral Health Crisis

- Do we need to develop a robust plan moving forward for better results in Minnesota in the components of Behavioral Health – Substance Use Disorder, Mental Health, Opioid Addiction? **Absolutely!**
- No state has cracked the code on the opioid epidemic or behavioral health in general, and we have NOT reached mental health parity with physical health in this country despite Congressman Jim Ramstad's leadership to have it declared so in Congress in 1996 and the subsequent passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.
- And so, much of Minnesota's response to these areas is still bound in over 600 state and federal grants and programs – no two alike and each requiring 53 steps over 7-11 months to go from bills being signed into law to contracts with providers.

Behavioral Health Crisis

- I would offer that, with the opioid settlement dollars pouring into Minnesota's counties, cities, tribal nations, and the state, we convene a summit to level-set on state-of-the-art treatments and best practices and lay out a human-centered design roadmap to guide the investment of those varied statewide and local streams to the best return on those investments.
- I would offer that we work with the Department of Administration and the legislature to simplify the behavioral health contract and grant-writing process that has kept providers waiting for the generous funding approved in the last session until now as funds are just beginning to flow.

Behavioral Health Crisis

- I would offer we move forward the proposals in the Governor's budget that:
 - Increase our Psychiatric Residential Treatment Facility capacity for kids by X%
 - Expand Mobile Discharge Units and the Transition to Community Initiative to move people smoothly between care settings
 - Fully implement the intention of last year's historic Direct Access bill
 - Fully implement the intention of last year's historic 1115 Compliance bill that moves Minnesota's services to new evidence-based approaches
 - Extending Housing Supports for people with Mental Illness to people with SUD
 - Investing in First Episode Psychosis and Mood Disorder programs

Behavioral Health Crisis

- I would offer that the go-forward plan would need to take into account that 70-80% of people who benefit from Behavioral Health services through Medical Assistance get their care through managed care and contracts overseen by our Health Care Administration.
- Finally, I would offer that we put the whole capacity of the Department of Human Services with its well-established Legal, Compliance, Finance, Policy, County and Tribal Liaison functions behind these efforts instead of spending the next 2-3 years standing up a small new agency that would have to add all of those functions.

- According to Title XIX of the Federal Social Security Act – 42 U.S.C. § 1396a – each state is required to have a single Medicaid agency that makes decisions regarding use of Medicaid funds in the state and holds authority for the single State Medicaid Plan.
- According to Minnesota Statute § 256.01, “[t]he commissioner of human services is hereby constituted the "state agency" as defined by the Social Security Act of the United States and the laws of this state.”
- In consultation this week with the Deputy Director of CMS and the CMS Directors of Single State Agency Policy, we learned that other states do indeed have separate agencies for Behavioral Health who conduct activities via MOU with their state’s single Medicaid agency.

- While they may contract to provide other services for the single Medicaid agency, only the single Medicaid agency is responsible to CMS for managing policy, rules, and regulations for coverage, reimbursement, eligibility, payments, and fair hearings for all Medicaid-funded services.
- As we have work to provide technical assistance for this bill, it is unclear to our Healthcare Administration's Medicaid Team what this new agency would actually do or what authority it would have to do it.
- And once again, it is a concern that the proposed structure could be at risk of repeating Medicaid payment errors while relying on interagency communication.

Community Supports Administration

February 2022



- Gertrude Matemba-Mutasa is the assistant commissioner for the Community Supports Administration, which includes the Behavioral Health, Disability Services, Housing and Support Services Divisions.
- Gertrude has a background in non-profit finance and an MBA from the University of North Carolina, and has brought stability and a strong culture to the Administration.



- Jennifer Yang is the new Deputy Assistant Commissioner for the Community Supports Administration and has been at DHS for nine years, including stints in the Health Care Administration managing contracts and budgets and the DHS Compliance Office leading process improvement efforts.
- The CSA Contracts System Integration Project earned Jennifer her Lean Six Sigma black belt over the past year.

Behavioral Health Division

February 2022



- Prior to joining DHS, Paul Fleissner was the Deputy County Administrator at Olmsted County. Paul is the recipient of the Minnesota Association of County Social Service Administrators, Past President Award in 2011 and the American Public Human Services Association, Outstanding Member Award in 2014.
- Paul spent the past year with us on an Intergovernmental Agreement helping to stand up new processes and improve employee culture in BHD.
- We are now in a search for the next leader of the Behavioral Health Division and would be glad to include a community behavioral health expert in the search and interview process to select a leader who can move the Division forward while addressing the concerns that have been raised as this bill has been introduced.



The Future of Behavioral Health

- We would be happy to spend the next three years moving Minnesota's mental health, substance use disorder and opioid addiction services to whole new levels instead of working to create a new agency that would have to do the forming, norming and storming we've done over the past three years!