Minnesota Association of Community Mental Health Programs

Representative Joe Schomacker, Chair
Human Services Policy and Finance Committee
Minnesota House of Representatives
March 12th, 2025

Dear Chair Schomacker and Committee Members

On behalf of Minnesota Association of Community Mental Health Programs – MACMHP, I am sending this letter to of support to **House File 973 and our state's mobile crisis teams.**

Mobile crisis teams are not new to Minnesota. They have been recognized as an important part of the children's and adult mental health system for decades. They are governed under two laws, Chapter 245, and Chapter 256B (Medicaid). Under the Mental Health Acts, counties were to establish "emergency services" starting in 1988 but only with the funding they had, so the teams had limited reach. In 2007 grant funding was made available to counties or Adult Mental Health Initiatives to build the crisis teams and crisis teams can also bill for Crisis Assessment, Crisis Intervention, Crisis Stabilization, and Community Residential under Medicaid and MinnesotaCare. All 87 counties are covered and there are four tribal teams.

Importantly, HF 973 includes the following components:

- Not requiring crisis teams to charge individuals for the services provided
- Referring to the standards laid out in Medical Assistance
- Deleting previous reference to the one central phone number for crisis teams and inserts 988
- Stating that co-payments, co-insurance, and deductibles do not apply to crisis services under MNCare
- Providing an opportunity to provide funding for crisis services and to allow the teams to use funds to purchase and renovate vehicles under protected transport under NEMT

Teams track the primary reason for the crisis team involvement. They reported that 26.88% were for suicidal ideation, 18.58% were for depression, 16.5% were for anxiety or panic, and 10.29% were for psychotic of delusional thoughts. The largest age group served is youth ages 10-19 at 28.60% of the calls, followed by 20-29 year olds at 21.40%, and then 30-39 years olds at 19.10%. 65.9% of the people were White, 6,4% American Indian, 11.50% were Black, 7% were Hispanic, and nearly 25% were unknown.

In 2016, MMB reported the cost savings for crisis services is $1700 per person by avoiding hospitalization or the criminal court system. The legislature provided additional one-time funds in 2023 of $8.472M in FY24 and $8.380 in FY25 and an additional $1M a year for tribal crisis teams. In 2024 the legislature took $1.331 of unspent money and allocated it to other mental health programs. The Governor's budget does not include any additional funding for crisis teams. We know that crisis teams work. In 2021 Travis' Law was passed which requires 911 to dispatch the crisis teams where available. In 2022, the 988 Suicide and Crisis Lifeline went live, and call centers can transfer people to the crisis teams.

We thank you for the good work done to build a statewide crisis system. We encourage you to continue this work by sustaining our crisis system with necessary investments to respond to the growing needs in Minnesota. Please feel free to reach out to us with any questions.

Sincerely

Jin Lee Palen, Executive Director

MACMHP
651-571-0515 | www.macmhp.org

Mobile Crisis Mental Health Services

1919 University Avenue West, Suite 400, St. Paul, MN 55114 Tel. 651-645-2948 or 888-NAMIHELPS www.namimn.org

Mobile crisis teams are not new to Minnesota. They have been recognized as an important part of the children's and adult mental health system for decades. They are governed under two laws, Chapter 245, and Chapter 256B (Medicaid). Under the Mental Health Acts, counties were to establish "emergency services" starting in 1988 but only with the funding they had, so the teams had limited reach. In 2007 grant funding was made available to counties or Adult Mental Health Initiatives to build the crisis teams and crisis teams can also bill for Crisis Assessment, Crisis Intervention, Crisis Stabilization, and Community Residential under Medicaid and MinnesotaCare. All 87 counties are covered and there are four tribal teams.

Standards: There are standards for the teams, including the following:

- consist of at least two mental health professionals, or one professional and one practitioner, and may include peer support specialists;
- be available 24 hours a day, seven days a week;
- provide phone screening, Face to Face Assessment, Therapeutic Intervention, and short-term crisis planning;
- connect individuals to on-going services
- coordinate with families, local hospitals, social services, and law enforcement;
- provide culturally specific services;
- maintain private health records under HIPAA.

Reasons for the Crisis: Teams track the primary reason for the crisis team involvement. They reported that 26.88% were for suicidal ideation, 18.58% were for depression, 16.5% were for anxiety or panic, and 10.29% were for psychotic of delusional thoughts.

Who is served: The largest age group served is youth ages 10-19 at 28.60% of the calls, followed by 20-29 year olds at 21.40%, and then 30-39 years olds at 19.10%. 65.9% of the people were White, 6,4% American Indian, 11.50% were Black, 7% were Hispanic, and nearly 25% were unknown.

Safety: Another requirement in 256B is for crisis teams to maintain "written policies and procedures regarding service provision and administration of the provider entity, including safety of staff and recipients in high-risk situations." In other words, when it isn't safe, crisis teams know to call law enforcement.

Response times can be long for all crisis teams, especially in rural areas. However, these problems are not due to the crisis response model, but to the severe lack of funding. The current base appropriation for *all* crisis teams in the state is $23 million. For comparison, these are police budgets in millions in 2023: Minneapolis – $197; St. Paul – $135; Rochester – $32; Alexandria – $3.8. This does not include billing insurance or additional funding provided by a county or Adult Mental Health Initiative. Crisis teams cannot consistently respond even near the speed of law enforcement because they do not have the same resources.

Cost Savings: In 2016, MMB reported the cost savings for crisis services is $1700 per person by avoiding hospitalization or the criminal court system.

Funding: In 2023, counties, Tribes, and Adult Mental Health Initiatives applied for $29 million in state funding with $19 million available. In 2024, agencies asked for $35.5 million with only about $22 million available. Recent data shows that the actual costs for one year of mobile crisis services are $57.5 million.

The legislature provided additional one-time funds in 2023 of $8.472M in FY24 and $8.380 in FY25 and an additional $1M a year for tribal crisis teams. In 2024 the legislature took $1.331 of unspent money and allocated it to other mental health programs. The Governor's budget does not include any additional funding for crisis teams.

We know that crisis teams work. In 2021 Travis' Law was passed which requires 911 to dispatch the crisis teams where available. In 2022, the 988 Suicide and Crisis Lifeline went live, and call centers can transfer people to the crisis teams. To build a statewide crisis system, we prefer that local units of government, such as police departments, contract with the crisis teams to expand their reach. We hope you find this information useful in making policy decisions. Please feel free to reach out to us with any questions.

2023 data on people served by crisis teams from the Minnesota Department of Human Services

Total Number of Unique IDs Served in Minnesota	14,635
Total Face-to-Face Assessments:	19,224
Location of Initial Face-to-Face Assessment	**Responses**
Clients Residence	6,143
Crisis Team Office	3,973
Emergency Department	4,540
Homeless Shelter	144
Jail	769
Other Behavioral Health Provider	373
Other location of initial face-to-face assessment	1,661
Private Residence – not clients	375
Public Location	468
School	778

Crisis Referral to Assessment Time	**Responses**
Less than 2 hours	17,416
Greater than 2 to 4 hours	1,712
Greater than 4 hours to 6 hours	281
Greater than 6 hours to 8 hours	115
Greater than 8 hours to 16 hours	193
Greater than 16 hours to 24 hours	217
More than 24 hours	1,469

Disposition at the End of Crisis Episode	**Interventions**
Chemical health residential treatment	92
Children’s shelter placement	252
Domestic abuse shelter	29
Emergency department	2,678
Emergency foster care	8
Homeless shelter	288
Inpatient psychiatric unit	1,698
Jail	758
Other	1,086
Remained in current residence (foster care)	592
Remained in current residence (self or family)	11,156
Remained in school	362
Residential crisis stabilization	2,091
Residential treatment/IRTS/Rule 5	110
Temporary residence with relatives/friends	203