



Representative Peter Fischer, Chair
Behavioral Health Subdivision
MN House of Representatives
February 23, 2022

Chair Fischer and Members of the Committee

On behalf of Mental Health Resources, Inc. I am writing to convey our support for and urge the Committee to pass **House File 3215 – emergency funding for mental health workforce relief using federal relief funding support.**

Founded in 1976, Mental Health Resources (MHR) is a non-profit 501(c)(3) mental health agency that provides community-based behavioral health and supportive services for people with serious and persistent mental illness. In 2021 MHR served 6,482 individuals. The majority of the people we serve reside in Hennepin, Ramsey, Dakota and Anoka counties. We provide services in 22 counties throughout Minnesota. The vast majority of MHR clients are low-income or living below the federal poverty level. Over 85% of our clients are enrolled in Medicaid/MN Care or other government programs. 13% are uninsured and covered through county contracts, and less than 2% are enrolled with a commercial insurance plan.

Our current programs and services include:

- Mental Health Targeted Case Management (TCM) for adults, transitional age youth and children
- Assertive Community Treatment (ACT)
- Metro Intensive Treatment Team
- Seward Community Support Program
- Special Needs Basic Care Coordination (SNBC)
- Senior/Medicare Care Coordination
- Supportive Housing Program
- Housing Voucher Program
- Outpatient Co-Occurring Substance Use Disorder Program
- Mental Health Outreach Clinic

In calendar years 2021 and 2022, our state's community mental and chemical health programs struggle to provide services under the ongoing pandemic and the extreme workforce crisis. **These crises compound pre-pandemic sustainability issues: workforce shortage, reimbursement rates much lower than services' costs and growing reporting and regulatory administrative requirements.** While we are suffering high losses in operating revenue, our agencies and programs still have to maintain overhead costs – staff salaries and benefits, facilities, compliance/reporting standards and service operations. We are now forced to close programs, services and locations/access points. The full impact of these forces is resulting in our mental health agencies not being able to keep programs open or keep up with our clients' growing needs for care.

We fear some of our community mental/ chemical health programs in greater Minnesota are on the brink of closure, where we are the only outpatient mental and chemical health programs in five and six plus county



service areas. We have extreme loss of staff in sparsely populated areas and inability to keep up with costs of providing care. There is NO back up for many counties if our agencies close. Hospitals and emergency departments will be the only source for care and must absorb the demand.

Our Metro-based community mental and chemical health programs are also closing programs and service sites. We make up the majority of the safety net for Medical Assistance and underinsured populations in the Metro. Because the community mental health programs across the state are the safety net and cannot (and do not) turn people away based on their ability to pay, we are absorbing all these costs, compounding our uncompensated care losses. **Without immediate relief, we cannot keep sustaining these program losses and maintain access to care.**

Please support investment of this one-time ARPA Immediate relief funding to sustain access to current community mental and chemical health services. This support will allow us to advance intermediate and longer-term strategies, including:

- Streamlined, and reduced, reporting and regulatory burdens – allowing providers to focus on care delivery NOT reporting requirements
- Rate reform on MA rates for mental and chemical health programs – We support the DHS study the legislature passed in 2021. We strongly encourage DHS begin with community mental health in the first analysis.

Mental Health Resources, Inc. urgently asks the Committee to increase resource investments into our community-based mental and chemical health care infrastructure by passing H.F. 3215 to for this emergency bridge funding to sustain access to our current services and community infrastructure. If we continue to let our community-based care infrastructure crumble, there will be nowhere for clients to be discharged back to or preventive care, treating illness before it requires inpatient hospital care.

Thank you for considering our request.

Sincerely

A handwritten signature in black ink, appearing to read "Ann Henderson", is positioned above the typed name.

Ann Henderson
CEO
Mental Health Resources, Inc.