



---

May 3, 2023

Re: SF2995

Members of the Human Services Conference Committee,

Thank you for the opportunity to share our comments on SF2995. The Minnesota Social Service Association (MSSA) is made up of over 4,000 health and human service professionals statewide. Our members cover the health and human service spectrum—mental health providers, social workers, case managers, etc.—and are employed by for-profit and nonprofit entities, as well as state and local government agencies.

We are grateful for numerous provisions included in SF2995 aimed at improving health, health care, and human services in Minnesota. Below are three proposals we want to draw your attention to and urge you to include in your final joint agreement:

#### **Human Services Provider Safety**

We are thankful for the inclusion of this proposal in the House version of SF2995 (Article 3 Sec. 200 line 290.17). This provision would provide grants to human services organizations to invest in workplace safety measures. Grants would be used, at an agency's discretion, to pay for safety equipment; systems to track, monitor, and prevent violence; training; support; and follow-up services. The grant will also help collect data to determine meaningful future policy changes. This provision will help address a critical component of HHS provider burnout and the workforce shortage by providing human services agencies with the resources they need to ensure the safety of their employees. **Please accept the House position** in your final joint agreement. We would also ask that you add a line to ensure 50 percent of grant funds are awarded to human services organizations.

#### **Mankato Behavioral Health Center**

We're thankful for the included provision in the Senate proposal (Article 18, Sec. 2) to provide an appropriation of \$1.5M across FY24 and FY25 to the Center for Rural Behavioral Health at Minnesota State University, Mankato to fund a community facing mental health training clinic. This will provide workforce development opportunities for the behavioral health programs in a region with an active MSSA membership. It will help address unmet needs within the Mankato area for those on Medical Assistance, as well as those who are underinsured or uninsured. While this provision was included in the Senate version of SF2995, and the House version of SF2934, it was not included in the House version of SF2995. **Please accept the Senate position.**

### **Continuous Medical Assistance (MA) Eligibility**

We are thankful for the included provision to provide continuous MA eligibility for children. This will help ensure young children who are enrolled in Medicaid have uninterrupted continuous coverage from the time they are first determined eligible until age six. Consistent access to medical care and check-ups improves children's health outcomes, supports school readiness, supports health equity, and lowers administrative burdens on families. Continuous coverage will help children be prepared for all future physical, mental, and emotional learning. It will also reduce churn—the temporary loss of Medicaid coverage in which enrollees disenroll and then re-enroll within a short period of time—and allow for more predictable access to care, facilitating early screenings and early interventions that improve health outcomes. **Thank you for the inclusion of continuous eligibility for children in both the House and Senate proposals.**

Thank you again for the opportunity to share our support on behalf of our members and the clients they serve. Please reach out to us with questions, comments, or concerns at [msancartier@mnssa.org](mailto:msancartier@mnssa.org).

Sincerely,

Michelle SanCartier  
MSSA Director of Public Policy & Advocacy  
Minnesota Social Service Association

Beth Ringer  
MSSA Executive Director  
Minnesota Social Service Association