

## Adequate Reimbursement for Community Outreach Programs is Critical

Please support HF346/SF926 to ensure the continued delivery of these services

- These programs are targeted to adults or children on government programs with multiple severe mental health and/or substance use issues. These individuals often lack reliable transportation, housing, and social supports. Many receive care in emergency rooms, have higher than average hospital admissions and may even end up in jail.
- Providers work intensely with clients to help them receive therapy and education to learn how to overcome barriers. They will connect them with primary care, therapy, vocational resources, substance use treatment and other programs, depending on the needs of the client.
- Research has shown that community outreach programs reduce hospital days, hospital readmission rates and suicide.
- In addition, they can enable clients to work, stay out of jail, long-term care, and residential programs, as well as build healthy relationships, reduce police calls for suicide risk and more.
- For children, they can help them be more successful in school, learn how to manage emotions and prevent suicide.



### The number of Minnesotans who need mental health support is on the rise

- In 2021, nearly 25% of Minnesota adults reported symptoms of anxiety and/or depressive disorder. This is up from 21% in 2019.
- Deaths due to opioid use disorder are also on the rise at nearly 8 per 100,000.
- Sadly, suicide is now the leading cause of death among adolescents (ages 12-17) across the U.S.
- In Minnesota, the share of adults reporting symptoms of anxiety or major depressive disorder is higher than the national average at 31%.

### Adequate reimbursement is critical

- While the need for services is growing, like many other community outreach providers, Nystrom has been forced to reduce services and/or the number of clients we are able to support, due to inadequate reimbursement.
- Current reimbursement does not cover the cost of providing care.
- In addition, we are already experiencing a shortage of mental health care providers. In Minnesota, the percent of need met for mental health care is only 33.4%. Inadequate reimbursement makes it difficult to hire staff to do this challenging and critical work.

### About Nystrom & Associates

With about 1,600 employees in 51 clinic locations in Minnesota, Iowa and Wisconsin, Nystrom & Associates provides care to individuals and families struggling with personal, emotional, marital, or psychological problems. Nystrom offers several community outreach programs, and:

- Is the largest provider of Adult Rehabilitative Mental Health Services in the state.
- Provides Children's Therapeutic Services and Support (DHS certified), in client homes, and provides therapy services in 32 schools.
- Provides case management services to those at a lower level of acuity through a team-based model that includes a case manager, nurse and community health worker.



## Cody didn't think he'd live to see his 30th birthday.

### DIAGNOSIS

Schizoaffective disorder, PTSD, Anxiety, Attention Deficit Hyperactivity Disorder

#### ▶ What we learned

- Lived with a verbally abusive relative who threatened to kick him out daily
- Was told he was worthless and a drain on relative's resources
- Was suicidal
- Unable to attend therapy appointments
- Did not take medications as prescribed
- Slept most days
- Struggled to maintain an overnight job at a plant, which impacted sleep and increased psychosis symptoms
- Low socioeconomic status
- No high school diploma

#### ▶ Action Taken

- Mental health practitioner reached out by phone to set up appointments
- Provided several reminder calls or he would miss them
- Educated client on his condition
- Collaborated with medication provider to start injectable antipsychotic medication
- Facilitated connections with Vocational Rehabilitation to help with employment
- Helped with Social Security Disability application and representation

- Assisted with MnCHOICES assessment to open a Community Access for Disability Inclusion (CADI) Waiver to provide home and community-based services as an alternative to institutionalization

#### ▶ Outcome

- Cody now lives independently
- Has a part-time job with a living wage
- Attends therapy, medical and dental appointments
- Knows how to use public transportation
- Has reconnected with family
- Is no longer suicidal
- Is thriving and focused on his future



## Lula's Story: Breaking a cycle of addiction.

### DIAGNOSIS

Bipolar disorder, Substance use disorder

#### ▶ What we learned

- Had been involuntarily committed to a psychiatric facility
- Was recently released from her sixth stay in an inpatient treatment facility
- Unemployed, having lost a job she loved
- Had been on Social Security for a few years
- Struggled to sleep, remember to eat and shower
- Most days, she didn't leave the living room

#### ▶ Action Taken

- Mental health practitioner reached out
- Initially did not want services but eventually agreed to meet 1-2 times per week
- Met client where she lived, since she was not leaving her home
- Taught client coping skills to address mental health symptoms and prevent substance use
- Helped her connect with a doctor to address her struggles with eating
- Encouraged client to see friends and other positive supports to avoid isolation
- Connected her with ongoing therapy
- Helped her try new forms of self care that didn't remind her of her time in a hospital

#### ▶ Outcome

- No longer on involuntary commitment
- Has a full-time job and was promoted within a few months
- No longer on Disability
- Living independently