

Representative Jennifer Schultz, Chair
Human Services Finance & Policy Committee
MN House of Representatives
March 8, 2022

Chair Schultz and Members of the Committee

On behalf of Minnesota Community Care I am writing to convey our support for and urge the Committee to pass **House File 3215 – emergency funding for mental health workforce and sustaining services using federal relief funding support.**

Minnesota Community Care’s mission is to strengthen the well-being of our community through health care for all. We offer full-service health care in a community health center setting to communities who experience health inequities: communities of color, immigrants, refugees, households in public housing, and people experiencing homelessness. With an annual operating budget of \$30+ million, 400 employees, and over 100,000 square feet of service delivery space, we provide primary, specialty, behavioral/mental health, and oral health care, and enabling/supportive services to over 31,000 unduplicated individuals through 147,000 patient encounters annually across our service area of Ramsey, Washington, and Dakota counties. In addition to three ambulatory care clinics (La Clinica, East Side Clinic, Downtown Clinic) and a freestanding dental clinic (West Side Dental), we operate 10 school-based clinics co-located in St. Paul Public Schools middle and high schools (Health Start), a co-located Public Housing Primary Care clinic (McDonough Homes Clinic), a shelter-based clinic at Union Gospel Mission, and a Health Care for the Homeless program that includes a mobile health unit. Our partnerships in these locations span over 50 years of dedicated service and adaptation to the needs of those we collectively serve.

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 –

Minnesota Community Care employs 17 FTE of therapists and 12 FTE of social service providers and case managers across its system. They are culturally, ethnically, and racially diverse. Many of our providers come from the communities we serve, and several are bilingual in English and either Spanish or Hmong. Our caseloads, which were already very full before the pandemic have grown even higher since the pandemic. The individual needs of our clients/patients have also grown. Right now, we have a waitlist for our mental health providers of 100+ across our system. The ambulatory sites alone have a waitlist of over 45. We see patients regardless of their ability to pay and we provide wrap around services to those who walk through our doors. Our organization provided that care at a loss of \$286,455 during last fiscal year.

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.

Minnesota Community Care 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

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