



## Minnesota Association of Community Mental Health Programs

Senator Melissa Wiklund, Chair  
Health and Human Services Committee  
Minnesota State Senate  
March 4<sup>th</sup>, 2025

Dear Chair Wiklund and Committee Members

On behalf of Minnesota Association of Community Mental Health Programs – MACMHP, I am sending this letter to of support to **Senate File 1599 and our state's mobile crisis teams.**

Mobile crisis teams are not new to Minnesota. They have been recognized as an important part of the children's and adult mental health system for decades. They are governed under two laws, Chapter 245, and Chapter 256B (Medicaid). Under the Mental Health Acts, counties were to establish "emergency services" starting in 1988 but only with the funding they had, so the teams had limited reach. In 2007 grant funding was made available to counties or Adult Mental Health Initiatives to build the crisis teams and crisis teams can also bill for Crisis Assessment, Crisis Intervention, Crisis Stabilization, and Community Residential under Medicaid and MinnesotaCare. All 87 counties are covered and there are four tribal teams.

Importantly, SF 1599 includes the following components:

- Not requiring crisis teams to charge individuals for the services provided
- Referring to the standards laid out in Medical Assistance
- Deleting previous reference to the one central phone number for crisis teams and inserts 988
- Stating that co-payments, co-insurance, and deductibles do not apply to crisis services under MNCare
- Providing an opportunity to provide funding for crisis services and to allow the teams to use funds to purchase and renovate vehicles under protected transport under NEMT

Teams track the primary reason for the crisis team involvement. They reported that 26.88% were for suicidal ideation, 18.58% were for depression, 16.5% were for anxiety or panic, and 10.29% were for psychotic or delusional thoughts. The largest age group served is youth ages 10-19 at 28.60% of the calls, followed by 20-29 year olds at 21.40%, and then 30-39 years olds at 19.10%. 65.9% of the people were White, 6.4% American Indian, 11.50% were Black, 7% were Hispanic, and nearly 25% were unknown.

In 2016, MMB reported the cost savings for crisis services is \$1700 per person by avoiding hospitalization or the criminal court system. The legislature provided additional one-time funds in 2023 of \$8.472M in FY24 and \$8.380 in FY25 and an additional \$1M a year for tribal crisis teams. In 2024 the legislature took \$1.331 of unspent money and allocated it to other mental health programs. The Governor's budget does not include any additional funding for crisis teams. We know that crisis teams work. In 2021 Travis' Law was passed which requires 911 to dispatch the crisis teams where available. In 2022, the 988 Suicide and Crisis Lifeline went live, and call centers can transfer people to the crisis teams.

We thank you for the good work done to build a statewide crisis system. We encourage you to continue this work by sustaining our crisis system with necessary investments to respond to the growing needs in Minnesota. Please feel free to reach out to us with any questions.

Sincerely

Jin Lee Palen, Executive Director