



Minnesota Association of Community Mental Health Programs

Representative Peter Fischer, Chair
Human Services Policy Committee
Minnesota House of Representatives
February 14, 2024

Chair Fischer and Committee Members

On behalf of the Minnesota Association of Community Mental Health Programs (MACMHP), I am sending this letter to support of House File 3495 –updating regulations and providing workforce flexibilities across our MN mental health system.

The Minnesota Association of Community Mental Health Programs (MACMHP) is the state's leading association for Community Mental Health Programs, representing 39 community-based mental health providers and agencies across the state. 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 and coordinated care.

MACMHP's member agencies all provide a spectrum of mental health and substance use disorder services to our communities from the same organization. A majority are community mental health clinics and certified community behavioral health clinics (CCBHCs). Providing care in these models means agencies must comply with all the various mental health services' regulations of the state.

We are working to build our programs to respond to as many needs of our clients and communities as we can. In this current workforce crisis and sparsely invested mental health and SUD environment, community mental health and SUD programs are further challenged by continuing to have to navigate convoluted regulatory requirements that created silos of care rather than bringing services together under consistent standards. This adds to the struggle to keep access to quality care available for our communities.

H.F. 3495 contains many proposals which allow community mental health clinics to keep moving toward an integrated, holistic model of care. These include: increasing access to our communities and clients by removing entry barriers; supporting our staff and programs by flexibly responding to today's lack of workforce capacity; supporting clinics' ability to comply with regulations by bringing consistency to them; and allow our clinicians to work at the top of their licenses and focus on providing good care to clients and communities. This bill furthers efforts to streamline regulations that govern the services we provide together under one roof.

MACMHP thanks this Committee and rest of the legislature for the good work you have done over these several years in bringing our mental health regulations together in one statute (245I) and first steps in streamlining them. We look forward to continue working with you, the Department and our other community partners. We are hopeful this bill is the next step in that good work to build a regulatory system that can respond with the changing needs of our industry and our communities.

Thank you for your leadership and support.

Jin Lee Palen
Executive Director

MACMHP
PO Box 40027
Saint Paul MN 55104
651-571-0515 | www.macmhp.org



February 13, 2024

Chair Peter Fischer
Human Services Policy Committee
100 Rev. Dr. Martin Luther King Jr. Blvd
St. Paul, MN 55155

Dear Chair Fischer and Committee Members:

Minnesota's Prenatal to Three Coalition (PN-3) represents a diverse group of stakeholders supporting policies and programs aimed at ensuring infants, toddlers and families with young children have the best start in life regardless of income, geography, or race. We write today to urge your support to invest in mental health services and programs for families in Minnesota, as outlined in HF 3495.

Young children and youth are presenting more complex mental health challenges than in the past. For example, children as young as two or three years of age, are finding themselves removed from early learning settings because they pose a threat to other young children or themselves. When rates do not cover the cost of care, agencies are forced to raise funds through co-pays, private resources, or to not provide this critical care to all families in need.

PN-3 Coalition supports investing in the mental health field, specifically by increasing Medicaid mental health reimbursement rates, because it will improve the ability of community-based organizations and public agencies to pay providers to perform critical care for services to children and families. Minnesota cannot afford to have people leave the mental health field or have agencies close because they cannot afford to pay staff and provide services for families.

We urge you to act today and support investing in the mental health of families with young children across Minnesota.

Thank you,

Deb Fitzpatrick,
Children's Defense Funds-MN, 
Co-Chair

Nancy Jost,
West Central Initiative,
Co-Chair

Laura LaCroix-Dalluhn
MN Prenatal to Three (PN-3) Coalition
Coalition Coordinator



Minnesota Coalition
FOR FAMILY HOME VISITING

February 13, 2024

Representative Peter Fischer
Chair, Human Services Policy Committee
200 State Office Building Saint Paul, MN 55155

Dear Chair Fischer and Members of the Committee,

The Minnesota Coalition for Family Home Visiting (MCFHV) urges you to support HF 3495, to invest in children's mental health care, and the provider workforce that supports the wellbeing of families in Minnesota. When addressed and treated early, mental health interventions are shown to prevent the need for additional medication, saving costs and mitigating the lifelong impact of mental health challenges on a baby's cognitive, physical and emotional development.

Young children and their families are facing an unprecedented mental health crisis and too often parents are forced to choose between their family's financial wellbeing and treating their mental health. Steep copays and long distance make it challenging for families to access care while low reimbursement rates inhibit providers from being able to offer this critical care to all families in need.

Investing in mental health services in Minnesota will increase access to affordable healthcare by removing unnecessary complexities, reducing prior authorization requirements, and investing in the workforce supporting the mental health and wellbeing of families in Minnesota. Please join the Minnesota Coalition for Family Home Visiting in supporting HF 3495 to address rising mental health concerns, and to improve access to preventative and early intervention mental health services for both caregivers and their young children.

Thank you,

Laura LaCroix-Dalluhn,
Minnesota Coalition for Family Home Visiting
Coordinator

Cati Gómez,
Minnesota Coalition for Family Home Visiting
Policy Associate