



Minnesota Association of Community Mental Health Programs, Inc.

*MACMHP improves access to and quality
of behavioral healthcare in Minnesota.*

Representative Jeff Backer
593 State Office Building
St. Paul, MN 55155

RE: Support for funding for Intensive Community Rehabilitation Services (ICRS Program)

Representative Backer:

Thank you for bringing forward HF 1063. I am Tina Nunemacher-Tews, Community Support Program Director from Zumbro Valley Health Center in Rochester, Minnesota. I am writing as a representative of the Intensive Community Rehabilitation Services (ICRS) program.

ICRS programs began in 2008 as demonstration projects recognizing the need for an intensive services model and a newly designed approach to fill the existing service gap in Minnesota between full-fidelity Assertive Community Treatment (ACT) and other community-based rehabilitation and support services.

The initial purpose of the program was to promote participants' independence, rehabilitation and recovery while preventing hospitalizations, incarceration, homelessness and other adverse outcomes. Our program is designed to serve adults: 1) with a serious and persistent mental illness residing in Olmsted or Fillmore county; 2) who are willing to work with a multi-disciplinary team; and 3) who have targeted risk factors of homelessness, medical issues, substance abuse and/or legal issues. The team provides intensive Adult Rehabilitation Mental Health Services (ARMHS), medication education, crisis response services, intensive case management and psychiatric services.

The multi-disciplinary team consists of social workers, mental health practitioners, RNs, a mental health professional and a nurse practitioner. Some key factors which differentiates ICRS from traditional services are: smaller caseload size, mobile community-based services, frequency of visits, a minimum of three weekly team meetings and care coordination with a multi-disciplinary team.

Our program has identified key outcomes to clients' success, including accessing medical care, maintaining housing and developing both community and natural support systems. Last year, program participants achieved the following:

- 81% accessed medical services including primary care, dental, vision or smoking cessation assistance
- 74% participated in three or more monthly community activities, which can include employment, volunteering, schooling and faith-based or social outings
- 98% maintained housing



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Let me tell you about one of our program participants. This person recently obtained full-time employment and moved out of Adult Foster Care to an apartment. This person has discontinued receiving publically funded financial entitlements (MA, cash assistance, food support and GRH) and is now self-sufficient through wages and private health insurance. This participant continues to work with the ICRS team weekly to address symptom management, relapse prevention and independent living skills.

I urge you to consider the continuation of funding for the ICRS programs. Each day, we see participants overcome many barriers and challenges they face and their lives impacted in a positive manner. In 2014, we served over 50 people and currently are at capacity. It is difficult to imagine the void for these individuals if the ICRS programs were not available. Thank you for your time and consideration of the Adult Supports Bill, HF 1063.

Sincerely,

Tina Nunemacher-Tews, CSP Director
Zumbro Valley Mental Health Center