



Minnesota Association of Community Mental Health Programs

Representative Tina Liebling and Senator Michelle Benson, Chairs
Health and Human Services Conference Committee
Minnesota State Legislature
May 10, 2021

Dear Chairs Benson, Liebling and HHS Conferees

On behalf of the Minnesota Association of Community Mental Health Programs (MACMHP), I am sending this letter on House File 2128, HHS Omnibus Bill.

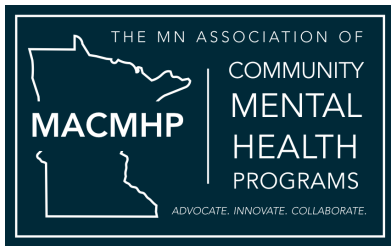
The Minnesota Association of Community Mental Health Programs (MACMHP) is the state's leading association for Community Mental Health Programs, representing 34 community-based mental health providers and agencies across the state. Collectively, we serve over 200,000 Minnesota families, children and adults. 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.

We write to ask you to support provisions in Articles 12 and 13 critical to sustaining mental health and substance use disorder care, including:

- Expanding the definition of a mental health practitioner to encompass a wider pool of candidates for the practitioner role, especially regarding candidates from communities of color
 - House Sec. 2
- Children's Mental Health grants
 - House Sec. 7 and Senate A13
- Certified Community Behavioral Health Clinics (CCBHC) policy updates
 - House and Senate
- Workforce diversity, equity and inclusion proposals originally carried by Rep. Vang (HF 970) and Sen. Utke (SF 1362)
 - House secs. 8, 12, 32, 34
- School-linked mental health and SUD grants
 - House Education Omnibus and Senate A13
- Substance use disorder community of practice offering more support for peer organizations and recovery community organizations
 - Senate A13
- Substance use disorder paperwork reduction and rate restructure analysis
 - House Sec. 37 and Senate A13

Additionally, we support key proposals across other Articles in HF 2128, including:

- Telehealth – updates and expansions of access. We encourage the Committee and members to consider the important role audio-only plays in expanding access to behavioral health services to so many communities throughout Minnesota.
- Early and periodic screening, diagnosis and treatment outreach services inclusion in the Integrated Health Partnership (IHP) model
- Mental Health Uniform Service Standards – We have been active in the Uniform Service Standards legislative proposal stakeholder work for the past two years. We have dedicated many hours to this process because the current mental health



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regulatory system needs change. Under our current mental health regulatory system, providers have to spend a great deal of time tracking down various pieces of statute and rule and variance just to determine which regulations apply to which mental health services, trying to interpret those at times confusing regulations, and often having to follow up with regulatory agencies about how to proceed when some of those regulations are in conflict. All the time spent on all these activities is time that providers can't spend delivering high quality mental health services to clients. Our hope is that by moving to the unified licensing framework for mental health services proposed in this bill, providers will have a more transparent and uniform system of standards to operate within that will better support their goal of increasing access to high quality mental health care for Minnesotans.

We have one area of concern the House proposal to reform targeted case management (TCM) rates to contracted providers in House Secs. 29-30. We have been working with the Department over the last year on this proposal. We understand and agree with the federal compliance concerns the Department raises. In many good conversations with DHS, we have tried alternative options to balance their urgency with adjustments to the new rate which to ensure sustainable levels of care being provided through TCM. However, at this point in time, we believe we need for more time for our providers to see, review, understand and adjust to changes in this rate system to sustain their ability to continue to provide this critical service.

This has been a good process of bringing together stakeholders from the Department of Human Services, the provider community, counties and the advocacy community come together to work on this proposal with the shared end goal of improving access to high quality services for Minnesotans. We look forward to continuing the collaboration as this omnibus bill moves through the legislative process.

Sincerely

Jin Lee Palen
Executive Director
Minnesota Association of Community Mental Health Programs | MACMHP