

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

March 2, 2022

Chair Fischer and Members of the Committee:

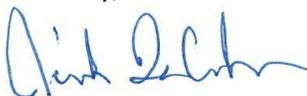
On behalf of Hennepin Healthcare System, I am writing to convey our support for and urge the Committee to pass **House File 3215 – establishing mental health workforce relief emergency grants.**

Hennepin Healthcare System has proudly served Minnesotans in need of critical mental health and recovery services for decades. Hennepin Healthcare offers 24/7 Acute Psychiatric Services (APS), inpatient care, partial hospitalization, adult day treatment (ADT), as well as psychiatric consultations and outpatient therapies. Investment in our community mental health services is critical to preventing hospitalization, and supporting patients when they return to the community after discharge. Adult Day Treatment services are at risk of closure due to historically low reimbursement rates compounded by limitations on group therapy during Covid and lack of mental health parity. **We respectfully request Adult Day Treatment providers who are serving patients on an outpatient basis through a hospital setting also be included in this bill.**

- ADT rates have been the same since 2004 and are a third of Children's Day Treatment rates. The soonest a rate increase could result from the current DHS mental health rate study is 2025, this is too long to wait for this critical service.
- ADT is designed as a group process. Covid has made meeting in groups unsafe, and virtual meeting has not been as effective for patients, leading to lower enrollment. In-person meetings still occur, but the number of patients who are able to meet together has been limited due to the need to social distance.
- ADT's lower enrollment and low rates have made keeping mental health staff more difficult as we compete with providers who offer more profitable services and salaries, and rehiring for a program that is in limbo is not an option.
- ADT is a higher level of care than other outpatient treatment programs. The programming requires more work from staff due to the increased acuity, case management needs, safety planning and more thorough discharge planning. However, reimbursements for this more intensive service are comparably lower.
- ADT commercial coverage is declining, as commercial payers move toward the Intensive Outpatient (IOP) model, and IOPs are not paid by Medicaid.
- As commercial payers move toward the IOP, fewer are covering the ADT. The result is a significant disparity between those on public assistance and people who have commercial insurance, reducing access to this care for people on Medicaid. The loss of ADT is becoming an issue of equity in our communities.

Thank you for considering this request and your support of investments in mental health.

Sincerely,



Jennifer DeCubellis  
Chief Executive Officer  
Hennepin Healthcare System