



A Behavioral Health Agency? – An Update
Commissioner Jodi Harpstead
February, 2022

- To repeat, we are just 2/3s of the way through our plan to shore up process improvements in the Behavioral Health Division after overpayment issues two years ago.
- The thought of separating the BH Division before we finish this work, creates anxiety for me!

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.
- In this Committee the other day, someone mentioned that Paul Fleissner from Olmsted County was with us for a year on a temporary Intergovernmental Agreement.
- When his dream company, HMA Consulting, opened a MN office, he jumped at the chance to work there.
- He mentioned on the phone last night that he was getting calls from all over the country to integrate – not separate – behavioral health with physical health.

Behavioral Health Crisis

- I would offer that, with the opioid settlement dollars pouring into Minnesota's counties, cities, tribal nations, and the state, and as we get back to dealing with Minnesota's "other pandemic" of substance use disorder, 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.
- We now have the interest of both the Association of MN Counties and MARRCH to collaborate on a summit.

Behavioral Health Crisis

- I would offer we move forward the proposals in the Governor's budget that:
 - Significantly Increase our Psychiatric Residential Treatment Facility capacity for kids \$29.3M
 - Expand Mobile Discharge Units and the Transition to Community Initiative to move people smoothly between care settings 21.8M
 - Fully implement the intention of last year's historic Direct Access and 1115 Compliance bills that move Minnesota's services to new evidence-based approaches 2.1M
 - Extending Housing Supports for people with Mental Illness to people with SUD 9.2M
 - Investing in First Episode Psychosis and Mood Disorder programs 6.0M
 - Other 24.3M
- \$92.7M

- We have learned that other states do indeed have separate agencies for Behavioral Health who conduct activities via MOU with their state's single Medicaid agency.
- Upon further reading, one of the 13, the Massachusetts Bureau of Substance Addiction Services and their Department of Mental Health report to the Massachusetts Executive Office of Health and Human Services. This is common among states with "separate agencies" with a single focus.
- At least two states – VA and CT – have told us that separating Behavioral Health has been "a nightmare", and at least one state – ND – is working to put theirs back into their DHS agency.
- We have read that this can work in states where "the two commissioners work well together." I would be careful organizing state government in a way that depended on personal relationships to work.

- In other words, this is far from a simple move and deserves a deeply researched and well-thought-out approach before breaking one piece off of the Department of Human Services.
- And this is just about the most complex split from DHS that there is if we want DHS to be smaller and able to have greater focus.

Behavioral Health Division

February 2022

- The Director of the Behavioral Health Division reports to the Assistant Commissioner of the DHS Community Supports Administration – 2 levels down from the Commissioner.
- The Commissioner of DHS has 4 Administration Assistant Commissioners reporting to her. The Governor has 26 Commissioners.

The Future of Behavioral Health

- 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.
- 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!