"Clients who don't get their mental illness addressed will continue to self-medicate, and in the rare case they stay engaged in treatment, it takes significantly longer to get to the core of their use."

Anne, Co-occurring Counselor, Park Avenue Center

I'm writing you today from Park Avenue Center, a co-occurring SUD provider in Minneapolis since 1979. We are in opposition of the Governor's budget proposal and House position on eliminating co-occurring and medical rate enhancements for SUD providers. I urge you to adopt the MARRCH solutions framework.

Co-occurring rate enhancements allow SUD providers to diagnose and treat a client's mental illness, and not simply address behaviors of addiction. SAMHSA reports that 50-75% of people in SUD treatment have a diagnosis or symptoms of a mental health disorder. During the COVID-19 pandemic, the US National Library of Medicine/National Institutes of Health published articles stating that our government must take the necessary measures to provide mental health support. Clients in our co-occurring treatment are assigned both a Licensed Alcohol and Drug Counselor and a mental health therapist. Many also see psychiatrists and/or psychologists and follow a mental health treatment plan concurrent with their SUD treatment plan. Eliminating the co-occurring rate enhancements goes against evidences-based best practices and incentivizes providers to eliminate licensed mental health professionals.

Hennepin County's Mental Health Court Program recognizes that persons with co-occurring mental illness and substance use disorders need a more specialized and individualized jurisprudential approach. These programs direct individuals with mental health disorders from the criminal justice system to community-based mental health, substance abuse and support services. Elimination of co-occurring rates up-ends this effort to increase public safety by reducing recidivism among those whose criminal behaviors are attributable to mental illness. By eliminating the ability to address mental illness in SUD treatment, these individuals will be grossly underserved, increasing the likelihood of re-offense.

Recently, a client arrived for treatment after suffering a stroke and leaving the ER against medical advice. Our trained medical staff, funded by the medical modifier rate enhancements, were able to quickly recognize dangerous symptoms, easily mis identifiable as symptoms of use, and facilitate getting the client back into medical care.

Another recent client who had been self-medicating his diabetes pain, who now, with the help of our staff funded by the medical modifier rate enhancements, understands the normalcy of his condition, the impacts of his diet on his symptoms, and has the ability to manage his care with a primary doctor.

Medical modifiers allow Park Avenue Center and SUD providers to give their clients direct access to registered nurses and registered dieticians in the treatment setting. Having this staff on-site has proven crucial, time after time, when clients admit with unaddressed medical needs, or even lacking basic knowledge of their chronic medical conditions.

Medical modifier staff testifies to clients who enter treatment without medications for mental illness, diabetes, high blood pressure, and high cholesterol to name a few. Our staff facilitates clients obtaining their meds so they can continue their treatment episode while managing their conditions.

These are evidenced-based, **critical** services that must be reimbursed or providers will be forced to, at best, reduce clinical care leading to poor outcomes. At worst, the current proposal will close facilities all over Minnesota, deter people from entering the human services field, and turn a shortage of qualified staff into complete desolation that will take years to recover from.

Respectfully Submitted,

Jen Stella

Director of Operations
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Sources: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7361582/; https://www.mncourts.gov/mncourts