



# Minnesota Association of Community Mental Health Programs

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January 26, 2021

Dear Chair Fischer and Committee Members

On behalf of the Minnesota Association of Community Mental Health Programs, I am submitting this letter conveying community mental health programs' perspective on the state's inpatient capacity and impact on our care continuum.

The Minnesota Association of Community Mental Health Programs (MACMHP) is the state's leading association for Community Mental Health Programs, representing 33 community-based mental health providers and agencies across the state. Collectively, we serve over 200,000 Minnesota families, children and adults. Our mission is to serve all who come to us seeking mental and chemical health services, regardless of their insurance status, ability to pay or where they live. As Essential Community Providers, we serve primarily culturally diverse, low-income, uninsured and public healthcare program insured Minnesotans, who cannot access services elsewhere. We serve our clients with comprehensive, coordinated care and love.

MACMHP sees the uncertainty of St. Joseph's Hospital putting increased pressure on an incomplete, and strapped, behavioral health care continuum and infrastructure in Minnesota. The state is currently under capacity for inpatient psychiatric beds for our most acutely sick. This results in patients boarded in emergency departments or sent to regions away from their homes or out of state. Two key populations impacted are our children and low-income populations.

Our state behavioral health care system also lacks the investment into our community-based care infrastructure for step-down care. Our state does not have enough supportive housing. We also lack alignment and coordination between our behavioral health and physical health care systems. The current challenging mix of federal, state and county rules, and under-funding, hinder access to appropriate levels of existing non-hospital residential, supportive housing, outpatient and community-based behavioral health services.

In all these challenges, we believe there is opportunity to innovate and redesign our care services to increase access to care. Certified Community Behavioral Health Clinics (CCBHC) are an integrated model of behavioral health care. CCBHCs provide direct and coordinated care for clients across behavioral health, hospitals, primary care and human services sectors. Assertive Community Treatment (ACT) teams provide intensive-level care and support services to clients in the community. Behavioral Health Homes (BHH) offer care coordination/ navigation for clients across behavioral health and primary care. Community providers are partnering with hospitals on models to bring community behavioral health to patients while they are in the hospital to start the transition back to community.

We know these services will not fix the lack of inpatient beds on their own. We need to ensure our inpatient capacity is at a level to meet the need. However, we believe services and models like these, with proper support, will help relieve the pressure. We need more investment into all levels of our behavioral health care infrastructure as well as more alignment with the broader health care and hospital systems. We hope the Committee considers our full continuum of care as well as our state's shortage of inpatient beds.

Thank you for this opportunity to submit our community providers' perspectives. We appreciate your leadership and support on this hard issue. Please do not hesitate to reach out with questions or concerns.

Sincerely

Jin Lee Palen

Executive Director

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