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March 8, 2025

Dear Co-chairs Noor and Schomacker and members of the Human Services Finance and Policy Committee,

The Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) has a statutory mission to promote the highest attainable standards of treatment, competence, efficiency, and justice for persons receiving services for mental illness, developmental disabilities, substance use disorder, or emotional disturbance. We advocate for clients' rights, health, and well-being; monitor service delivery systems; and provide recommendations for systemic improvements.

We write today to express our support for the recovery residence provisions outlined in HF 2434DE1, specifically the provisions creating oversight of and consumer protections in these settings. For years, we have had concerns about the vulnerability of clients in unregulated recovery residence settings after receiving complaints involving blatant rights violations, abrupt discharge without cause or due process, losing substantial security deposits in the absence of property damage and with no due process provisions, lack of any meaningful grievance process, and substandard living conditions. In 2023, the legislature added sober homes to our enabling statute, adding these settings to the scope of our jurisdiction. However, because OMHDD is not a regulatory entity, our ability to require compliance with the statutory protections that were added is limited. We can and do advocate for clients in these settings, but if a provider refuses to implement our recommendations *and* there is no entity with enforcement authority, we have seen very mixed outcomes. In many cases, clients fear retaliation such that they withdraw their complaint to our office upon learning that, even if substantiated, we cannot guarantee the provider will not take some sort of retaliatory actions.

The provisions and protections in the DE1 amendment to HF 2434 will create much needed clarity and consistency in surrounding the definition of a recovery residences; further delineating rights in these settings; requiring policies surrounding residency terminations that will require transparency and consistent application; requiring the Department of Human services to investigate complaints as a regulatory entity with the authority to compel compliance with setting and provider requirements. We support the inclusion of voluntary certification of these settings to be eligible for Housing Support payments. OMHDD also supports that staff in a level-two certified recovery residence must not provide billable peer support services to residents. OMHDD has seen numerous examples of recovery residences requiring peer support services delivered by the same organization or an affiliated entity as a condition of residency, and we have strong concerns about the implications to residents' rights to person-centered planning, informed choice, and the right to select their service provider.

OMHDD is very grateful for the modest funding increase for our agency also included in HF 2434. Thank you to Co-chairs Noor and Schomacker for authoring this bill, and for the Committee's support for OMHDD and the people we serve.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Lisa Harrison-Hadler'.

Lisa Harrison-Hadler
Ombudsman