March 5, 2024

Representative Peter Fischer
551 State Office Building
St. Paul, MN 55155

Re: HF4366 (Edelson) - Modifying civil commitment priority admission requirements

Dear Chair Fischer and members of the committee,

On behalf of Allina Health, we are writing to express our strong support for HF4366, as amended by the DE1, which will help alleviate some of the challenges Minnesota's hospitals and mental health care continuum are facing.

Allina Health is a fully integrated health system with 11 hospital campuses, 65 primary care clinics, and 14 urgent care centers across the Twin Cities, and central and southern Minnesota. We provide robust, patient-centered mental health services across the entire continuum and serve patients at every stage of life—from child and adolescent to geriatric. Each year, Allina Health's mental health and addiction program cares for over 100,000 patients statewide through inpatient programs, outpatient services in ambulatory care, adult day treatment, and adolescent partial-hospital treatment.

Patients across the state seeking mental health care have experienced rising challenges in accessing the care they need when they need it. This has been driven by two factors: chronically low reimbursement rates for inpatient and outpatient mental health services and delays in discharging patients to the appropriate care settings. Current Medicaid reimbursement rates are unsustainable for health systems and community providers. The funding increases in the DE1 amendment would provide significant support to providers and stability to the mental health care continuum.

We also support changing the priority admissions process for the Direct Care and Treatment system to prioritize placement for patients committed to the Commissioner to get transferred out of hospitals. Not only are these patients not in appropriate care settings, but they often require significantly more care that can draw staff and other resources away from other patients in need of acute inpatient care. Prioritizing patients based on the patient's acuity needs and the impact of delayed discharge, among other factors, creates a system that supports our staff and the patients most in need of placement.

Thank you for the opportunity to comment. We look forward to continuing to advocate for solutions to our patients' and communities' most pressing challenges.

Sincerely,

Joe Clubb, LICSW
Vice President, MHA
Allina Health

Mary Beth Lardizabal, DO
Vice President, Clinical Service Line, MHA
Allina Health

An association of resources and advocacy for children, youth and families
www.aspiremn.org

March 4, 2024

Dear Chair Fischer and Members of the Human Services Policy Committee,

As a statewide association of children's service providers AspireMN sees the great need for a robust continuum to meet the needs of children and families. When families receive the support they need, children and communities do better.

AspireMN is grateful for the robust proposal outlined by HF4366 in response to the significant need for mental health care to support the wellbeing and futures of Minnesotans of all walks. We know that when mental health care is delivered at the right time in the right place with the right service that people can get better and live their best lives.

We appreciate that HF4366 outlines how we can solve the crisis we see in the absence of access to mental health care. With targeted investments, including the foundational investments required to fix community-based mental health rates, we can shift from crisis to wellbeing for Minnesotans and by doing so support our shared bright futures.

Sincerely,

Kirsten Anderson
Executive Director

Minnesota Association of Community Mental Health Programs

Representative Peter Fischer, Chair
Human Services Policy Committee
Minnesota House of Representatives
March 6, 2024

Chair Fischer and Committee Members

On behalf of the Minnesota Association of Community Mental Health Programs (MACMHP), I am sending this letter to support of House File 4366 – Civil commitment priority admission requirements.

The Minnesota Association of Community Mental Health Programs (MACMHP) is the state's leading association for Community Mental Health Programs, representing 39 community-based mental health providers and agencies across the state. Our mission is to serve all who come to us seeking mental and chemical health services, regardless of their insurance status, ability to pay or where they live. As Essential Community Providers, we serve primarily culturally diverse, low-income, uninsured and public healthcare program insured Minnesotans, who cannot access services elsewhere. We serve our clients with comprehensive and coordinated care.

MACMHP was listed as a member of the Priority Admissions Task Force to help represent the community side of the behavioral health continuum. The Task Force determined that the problem consists of both internal and external care capacity issues. The Task Force also agreed the solutions to civil commitment admissions must also be comprehensive and address both the inpatient and community services up and down stream from them. Yes, Minnesota needs more inpatient capacity. And, we need to invest in community services to prevent situations we can from becoming so acute to need inpatient care as well as supporting capacity to discharge clients to when they are ready to move to less intense levels of care.

Proposals in HF 4366 (DE1) include several key recommendations included in the Task Force report to solve for the capacity gaps in our community-based behavioral health services:

- fixing and increasing our Medicaid outpatient rates (attached appendix)
- streamlining behavioral health regulations to remove clients' barriers to care
- increasing support and investments for first episode psychosis and early episode bipolar disorder grants
- funding voluntary engagement pilots
- applying for an 1115 re-entry demonstration Waiver to support earlier access to care pre-release from jail or incarceration
- support for medication access in county jails and state corrections
- reinvest funds into local communities/ counties to support care

The Task Force report and HF 4366 represent a large collaborative of work across a diverse group of partners all trying to address an issue with systemwide impacts. We look forward to continue working with you, the Department and our other community partners as we all seek to address our state's behavioral health full care continuum. We are asking for your support of HF 4366.

Thank you for your leadership and support.

Jin Lee Palen
Executive Director

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2024 investment in mental health rates

access

Children and families lack access to mental health care — because Medicaid pays for the majority of our children's mental health services, and there is a 40% gap between the cost of delivering care and Medicaid reimbursement rates. This is unsustainable.

Access to care is decreasing, with waiting lists averaging statewide at:

14 WEEKS — Outpatient treatment

16 DAYS — Day treatment

5 WEEKS — School-based services

3 WEEKS — Residential treatment, depending on client needs

10 WEEKS — Children's therapeutic services and supports

Children are experiencing preventable mental health crises — while waiting for care, symptoms get worse and families are thrown into crisis trying to help their children.

capacity

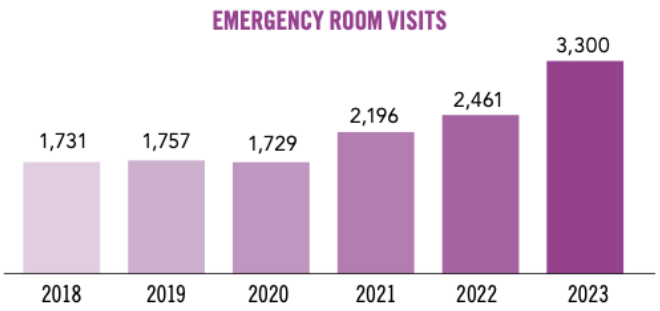
Capacity is shrinking: Mental health providers recently reported shrinking current services, closing services or considering closing services in 2024. All due to inadequate rates.

66% Shrinking current services

38% Closing services altogether

22% Considering closing services

Children are boarding in hospitals, juvenile detention and with counties — being held for their safety and without the treatment they need and deserve. Since 2018, Children's Minnesota has seen an almost 100% increase in emergency room visits for mental health needs.



staffing

Staffing crisis: Salaries are dramatically increasing and reimbursement rates have stayed flat. This makes staff recruitment, retention, training and support impossible.

Since 2018, salaries have increased by:

↑32% Licensed psychologist (doctoral)

↑27% Licensed mental health professional

↑51% Mental health practitioner

↑46% Rehabilitation worker

↑62% Psychiatrist

The solution is fixing mental health rates —

- For timely access and early intervention services.
- To provide healing treatment.
- For success in school and community life.
- To prevent today's reliance on crisis care in hospitals, juvenile detention and other emergency services.

The DHS 2024 Outpatient Services Rate Study provides a framework for the Medicaid mental health rate structure that is needed now and into the future.

Children and families cannot wait another year for a solution — rate increases are crucial to sustaining what we have and preventing further loss in access to care.

The proposed legislation does the following:

- **Section 1. Increase SUD residential rates.**
- Sections 2 and 7. Increase inpatient mental health rates.
- **Section 3. Streamline and increase the Behavioral Health Home rate.**
- **Sections 4 and 5. Set RBRVS rates equal to 100% Medicare Physician Fee Schedule** with 10% bonuses for services in professional shortage and medically underserved areas.
- **Section 6. Increase HCPCS rates and benchmark using market-based costs.**
- Section 8. Eliminate current 20% rate cut for services provided by master-level educated providers.

The bolded proposals are aligned with the DHS Rates Study. Unbolded are additional proposals from mental health providers.

Terms:

- RBRVS – Resource-Based Relative Value Scale. Codes for community-based physical and mental health services including outpatient services such as psychotherapy. These services are also reimbursed under Medicare.
- HCPCS – Healthcare Common Procedure Coding System. HCPCS codes are for Minnesota developed services like in-home family supports such as Children's Therapeutic Support Services. These rates do not have a Medicare comparison.
- Behavioral Health Home – A MA service that coordinates care and addresses social determinants of health risk factors alongside mental and physical health symptoms.

Media coverage:

- Kids are suffering, and we're not doing enough to help (Minnesota Reformer)
- Minnesota addiction treatment centers closing, despite high demand (startribune.com)
- Mental health, and caregivers, are in crisis (startribune.com)
- Study proposes reimbursement rate fix for Minnesota's broken mental health system (startribune.com)
- Patient Discharge Delays Cost Minnesota Hospitals Nearly Half a Billion Dollars in 2023 (mnhospitals.org)

Contacts:
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Minnesota Hospital Association

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March 6, 2024

Chair Fischer and Members of the House Human Services Policy Committee,

On behalf of the Minnesota Hospital Association (MHA) and the patients our 141 hospital and health system members across the state serve, we write to you today in strong support of HF 4366 (Edelson) as amended and its provisions related to (1) recommendations from the Department of Human Services' (DHS) Task Force on Priority Admissions to State-Operated Treatment Programs and (2) foundational community-based mental health rate increases.

Hospitals and health systems across Minnesota currently face immense challenges in appropriately discharging patients once their acute inpatient care needs have been met. In 2023, patients across the state spent roughly 195,000 avoidable days in hospitals, waiting for the right level of care to become available. This includes close to 12,000 avoidable days for children alone. These avoidable days accrue due to significant delays waiting for patient transfers to nursing homes, skilled nursing facilities, rehabilitation units, mental health treatment facilities, and, notably, state operated treatment programs.

Of the total avoidable days documented in 2023, 9,223 days were attributed to unnecessary emergency department care – called "boarding" – that filled some of the most critical care beds in the state with patients often stuck waiting for inpatient care, or simply being brought to a hospital emergency department for the lack of any viable alternative. Overall, the avoidable days significantly increased waits for other patients, forced some patients and their families to find care options elsewhere, with potentially life-altering delays, and cost Minnesota hospitals and health systems an estimated $487 million in unpaid patient care in 2023.

Despite making up a small percentage of patients experiencing care delays, Minnesotans who should be treated in a state operated treatment program often require the most additional attention and care in community hospitals, often with strict security measures best suited for state operated treatment facilities. For example, Hennepin Healthcare currently has a patient that has been in their psychiatric unit for nearly 600 days and who has assaulted staff more than 115 times. If this patient was more appropriately served in a state operated facility, Hennepin's staff would be safer, and their team could serve hundreds of additional patients that need care in their unit. This situation, like many others in hospitals across the state, unfortunately comes at a time when admissions from community hospitals to state-operated treatment programs is at an all time low.

Given the immense challenges facing hospitals and their patients due to the historically high volume of avoidable days and the subsequent historically low community admissions to state-operated treatment programs, MHA strongly supports the following provisions in HF 4366:

- Immediate Exception to Priority Admissions Criteria for 10 Civilly Committed Individuals waiting in Community Hospitals – This exception will immediately free up critically needed community

hospital resources to serve more patients, reduce violence and staff harm, and begin to address the ever-mounting number of avoidable days across the state (Article 1, Sec. 1, Subd. 1, Para. (g)).

- New Medically Appropriate Priority Admission Criteria – The new criteria will productively shift the admissions process away from a patient's physical location towards care-based need and who will be best served via admission. This puts the individual patient first and prioritizes limited resources based on best medical practices for care (Article 1, Sec. 1, Subd. 1, Para. (b)).
- Increase Direct Care and Treatment (DCT) Capacity and Access – Capacity at DCT is desperately needed and dedicated funding to expand access is one necessary aspect to successfully providing the needed services in state operated treatment facilities (Article 4, Sec. 4).
- Increased Funding and Support for Mental Health Community Services – MHA supports the targeting of certain Does Not Meet Criteria (DNMC) payments to support the development of mental health community services, versus their current reversion back to the General Fund. However, MHA recommends caution on relieving counties from this financial responsibility without explicit support from DCT and DHS on where the funds are reinvested (Article 3, Sections 1-3).

Further, MHA also strongly supports the rate increase framework from DHS' 2024 Outpatient Services Rate Study for community mental health services in Article 2, including hospital payment rate increases (Article 2, Section 6). The framework will help prevent reliance on crisis care in hospitals, juvenile detention, and other emergency services. Additionally, increases to rates will better support the recruitment, retention, training, and support for the mental health care workforce that Minnesota needs.

We look forward to working with Representative Edelson, key stakeholders, this Committee, and the full legislature to carry HF 4366 forward in order to ensure that all patients receive the care they need where and when they need it, whether that be in a community-based setting or in a state operated treatment facility. Action must be taken in 2024.

Sincerely,

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