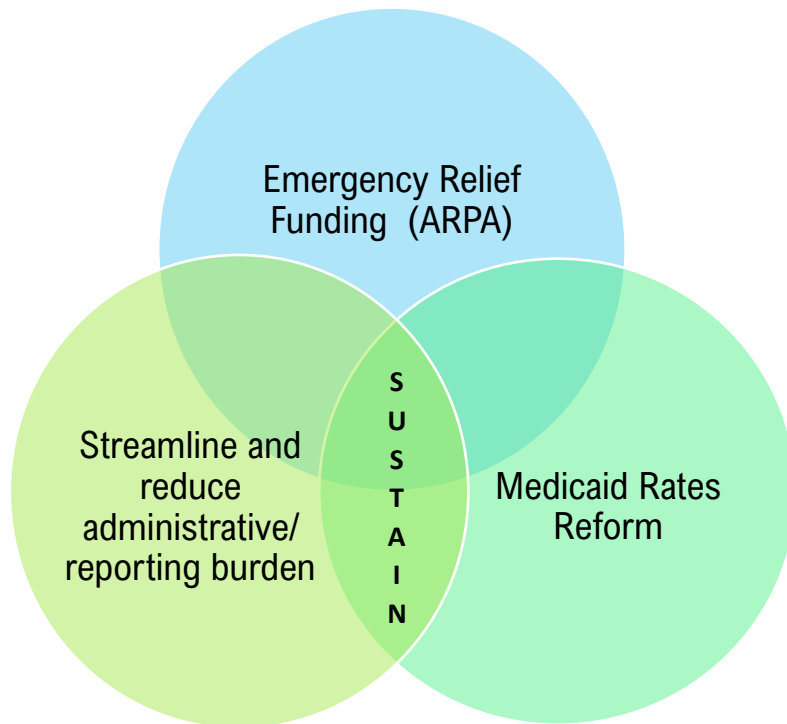


Sustaining Access to Minnesota's Community Behavioral Health Services



LEGISLATIVE ACTIONS

Immediate Actions

- HF 3215 (Fischer) – One-time emergency workforce relief from ARPA funds

Mid-Term Actions

- Streamlined and reduced reporting and administrative burdens – **Uniform Service Standards (USS)** Phase I implementation - allowing providers to focus on care delivery, NOT reporting requirements
- **Rate study on MA rates for mental and chemical health programs** – DHS study the legislature passed in 2021. We strongly encourage DHS begin with community mental health in the first analysis.
- **Technical corrections and administrative simplification** for Children's Therapeutic Services and Supports (CTSS) and other relevant service models

Long-Term Actions

- 2023 MA rate reform proposal from DHS study recommendations
- Enacting further regulatory reform and streamlining through Phase II of USS
- Targeted "workforce pipeline" proposals in HF 1348 (Vang) mental health workforce bill

WHY IT MATTERS

Unprecedented waiting lists & closure of acute treatment services



"We have a yearlong wait list."

"Over 700 clients are currently on the waiting list."

"We have lost over 70% of our residential treatment capacity"

Average of 21 open staff positions at community behavioral health programs



"Clients are needing more acute and intensive levels of care than available."

-\$400,000 to 500,000 average revenue losses per community-based mental health program

"We may be forced to close certain programs or offices."

We are running an unprecedented deficit."



32% cost increase per visit from 2019 to 2020

"Our costs have gone up, but reimbursement has remained flat."