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February 21, 2022

Representative Peter Fischer, Chair Behavioral Health Subdivision
MN House of Representatives

Dear Chair Fischer and Members of the Committee,

I am writing to convey our support for and urge the Committee to pass **House File 3215 – emergency funding for mental health workforce relief using federal relief funding support.**

Guild is a not-for-profit (501c3) organization that offers integrated mental health, housing, and employment services to individuals living with mental illness and/or experiencing chronic homelessness. Guild services help individuals find high-quality mental health care, stable housing, and competitive employment right where they live. Each year we serve over 3500 people who live in the seven-county metro area. We:

- Operate two separate residential crisis and intensive residential treatment programs, one in South Saint Paul- Dakota County, and the other in Savage- Scott County.
- Provide case management supports to people, including those experiencing homelessness in Ramsey and Dakota counties, homeless outreach and housing placement in Dakota, Anoka, Ramsey, Scott counties.
- Provide Assertive Community Treatment Services to people with serious and persistent mental illness who are at high risk for repeated hospitalizations in Ramey and Dakota counties.
- Provide youth intensive treatment services (YouthACT or IRMHS) throughout the seven-county region.
- Pioneered and maintain an incredible employment program using the IPS model, an evidence based service that gets people with serious mental illness into competitive employment opportunities.

In calendar years 2021 and 2022, our state's community mental and chemical health programs struggle to provide services under the ongoing pandemic and the extreme workforce crisis. **These crises compound pre-pandemic sustainability issues: workforce shortage, reimbursement rates much lower than services' costs and growing reporting and regulatory administrative requirements.** While we are suffering high losses in operating revenue, our agencies and programs still maintain overhead costs – staff salaries and benefits, facilities, compliance/reporting standards and service operations. We are now forced to close programs, services and locations/access points. The full impact of these forces is resulting in our mental health agencies not being able to keep programs open or keep up with our clients' growing needs for care –

We fear some of our community mental/ chemical health programs in greater Minnesota are on the brink of closure, where we are the only outpatient mental and chemical health programs in five and six plus county service areas. We have extreme loss of staff in sparsely populated areas and inability to keep up with costs

of providing care. There is NO back up for many counties if our agencies close. Hospitals and emergency departments will be the only source for care and must absorb the demand.

Our Metro-based community mental and chemical health programs are also closing programs and service sites. We make up the majority of the safety net for Medical Assistance and underinsured populations in the Metro. Because the community mental health programs across the state are the safety net and cannot (and do not) turn people away based on their ability to pay, we are absorbing all these costs, compounding our uncompensated care losses. **Without immediate relief, we cannot keep sustaining these program losses and maintain access to care.**

Please support investment of this one-time ARPA Immediate relief funding to sustain access to current community mental and chemical health services. This support will allow us to advance intermediate and longer-term strategies, including:

- Streamlined, and reduced, reporting and regulatory burdens – allowing providers to focus on care delivery NOT reporting requirements
- Rate reform on MA rates for mental and chemical health programs – We support the DHS study the legislature passed in 2021. We strongly encourage DHS begin with community mental health in the first analysis.

Guild urgently asks the Committee to increase resource investments into our community-based mental and chemical health care infrastructure by passing H.F. 3215 to for this emergency bridge funding to sustain access to our current services and community infrastructure. If we continue to let our community-based care infrastructure crumble, there will be nowhere for clients to be discharged back to or preventive care, treating illness before it requires inpatient hospital care.

Thank you for considering our request.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Bluhm", with a long horizontal flourish extending to the right.

Julie Bluhm, CEO
Guild