

Position Statement

For 2022 Session

Bonding Position

Proposal

Issue: Limited capital funding for IRTS programs. Mental health providers are seeing marginal revenues due to increased staffing costs as a result of serving those with a higher acuity and poor Medicaid rates. This results in a lack of available beds, and conditions in current settings that have a significant need for improvement. We see shared bed and private spaces in settings which are not always conducive to supporting diverse populations.

Implementation Strategy: Propose a bonding bill for the rehabilitation or new construction of mental health facilities in the state of Minnesota. This should focus on increasing the capacity of mental health residential treatment units throughout the state.

Systemic Priority Alignment (highlight all that apply and explain why)

- Equity
- **Integrated Services**
- Fiscal Framework

From the GARE Toolkit (See www.racialequityalliance.org): What are the racial equity impacts of this particular decision? Who will benefit from or be burdened by it? Are there strategies to mitigate unintended consequences?

Comments:

Improvements are necessary for many of our current providers' facilities. These improvements would allow for greater access to services and better integration into our care system. This would be done through a potential expansion in the number of residential treatment beds, and improved telehealth systems.

Relevant Committee (highlight all that apply and explain why)

- Adult Services
- **Behavioral Health**
- Children's Services
- Modernization
- Policy
- Self-Sufficiency

Why:

This priority aims to provide communities with the ability to offer or improve residential treatment options to the adults experiencing mental health symptoms in their areas. This is relevant as we aim to address the needs of individuals presenting across systems with more complex symptomology. Improvements are needed to our ability to care for individuals in the

community-based settings and provide communities to be responsive to the challenges facing our mental health delivery system.

Rationale/Background:

During August 19, 2020–February 1, 2021, the percentage of adults with symptoms of an anxiety or a depressive disorder during the past 7 days increased significantly (from 36.4% to 41.5%), as did the percentage reporting that they needed but did not receive mental health counseling or therapy. Hospitals are pressured to discharge quicker to community-based settings such as IRTS facilities. This puts added pressure on our IRTS systems.

This pressure is seen in the number of available communities IRTS beds not being available. Presenting symptomology appears to be more complicated. This has led to shifts in the staffing models of many of providers. This has created a higher cost to providing the service to those in need.



Submitted by:

Approved on: