

April 4th, 2024

Chair Mohamud Noor
House Human Services Finance Committee
Minnesota House of Representatives

RE: HF 4366: Civil commitment priority admission requirements modified

Dear Chair Noor and Human Services Finance Committee members,

The Minnesota Association of County Social Service Administrators (MACSSA) thanks you for your commitment to improve the admission system for those who need mental health treatment from Direct Care and Treatment (DCT). We thank author Rep. Edelson for working with the Priority Admissions Task Force Task Force members to quickly codify Task Force Report recommendations and for the hard work of seeking to find a consensus from stakeholders on a bill that can pass this legislative session. Counties are committed to working to address these urgent and critical system and capacity needs this session.

Counties continue to be guided by the principle that all people living with mental health disorders are entitled to have care when and where they need it. We remain with a fundamental problem of insufficient capacity for secure treatment facilities in the immediate term, which cannot be solved by merely changing the triage priority between civilly committed populations.

Counties see DCT as an essential partner in our state's mental and behavioral health continuum of care. DCT is the entity that serves those with complex needs in situations where private providers cannot or will not serve an individual. DCT is the safety net that our state relies on to provide the facilities and expertise needed for individuals with high acuity and complex needs that cannot be served in the community. While the state looks to build up DCT, we must also acknowledge that this is not the only underdeveloped segment of our continuum of care – there are many service gaps throughout the state that also need investment.

The HF4366 DE3 amendment pares down the scope of the original bill to several essential and agreed upon elements, including:

- **Invests a significant downpayment to expand DCT capacity, to better serve those with the highest needs**
 - o MACSSA appreciates the investment requested by the administration in their supplemental budget for expanding access to Direct Care and Treatment care, while also recognizing this proposed investment is not sufficient to meet the necessary downpayment for capacity expansion advocated for by the Taskforce.
- **Relieves counties of 100% cost share for individuals “stuck” in state beds that are inappropriate for their needs when they are unable to move because there is not an appropriate state bed available**
 - o Counties are powerless to move the Does Not Meet Criteria (DNMC) individuals to their next bed when the next necessary bed is a state operated facility bed. Relieving counties of this cost will prevent inappropriately depleting county property tax levy dollar funded behavioral health budgets.
- **Reinvests county paid DNMC resources to expand the scope of community services and facilities to successfully support individuals who are appropriate to transition to community settings**
 - o Without a change, counties will continue to pay millions of dollars to the general fund for circumstances beyond their control. Permitting counties to use the dollars they are spending for DNMC fees to expand community capacity works to address a persistent shortcoming of our continuum.

- **Funds grants for voluntary engagement services to provide early interventions with the goal to prevent an individual from meeting the criteria for civil commitment and promote positive outcomes**
 - o These grants provide a limited initial state funding source for these voluntary services and allow for outcome evaluation to establish best practices towards better outcomes from early intervention.
- **Establishes a new pilot program to fund delivery of mental health injectable medications in county correctional facilities and funds new DCT support staff to collaborate with jail staff to assess and address barriers to involuntary administration of medications in jails**
 - o While the fundamental purpose of a jail is not to serve as a specialized mental health treatment facility, this pilot work will seek to explore and address current barriers for involuntary treatment for individuals in jails. The pilot can provide valuable insights regarding best practices for delivering involuntary medications and additional investments or changes needed to address barriers.
- **Re-enlists the Priority Admissions Taskforce to continue work towards consensus on outstanding issues**
 - o The DE3 amendment recognizes that there is still work to be done in many areas, which will require continued collaborative work of the Priority Admission Taskforce to seek a consensus on several outstanding issues.

As the taskforce called out, the current state of mental health services in Minnesota is underdeveloped and insufficient to meet the current demand for those with high acuity mental health needs. While acknowledging recent investments to community-based services, those with the most significant needs require immediate investments in inpatient, residential and community-based services so they may receive the right services at the right time.

The undeniable price of doing nothing will be borne by the people waiting to access the mental health services they need. There are serious consequences to inaction, most importantly the human cost but also the negative impacts to our hospital and public safety systems. We thank the committee for your commitment to making immediate investments in this area. Counties stand with you in seeking to address the crisis state of our state's mental health system.

Sincerely,



Matt Freeman
Executive Director
Minnesota Association of County Social Service Administrators