



Minnesota Association of Community Mental Health Programs, Inc.

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

February 28, 2017

Representative Joe Schomacker, Chair
Health and Human Services Reform Committee
MN House of Representatives

Dear Chair Schomacker and Committee Members

Thank you for this opportunity to offer our support to Representative Pierson and House File 1186 – Modifying provisions related to mental health services.

Community Mental Health Programs' Perspective

The Minnesota Association of Community Mental Health Programs (MACMHP) is the state's leading association for Community Mental Health Programs, representing 36 community-based mental health providers and agencies across the state, serving over 100,000 Minnesota families, children and adults. Our mission is to serve *all* who come to us seeking mental and behavioral health services, regardless of their insurance status, ability to pay or where they live. As Essential Community Providers, we are critical to the behavioral health safety net. We serve primarily culturally diverse, low-income, uninsured and public healthcare program insured Minnesotans, who cannot access services elsewhere. Community Mental Health Programs provide wrap-around and community-based services to very complex and vulnerable patients, with love and coordinated care.

MACMHP supports H.F. 1186 and its proposal to increase access to increase the number of people engaged in mental health workforce statewide. Narrow, highly prescriptive credentialing requirements, combined with low wages, constrict potential staff with the experience and skills to serve consumers appropriately from entering the mental health workforce as Mental Health Practitioners in day treatment centers. ***MACMHP supports revised qualifications and credentialing requirements for mission-critical positions.***

MACMHP sees the proposal in H.F. 1186 as a *critical step in addressing the mental health workforce shortage crisis*. We are optimistic near future conversations will address the same and similar workforce barriers for other *mission critical positions* in Assertive Community Treatment (ACT) teams, Adult Rehabilitative Mental Health Services (ARMHS) and additional Children Therapeutic Support Services (CTSS). Along with day treatment centers, impact in these community-based services will increase access to families and individuals.

To that end, we are very supportive of Representative Pierson's H.F. 1186 to address barriers to entering the mental health workforce.

MACMHP thanks you, Mister Chair and the Committee, for this opportunity to provide you with our comments. Please do not hesitate to contact me regarding these comments and general information on community mental health programs at jln.palen@macmhp.org.

Respectfully Submitted

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Minnesota Association of Community Mental Health Program