NAMI
National Alliance on Mental Illness
MINNESOTA

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Members of the Human Services Finance Committee:

On behalf of NAMI Minnesota, we are writing with our comments on the Governor's human services budget bill, HF 5280.

**Elderly Waiver:** Mental illnesses affect people of every age, culture, and identity. For many people over 65 who live with a serious mental illness, the current elderly waiver rate is not sufficient to meet their needs to live in the community. We support the exception language for the elderly waiver beginning on line 5.4.

**Targeted Case Management:** We also support the model to design a Medical Assistance benefit for targeted case management for Minnesota's Tribal Nations. This provision beginning on line 8.8 calls out developmental disabilities, and we believe that a same or similar benefit for people with mental illnesses would be beneficial. A simple amendment could add mental illnesses:

> "Page 8, line 8 after '**ADULT**' add a comma and insert '**MENTAL ILLNESS,**'
> Page 8 line, line 12 after "adult" add a comma and insert 'mental illness,'"

**1115 Waiver:** We are very supportive of the 1115 Reentry waiver, and we are grateful for being included on the work group to help implement the policy. People with mental illnesses and substance use disorders are overrepresented in state and county correctional facilities. All parties involved stand to benefit from increasing access to care in prisons and jails and lowering costs to tax-payers.

**MI&D Task Force:** We are also thankful to be included in the Mentally Ill and Dangerous Civil Commitment Reform Task Force. We served on the previous task force in 2017. We would recommend adding both a family member and at least one representative from Minnesota's Tribal Nations to the membership of the task force through the following amendment:

> "Page 21, line 7, strike 'and'
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> Page 21, line 9, after the period insert: '(15) a family member of an individual with lived experience under civil commitment as mentally ill and 21.9 dangerous and is on a provisional discharge or has been discharged from commitment; and
>
> (16) at least one Tribal Government representative"

**DCT:** Under 253B.212 of the commitment act, "the commissioner of human services may contract with and receive payment from the Indian Health Service of the United States Department of Health and Human Services

for the care and treatment of those members of any federally recognized Indian tribe within the state, who have been committed by tribal court order to the Indian Health Service for care and treatment of mental illness, developmental disability, or chemical dependency. The tribe may also contract directly with the commissioner for treatment of those members of any federally recognized Indian tribe within the state who have been committed by tribal court order to the respective tribal Department of Health for care and treatment of mental illness, developmental disability, or chemical dependency." The statute specifically mentions the Red Lake Band of Chippewa Indians and the White Earth Band of Ojibwe. For these reasons we believe that there should be a tribal representative on the Direct Care and Treatment Executive Board, not simply listing as a choice among several options someone with traditional healing expertise:

> "Page 45, line 5, after 'coordination' insert a semicolon, strike 'or' and before "in" insert "(iii)
> Renumber items accordingly"
> Page 45, line 8 add "(4) one member representing tribal government."

Finally, in the funding structure for the new Department of Direct Care and Treatment, it is unclear if money from both private and public insurance will go into the budget. We believe that both should be included in order to know how much of the costs are offset by insurance and other payments and how much is actual state dollars.

Thank you for your time and consideration of our comments. We are happy to continue the conversation and work on any of these provisions.

Sincerely,

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Executive Director

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