

Testimony of Rachel Freeman, Ph.D.

Thank you Chairs and Members of the Committee,

My name is Dr. Rachel Freeman, I work at the Institute of Community Integration at the University of Minnesota as a senior researcher and director of a positive supports training and technical assistance project. My testimony today is informed by both the research I conduct as well as the community partners I work with who support people with complex needs in residential, employment, and family homes. I also collaborate with other states implementing positive supports in the United States, Australia, and the United Kingdom.

Recently, I have conducted a number of research studies and evaluation projects at the University of Minnesota with my colleagues who are studying the barriers that are encountered when supporting children and adults with complex needs who engage in behaviors that result in injury to self or others, property destruction, and other challenges. Children and adults experiencing more complex challenges often account for a high level of costs to the state because they are in need of tailored supports and services that current service providers struggle to implement.

Positive supports are defined as evidence-based practices that are person centered, that meet the needs of all Minnesotans, and include the use of data and information gathering to demonstrate competencies are being met. National and international research clearly recommend the evidence-based interventions that we call positive supports in Minnesota. These positive supports are necessary for ensuring services for children and adults with complex mental health-related needs are provided in home and community settings.

Nationally, the research is clear. **Supporting people in their home and community is less expensive than paying for the placement of people in institutional settings and effective community-based services improve peoples' quality of life.** The investment in competency-based training for providers and families is essential for ensuring sustainable and effective positive supports.

HF 2722 proposes a community-developed strategy built with the active involvement of providers, state leaders, people with lived experience using positive supports, and positive support experts. Together state and community partners will design training and systems needed to address the current barriers encountered and will leverage existing resources within the state to decrease costs.

The Acute Care Transitions Advisory Council Report Submitted in October, 2024 to the legislature summarized important barriers encountered in Minnesota:

- Children and adults with complex needs who enter the emergency room find themselves unable to get home because the community services are not prepared to support their transition home,

- Families in both metro and rural areas cannot find professionals who provide positive supports,
- Rural areas face a critical shortage of professionals who can address the needs of children and adults experiencing crises including those who can provide positive supports, and
- Only 9% (25 providers) of licensed providers are currently billing for positive support services. Providers are reporting that it is very difficult to meet the qualifications for positive supports services.

We have the opportunity with HF 2722 to make some relatively small changes using a one-time investment of funds to improve access and effectiveness of positive support services while leveraging existing funds. This bill can:

- Increase access to positive support services for children and adults with the most complex needs who are contributing to large fiscal expenditures of funds,
- Improve the implementation of positive supports in underserved communities,
- Increase the number of positive support facilitators who reflect the cultural and geographic characteristics of Minnesota,
- Address the challenges in rural areas where it is difficult to access professionals with masters and specialist educational degrees,
- Help providers who want to use positive supports meet the qualifications, and
- Share how providers are using positive supports are creating a career pathway thereby decreasing attrition.

Changing the language from requiring supervisory requirements to competency-based expectations will make it easier for providers to meet the qualifications for this service. Providing easy-to-access online training that teaches positive supports is essential given the staff attrition rates that providers face.

Being competency based means that there is evidence that exists showing positive supports are being used in the manner intended and outlined in research.

Making a modest, one-time investment in training, tool development, and systems this year so that qualifications for positive supports are clear and there are opportunities for providers to meet these qualifications will make a tremendous difference. This strategy includes the following elements.

- *Minor changes to the qualifications as listed in HF 2722* thereby creating a pathway that allows individuals with a bachelor's degree to demonstrate their competency determined by the commissioner as one pathway to meeting qualifications,
- Establish a *competency-based program* to increase access to positive supports across the state,
- Create *easy to use competency-based tools* that provide a clear list of what is needed to implement positive supports,

- *Provide guidelines and stories* to help providers meet qualifications and use positive supports correctly,
- *Disseminate resources* that are available across the state to learn about positive supports and provide a way to coach and mentor those seeking to use positive supports,
- Provide examples of how the specialist, analyst, and professional levels *can be used to create a career pathway in positive supports for staff*,
- *Design online training materials* to take the pressure off of providers who are challenged with staff attrition and turnover,
- Intentionally *mentor positive support facilitators representing under-served communities* across Minnesota,
- *Create fidelity tools* that list the important elements of positive supports for specialists, analysts, and professionals and can be used to confirm competencies,
- *Pilot a co-created Competency-based Review Team* comprised of community-based positive support facilitators with expertise in Minnesota,
- *Establish an Advisory Team* who will work with the Department of Human Services to provide oversight, and
- *Provide these free training materials* as a sustainable intervention by leveraging existing resources maintaining them after funding ends.

Minnesota is not alone. There are other states that have invested in implementing positive supports by establishing policy and training systems as a statewide approach to building capacity. Many of these states have actively involved community partners in the co-creation and development of these competency-based trainings. An important way to ensure that the training and systems will be used effectively across the state of Minnesota is by creating data, systems, and practices in collaboration with the professionals who are already using positive supports and have established expertise.

The key to sustainable and effective implementation is to establish an ongoing partnership between the individuals who are using positive support services effectively, professionals from the Department of Human Services, families and people with lived experience, and the research and technical assistance experts who can advise the team based on research and the science of implementation. Maryland, Massachusetts, Missouri, Virginia, and West Virginia, are all states that have invested in competency-based systems that are similar to our efforts in Minnesota. There are examples that can be adapted for the unique characteristics of our state.



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