Association of Minnesota Counties
www.mncounties.org

Minnesota Inter-County Association
www.mica.org

MACSSA
Minnesota Association of County Social Service Administrators
www.macssa.org

Dear Chairs Hoffman and Noor:

On behalf of the Association of Minnesota Counties (AMC), the Minnesota Association of County Social Service Administrators (MACSSA), and the Minnesota Inter-County Association (MICA), we thank you for working to assemble proposals to address the needs of Minnesota's most vulnerable residents. In a state-supervised, county-administered system – our county workforce is the frontline workforce, implementing policy and regulation that is passed at the state, federal and local level.

As you work in conference committee to develop a proposal in concert with the Walz administration, we would like to share counties' priorities and underscore our commitment to working with you to provide expertise and partnership in finding solutions to better serve individuals with disabilities and support those with mental health challenges.

Behavioral health

Civil commitment (SF2818 – policy-only language in Senate human services omnibus policy bill) (SF2934 House language – Article 1, Section 61; Article 3, Sections 17, 26)

In 2013, the Legislature passed a law that requires the prompt placement (within 48 hours) of civilly committed jail inmates into DHS facilities which has mostly applied to persons deemed incompetent to stand trial and subsequently committed to treatment. The timely and appropriate placement of these individuals has been a hot button issue as it exposes many of the shortcomings of our state's mental health system, particularly gaps in our full continuum of care for adults and children. The Senate and House proposals include modifications to when the **48-hour rule** clock begins and changes to how placements are able to be prioritized. From a county human services perspective, we have a strong desire to address this problem in a meaningful, sustainable way.

We support language in SF2818 (the Senate human services policy bill) that **keeps current law** as to when the 48-rule clock starts and also support language from HF2847 that proposes a **thorough system review**. We ask that as the conference committee deliberates this issue that the voice of county human services directors be heard and lifted up in any working group direction to DHS.

State-operated services cost share (SF2934 Senate language – Article 7) (SF2934 House language – N/A)

Gaps in our continuum of care have left individuals who are civilly committed languishing in inappropriate care settings; potentially put our communities at a safety risk; and drive up costs for the state, counties, hospitals, and our broader safety net system. From a human services perspective, counties are very committed to working on long-term strategies that address the strains on our loosely held behavioral health continuum of care in meaningful ways that best serve individuals.

As we move toward long-term solutions, counties feel there are some shorter-term ways to open up local resources that could be invested in creating placements or simply better serving individuals. One such example is the current **100% cost share that counties pay for the cost of care** when an individual no longer meets medical criteria for hospitalization but awaits placement at another state-operated facility under a mentally-ill and dangerous commitment. **Counties have no control over this transfer process – nor the availability of state-operated beds.**

We encourage the conference committee to support, at a minimum, the language in SF2934 which cuts the county cost share in half. We look forward to discussing this provision with the conference committee.

Department of Direct Care and Treatment (SF2934 Senate language – N/A) (SF2934 House language – Article 6)
Counties have some concerns about the creation of a stand-alone Direct Care and Treatment (DCT) agency and the potential effect of siloing conversations when we know that an integrated care model has the best probability for improved outcomes. For the last several years, and with varying levels of success, counties have engaged with DCT in regular meetings to look at better ways to serve individuals, work toward more efficient communications, and build out our continuum of care beyond state-operated services. The work of DCT is intertwined with many of the health care, behavioral health, and long-term service and supports work of the department. Counties want to be part of this conversation to ensure that any jurisdictional changes do not move us further from our shared goal of improved outcomes for individuals.

We respectfully ask that this provision be modified to make it clear to DHS that in developing the future DCT board appointments that "experience in delivery of behavioral health and care coordination" be added to the applicable skills of desired board members. While we recognize that it will be important for board members to have health care experience, we know that knowledge and experience with our behavioral health system is critical to a new agency's success and counties are uniquely qualified to provide that expertise – as such, we ask that one seat on any future board be subject to appointment by AMC for an individual experienced in the delivery of behavioral health services. We are happy to work on appropriate language with the committee.

Nonemergency medical transportation (SF2934 – Article 3) (HF2847 – N/A)
Nonemergency medical transportation (NEMT) is critical to ensuring that all Minnesotans have access to healthcare services. Counties either provide NEMT services directly or utilize a broker to carry out this work so we experience the challenges in staffing and supporting this work. As the conference committee unifies around priorities, we encourage you to look at a rate increase and fuel adjustment as not just tools to ensure healthcare access but also as a workforce retention tool. Counties ask that you support the rate increases and fuel adjustments provisions in SF2934 Senate language – Article 3, Section 5.

MnCHOICES assessor qualifications (SF2934 – Article 1, Section 16) (**HF2847 – Article 1, Section 20)**
County workers providing MnCHOICES assessments are important to ensuring that individuals and families feel comfortable and confident that the determination of long-term care services is done accurately, efficiently and in a person-centered manner. Like nearly every other field, counties struggle to find and retain MnCHOICES assessors that meet current statutory requirements. We appreciate consideration from the administration and both bill authors to modify the qualifications for certified MnCHOICES assessors. We firmly believe that professional experience in the home and community-based services field provides the appropriate training necessary to be an effective and compassionate assessor.

Vulnerable Adult Act Redesign (SF2934 – Article 2, Sections 4, 9) (HF2847 – Article 2, Section 5)
We are grateful to the administration, Senate and House for the funding to continue work with the state, tribes, counties and stakeholders on redesign efforts to our Vulnerable Adult Act (VAA). Our original VAA was passed in 1980 and is in serious need of redesign to match our state's changing demographics and current challenges within existing statutes. We are supportive of moving forward with all stakeholders to look at tools such as our Adult Abuse Reporting Center to ensure that it has the tools necessary to protect vulnerable adults from abuse, neglect and financial exploitation. This work is not one-time and, as such, we ask the committee to consider ongoing funding as proposed in the Governor's budget.

Service delivery transformation (multiple provisions carried in SF2995, HF2930 and HF238)
We appreciate the recognition from the administration, Senate and House that modernizing our complex, fragmented and administratively burdensome human services programs, processes and technology is imperative to the effectiveness and sustainability of critical community supports. One-time surplus dollars are a perfect opportunity to make investments in technology that will pay dividends into the future. The recent Gartner assessment of our state's modernization approach outlines a promising path forward, and counties strongly believe that the time is now to move down this path.

Alongside the need for new technology to support service delivery transformation is the need to sustain and improve the existing core systems that county workers rely on for their daily work. We support the appropriations in the Governor's budget to address METS, MMIS, HMIS, SSIS, MAXIS, MEC2 systems as part of the roadmap established by the Department of Human Services (DHS).

Many of these investments are being carried in bills outside of this conference committee. However, we want to highlight the need for county human services to have access to additional resources to address the impact that the state work will have at the local level. As the end users of this technology, counties are in a position to pilot potential technology solutions, serve as a resource to the development process, and locally innovate to augment DHS technology improvements. We also know that any modernization effort will require counties to train (or retrain) our workers – which takes time and resources.

We respectfully ask to continue work with this conference committee and others addressing human services technology modernization to find ways to address this need to resource counties appropriately for smoother implementation. While much of this request falls in the jurisdiction of other health and human services conference committees, we want to share counties' request for $5 million to counties for implementation work and $20 million to counties for innovations that accompany this ongoing work.

Workforce (SF2995 Senate language) (SF2934 House language – Article 8, Section 2; multiple provisions)
Counties support the provisions in the House and Senate bills related to workforce, including Disability Waiver Rate System adjustments, ICF rate floor increases, long-term care workforce grants for New Americans, BI and CADI customized living rate increases, home-and-community based grants, and provider capacity grants that will help those in our care-providing professions maintain and possibly grow its workforce. Counties are very aware of the staffing shortages and strains on providers who are bound by rigid state reimbursements. We encourage you to continue to look at ways to protect and grow this critical workforce.

Counties support the $1.5 million one-time appropriation to Minnesota State University – Mankato for a grant to Center for Rural Behavioral Health to establish a community behavioral health center and training clinic. We believe this is a creative way to recruit and retain individuals in behavioral health services.

Peer recovery supports (SF2934 Senate language – Article 4) (**SF2934 House language – N/A)**
Counties appreciate the Governor's proposal to add counties to the list of eligible vendors for Medical Assistance billing for peer recovery supports. As our state moves to a direct access model for substance use disorder, many counties are trying to be creative in what they offer to fill gaps when individuals don't have access to a provider. Peer recovery supports are part of addressing needs. While not every county would do this, it can be a useful tool to get access to this proven support. We ask the committee to adopt SF2934 – Article 4, Section 22.

Child protection grants (SF2934 House language spreadsheet line 450)
Counties support funding directed to Tribal Nations and urban American Indian populations to address Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) that will continue the critical work of preventing child protection involvement and the need for out-of-home placements.

Sincerely,

Julie Ring, Executive Director
Association of Minnesota Counties

Matt Massman, Executive Director
Minnesota Inter-County Association

Matt Freeman, Executive Director
Minnesota Association of County Social Service Administrators