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To: Chair Wicklund and Committee Members
Date: March 21, 2023
RE: SF926
FROM: Lainie Janke, MSW, LICSW – Executive Director

Lainie Janke, MSW, LICSW

Dear Chair Wicklund and Committee Members:

The proposal, SF926, establishes a 35% rate bridge between today's Medicaid community-based mental health rates and the rate structure we anticipate will come into being in the future. As you know well, access to community-based mental health care is foundational to access child, youth and family wellbeing. Support of this bill demonstrates the following key points:

- When on waitlists and not able to receive the services they need at the time needed, children and families experience a significant disruption in access to adequate care that can help support the identification and earlier intervention of mental and behavioral health needs and appropriate treatment.
- Children and families currently have long wait times for access to mental health services as our professional pool of providers has decreased over the years given rate capacity, with a serious and unfortunate trickledown effect to our children and families.
- SF926 supports the workforce that provides the mental health care for children, youth and families by creating opportunities for expansion of access and retainment of quality professionals who are dedicated to children's mental health, child welfare and family mental health.
- SF926 supports and invests in the future of the MN Medicaid community-based mental health system that has not realized rate increases in over 7 years, causing significant parity issues when compared to non-Medicaid providers in the ability to competitive in payment to staff providing Medicaid supported services.

As a professional working in rural Minnesota with children and families with multiple traumas, socio-economic needs, access to care problems, transportation problems, Medicaid coverage provides a key lifeline. When insurance coverage is in place and there is no service provider readily available to provide the urgent mental/behavioral health service and sometimes life-saving mental/behavioral health service, it is severely impactful to children and families. About one month ago, I received a desperate phone message from a parent whom our agency had worked with recently, and with a staffing change needed to go on a waitlist for in-home services as parent has limited transportation. In the return call to parent, she pleaded for help, was crying and indicated her desperate need for services again as she and her daughter were not doing well – to the point of serious concerns. She echoed frustration that she was on a waitlist for this service with 3 separate agencies, she feared what would happen with her daughter's overall health given the emotional stressors she was unable to handle. Please support SF926 to help providers be equipped to respond and help.