



# MACSSA

Minnesota Association of County Social Service Administrators

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February 23, 2021

**RE: MACSSA Input on HF 944, Residential treatment and children's mental health provisions modified**

Members of the House Committee on Behavioral Health Policy Division,

On behalf of the Minnesota Association of County Social Service Administrators (MACSSA), we write to express our concerns with HF944 that proposes a new voluntary placement route for children in residential treatment outside of the Family First Prevention Services Act (FFPSA) requirements in Minnesota Statutes 260D.

MACSSA was part of a Qualified Residential Treatment Program (QRTP) working group directed by the Legislature and conducted by DHS that met throughout the last year that was tasked with considering ways to address voluntary placements under the new FFPSA construct. Unfortunately, the work of this group did not evolve in such a way that gave the opportunity for full consideration of an alternate pathway for voluntary placements outside of FFPSA. In our comments to the DHS report, MACSSA raised concerns and acknowledged that discussions on this topic were outstanding.

We appreciate there was limited opportunity for engagement by some counties in developing this language, but our statewide association was not involved in the drafting of this legislation and is interested in bringing our perspective and expertise to the table. After initial analysis we have identified several questions we believe are important to answer before final consideration. These include:

One set of questions concern youth not on Medical Assistance (MA). Counties have concerns how placements of these youth might be considered and consequently funded. If a youth is to be placed in a state facilitated process similar to that used for Psychiatric Residential Treatment Facilities (PRTFs), there are concerns for payment of placements for youth who are under insured and not covered by commercial insurance or MA. If the intent of the bill is to then cover these placements under QRTP/FFPSA, is this adding to inequities in service access and court oversight?

Another set of questions has to do with the county role and what is being proposed for the county role relative to clinical and financial obligations for youth, county case manager responsibilities to facilitate referrals to residential treatment programs, and discharge planning. We also have questions on the county expectations following the initial contact from a QRTP that must contact a county within the first 10 days of the placement to help facilitate transition planning and if these provisions would apply under the proposed alternative placement route.

Counties also have questions about funding and oversight for youth who must be placed in an out-of-state programs because of lack of program availability in Minnesota to meet their individualized needs.

Finally, counties would like to see language outlining the types of licenses and certifications required for residential mental health treatment facilities under this proposed legislation. There are currently aspects of the QRTP requirements related to best practices for children's residential facilities which apply to a variety of licensed facilities. Not all facilities who may meet the certification for QRTP

appear to be covered by this proposed legislation. Placement in one of these facilities may best meet the needs of an individual, yet the placement would not be covered under the provisions of this legislation and would result in the need to follow the requirements of FFPSA. This lack of clarity could lead to confusion for families and a disincentive to utilize placement which may best meet the individual's needs.

MACSSA appreciates advocates for this bill recognizing the financial consequences to counties of paying for these placements. Even with that, counties have concerns about this proposal and would be interested in being more engaged in the development of the bill as it moves forward in the process.

MACSSA is happy to work with the bill author and stakeholders to answer these questions and attempt to create legislation that results in prioritizing the needs of families and children within a clear framework that can be understood by counties and providers.

We appreciate the opportunity to offer our perspective and comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Freeman". The signature is stylized and cursive.

Matt Freeman  
MACSSA Executive Director