

April 8, 2025

Dear Chair Schomacker, Chair Noor, and Members of the House Human Services Finance and Policy Committee:

On behalf of the Minnesota Department of Human Services, I want to thank you for your collaborative leadership that transcends partisan ideals to improve the quality of health and human services and strengthen program integrity.

Developing a budget this session is particularly challenging amid less-than-ideal budget targets. Nevertheless, I am pleased to see that your proposed budget bill (HF 2434 DE) includes both responsible reforms to address the projected budget shortfall, as well as investments that will improve people's lives. I want to extend my gratitude for the inclusion of several of Governor Walz's and Lieutenant Governor Flanagan's key budget priorities, including:

- Making **investments to prevent, detect, and address fraud** to strengthen the parameters of our system and root out bad actors. Minnesota is committed to helping our neighbors and fraud against public programs harms the people we're committed to helping.
- Recommitting to Minnesota's comprehensive long-term plan to **end new HIV infections and improve health outcomes for people living with HIV**. This investment acts as a stopgap measure to prevent further funding reductions across the state, including in Greater Minnesota and suburban regions where 56% of new diagnoses occurred in 2023.
- Bolstering **oversight of recovery residences and expanding access to supportive recovery housing** options. This proposal would align oversight with national best practices and ensure recovery residences have access to ongoing funding that is not tied to a person's treatment status.
- Building on historic investments in the **Community First Services and Supports (CFSS)** so that people have meaningful options to live and work in their homes. This funding also ensures implementation of the self-directed workforce contract between SEIU Healthcare of Minnesota and the state.
- Including funding to implement standards adopted by the **Nursing Home Workforce Standards Board**. Good jobs are the foundation of an equitable economy, and the caring economy is the backbone of our human services system.
- Strengthening health and safety protections for children and young adults with autism who use **Early Intensive Developmental and Behavioral Interventions (EIDBI)** services.
- Prioritizing **Tribal sovereignty** by creating a path for Tribal Nations to access the federally funded rates for members who use **Vulnerable Adults and Developmental Disabilities Targeted Case Management (VA/DD-TCM)**.
- Utilizing **data-based and person-centered approaches to address disability waiver spending**, including practical limits on billing for *training* services and distinct reimbursement for asleep and awake services. These approaches shield people and families from blunt tools such as waiver caps and large-scale cuts.

- Ensuring **people who access substance use disorder services have access to comprehensive health care coverage** under Minnesota's Medical Assistance program.
- Shifting to new **evidence-models of SUD treatment that integrates clinical and social supports**, while also facilitating **transparent billing practices**. These changes will better support program accountability, individualized needs, and positive outcomes.
- Promoting improved **care coordination and discharge planning for competency attainment programs**. This change will help to ensure that individuals receive the proper care and support needed to effectively participate in legal proceedings.
- Funding the **operating adjustment for state-operated safety net programs** which offer services for people with mental illness, substance abuse disorders, and developmental and intellectual disabilities. As a highly specialized health care system, Direct Care and Treatment cannot operate programs without sufficient staffing to provide safe and effective treatment.
- Funding the **operating adjustment for DHS** to ensure mounting cost pressures do not impact services delivered to Minnesotans.
- Expanding oversight to **increase the frequency of provider revalidation visits**. This proposal will require revalidation visits every three years, instead of every five years, for high-risk providers.

We are excited to see investments to improve **Minnesota's substance use disorder continuum of care** that reflect DHS's recommendations to implement data-informed reimbursement rates. We are also pleased to see funding for regional projects that **expand access to Psychiatric Residential Treatment Facility services** for children and young adults. Lastly, we are deeply appreciative of the inclusion of **Tribal and county priorities** including the Housing Stabilization Services Tribal encounter rate and transitioning to direct payment for Adult Mental Health Initiative (AMHI) grants.

As this bill continues to make its way through the legislative process, we hope to continue dialogue about data-driven approaches to fraud detection and prevention using modern technologies, including Artificial Intelligence (AI) and Machine Learning (ML) and case management. We also look forward to ongoing discussions that would align disability waiver rates with data to ensure long-term sustainability amid rapidly shifting population demographics.

Our team will continue to analyze the bill and provide feedback and technical assistance in the weeks ahead. Thank you again for your unwavering focus on people, families, and communities who at some point, either directly or indirectly, will benefit from a robust human services system.

Sincerely,



Shireen Gandhi  
Temporary Commissioner  
Minnesota Department of Human Services

Minnesota House of Representatives  
Human Services Finance and Policy Committee  
April 8, 2025

Chair Noor, Chair Schomacker and Members of the Committee,

I would like the opportunity to speak during public commentary on House File 2434, including opposition to proposed reinstatement of parental fees for services provided to children with disabilities.

Understanding that there is a pending deficit without changes to current spending, HF 2434 reintroduces financial barriers for families who are already navigating the complex and often costly realities of raising a child with disabilities.

Less than two years ago members of this committee listened to testimony supporting the elimination of these fees. We supported the elimination of these fees because we believe every individual deserve equal opportunity and access to resources that help them thrive, especially children with disabilities. Research and experience tell us that early and consistent access to supports—such as therapies, medical care, and educational resources—plays a critical role in positive long-term outcomes for children with disabilities. These fees can deter parents and caregivers from accessing vital services their children need to thrive.

The elimination of these fees was widely publicized and celebrated. Now it feels like we are trying to slip these fees back in with far less fanfare. All states—except Tennessee—have disability-specific eligibility criteria, which allow children with disabilities to qualify for Medicaid even if their parents' income exceeds the state-established threshold. Only five states require parents of children with disabilities to “buy in” to Medicaid. Do we really want Minnesota to be one of them?

We should be working to remove obstacles, not add them. Families deserve a system that supports them in caring for their children—not one that creates additional stress through financial penalties.

Sarah Curfman

President & CEO, Down Syndrome Association of Minnesota



Members of the Clay County Commission,

On behalf of our over 1,600 members, I would like to express The Chamber's support for the County's efforts to acquire state funding to establish a Residential Psychiatric Treatment Facility in Clay County.

As a community partner of Clay County, we believe that promoting a healthy and thriving community is vital to the vibrancy of our region and state. Due to the lack of capacity at the four existing psychiatric residential facilities across Minnesota, and the lack of access to these essential care services in Northwestern Minnesota, children and families must seek support outside of our state. It is critical that children receive services within proximity to their home communities, families, and local service providers. This facility is a fundamental addition to the healthcare infrastructure of not only Clay County but the entire State of Minnesota.

Bringing this facility to Clay County, will decrease pressures on emergency service providers, such as emergency rooms, general healthcare facilities, and law enforcement, and provide our community with specialized care for children with severe mental and psychiatric needs. This is why numerous Counties and Tribal Nations across the state have established strategic partnerships to support the funding and construction of this facility, to promote holistic and long-term health and healing services for the most vulnerable among us.

Moreover, The Chamber fully supports the creation of this facility to increase our state's healthcare capacity, promote robust healthcare solutions, and enhance the safety and well-being of our community.

Thank you for your consideration of this critical project and your dedication to Clay County!

Sincerely,

Shannon Full  
President and CEO  
Fargo Moorhead West Fargo Chamber of Commerce



RESOLUTION SHOWING SUPPORT FOR A PSYCHIATRIC RESIDENTIAL TREATMENT  
FACILITY IN CLAY COUNTY  
Resolution # GCR-20241119-1

WHEREAS, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and /or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges, AND

WHEREAS, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum, AND

WHEREAS, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions, AND

WHEREAS, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care, AND

WHEREAS, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers, AND

WHEREAS, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services, AND

WHEREAS, Grant County seeks state funding to assist in the pre-design, design, construction, furnishing, and equipping of a non-secure residential facility in order to remodel an existing space to serve as a PRTF;

NOW THEREFORE BE IT RESOLVED, that the Grant County Board of Commissioners hereby requests Minnesota state funds to support infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

Dated this 19 day of November, 2024.



Ken Johnson,

Grant County Board of Commissioners Chair



Karl Lindquist,

Grant County Coordinator

## Who's Who: Four Age-Friendly Organizations to Understand



- **Age-Friendly Minnesota Council**

*This Governor-appointed Council is comprised of nine state agencies and six public members. They lead collaborative efforts to make state systems and communities more inclusive of and responsive to older adults, including work with state agencies, investments in community grants, and supports for Minnesota's Multisector Blueprint on Aging. Established in 2019 and reauthorized through June 30, 2027 by the Legislature in the 2021 Special Session.*



- **Minnesota Board on Aging**

*This Governor-appointed Board is comprised of 25 public volunteers. As Minnesota's federally designated State Unit on Aging, they work to ensure government plans for Older American's Act meet all requirements as well as administer state and federal funds, provide technical assistance, and support activities that advance the best interests of older Minnesotans.*



- **Minnesota Leadership Council on Aging**

*This non-profit, non-partisan, statewide organization includes 34 organizations in the state's aging sector. Uniting leaders to advance equitable opportunities for all Minnesotans as we age, they build strong relationships, host powerful convenings, and mobilize collective efforts to advance age-friendly policy and initiatives.*



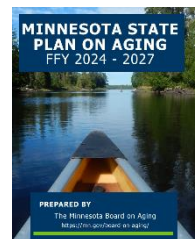
- **AARP Minnesota**

*As the state chapter of AARP - the nation's largest non-profit, non-partisan organization dedicated to empowering people 50 and older - AARP Minnesota serves more than 620,000 Minnesota members to support legislation that strengthens communities, older people and their families. Minnesota was the 10<sup>th</sup> state to join the AARP Network of Age-Friendly States and Communities.*

### Clarification: Two State Plans of Note

- **Minnesota's State Plan on Aging**

*The Minnesota State Plan on Aging is a document mandated by the federal Older Americans Act. The current plan, submitted to the federal government spans 2023-2027 outlines how services and supports will be given to people 60 years or older. The plan details how federal Older Americans Act dollars will be utilized in the state. It also documents achievements, planned activities, and provides a state framework related to programs, activities and services for older Minnesotans.*



- **Minnesota's Multisector Blueprint on Aging**

*Co-created by over 3,500 Minnesotans and community organizations by the Age-Friendly Minnesota Council, this plan spans 2025-2035 and is a strategic, cross-sector framework for improving lives of all Minnesotans as we age. The plan includes four domains: 1) Connected Communities, 2) Emergency Preparedness, Individual Rights and Safety, 3) Optimized Health and Longevity, and 4) Economic Security and Vitality*



## RESOLUTION 2024-1125-2

### Resolution to Adopt 2025 City of Moorhead Legislative Priorities

WHEREAS, the City of Moorhead advocates for targeted legislative initiatives to support a high quality of life for Moorhead residents and businesses, to respond to competitive disparities as a Minnesota Border City and to advance capital projects that benefit the City; and

WHEREAS, the City effectively utilizes the skills of the City's elected officials and staff together with contracted services of the City's legislative delegation (Flaherty & Hood; Fredrikson & Byron) to advance the City's legislative goals.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Moorhead, Minnesota, adopts the City's 2025 State Legislative Program goals as follows:

- **Flood Risk Mitigation:** Support of DNR's efforts and advocate for larger allocations of capital investment funding to continue and complete flood mitigation within Moorhead's 2009 Flood Mitigation Plan.
- **Border Cities Legislation:** Preserve and protect the Border City Enterprise Zone and Disparity Reduction Credit programs essential to business attraction and retention; seek opportunities for greater flexibility in use of these programs to benefit Moorhead businesses.
- **Downtown Center Revitalization:**
  - Tax Increment Financing/Redevelopment Opportunities
  - Sales Tax Exemption on Construction Materials for City Hall Renovation
- **Public Safety:** Address public safety challenges affecting Moorhead and Clay County, specifically workforce availability and preservation of interstate mutual aid.
- **Transit Assistance Funding Apportionment:** Pursue state transit funding specific to Moorhead outside of the state's budget for Greater Minnesota.
- **Sustainable Aviation Fuel Facility:** Legislative needs for the proposed project are yet to be defined.
- **Partnerships:** Offer support to community partners that are addressing opportunities and challenges that affect Moorhead residents, businesses, and visitors, including the following projects:
  - Moorhead Cultural Mall
  - Heartland Trail
  - Jasmin Childcare
  - Residential Psychiatric Treatment Center
  - FM Area Diversion
  - Passenger Rail Service
  - Moorhead High School Career Academy
- **Recreational Amenities:** Pursue and support local and regional parks and trails that connect Moorhead neighborhoods and surrounding communities.
- **Minnesota Cities Initiatives:** Support legislative activity of Coalition of Greater Minnesota Cities and League of Minnesota Cities consistent with local plans and studies, including Onward Moorhead Comprehensive Plan and Moorhead Strategic Plan.

PASSED: November 25, 2024 by the City Council of the City of Moorhead.

APPROVED BY:

  
MICHELLE (SHELLY) A. CARLSON, Mayor

ATTEST:

  
CHRISTINA RUST, City Clerk



**An association of resources and advocacy for children, youth and families**

[www.aspiremn.org](http://www.aspiremn.org)

April 8, 2025

Dear Co-Chair Noor, Co-Chair Schomacker and Members of the Human Services Policy and Finance Committee,

AspireMN is a statewide association of children and family service providers. The crisis in access to children's mental health remains our most urgent priority, especially addressing the most adverse consequence of this crisis in the boarding of children in hospital EDs, juvenile detention and with counties.

We are grateful to the committee for including in your omnibus proposal:

- Psychiatric Residential Treatment Facility Working Group to review Minnesota's PRTF benefit and make recommendations to expand quality service delivery to more children and families needing treatment services and supports
- Addressing the funding cliff in School-Linked Behavioral Health Grants, a critical source of early intervention with an excellent model of mental health service integration that supports students, teachers and families statewide
- Fixing a Children's Mental Health – Targeted Case Management billing oversight to assure Medicaid and statute align in providing care for youth aged 18 to 21
- Investing in Safe Harbor services to support children who experience sexual exploitation – when children lack access to care or elope from home or treatment they are highly vulnerable. Access to care and stability is important prevention and as that is built, Safe Harbor is needed
- Respite can be incredibly meaningful for families with a child who has significant needs, access to respite is one of the recommendations in the Solutions to Children Boarding proposal and we support the flexibilities in this omnibus to increase access for children with disabilities
- Access to MnCHOICES is too often a barrier for children to gain access to needed treatment and services and contributes to the experiences of children boarding. We support efforts to expand who can be a MnCHOICES assessor, clarifying process timelines and strengthening accountability within the system.

There is much more to be done to support children, families and individuals to access needed treatment and services so all of us can live our best lives and share our contributions to vibrant community. We appreciate the policy and investments included in your Human Services Omnibus that move us in a positive direction.

Warm regards,

Kirsten Anderson  
Executive Director

**AspireMN improves the lives of children, youth and families served by member organizations through support for quality service delivery, leadership development and policy advocacy.**

1919 University Avenue W. #450, St. Paul, Minnesota 55104

**BECKER COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION 11-24-1D**

**Support for Clay County Psychiatric Residential Treatment Facility (PRTF)**

**WHEREAS**, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

**WHEREAS**, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

**WHEREAS**, Clay County seeks bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

**NOW THEREFORE BE IT RESOLVED.** That the Board of County Commissioners of Becker County, Minnesota, supports Clay County in their request for Minnesota state funds to support infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

Duly adopted this 5<sup>th</sup> day of November, 2024, at Detroit Lakes, MN.

COUNTY BOARD OF COMMISSIONERS  
Becker County, Minnesota

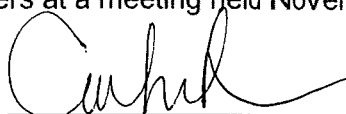
ATTEST:

/s/ Carrie Smith  
Carrie Smith  
County Administrator

/s/ John Okeson  
John Okeson  
Board Chair

State of Minnesota )  
                                  ) ss  
County of Becker )

I, the undersigned being the duly appointed and qualified County Administrator for the County of Becker, State of Minnesota, do hereby certify that the foregoing is a true and correct copy of a Resolution passed, adopted, and approved by the County Board of Commissioners at a meeting held November 5, 2024, as recorded in the record of proceedings.

  
Carrie Smith  
County Administrator

To: Chair Schomacker; House Human Services Finance & Policy Committee  
From: Debbie Gray, Regional Director – Behavioral Health Group  
Subject: Funding SUD treatment is a budget solution  
Date: April 8th, 2025

**Dear Members of the Committee,**

Behavioral Health Group - Minnesota recognizes the incredibly difficult budgetary decisions facing the Legislature—and this committee in particular—in the current fiscal environment. We appreciate your commitment to stewarding limited resources in ways that protect the health and well-being of the most vulnerable members of our communities.

As you evaluate potential cuts, we urge you to consider the following critical point:

**Substance use disorder (SUD) treatment is not a cost center—it is a proven, cost-saving investment.**

Decades of underfunding have not diminished the need for care. Instead, the burden has simply shifted—often at greater expense—to emergency departments, law enforcement, jails, and the child welfare system. Untreated addiction costs the state more, not less.

Appropriately funding Medicaid reimbursement rates for SUD treatment is one of the most effective steps the state can take to reverse this trend. Doing so would not only stabilize a field that has been chronically underfunded, but also produce measurable, system-wide savings.

Consider the following:

- CMS reports that nearly 12% of adult Medicaid beneficiaries have a substance use disorder. Those with untreated alcohol use disorders, for example, cost *twice as much* in health care expenditures as those who receive treatment.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that individuals with chronic medical conditions and a co-occurring SUD incur health care costs two to three times higher than those without.
- Washington State found that providing a full addiction-treatment benefit resulted in Medicaid savings of \$398 per person, per month.

The situation in Minnesota:

- In 2022, Minnesota reported 1,384 drug overdose deaths, with synthetic opioids like fentanyl involved in approximately 70% of these fatalities. [Minnesota Department of Health](#)

- Fentanyl's impact is profound; it is involved in 92% of all opioid-involved deaths and 62% of all overdose deaths in Minnesota. [Minnesota Department of Health](#)
- The Minnesota Department of Health notes that for every drug overdose death, there are nearly 13 nonfatal overdoses, indicating a substantial number of individuals in need of treatment and intervention. [Minnesota Department of Health](#)

These are not abstract numbers—they reflect real opportunities to reduce costs, alleviate pressure on other public systems, and improve lives.

Beyond the fiscal benefits, effective SUD treatment leads to safer communities, more stable families, greater workforce participation, and—most importantly—saved lives.

That is why we are urging this committee to support the **Burns & Associates rate recommendations**, along with **automatic inflation adjustments**. These recommendations are grounded in reliable data and reflect the true cost of providing high-quality, evidence-based care.

This is not just about funding services. It's about aligning Medicaid rates with the actual cost of addressing one of the most complex and costly public health challenges we face today.

Included is an overview of the recommended rates for your review.

Thank you for your time, your consideration, and your ongoing leadership on this critical issue.

Sincerely,



Debbie Gray, MSW, LICSW, LADC  
Regional Director – Minnesota  
Behavioral Health Group



Here is an overview of the recommended rates:

Service description	Unit of service	Current rate (w/ 1115 base rate)	Recommended rate	% difference
Comprehensive SUD assessment	Per Session	\$162.24	\$234.06	44.3%
Treatment coordination	15 min	\$15.02	\$37.13	147.2%
Individual therapy	60 min	\$86.53	\$140.27	62.1%
Group therapy	60 min	\$42.02	\$42.97	2.3%
Peer recovery support	15 min	\$15.02	\$28.43	89.3%
High-intensity residential	Per Diem	\$224.06	\$355.02	58.4%
Low-intensity residential	Per Diem	\$79.84	\$216.90	171.7%
WM clinically managed	Per Diem	\$400.00	\$375.91	-6.0%
WM medically managed	Per Diem	\$515.00	\$576.18	11.9%

Now is the time to do more with every dollar. Strategic investment in a full continuum of care for substance use disorders will not only serve those directly affected, but will return value across state systems—public safety, health care, education, and beyond.

Thank you for your consideration and for your continued leadership.





April 9, 2025  
House Human Services Finance and Policy Committee

Dear Co-Chair Noor, Co-Chair Schomacker and Committee Members,

On behalf of Children's Minnesota, I am writing to offer comments on HF2434, the House Human Services Omnibus bill. Children's Minnesota is the state's largest pediatric health care provider. We serve children and teens from all 87 counties and 60 percent of the counties in surrounding states. Nearly half of our patients are insured through Medicaid.

Children in Minnesota are experiencing a mental health crisis, too often boarding in hospital emergency departments waiting for the right level of care to become available. In 2024 kids boarded at Children's Minnesota more than 1,200 times while waiting to access the community-based services they need, a substantial increase from the year prior. Included with this letter is a document that provides additional information specific to children boarding in our hospitals.

One of the biggest barriers we face in finding placement for these children is getting MnCHOICES assessments completed. Inefficiencies in the current process result in the same conclusion – more children waiting in the hospital to access the support they need. These inefficiencies can be addressed by expanding who can be a MnCHOICES assessor, clarifying process timelines and strengthening accountability within the system. While these solutions are not currently included in HF2434, we appreciate that conversations on this issue will continue as budget bills are finalized.

We are grateful to see the following provisions included in HF2434 and look forward to ongoing conversations about where the state can make additional, strategic investments to most effectively address the mental health needs of kids.

- Creating a workgroup to improve the PRTF benefit to allow more children to be able to access PRTF services
- Funding school-linked behavioral health services

Thank you for your partnership as we work to collectively improve the health and wellbeing of kids in our state.

Sincerely,

Amanda Jansen, MPP  
Director of Public  
Policy Children's  
Minnesota

# A broken system: THE JOURNEY OF A CHILD IN CRISIS

## SITUATION

10 year old brought to the emergency department by caregiver for behavioral concerns.\*



Multiple diagnoses (ADHD, PTSD) with limited coping skills and challenges regulating behaviors.

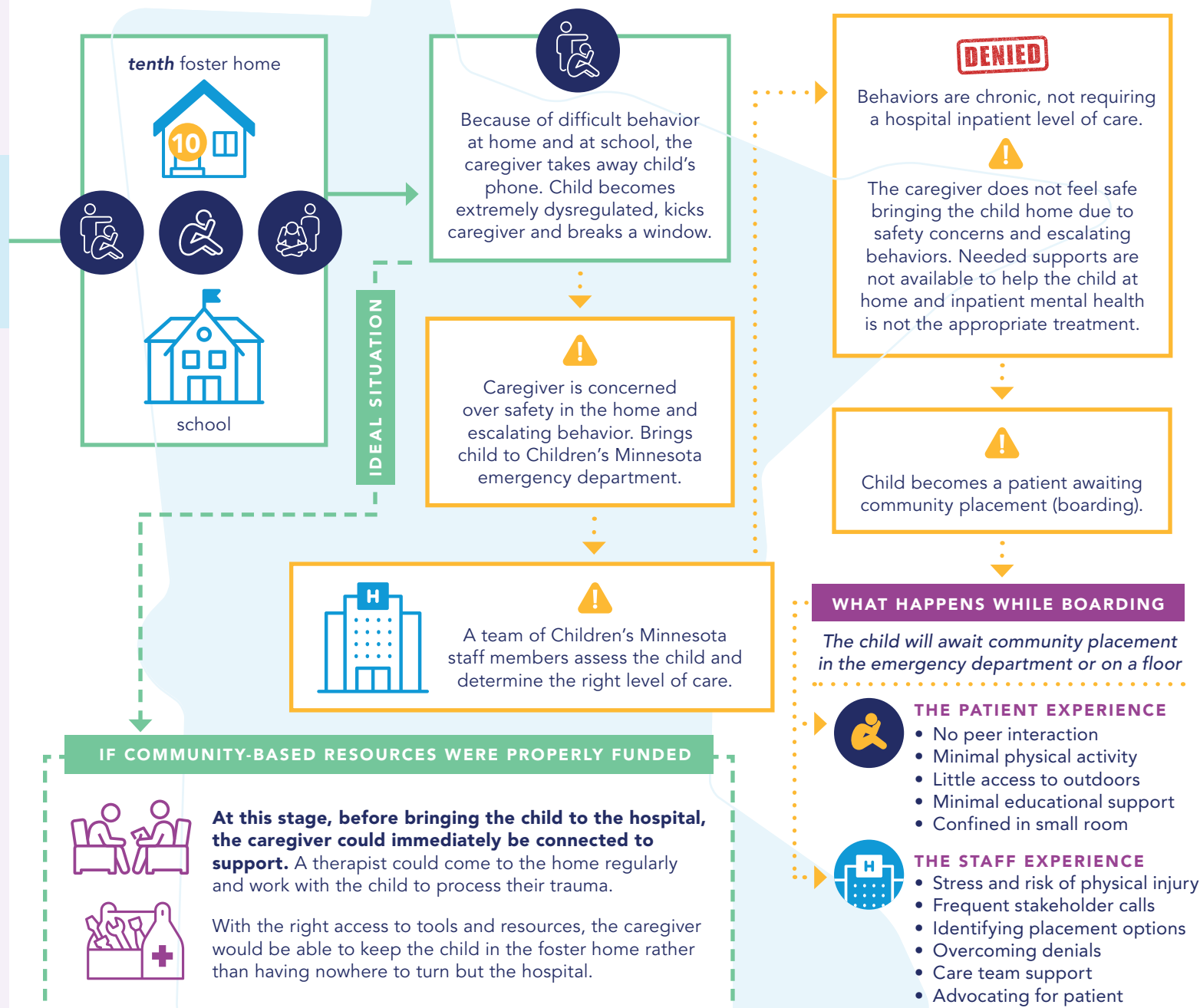
## HISTORY

- Experienced past trauma, including witnessing domestic violence, parental substance abuse and was removed from birth family's care at 7-years old.
- Placed in 10 different foster homes.
- Verbally and physically aggressive when dysregulated, particularly towards caregivers.

## For more information, please contact:

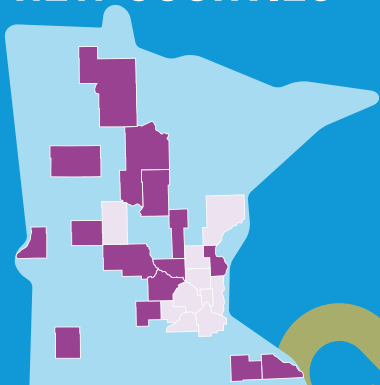
Amanda Jansen,  
Director of Public Policy  
Children's Minnesota

amanda.jansen@childrensMN.org  
Cell: 262-442-3628



# PATIENTS IMPACTED BY THE BOARDING CRISIS

In 2024, we saw patients from  
**16 NEW COUNTIES**



+1 OUT OF STATE

## MOST IMPACTED GROUPS

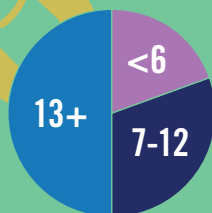
African American/Black  
Caucasian/white  
Multi-race

THIS HAS A WIDE  
IMPACT ON ALL  
COMMUNITIES

**77.4%**

are reliant on

**MEDICAID**



**PATIENT  
AGES**

In 2024, kids boarded  
at Children's Minnesota

**1200+**

**TIMES**

a substantial increase from 2023

**54%**

are under guardianship

**OF THE COUNTY**

**In 2025**, state leaders must focus on policy changes to help children with the most complex behavioral health needs. Significant investments are needed to improve access to the continuum of mental health care, including increasing Medicaid reimbursement rates and alleviating the boarding crisis.



### COMMON CHARACTERISTICS AMONG PATIENTS BOARDING:

- Multiple past placements
- More than 3 hospital visits over the past year
- Neurodivergent, developmental delay, low level of functioning
- History of aggression, sexualized behaviors, running away
- Chronic self-harm, substance abuse
- Multiple medical conditions

### For more information, please contact:

Amanda Jansen, Director of Public Policy  
Children's Minnesota

[amanda.jansen@childrensMN.org](mailto:amanda.jansen@childrensMN.org)  
Cell: 262-442-3628

**RESOLUTION NO. 2024-1210P**

**A RESOLUTION IN SUPPORT OF CLAY COUNTY'S EFFORTS TO ESTABLISH A  
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY**

WHEREAS, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

WHEREAS, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

WHEREAS, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

WHEREAS, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

WHEREAS, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

WHEREAS, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

WHEREAS, Clay County seeks State appropriated funding through the Governor's budget and grants from the Commissioner of human services for Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

WEREAS, the City of Detroit Lakes recognizes the essential need for additional PRTF facilities and strong supports Clay County's efforts to secure funding and resources to expand mental health services for children in our region.

NOW, THEREFORE, BE IT RESOLVED, that the City of Detroit Lakes hereby expresses its full support for Clay County's initiative to establish a Psychiatric Residential Treatment Facility, recognizing the importance of accessible, specialized care for children with complex mental health needs across the region.

BE IT FURTHER RESOLVED, that the City of Detroit Lakes urges the Minnesota State Legislature and the Governor to prioritize funding for this critical mental health infrastructure,

benefiting not only Clay County but the surrounding communities in need of these essential services.

Passed and adopted this 10th day of December 2024.

Approved this 10th day of December 2024.



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Matt Brenk  
Detroit Lakes Mayor



Kelcey Klemm  
Detroit Lakes City Administrator

**CITY OF HAWLEY**

**Res 24-33**

**Resolution to Support the Clay County Commission in Seeking Funds for a  
Psychiatric Residential Treatment Facility**

**WHEREAS**, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

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**WHEREAS**, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

**WHEREAS**, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

**WHEREAS**, the City of Hawley is committed to addressing this critical gap in mental health services by supporting Clay County establishing a PRTF in partnership with qualified service provider for the delivery of these essential services; and

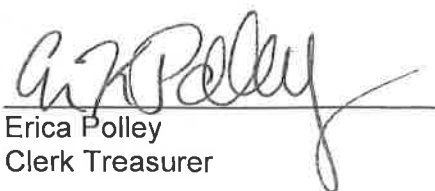
**WHEREAS**, Clay County is seeking bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility,

**NOW, THEREFORE, BE IT RESOLVED**, that the City of Hawley supports the Clay County Board of Commissioners request for Minnesota state funds to support infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

Adopted this 18<sup>th</sup> day of November, 2024.

ATTEST:

  
\_\_\_\_\_  
Sean Mork  
Mayor

  
\_\_\_\_\_  
Erica Polley  
Clerk Treasurer

**Mahnomen County  
Board of Commissioners  
Resolution 2024-11-1**

**WHEREAS**, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and


**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

**WHEREAS**, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

**WHEREAS**, Clay County seeks bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

**NOW, THEREFORE, BE IT RESOLVED**, that the Mahnomen County Board of Commissioners via this Resolution, supports Clay County to request Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

  
\_\_\_\_\_  
Darvin Schoenborn, Mahnomen County Board Chairman

Date: Nov 12 2024

I, Bruce Starkey, Mahnomen County Administrator and Clerk of the County Board of Mahnomen, State of Minnesota, do hereby certify that the foregoing resolution is a true copy of a resolution duly passed at a meeting of the Mahnomen County Board of Commissioners held April 23, 2024.

  
\_\_\_\_\_  
Bruce Starkey, Mahnomen County Administrator

Nov 12 - 2024



November 26, 2024

Commissioner Jenny Mongeau  
Clay County Government Center  
3510 12th Ave S  
P.O. Box 280  
Moorhead, MN 56560

Re: Psychiatric Residential Treatment Center

Dear Commissioner Mongeau,

Thank you for presenting Clay County's vision for a Psychiatric Residential Treatment Center in Moorhead on November 25. We are writing to reiterate the Moorhead City Council's strong support for this important project to serve youth and families in our northwest region of Minnesota and beyond.

Your passion for this issue, along with the full Clay County Commission and many others in the region, is commendable. The information shared regarding the need for this facility is certainly compelling. Particularly, the knowledge that the existing bed capacity of Psychiatric Residential Treatment Centers statewide is inadequate to support the behavioral challenges and co-occurring physical health issues children are facing. The gap in care significantly impacts our communities, as many children require specialized services that are neither available within the existing system nor located within reasonable distance from family homes. We have not doubt a PRTC in our region will prove to be a life-saving asset for children and families.

A resolution of support specific to the proposed Psychiatric Residential Treatment Center will be included on the City Council's December 9 consent agenda.

Thank you again for your future-looking vision. We look forward to seeing this inspiring project a reality as we strive to see all children and families thrive with have access to healthy supports and wellbeing.

Sincerely,

Shelly Carlson, Mayor

Dan Mahli, City Manager

cc: Steve Larson, Clay County Administrator



**County Commissioners**

District 1 – Paul Krabbenhoft, Moorhead  
District 2 – Ezra Baer, Hawley  
District 3 – Jenny Mongeau, Moorhead  
District 4 – Kevin Campbell, Moorhead  
District 5 – David Ebinger, Moorhead



April 8, 2025

Co-Chair Noor  
Co-Chair Schomacker  
Centennial Office Bldg.  
St. Paul, Minnesota 55155

Dear Co-Chairs Noor and Schomacker,

I am a current Clay County Commissioner and the former Chief of Police for the City of Moorhead. Having served in these capacities I am keenly aware of the serious lack of mental health resources for youth, particularly residential facilities, in Minnesota. I am requesting your support for House File: 1266 and House File: 1380, for the funding of a Non-Secure Juvenile Facility, allowing the existing facility to be transformed into a Psychiatric Residential Treatment Facility (PRTF).

The Non-Secure Juvenile Facility will be part of the West Central Regional Juvenile Center which is comprised of eleven counties and provides secure facilities statewide, as space allows. The opening of the Non-Secure Facility being proposed will provide space for the PRTF at a considerable savings over construction of a stand-alone psychiatric residential treatment facility.

The need for and support of this project is reflected in the support this legislation has received from 28 counties, 5 cities, and all 11 tribal nations in our state. It provides a critical service needed statewide at a reasonable cost. Clay County has provided innovative and compassionate services to children from across the state and our ability to go to the next level with a PRTF will benefit youth from across Minnesota.

I appreciate any consideration you can give in advancing this legislation, thank you for your service to the citizens of Minnesota.

Sincerely,

David Ebinger, Commissioner  
Clay County, Minnesota

Clay County Board of Commissioners  
Resolution 2024-32

WHEREAS, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

WHEREAS, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

WHEREAS, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

WHEREAS, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

WHEREAS, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

WHEREAS, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and


WHEREAS, Clay County seeks State appropriated funding through the Governor's budget and grants from the Commissioner of human services for Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

NOW, THEREFORE, BE IT RESOLVED, that the Clay County Board of Commissioners hereby requests Minnesota state funds to support infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

Dated this 5<sup>th</sup> day of November 2024.



David Ebinger, Chair  
Clay County Commissioners



Darren Brooke  
Clay County HR Director/Assistant County Administrator



Stephen Larson  
Clay County Administrator  
PO Box 280  
Moorhead, MN 56560

Dear Steve,

I am writing on behalf of Concordia College, Moorhead a proud member of the Clay County community, to express our strong support for the legislation advancing funding for the proposed juvenile center dedicated to providing much-needed psychiatric and mental health services to our youth. As an institution serving students and families in this region, we are deeply aware of the urgent and growing need for mental health support among our young people.

The creation of this center is crucial to filling a significant gap in our community's mental health resources. Currently, many youth facing mental health crises do not have access to dedicated psychiatric care locally, which can lead to worsening symptoms and limited recovery opportunities. This center will not only expand access to immediate care but also provide a specialized environment for comprehensive treatment, helping young people stabilize and engage in long-term healing. Additionally, with a facility focused specifically on juvenile psychiatric needs, the center will alleviate pressure on emergency rooms, general healthcare facilities, and law enforcement allowing them to focus on other equally pressing needs.

Our college sees this initiative as a foundational investment in the well-being of our community's youth, addressing a critical gap that, if left unfilled, can have profound effects on families and society. The availability of psychiatric treatment beds within the county will strengthen our local support network, ensuring that all youth, regardless of socioeconomic background, have the opportunity for early intervention and the support they need to thrive.

We wholeheartedly encourage your support for this initiative, which will not only meet an urgent need but will also foster a healthier, more resilient future for our community. If additional information would be helpful, please feel free to reach out to me at [cirvine@cord.edu](mailto:cirvine@cord.edu) or 218.299.3000.

Thank you for your leadership and commitment to the well-being of our youth.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Colin Irvine', written in a cursive style.

Colin Irvine, President  
Concordia College, Moorhead, MN

April 7, 2025

Minnesota Department of Human Services  
444 Lafayette Road  
St. Paul, MN 55155

RE: Psychiatric Residential Facility in Northwest Minnesota

To Whom it May Concern:

I am writing in strong support of the development of a psychiatric residential treatment facility in Clay County to serve youth with complex mental health needs across Northwest and West Central Minnesota. As a family physician and the Dean of the School of Health Professions at Concordia, I am aware of the need for this treatment facility and the challenge of addressing the specific needs of this population.

Concordia College offers an accredited undergraduate program in social work and is in pre-candidacy status for a clinical Master of Social Work (MSW) program. Our social work students have a longstanding relationship with Solutions, engaging as direct care staff, interns, and volunteers. Our MSW program is designed to prepare therapists with competencies in diagnosing and treating mental health conditions and we anticipate that our clinical MSW students and graduates will pursue internship and employment opportunities at the proposed facility, contributing to a skilled and committed behavioral health workforce.

The School of Health Professions at Concordia College includes programs in nursing, nutrition, dietetics, exercise science, wellness, public health, and criminal justice. These programs offer a range of interdisciplinary expertise and present additional opportunities for collaboration with Solutions to support holistic, person-centered care. There will be a need for health professionals across these programs to provide services and support needed in this facility.

Our newly established Center for Population Health is focused on addressing the health needs of specific populations in our region including the behavioral health needs of youth. Our mission is to prepare professionals equipped to work interprofessionally in teams to respond to these needs through evidence-based, community-informed approaches.

Please feel free to contact me at [ghalaas@cord.edu](mailto:ghalaas@cord.edu).

A handwritten signature in black ink, appearing to read "Gwen W. Halaas". The signature is fluid and cursive, with the first name "Gwen" and last name "Halaas" clearly distinguishable.

Gwen W. Halaas, MD, MBA  
Dean, Sanford Heimarck School of Health  
Professions

**BOARD OF COUNTY COMMISSIONERS**  
**Crow Wing County, Minnesota**

**DATE:** February 13, 2024

**Resolution 2024-15**

**OFFERED BY COMMISSIONERS:** Koering and Franzen

**AYES:** Koering, Lubke, Franzen, Houge; **ABSENT:** Barrows

**RESOLUTION OF SUPPORT FOR CLAY COUNTY TO REQUEST MINNESOTA BOND FUNDS FOR  
INFRASTRUCTURE IN THE DEVELOPMENT OF A PSYCHIATRIC RESIDENTIAL TREATMENT  
FACILITY IN CLAY COUNTY**

WHEREAS, throughout Minnesota there is inadequate capacity in the continuum of care to support children with high acuity, complex and/or co-occurring conditions that include violent or sexually inappropriate behavior and/or physical health challenges, and

WHEREAS, Psychiatric Residential Treatment Facilities (PRTF) are a part of this continuum for children and youth under age 21 with complex mental health conditions and aggression, and

WHEREAS, currently there are four PRTF facilities operational in Minnesota with a total capacity of 166 beds and an additional PRTF set to open soon, and

WHEREAS, there is a need for additional PRTF beds in the State of Minnesota to meet the needs of children with serious and complex mental health needs, and

WHEREAS, the location of PRTF beds must be spread across the state to ensure equal access and proximity to a child's home community, family, and service providers, and

WHEREAS, Clay County is committed to establishing a PRTF and will partner with an eligible provider in the delivery of PRTF services, and

WHEREAS, Clay County is seeking Minnesota bond funds to aid in land acquisition and building a PRTF.

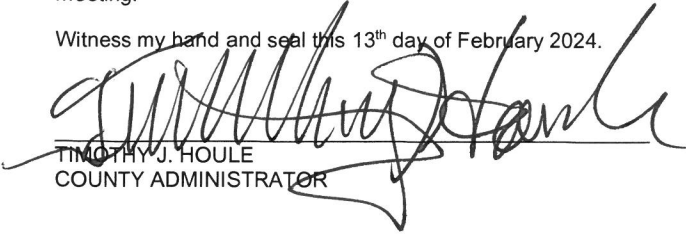
NOW, THEREFORE, BE IT RESOLVED the Board of Commissioners of Crow Wing County, Minnesota, via this Resolution, supports Clay County to request Minnesota bond funds for infrastructure in the development of a Psychiatric Residential Treatment Facility in Clay County.

---

**STATE OF MINNESOTA )**  
**COUNTY OF CROW WING) ss**

I, Timothy J. Houle, County Administrator, Crow Wing County, Minnesota, hereby certify that I have compared the foregoing copy of the resolution of the county board of said county with the original record thereof on file in the Administration Office, Crow Wing County, Minnesota, as stated in the minutes of the proceedings of said board at a meeting duly held on February 13, 2024, and that the same is a true and correct copy of said original record and of the whole thereof, and that said resolution was duly passed by said board at said meeting.

Witness my hand and seal this 13<sup>th</sup> day of February 2024.

  
TIMOTHY J. HOULE  
COUNTY ADMINISTRATOR



RESOLUTION NO. 24-128

**BE IT RESOLVED**, that the Douglas County Board of Commissioners via this Resolution, supports Clay County to request Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

**WHEREAS**, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

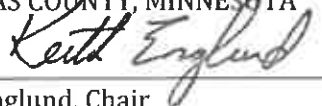
**WHEREAS**, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and


**WHEREAS**, Clay County seeks bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

Dated at Alexandria, Minnesota, this 17<sup>th</sup> day of December, 2024.

BOARD OF COMMISSIONERS  
DOUGLAS COUNTY, MINNESOTA

  
Keith England, Chair

ATTEST:

  
Lenae Roeser  
Interim Clerk of the Board  
Douglas County, Minnesota



April 7, 2025

Dear Members of the Minnesota Legislature,

On behalf of the undersigned leaders from across Minnesota's aging sector, we write today in unprecedented unity to express our collective support for including two key pieces of legislation in the Human Services Omnibus Bills. **We appreciate seeing the language from SF1789 and SF2630 were included in the Senate, and hope to see their companions, HF1472 and HF2646 added to the House bill, as they are key to our state's essential infrastructure for aging.**

As communities manage demographic shifts and brace for a season of disruption and change, now is not the time to initiate more change, but to bolster proven state entities advancing shared work across Minnesota. In that spirit, we ask that you prioritize these two modest investments:

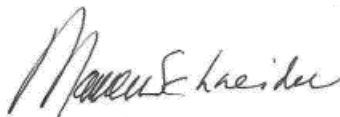
- **SF2630/HF2646** secures just over \$2 million annually to keep the Age-Friendly Minnesota Council and their cross-sector work with state agencies, tribal and local governments, and statewide community partners. This small investment retains their three state staff, ongoing competitive local grants, and efforts advancing Minnesota's *Multisector Blueprint for Aging*. Without legislative action this year, all the Council's work would otherwise come to an end.
- **SF1789/HF1472** secures \$2 million annually to expand the Senior LinkAge Line® (SLL) and ensure the Minnesota Board on Aging (MBA), the federally designated State Unit on Aging, can implement the Older Americans Act Final Rule. This investment supports the dramatically increasing demand for the Senior Linkage Line across six of the Area Agencies on Aging, as well as the staffing needed to best meet the complex needs across our state.

Together, these bills offer incredible value for taxpayers as small state investments. We implore you to keep the Senate position and help ensure that aging is a clear and long-term priority for our state.

Sincerely,



Julie Manworren  
Chair  
MN Leadership Council on Aging



Maureen Schneider  
Chair  
MN Board on Aging



Sherrie Pugh  
Chair  
Age-Friendly MN Council



cc: David Zak, Megan Rossbach, Nick Stumo-Langer, Amanda Rudolph, Jacob Grundhauser

**Minnesota leaders supporting the inclusion of SF2630/HF2646  
and SF1789/HF1472 in the final Human Services Omnibus Bills**

- Cathy McLeer, *State Director*, **AARP Minnesota**
- Rebecca Sash, *Director*, **Arrowhead Area Agency on Aging**
- Robert Freeman, *Vice President, Public Policy*, **Alzheimer's Association MN-ND**
- Kimelyn Knight, *Director of Aging Services*, **Amherst H. Wilder Foundation**
- Mary Niedermeyer, *Chief Executive Officer*, **CAPI USA**
- Toby Pearson, *President and CEO*, **Care Providers of Minnesota**
- Amy Gavanda, *Director of Aging and Disability Services*, **Catholic Charities Twin Cities**
- Lori Vrolson, *Executive Director*, **Central Minnesota Council on Aging**
- Xavier Vazquez, *Executive Director*, **Centro Tyrone Guzman**
- Heather Pender, *Director*, **Dancing Sky Area Agency on Aging**
- Ann Bailey, *Executive Director*, **DARTS**
- Katey Zanolli-Wade, *Sr Director of Aging & Economic Security*, **East Side Neighborhood Services**
- Beth Wiggins, *Director of Caregiving and Aging Services*, **FamilyMeans**
- James Falvey, *Executive Director*, **Friends & Co**
- Benny Roberts, *Executive Director*, **Hallie Q. Brown Community Center**
- Ruth Hampton Olkon, *Chief Executive Officer*, **Jewish Family Service of St. Paul**
- Kwangja Kwon, *Executive Director*, **Korean Service Center**
- Kari Thurlow, *President and CEO*, **LeadingAge Minnesota**
- Kristin Rigg, *Executive Director*, **Living at Home Network**
- Tory Merhar, *Associate Vice President, Older Adult Services*, **Lutheran Social Service of Minnesota**
- Jarrod Peterson, *Chair*, **Mpls Area Senior Workers Assn. & St. Paul Senior Workers Association**
- Dawn Simonson, *President and CEO*, **Trellis**
- Paula Woischke, *Director, Whitney Senior Center*, **Minnesota Association of Senior Services**
- Heidi Holste, *Executive Director*, **Minnesota Gerontological Society**
- Kathy Messerli, *Executive Director*, **Minnesota Home Care Association**
- Adam Suomala, *Executive Director*, **Minnesota Leadership Council on Aging**
- David Blomquist, *Interim Executive Director*, **Minnesota Network of Hospice & Palliative Care**
- Jason Swanson, *Executive Director*, **Minnesota River Area Agency on Aging**
- Cheryl Hennen, *State Long-Term Care Ombudsman*, **Office of Ombudsman for Long-Term Care**
- Kathy Greiner, *Executive Director*, **Rebuilding Together Minnesota**
- Anjuli Mishra Cameron, *Chief Executive Officer*, **SEWA-AIFW**
- Laurie Brownell, *Director*, **Southeastern Area Agency on Aging**
- Jane Pederson, *Chief Medical Quality Officer*, **Stratis Health**
- Donna Comer, *Board Liaison*, **Vital Aging Network**





April 7<sup>th</sup>, 2025

**Opposition to the Elimination of Free-Standing Room and Board (FSRB)**

**To Members of the Minnesota Legislature,**

I am writing to voice serious concern regarding SF3054/HF2434 Article 4; Section 35. The proposal seeks to eliminate new Free-Standing Room and Board (FSRB) providers effective July 1, 2025, with the full phaseout by July 1, 2027. While we understand the importance of fiscal responsibility and the evolving landscape of housing and treatment supports, the abrupt discontinuation of FSRB funding would have a detrimental impact on individuals seeking successful recovery from substance use disorders (SUDs) across the state, specifically those most at risk.

Currently, FSRB represents one of the few viable options available to support individuals with the social determinants of health that are critical to recovery, particularly housing. Without stable housing in early recovery, the likelihood of achieving or sustaining recovery plummets. In many cases, Housing Supports (formerly Group Residential Housing) are not accessible, have long been limited in capacity within the metro, and often fail to offer an environment supportive of abstinence-based recovery.

Recovery residences have an important role to play in the future of supportive housing for individuals with SUDs, and we are eager to collaborate with the state and stakeholders through what we understand will be an upcoming Recovery Residences workgroup. However, now is not the time to eliminate FSRB without a fully viable and accessible alternative in place. Doing so risks widening gaps in care, increasing housing insecurity among vulnerable individuals, and decreasing the successful outcomes treatment providers work tirelessly to provide.

Many providers across Minnesota are investing in solutions that are person-centered, cost-conscious, and focused on long-term wellness. Eliminating FSRB now, while recovery residences are already facing significant instability and operational uncertainty, would be devastating. We urge the legislature to reconsider the timing and impact of this proposal, and to work with providers to explore how FSRB can be reimagined, not removed.

On behalf of our organization and the individuals and families we serve, we ask you to preserve FSRB without change until a more robust and recovery-supportive infrastructure is securely in place. We would welcome the opportunity to be part of that dialogue and solution-building process.

Thank you for your time and consideration.

Sincerely,

Mike Beltowsky

Vice President, Program Development

P: 651.587.7549

E: [Mike@horowitzhealth.com](mailto:Mike@horowitzhealth.com)

1295 Northland Drive #270

Mendota Heights, MN 55120

[www.horowitzhealth.com.com](http://www.horowitzhealth.com.com)

**CERTIFIED COPY OF COUNTY BOARD RESOLUTION  
HUBBARD COUNTY, MINNESOTA**

Commissioner Christenson moved the adoption of the following Resolution:

**RESOLUTION No. 0305202405**

**WHEREAS**, throughout Minnesota there is inadequate capacity in the continuum of care to support children with high acuity, complex and/or co-occurring conditions that include violent or sexually inappropriate behavior and/or physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) are a part of this continuum for children and youth under age 21 with complex mental health conditions, and aggression; and

**WHEREAS**, currently there are four PRTF facilities operational in Minnesota with a total capacity of 166 beds, and an additional PRTF is set to open soon; and

**WHEREAS**, there is a need for additional PRTF beds in the State of Minnesota to meet the needs of children with serious and complex mental health needs; and

**WHEREAS**, the location of PRTF beds must be spread across the state to ensure equal access and proximity to a child's home community, family, and service providers; and

**WHEREAS**, Clay County is committed to establishing a PRTF and will partner with an eligible provider in the delivery of PRTF services; and

**WHEREAS**, Clay County is seeking Minnesota bond funds to aid in land acquisition and building a PRTF;

**NOW, THEREFORE, BE IT RESOLVED;** that the Hubbard County Board of Commissioners via this Resolution, supports Clay County to request Minnesota bond funds for infrastructure in the development of a Psychiatric Residential Treatment Facility in Clay County.

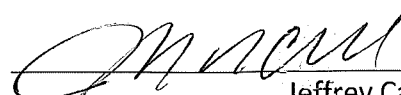
Commissioner De La Hunt seconded the motion for the adoption of the Resolution and it was declared adopted upon the following vote:

Ayes:   5        Nays   0  

STATE OF MINNESOTA      )  
                                      ) ss.  
County of Hubbard        )

**Office of the Administrator**

I, Jeffrey Cadwell, Hubbard County Administrator, certify the above is a full, true, and correct copy of a Resolution duly adopted by the Hubbard County Board of Commissioners at its regular meeting held March 5, 2024.

  
\_\_\_\_\_  
Jeffrey Cadwell  
Hubbard County Administrator

Minnesota House  
Human Services Finance & Policy  
Chairs: Noor and Schomacker  
4.9.2025

Re: HF 2434 Opposing the Gov's Autism Language for EIDBI

Co-Chairs Noor and Schomacker, my name is Idil Abdull, I am a Somali Autism Mom and retired advocate. I also advocated for EIDBI back when it passed as a 1915i waiver on 5.16.13 on a rainy Thursday night. I feverishly oppose the language of this bill for many reasons.

1. There were not robust and engaging conversations with autism families nor EIDBI agencies when DHS produced these self-serving rules.
2. DHS refuses to provide EIDBI training that is person-centered to autism families and agencies.
3. We have been asking Chair Noor since 2023 to add EIDBI training which he has not done thus far.
4. DHS wants to act the prosecutor, the judge, and the jury in autism services under EIDBI without any rights for us to appeal administratively to an objective person and/or agency. How is that exactly right?
5. I would propose adding EIDBI training for both the families and agencies to ensure they understand the policy and statute.
6. I would decrease EIDBI staff from 3 to 1, that is waste of time since they mostly do not do anything meaningful – ever.
7. I would add the ability to appeal to an administrative judge if/when DHS closes an agency wrongly and unjustly.
8. I would add the new OIG office to audit and oversee DHS' programs, especially EIDBI, to ensure fairness and objectivity.
9. I would put a moratorium on EIDBI until current ones know what they are doing and do it correctly in a manner that helps the children and families.
10. I would ask DHS to send you and the public the answers to the many questions you asked the last time they were on this committee explaining EIDBI. There were a lot of questions they were not able to answer. DHS should come prepared.

Sincerely,

Idil Abdull – Somali Autism Mom & Retired Advocate

## Nick Stumo-Langer

---

**From:** Kevin Rooney <krooney@medlearnmedia.com>  
**Sent:** Tuesday, April 8, 2025 2:22 PM  
**Subject:** Urgent: Please Help Protect Our Vulnerable Loved Ones  
**Importance:** High

Dear Members of the Human Services Committee,

I am writing to you with a heavy heart as a family member and guardian of a vulnerable adult living in an ACR Home. I am in my 60s and, due to my own limitations, I cannot provide the care my loved one needs. The proposed cuts to the Disability Waiver Rate System (DWRS) are causing me immense worry and fear for the future.

Last time these cuts were made, many homes were forced to close, leaving countless disabled and vulnerable adults without the care they desperately need. I cannot bear the thought of my loved one, and many others like her, facing such uncertainty and hardship again.

The removal of the absence and utilization factor from the DWRS will slash \$1.5 million per year from ACR Homes' funding. This will lead to wage reductions for the dedicated staff who are the lifeline for our loved ones. During the staffing crisis from 2021-2023, ACR Homes had to discontinue services for over 30 vulnerable Minnesotans due to a lack of staff. The thought of going through this again is unbearable.

We are deeply concerned about what will happen to our loved one if these cuts are not stopped. She requires constant care and support, and the staff who provide this care are already stretched thin. Wage reductions will only worsen the current shortage and threaten the essential services that are vital to the well-being of vulnerable adults in Minnesota.

Please understand that the removal of the absence and utilization factor cannot move forward. The people we support require care every day of the year, and any reduction in funding will have drastic impacts on their lives. The typical client at ACR Homes is non-ambulatory, requires an accessible home and 24/7 care, has multiple diagnoses, needs numerous medications and treatments each day, and has frequent doctor's appointments.

The staff at ACR Homes receive extensive training to provide specialized care, including medication administration, use of specialized equipment, and management of complex medical conditions. Without adequate funding, it will be impossible to maintain the level of care that these vulnerable adults need and deserve. (at reduced wages, they can not get these people!)

I urge you to consider the impact of these cuts on the lives of the residents and their families. We need your support to ensure that the absence and utilization factor remains in place, so that ACR Homes can continue to provide the essential care that our loved ones rely on.

Thank you for your attention to this urgent matter.

Sincerely,  
Kevin Rooney

Brother & Guardian  
651-292-3412



## **COMMISSIONER PROCEEDINGS**

**November 12, 2024**

The Lake of The Woods County Board of Commissioners met in regular session on Tuesday, November 12, 2024 at Lake of the Woods County Government Center in the Commissioners' Room.

### **CALL TO ORDER**

Chair Cody Hasbargen called the meeting to order at 9:00a.m. and the Pledge of Allegiance was recited with the following members present: Commissioners: Cody Hasbargen, Jon Waibel, Buck Nordlof and Joe Grund. Also present was County Auditor-Treasurer Lorene Hanson. Absent: Commissioner Ed Arnesen.

### **APPROVAL OF AGENDA**

#### **Motion**

Motion was made by Commissioner Joe Grund, seconded by Commissioner Jon Waibel and carried unanimously to approve the agenda.

### **APPROVAL OF MINUTES**

#### **Motion**

Motion was made by Commissioner Jon Waibel, seconded by Commissioner Buck Nordlof and carried unanimously to approve the official minutes of October 22, 2024.

### **SOCIAL SERVICES**

#### **Claims**

#### **Motion**

Motion was made by Commissioner Buck Nordlof, seconded by Commissioner Jon Waibel and carried unanimously to approve the following claims: Commissioners Warrants \$16,470.74; Commissioners Warrants \$5,209.89; Commissioners Warrants \$20,796.70.

### **PRTF Resolution**

#### **Resolution**

The following resolution was offered by Commissioner Buck Nordlof, seconded by Commissioner Jon Waibel and the same being put to a vote was unanimously carried.

#### **RESOLUTION IN SUPPORT OF A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY IN CLAY COUNTY RESOLUTION No. 2024-11-01**

**WHEREAS**, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

**WHEREAS**, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

**WHEREAS**, Clay County seeks bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

**NOW, THEREFORE, BE IT RESOLVED**, that the Lake of the Woods County Board of Commissioners via this Resolution, supports Clay County to request Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

#### **Cell Phone Stipend Approval**

##### **Motion**

Motion was made by Commissioner Jon Waibel, seconded by Commissioner Joe Grund and carried unanimously to approve a cell phone stipend for Office Support Specialist Val Canfield in the amount of \$60.00 per month effective December 1, 2024.

#### **Auditor/Treasurer**

##### **Claims**

##### **Motion**

Motion was made by Commissioner Joe Grund, seconded by Commissioner Buck Nordlof and carried unanimously to approve the claims against the County as follows: Revenue \$81,434.51; Road & Bridge \$18,166.40; County Development \$200.00; Natl Resc Enhanc \$2,352.00; Joint Ditch \$600.00; Solid Waste \$16,033.29.

#### **WARRANTS FOR PUBLICATION**

##### **Warrants Approved On 11/12/2024 For Payment 11/15/2024**

Vendor Name	Amount
Co-Op Services, Inc.	3,592.84
Farmers Union Oil Co.	2,665.65
Hoffman, Philipp & Martell, PLLC	2,825.00
Howard's Oil Company	4,673.23
Larkin Hoffman Attorneys	16,390.00
Law Offices Of Patrick D. Moren	9,146.13
Marco Technologies LLC	4,933.44
Olson Construction Bdt LLC	21,720.00
Pomp's Tire-Thief River Falls	4,638.14
Quadient Finance USA Inc.	2,000.00
R & Q Trucking, Inc	6,264.00
WIDSETH & ASSOC., INC.	4,537.50
83 Payments less than 2000	35,400.27

**Final Total: 118,786.20**



Further moved to authorize the payment of the following auditor warrants: October 23, 2024 for \$360,380.64; October 30, 2024 for \$13,441.20; November 1, 2024 for \$361,439.08; November 6, 2024 for \$13,647.88.

### **Approval of Insurance Rates**

#### **Motion**

Motion was made by Commissioner Buck Nordlof, seconded by Commissioner Joe Grund and carried unanimously to approve a \$75.00 health insurance single and family cap increase for 2025.

### **Cigarette License Application Approval**

#### **Motion**

Motion was made by Commissioner Joe Grund, seconded by Commissioner Jon Waibel and carried unanimously to approve the cigarette license application for Northdale Oil, Inc.

### **Set Work Session**

#### **Motion**

Motion was made by Commissioner Jon Waibel, seconded by Commissioner Buck Nordlof and carried unanimously to set a work session to review revenue and expenditure guidelines for December 17, 2024 following the regular board meeting.

### **Rinke Noonan Hourly Rates**

#### **Motion**

Motion was made by Commissioner Joe Grund, seconded by Commissioner Jon Waibel and carried unanimously to approve the 2025 hourly rates for Rinke Noonan.

### **Human Resources**

#### **HEO Counteroffer**

Human Resources Director Savanna Slick informed the board that they had offered the Heavy Equipment Operator position to an applicant and received a counteroffer of Grade 12, Step 9.

#### **Motion**

Motion was made by Commissioner Jon Waibel, seconded by Commissioner Buck Nordlof and carried unanimously to counteroffer with Grade 12, Step 6, at 26.69 per hour.

### **Permission to Hire-Heavy Equipment Operator NWA**

#### **Motion**

Motion was made by Commissioner Buck Nordlof, seconded by Commissioner Joe Grund and carried unanimously to hire Richard McKeever as Heavy Equipment Operator at the Northwest Angle at Grade 12, Step 1, 274 points at \$24.12 per hour effective November 18, 2024.

### **County Attorney**

#### **Letter of Acceptance**

#### **Motion**

Motion was made by Commissioner Buck Nordlof, seconded by Commissioner Jon Waibel and carried unanimously to approve a formal letter of acceptance for the City of Baudette's withdrawal from the Tourism Bureau and for Chair Cody Hasbargen to sign the same.

### **Department of Corrections**

#### **CY25 Proposed Probation Budget**

District Supervisor Janelle Cheney reviewed the CY25 Proposed Budget and the Department of Corrections Comprehensive plan.

#### **Motion**

Motion was made by Buck Nordlof, seconded by Commissioner Jon Waibel and carried unanimously to approve the CY25 Proposed Probation Budget.

### **Motion**

Motion was made by Commissioner Joe Grund, seconded by Commissioner Jon Waibel and carried unanimously to approve the Department of Corrections Comprehensive Plan effective July 2024.

### **Public Works**

#### **Updates**

Assistant Engineer Boyd Johnson gave an update on various projects.

### **Solid Waste Assessment Fee Increase**

#### **Motion**

Motion was made by Commissioner Joe Grund, seconded by Commissioner Buck Nordlof to approve the increase of solid waste fees from \$130.00 to \$150.00 per unit for taxes payable 2025 with the exception of railroads and utilities which will remain at \$130.00.

### **Permission to Bid-Landfill Cap**

#### **Motion**

Motion was made by Commissioner Joe Grund, seconded by Commissioner Buck Nordlof and carried unanimously to approve the request to bid for the landfill cap.

### **Capping Williams School Well**

#### **Motion**

Motion was made by Commissioner Buck Nordlof, seconded by Commissioner Joe Grund and carried unanimously to approve the request to cap the well at the Williams school.

### **Recognition of Years of Service**

#### **Resolution**

The following resolution was offered by Chairman Cody Hasbargen and moved for adoption:

**Recognition of years of service  
Michael Graves  
Resolution No. 2024-11-03**

**WHEREAS:** Michael Graves has served Lake of the Woods County as the Northwest Angle Heavy Equipment Operator since October 30, 2017;

**WHEREAS:** Michael will retire from Lake of the Woods County effective November 15, 2024 with seven years of service;

**NOW THEREFORE, BE IT RESOLVED:** That Lake of the Woods Board of County Commissioners extends its deepest appreciation to Michael for his dedicated service and wishes him well on his retirement.

The resolution was seconded by Commissioner Jon Waibel and the same being put to a vote, was unanimously carried.

### **Closed Session**

### **Resolution**

The following Resolution was offered by Commissioner Joe Grund, seconded by Commissioner Buck Nordlof and carried unanimously to approve the following:

#### **Closed Session-Union Negotiation RESOLUTION NO. 24-11-02**

**WHEREAS**, the Minnesota Open Meeting Law, Minn. Stat. § 13D.03, subd. 1 states that:

“The governing body of a public employer may by a majority vote in a public meeting decide to hold a closed meeting to consider strategy for labor negotiations, including negotiation strategies or developments or discussions and review of labor negotiation proposals, conducted pursuant to sections 179A.01 to 179A.25.”

**WHEREAS**, the Lake of the Woods County Board of Commissioners shall hold a closed meeting on November 12<sup>th</sup>, 2024 at 9:55 a.m. to consider strategy for labor negotiations. The closed session shall be held at the Lake of the Woods County Courthouse, Commissioners’ Room, 206 8th Ave. SE, Suite 234, Baudette Minnesota 56623; and

**BE IT RESOLVED** by the Lake of the Woods County Board of Commissioners as follows:

- 1.) The Board of Commissioners hereby closes this meeting pursuant to Minn. Stat. § 13D.03, subd. 1 to consider strategy for labor negotiations including negotiation strategies or developments or discussion and review of Labor negotiation proposals, conducted pursuant to sections 179A.01 to 179A.25.
- 2.) This closed session shall be tape recorded at the expense of the Lake of the Woods County Board of Commissioners and said recording shall be preserved for two years after the contract is signed and shall be made available to the public after all labor contracts are signed by the governing body for the current budget period.

### **Motion**

Motion was made by Commissioner Jon Waibel, seconded by Commissioner Joe Grund and carried unanimously to close the closed session and open the regular meeting.

### **Motion**

Motion was made by Commissioner Buck Nordlof, seconded by Commissioner Joe Grund and carried unanimously to approve the union contract with the Local 49ers for the years 2025,2026, and 2027 for the Highway and Solid Waste departments.

### **Motion**

Motion was made by Commissioner Buck Nordlof, seconded by Commissioner Joe Grund and carried unanimously to approve the licensed union contract with Law Enforcement Labor Services Inc for the years 2025,2026, and 2027.

### **Motion**

Motion was made by Commissioner Buck Nordlof, seconded by Commissioner Joe Grund and carried unanimously to approve the non-licensed union contract with Law Enforcement Labor Services Inc for the years 2025 and 2026.

### **Motion**

Motion was made by Commissioner Buck Nordlof, seconded by Commissioner Jon Waibel and carried unanimously to follow the Local 49ers salary compensation plan for non-union employees for the years 2025, 2026, and 2027.

**Adjourn**

**Motion**

Motion was made by Commissioner Jon Waibel, seconded by Commissioner Joe Grund and carried unanimously to adjourn the meeting at 10:50 a.m.

Attest:

November 26, 2024

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Auditor/Treasurer Lorene Hanson

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Chair Cody Hasbargen

October 25, 2024

Stephen Larson

County Administrator

Central Administration

Government Center

3510 12<sup>th</sup> Ave S,

P.O. Box 280, Moorhead, MN 56560

Greetings:

I am pleased to write that we, the Lakeland Mental Health Center (LMHC) Board of Directors, support Clay County's request for funding for a Psychiatric Residential Treatment Facility (PRTF). LMHC serves the west central counties of Becker, Clay, Douglas, Grant, Otter Tail, and Pope. Therefore, we represent a regional perspective of service needs.

There is a serious need for a regional PRTF in the continuum of care. Families from our communities have few options for their children, youth, or young adults to receive appropriate care for high acuity complex mental health issues. Sometimes the only option for this level of care is many miles away from a child's family, support system, and ongoing care providers. It becomes challenging for the family, and others, to remain involved in the treatment. Too many times, there are no options available throughout the state as existing psychiatric beds are at capacity.

We support the development of a PRTF that would allow our counties to better serve our children, youth, young adults and their families. The investment in the development of a PRTF is truly an investment in our future. Thank you.

Sincerely,



Jenny Mongeau, Chair

LMHC Board of Directors



Help Today for a Better Tomorrow

November 1, 2024

Stephen Larson

County Administrator

Central Administration

Government Center

3510 12<sup>th</sup> Ave S,

P.O. Box 280, Moorhead, MN 56560

Greetings:

On behalf of Lakeland Mental Health Center (LMHC), I am pleased to express our support for development of a Psychiatric Residential Treatment Facility (PRTF) for which Clay County is requesting funding. LMHC serves the west central counties of Clay, Becker, Douglas, Grant, Otter Tail, and Pope. In 2023, LMHC provided mental health services to over 2,100 clients 18 years old and under. A PRTF would address an important need in our region. There are few options for children, youth, young adults, and their families to access high acuity treatment for complex mental health issues. PRTFs are critical in the continuum of services available in these situations.

The residential facilities that exist are located many miles away from our region. The family and ongoing care providers are challenged to remain actively involved in the treatment when the child or youth is placed so far away from home. Too often, there are no options as existing psychiatric beds are at capacity. Waiting lists are lengthy. Children and youth board in less than ideal settings until access to an appropriate placement can be found.

In conclusion, LMHC supports the development of a PRTF to serve our region. It will meet a missing need in the continuum of care for complex mental health issues. It will help the children, youth, young adults, and their families in our region receive the appropriate treatment and support needed. When the youngest members of our communities succeed, we all reap the benefits. Thank you.

Sincerely,

Donna Baker

Chief Executive Officer

980 South Tower Rd  
Fergus Falls, MN 56537

Phone: (218) 736-6987  
Fax: (218) 736-6980

1010 32nd Ave S  
Moorhead, MN 56560

Phone: (218) 233-7524  
Fax: (218) 233-8627

928 8th St SE  
Detroit Lakes, MN 56501

Phone: (218) 847-1676  
Fax: (218) 847-1678

14 6th Avenue NW  
Glenwood, MN 56334

Phone: (320) 634-3446  
Fax: (320) 634-0384

702 34th Ave East  
Alexandria, MN 56308

Phone: (320) 762-2400  
Fax: (320) 762-8047

Lakeland Mental Health Center  
[www.lmhc.org](http://www.lmhc.org)

24 hr. Emergency/Crisis 1-800-223-4512

## Nick Stumo-Langer

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**From:** Liina Roth <lroth@clubrecoveryllc.com>  
**Sent:** Tuesday, April 8, 2025 3:09 PM  
**To:** sen.john.hoffman@senate.mn; sen.jim.abeler@senate.mn; Nick Stumo-Langer; David Zak  
**Subject:** Letter of support and concern for HF2434DE1

**To:** Chair Hoffman and Members of the Senate Human Services Committee  
**From:** Liina Roth, Club Recovery LLC  
**Subject:** Funding SUD Treatment is a Smart Budget Solution  
**Date:** April 8, 2025

Dear Chair Hoffman and Committee Members,

On behalf of Club Recovery, LLC thank you for your ongoing leadership and dedication to protecting the health and well-being of Minnesotans—especially in a budget year where hard choices must be made.

As you evaluate funding priorities, we urge you to view **substance use disorder (SUD) treatment not as a cost burden, but as a proven cost-saving solution.**

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### Underfunding Treatment Shifts Costs—It Doesn't Eliminate Them

When the state underfunds SUD care, the need doesn't disappear—it spills over into emergency rooms, law enforcement, jails, and the child welfare system. These alternatives are far more expensive and far less effective. Investing in Medicaid reimbursement rates for SUD services not only stabilizes providers across Minnesota—it also drives significant savings across multiple systems. The data speaks for itself:

- **Nearly 12% of adult Medicaid beneficiaries** have a substance use disorder (CMS).
- **Untreated alcohol use disorder doubles healthcare costs** compared to treated individuals.
- Individuals with chronic medical conditions and a co-occurring SUD face **2–3x higher healthcare costs** (SAMHSA).
- **Washington State saved \$398 per Medicaid enrollee, per month** by providing comprehensive addiction treatment.

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### Support the Burnes & Associates Rate Recommendations

We strongly support the **Burnes and Associates rate recommendations** and the inclusion of **automatic inflationary adjustments** to ensure sustainability over time. These rates are data-informed and reflect the true cost of delivering care that works.

Here's a summary of the proposed rate updates:

Service Description	Unit	Current Rate	Recommended Rate	% Increase
Comprehensive SUD Assessment	Per Session	\$162.24	\$234.06	+44.3%
Treatment Coordination	Per 15 min	\$15.02	\$37.13	+147.2%
Individual Therapy	Per 60 min	\$86.53	\$140.27	+62.1%
Group Therapy	Per 60 min	\$42.02	\$42.97	+2.3%
Peer Recovery Support	Per 15 min	\$15.02	\$28.43	+89.3%
High-Intensity Residential	Per Diem	\$224.06	\$355.02	+58.4%
Low-Intensity Residential	Per Diem	\$79.84	\$216.90	+171.7%
WM Clinically Managed	Per Diem	\$400.00	\$375.91	–6.0%

Service Description	Unit	Current Rate	Recommended Rate	% Increase
WM Medically Managed	Per Diem	\$515.00	\$576.18	+11.9%

*WM = Withdrawal Management*

These investments aren't just about numbers—they're about lives. These services reduce crime, reunite families, increase workforce participation, and prevent costly medical crises before they happen.

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### Now Is the Time to Act

Funding SUD treatment at sustainable levels will pay off—economically, socially, and morally. It is a step toward long-term fiscal responsibility and a healthier Minnesota.

We respectfully urge this committee to adopt the Burnes and Associates recommendations and ensure future adjustments that reflect inflation and real-world service delivery costs.

Thank you for your leadership and continued service.

Sincerely,

**Liina Roth**

Director of Business Operations

Phone: 952-926-2526 x 102

Fax: 952-926-6791

Email: [liroth@clubrecoveryllc.com](mailto:liroth@clubrecoveryllc.com)



[www.clubrecoveryllc.com](http://www.clubrecoveryllc.com)

[www.slatetherapy.com](http://www.slatetherapy.com)

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To: Chair Hoffman; Senate Human Services Committee  
From: Tiffany Neuharth – Lionheart Wellness & Recovery, Rise Up Recovery  
Subject: Funding SUD treatment is a budget solution  
Date: April 7th, 2025

Lionheart Wellness and Recovery and Rise Up Recovery recognizes the incredibly difficult budgetary decisions facing the Legislature, and this committee in particular, in the current fiscal environment. We appreciate your commitment to stewarding limited resources in a way that protects the health and well-being of the most vulnerable members of our communities. As you evaluate potential cuts, we urge you to consider the following value proposition: **Substance use disorder (SUD) treatment is not a cost center, but a proven cost-saving investment.**

Underfunding the continuum of care for SUD has not eliminated the need for care. It has only shifted the burden to more expensive and less effective systems, including emergency departments, law enforcement, and the child welfare system. **In short: untreated addiction costs the state more.**

Properly funding Medicaid reimbursement rates for SUD treatment providers would not only stabilize a field that has gone underfunded for decades, but would also generate real, measurable savings across the state's budget.

Consider the following:

- CMS reports that nearly 12% of adult Medicaid beneficiaries have a substance use disorder. Those with untreated alcohol use disorders, for example, cost *twice as much* in health care expenditures as those who receive treatment.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that individuals with chronic medical conditions and a co-occurring SUD incur health care costs two to three times higher than those without.
- Washington State found that providing a full addiction-treatment benefit resulted in a Medicaid savings of \$398 per person, per month.

Beyond dollars and cents, we know that effective SUD treatment reduces crime, improves family stability, increases workforce participation, and saves lives.

That's why we are urging this committee to support the Burnes and Associates rate recommendations and automatic inflation adjustments, which are grounded in data and reflective of the true cost of delivering care. This is not just about funding treatment; it's about finally aligning Medicaid rates with the real-world costs of addressing one of the most complex and expensive public health challenges we face. Here is an overview of the recommended rates:

Service description	Unit of service	Current rate (w/ 1115 base rate)	Recommended rate	% difference
Comprehensive SUD assessment	Per Session	\$162.24	\$234.06	44.3%
Treatment coordination	15 min	\$15.02	\$37.13	147.2%
Individual therapy	60 min	\$86.53	\$140.27	62.1%
Group therapy	60 min	\$42.02	\$42.97	2.3%
Peer recovery support	15 min	\$15.02	\$28.43	89.3%
High-intensity residential	Per Diem	\$224.06	\$355.02	58.4%
Low-intensity residential	Per Diem	\$79.84	\$216.90	171.7%
WM clinically managed	Per Diem	\$400.00	\$375.91	-6.0%
WM medically managed	Per Diem	\$515.00	\$576.18	11.9%

Now is the time to do more with every dollar. Strategic investment in a full continuum of care for substance use disorders will not only serve those directly affected, but will return value across state systems—public safety, health care, education, and beyond.

Thank you for your consideration and for your continued leadership.

Sincerely,



Tiffany Neuharth, LADC  
 Owner and Executive Director  
 Lionheart Wellness and Recovery, Rise Up Recovery



April 9, 2025

To: Chair Schomacker & Chair Noor

CC: Members of the House Human Services Policy & Finance Committee

Re: HF2434, House Human Services Omnibus Bill

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On behalf of the Long-Term Care Imperative, which represents over 2,000 providers across the senior care continuum, we appreciate the opportunity to share our areas of support and areas of concern with respect to the House's Human Services Omnibus Finance Bill. We look forward to continued conversation and collaboration as the bill moves forward.

We offer our extreme gratitude to the committee for hearing our concerns about the impact of unfunded mandates on nursing facilities, including jeopardizing access to care for Minnesota seniors across the state. Nursing home care is an entitlement, and it is clear that the House Human Services Omnibus Bill protects that benefit for older adults.

We thank the committee for funding the mandates of the Nursing Home Workforce Standards Board. As this committee understands, the costs of the minimum wage mandate are not reflected in the current Medicaid forecast; rather, the mandates enacted by the Board require nursing facilities to re-allocate other resources, spend down reserves or incur debt to cover costs until they are reflected in VBR rates 18-21 months from the effective date. The combination of the facility payments as well as the known cost change will correct this fiduciary oversight for the two rules enacted by the Board.

Although we are neutral on the transition from RUG-IV to PDPM, we are concerned about its impact on facilities. Given the likelihood of reimbursement shifts, we ask the Legislature to adopt a hold harmless provision to safeguard providers during this transition.

Finally, we understand that the committee had a challenging target to meet and we appreciate that the bill and spreadsheet minimizes impact to nursing facilities by addressing the 21-month delay that would apply to a Medicaid surcharge. We are neutral on this provision.



April 9, 2025

To: Members of the House Human Services Finance and Policy Committee  
RE: HF2434 – Human Services Omnibus

Dear Chair Schomacker, Chair Noor, and Committee Members,

Thank you for the opportunity to share Lutheran Social Service of Minnesota's comments on HF2434 – the Human Services omnibus budget bill. LSS is a provider of essential services across all 87 counties with more than 2,500 employees who serve one in 63 Minnesotans every year. We are committed to innovative, person-centered service delivery that promotes resilience and long-term stability for people in all stages of life.

We appreciate and understand the difficult decisions your committee must make to ensure a balanced state budget. **Thank you for including the following provisions that will respond to community needs and improve access to services.**

- **Extending and investing in supported decision-making grants.** LSS has long recognized the need for strong, accessible alternatives to guardianship. This grant has allowed the expansion of a team of supporters in Moorhead, Duluth, Twin Cities, and Mankato who are currently working with individuals aged 16 to 83. The program has successfully supported individuals under guardianship to decrease restrictions or achieve full restoration. It has also expanded alternative approaches in health care settings to help people transition out of a hospital setting while preventing the use of guardianship. Thank you for prioritizing this approach that preserves the dignity and rights of individuals while investing in cost-effective prevention and early intervention services.
- **Senior Nutrition investments.** Our older adult population is growing and more Minnesotans are facing food insecurity. Increased investments to provide affordable, nutritious meals are critical to helping our neighbors have the opportunity to live healthier and more independent lives.
- **Homeless Youth Act, Safe Harbor, Emergency Services Program, and Shelter Capital investments.** This additional funding will support a continuum of services that include outreach to find unhoused youth, connect youth with resources, prevent sexual exploitation, and create housing opportunities to move youth to stability.

**We request careful consideration of the following proposals:**

- **Limiting rate exceptions in residential services.** In 2017, LSS responded to community need by creating a unique service, Specialized Community Supports, to support people with complex, intersecting needs. Highly-skilled direct support professionals (DSPs) provide individualized supports to our neighbors with serious mental health conditions, traumatic brain injury, early childhood trauma and abuse, substance use disorders, and intellectual and developmental disabilities. This model has been highly successful at helping people who are often living in institutional or state-operated settings to live in their community as independently as possible. To adequately meet support needs, Specialized Community Supports requires rate exceptions. LSS currently support 76 people in 18 counties. We also have a waitlist of 40 people seeking this service option who haven't found successful placement in traditional community residential settings, with new referrals coming in weekly. **The existing rate exception process already prevents or significantly delays accessibility to the appropriate level of care in the most community-integrated setting within an individual's community of choice. We are concerned this proposal will worsen this.**
- **Establishing a daily time limitation on Individualized Home Supports with Training Services.** We are concerned this limitation will create service access issues for people with higher support needs who have chosen to remain in their own home. We recommend maintaining current policy, which provides support levels that help people remain in their home and community of choice.
- **Removing the absence and utilization factor.** This proposal will result in a significant and concerning financial loss within LSS' Disability Residential Services. Removing this factor will result in providers not being able to recover costs when there are unplanned absences. This type of financial loss could further stress an already strained community-based provider system and negatively impact access to supports.
- **DWRS Inflation Adjustment Changes.** We are continuing to analyze and understand the impact of this proposal. However, we are concerned it will limit the ability of community providers to sustain competitive wages and benefits for DSPs and impact access to home and community-based services (HCBS) for our neighbors. Reimbursement rates for HCBS have not covered the true cost of service for several years and current rates are not sustainable. We remain committed to continued conversations regarding how we maintain data-driven approaches that reduce the wage gap between DSPs and comparable occupations.



Thank you, again, for this opportunity. LSS is thankful for your thoughtful leadership and support of neighbors helping neighbors. Please contact me at [erin.sutton@lssmn.org](mailto:erin.sutton@lssmn.org) if we may provide further information.

Sincerely,

Erin Sutton  
Senior Director of Advocacy  
Lutheran Social Service of Minnesota



To: Chairs Noor and Schomacker; Human Services Finance and Policy Committee

From: Brian Zirbes, MARRCH Executive Director

Subject: Letter of support and concern for HF2434DE1

Date: April 8th, 2025

MARRCH appreciates the opportunity to provide feedback and recommendations to [SF3054](#). We are pleased to see the recommendations from the [Outpatient Rate Study](#) partly included in the [Human Services Omnibus Budget spreadsheet](#) and [the DE1 amendment to HF2434](#). For over a decade, SUD providers have endured numerous rate studies, each shining a spotlight on the chronic underfunding of these essential services.

We recognize the incredibly difficult budgetary decisions facing the Legislature, and this committee in particular, in the current fiscal environment. We appreciate your commitment to stewarding limited resources in a way that protects the health and well-being of the most vulnerable members of our communities. As you develop your final budget, we urge you to consider the following value proposition: **Substance use disorder (SUD) treatment is not a cost center, but a proven cost-saving investment.**

Underfunding the continuum of care for SUD has not eliminated the need for care. It has only shifted the burden to more expensive and less effective systems, including emergency departments, law enforcement, and the child welfare system. **In short: untreated addiction costs the state more.**

Fully funding Medicaid reimbursement rates for SUD treatment providers would not only stabilize a field that has gone underfunded for decades, but would also generate real, measurable savings across the state's budget.

Consider the following:

- CMS reports that nearly 12% of adult Medicaid beneficiaries have a substance use disorder. Those with untreated alcohol use disorders, for example, cost *twice as much* in health care expenditures as those who receive treatment.

- The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that individuals with chronic medical conditions and a co-occurring SUD incur health care costs two to three times higher than those without.
- Washington State found that providing a full addiction-treatment benefit resulted in a Medicaid savings of \$398 per person, per month.

Beyond dollars and cents, we know that effective SUD treatment reduces crime, improves family stability, increases workforce participation, and saves lives. That's why we are urging this committee to fully support the Burnes and Associates rate recommendations which are grounded in data and reflective of the true cost of delivering care. We are very pleased to see the automatic inflation adjustment language in Article 4, section 39. This is not just about funding treatment; it's about finally aligning Medicaid rates with the real-world costs of addressing one of the most complex and expensive public health challenges we face.

Now is the time to do more with every dollar. Strategic investment in a full continuum of care for substance use disorders will not only serve those directly affected, but will return value across state systems—public safety, health care, education, and beyond.

We have appreciated the ongoing work and collaboration with DHS policy and legislative staff on a number of the proposals that seek to make changes to treatment definitions, changes to the Behavioral Health Fund, and Recovery Residences. The other areas of concern in HF2434DE1 , Article 4 include:

**Section 22--Creation of a Behavioral Health Practitioner:** We support the effort to expand staffing options in SUD programs. **Recommendation:** If this proposal passes, we need clarity, consistency, and timely feedback with providers when creating and utilizing this new type of staff.

**Section 32 and 34--Commissioner to determine financial eligibility for the Behavioral Health Fund:** We have significant concerns with this proposal creating a bottleneck in determining eligibility. The proposal seeks to conduct enrollment work with 4.5 FTEs when there are singular counties that currently utilize 4 or 5 staff for just their county. Although there may be some efficiencies gained by consolidating this activity with DHS, it would cause major disruptions. **Recommendation:** Strike the proposal and spend a year to work with DHS, counties, and providers. DHS should explore adding staff to support some counties with enrollment. There are some counties that cannot process applications within 60 days.

**Section 32--Line 101.28 seeks to change eligibility from the current 12-month window to a consecutive 60-day period in a calendar year:** We have significant concerns that this proposal would cause additional administrative burdens and cause a disruption that will impact clients. **Recommendation:** Strike the proposal and spend a year working with DHS, counties, and providers.



**Section 37-- proposal to halt Free-Standing Room and Board in June 2025; eliminate July 2027:**

With the current instability and disruption with Recovery Residences and Outpatient treatment, taking established housing options off the table is premature. There has been no stakeholder engagement with programs like Progress Valley, ANEW, and other vendors of this service.

**Recommendation:** Fund the Recovery Residence Workgroup to evaluate, determine, and fund viable housing options before eliminating this option.

**Sections 44-55—Recovery Residences; Align MN laws with the National Alliance of Recovery**

**Residence (NARR) standards:** We generally support to movement to adopting NARR standards which will include enhanced program policies and procedures, oversight, and records. However, how will current vendors pay for making these enhancements starting in 2027? The Anti-kickback regulations are preventing treatment programs to support housing in these settings. There currently isn't a funding mechanism for these settings that don't violate anti-kickback. The recommendations due in 2027 will arrive after many of these sites have closed to supporting SUD clients. **Recommendation:** create funding and a transition plan for these sites.

**Section 56--Recovery Residence Workgroup: Recommendation:** Line 135.27 add MARRCH as a stakeholder. We are the largest SUD trade association in the state and bring a breadth of experience and insight beyond what one program can provide.

**Article 6: Program Integrity—Section 13** indicates changes to license renewal fees. For example a residential program with between 1-24 beds would go from \$600 currently to \$2,600 (see line 173.5). All non-residential license fees would be increased to \$2,600 (see line 173.16). A Detox or Withdrawal Management program with between 1-24 beds would go from \$760 to \$2,600. If SUD rates in Article 4, Section 39 do not get implemented, these rate increases should not happen either.

We know that treatment works and recovery is possible! We ask for your leadership and action to ensure that these life-saving programs are not just sustained but strengthened for the future.

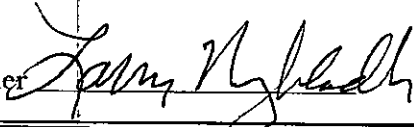
# RESOLUTION

Marshall County Board of Commissioners  
Warren, Minnesota 56762

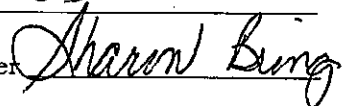
Date 11-19-24

Resolution No. 11-19-03

Motion by Commissioner



Seconded by Commissioner



**WHEREAS**, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

**WHEREAS**, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

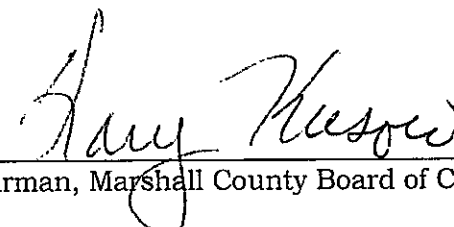
**WHEREAS**, Clay County seeks State appropriated funding through the Governor's budget and grants from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

**NOW, THEREFORE, BE IT RESOLVED**, that the Marshall County Board of Commissioners via this Resolution, supports Clay County to request Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

November 19, 2024

Aye 5

Nay 0

  
Chairman, Marshall County Board of Commissioners

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# Minnesota Alliance of Rural Addiction Treatment Programs

April 8, 2025

Rep. Mohamud Noor, Co-Chair  
Rep. Joe Schomacker, Co-Chair  
House Human Services Finance & Policy Committee  
Centennial Office Building  
St. Paul, MN 55155

Dear Chair Noor, Chair Schomacker, and committee members

The Minnesota Alliance of Rural Addiction Treatment Programs (MARATP) is a non-profit organization that seeks to bring together diverse rural interests to address and advocate for strong addiction treatment programs throughout Greater Minnesota. Formed in 2017, MARATP advocates for legislation and policies that strengthen the health and well-being of rural Minnesotans, and improve rural access to higher quality, lower cost health care. We are writing you today to provide our comments on S.F. 3054 and its impact on rural substance use disorder (SUD) treatment providers across the state.

First, MARATP express our gratitude for the language in Article 4, Section 39 that would increase Medical Assistance (MA) reimbursement rates for several levels of SUD treatment. The recent rate study commissioned by the Department of Human Services (DHS) demonstrated how significantly MA rates for SUD services fall below the cost of providing care. Inadequate funding, along with workforce shortages leads to lower access to care for Minnesotans. This crisis is especially prevalent in rural Minnesota where resources are already much more limited. MARATP members are committed to serving those in need of services, but providers continue to struggle to meet the growing demand.

That is why MARATP wishes to thank the committee for its investment in SUD treatment providers by:

- Increasing MA rates for ASAM 3.1 providers to the 100% of the rate study's modeled rate; and
- Increasing most other SUD rates to the modeled rate of 72% of the modeled rate.

While we MARATP would also like to see the rates for ASAM 3.5 increased, we understand the budget situation the committee is in and greatly appreciate your support.

Second, MARATP is generally supportive of a number of other provisions relating to SUD billing, the mid-point rule, and restructuring some outpatient SUD codes. We have some concerns with limitations in the Behavioral Health Fund in light of the growing uncertainty about Medicaid at the federal level, but we look forward to working with the committee as the proposal advances this session.

Thank you in advance for your consideration and your support of the recovery community.

Sincerely,  
Marti Paulson, President  
Minnesota Alliance of Rural Addiction Treatment Programs

# Voluntary certification through MASH ensures safety, access, and accountability statewide



## Who is MASH?

The **Minnesota Association of Sober Homes (MASH)** is the statewide leader and subject matter expert on recovery housing. Founded in 2008 by individuals in recovery, MASH supports, represents, and strengthens Minnesota's recovery residence community. As the state affiliate of the **National Alliance for Recovery Residences (NARR)**, MASH upholds national best practices, promotes quality standards, and ensures that the voices of people with lived experience guide the work—**nothing about us without us**.

## Who is NARR?

The **National Alliance for Recovery Residences (NARR)** is the national standard-setting body for recovery housing. NARR developed the first widely recognized best practices and quality standards to ensure safe, effective, and supportive recovery housing environments. NARR operates through a network of 31 state affiliates, including **MASH in Minnesota**. NARR promotes accountability and integration of recovery residences into the continuum of care. **Minnesota implements these national best practices through MASH's certification and oversight.**

## National Credibility & Clinical Alignment

**NARR** is the nationally recognized authority on recovery housing, working with federal agencies and clinical leaders to integrate recovery residences into the broader care system. MASH, as Minnesota's NARR affiliate, implements these best practices.

### Key partnerships include:

- ✓ **SAMHSA** – National recovery policy & funding
- ✓ **ONDCP** – Federal drug policy coordination
- ✓ **NASADAD** – Represents state addiction agencies
- ✓ **ASAM** – Invited NARR to help include recovery housing in the **ASAM Criteria, 4th Edition**

The ASAM Criteria Continuum of Care for Adult Addiction Treatment				
Level 4: Inpatient				4 Medically Managed Inpatient
Level 3: Residential	3.1 Clinically Managed Low-Intensity Residential	3.5 Clinically Managed High-Intensity Residential	3.7 Medically Managed Residential	
Level 2: IOP/HIOP	2.1 Intensive Outpatient (IOP)	2.5 High-Intensity Outpatient (HIOP)	2.7 Medically Managed Intensive Outpatient	
Level 1: Outpatient	1.0 Long-Term Remission Monitoring	1.5 Outpatient Therapy	1.7 Medically Managed Outpatient	
Recovery Residence	RR Recovery Residence*			© ASAM

## What are Recovery Residences?

Recovery residences are categorized into four levels by the NARR, based on the intensity of support and services offered. This allows individuals to find housing that meets their recovery stage and needs.

### Recovery Residences Are:

- ✓ Safe, supportive, and illicit substance-free homes
- ✓ Peer-based recovery environments
- ✓ Grounded in Social Model principles (community, accountability, growth)
- ✓ A flexible, non-clinical part of the care continuum

### Recovery Residences Are Not:

- ✗ Licensed treatment programs
- ✗ Medical detox or inpatient care
- ✗ Temporary shelters or halfway houses
- ✗ One-size-fits-all—models vary in structure and services



### Types of Recovery Residence Support

Current NARR Levels	New ASAM/NARR Types	Defining Characteristics
Level 1	Type P	<b>Peer-run</b> , decisions made solely by residents.
Level 2	Type M	<b>Managed</b> environment; house rules, appointed resident leader.
Level 3	Type S	<b>Supervised</b> activities, staffing, life skills programming.
Level 4	Type C	<b>Clinical</b> services included.

Note: No changes in NARR level definitions were made in creating this new naming convention.

# Minnesota Needs Recovery Housing—Let’s Support the Proven Certification Model

Recovery residences offer longer-term, community-based support at a lower cost than the cycle of repeated short-term residential stays and outpatient treatment. Yet access remains limited. MASH has offered certification for 15 years, but only a small share of Minnesota’s recovery homes are certified—**just 151 homes statewide, serving approximately 1,500 residents**, with few options outside the Twin Cities metro. In contrast, **Colorado, with a similar population, has 336 certified homes and over 3,500 beds**, thanks to a sustainable, statewide certification and support system. Minnesota has the opportunity to expand recovery housing and build a stronger, more cost-effective continuum of care.

## HF 2434 vs. SF3060/HF3112 (National Best Practices) – What Works and What Doesn't

Framework Item	HF 2434 (DHS Proposal)	SF3060/HF3112 (National Best Practices)
Certification Model & Fair Housing Compliance	<p>Quasi Voluntary certification of some recovery residences by DHS staff.</p> <p>⚠️ Creates loopholes for providers to avoid oversight.</p> <p>⚠️ Mandates on disabled households risk violating federal and state Fair Housing law</p>	<p>Voluntary certification for all recovery residences, administered by a Minnesota-based nonprofit (MASH) with agency oversight.</p> <p>✅ Consistent with Fair Housing laws; certified homes receive statutory protection.</p> <p>✅ MASH has unmatched recovery housing expertise and is Minnesota's NARR affiliate, implementing nationally recognized standards.</p>
Comparison to Other States	<p>Very few states use mandatory credentialing—and with poor results:</p> <p>⚠️ Low to no capacity growth</p> <p>⚠️ High service access costs</p>	<p>Most common national framework, in place in 20+ states.</p> <p>✅ Supports expansion of high-quality housing</p> <p>✅ Reduces access barriers to recovery supports</p>
Return to Use & Removal Policy	Standard eviction processes used for residents who relapse or pose a threat to others.	Allows for resident removal due to relapse or safety concerns, with procedural protections that uphold resident rights.
Standards	<p>Certification to DHS-developed standards.</p> <p>⚠️ DHS lacks legal authority and technical capacity to apply true NARR standards.</p>	<p>Certification by MASH ensures compliance with national best practices (NARR standards).</p> <p>✅ National recognition of certified homes.</p>
Complaint Response & Support	Certification and complaint response only	Includes certification, complaint response, technical assistance, and provider training.
Penalties & Fraud Prevention	No provisions to address insurance fraud or abusive practices	Establishes penalties for insurance fraud, kickbacks, patient brokering, deceptive marketing, and other unethical practices.
Cost & Sustainability	High administrative cost for the state and providers.	Cost-effective model—leverages nonprofit expertise to reduce burden on state systems.
Expanding Access & Capacity	Calls for working group on funding, capacity, and resources.	Supportive of this effort with minor improvements.
Resident Rights	Ensures protections through clearly defined policies and standards.	Ensures protections through clearly defined policies and standards.
Inspection Frequency	3-year certification term	2-year term with interim annual reviews for quality assurance.
Philosophical Approach	Clinical Approach	Social Model of Recovery. “The opposite of addiction is connection.”



April 8, 2025

The Honorable Mohamud Noor  
Co-chair, Human Services Finance and Policy Committee  
Minnesota House of Representatives  
5th Floor, Centennial Office Building  
St. Paul, MN 55155

The Honorable Joe Schomacker  
Co-chair, Human Services Finance and Policy Committee  
Minnesota House of Representatives  
2nd Floor, Centennial Office Building  
St. Paul, MN 55155

**Re: Legal Aid/Minnesota Disability Law Center Letter Regarding HF 2434, Human Services Finance Omnibus Bill**

Dear Co-chair Noor, Co-chair Schomacker, and Members of the Committee:

Legal Aid and the Minnesota Disability Law Center (MDLC) thank you for the opportunity to provide written testimony regarding HF 2434. We appreciate how difficult this must be as you make these decisions this session.

Legal Aid and the Minnesota Disability Law Center support the change to allow waiver participants to have the option for abbreviated reassessments. MnCHOICES reassessments are time-consuming, can feel intrusive for participants, and have a significant financial burden on counties. Many waiver participants have permanent conditions where their needs do not change year-to-year, and the bill allows a participant or their legal representative to request a full assessment if needs change. This bill will lessen the burden for both service participants and counties, improving the overall disability service system in Minnesota. (This was formerly HF 2406.)

With regard to budget cuts, we realize that some cuts are inevitable and will limit our comments to the four we find most harmful.

We are most concerned about the caps on inflation. At the beginning of the session, Direct Care and Treatment staff warned us that Minnesota has a shortage of 58,000 healthcare workers, and this drastic cap on inflation will throw gasoline on the situation. DHS HCBS Labor Market Reporting in 2022 showed that direct support professionals in Minnesota were making 17% less than the livable wage for a household of one and 39% less for a household of three, so it is no wonder there is a shortage. Unable to find staffing, some Minnesotans with disabilities who have managed to live independently are moving into more restrictive, congregate settings that are more expensive...and those settings are becoming more compromised due to staffing shortages. To make things worse, some facilities have been paying their workers more than they are being reimbursed in anticipation of inflationary adjustments that are not coming and will now struggle with keeping their doors open. Balancing the budget on the backs of Minnesota's most vulnerable and Minnesota's lowest paid cannot be the answer.

The changes to the absence and utilization factor in day services will have a tremendous negative impact on staffing and likely force facilities to close as we believe the resulting budget fallout will have a dire effect on staffing.

The daily time limitation of eight hours on Individualized Home Supports (IHS) with training services will have a profound effect on the ability of Minnesotans with disabilities to either move to their own homes or remain in their own homes, especially for Minnesotans in rural areas. Creating an arbitrary limit of 8 hours of IHS with training per day will likely create a staffing nightmare for many individuals who wish to receive services in their own homes. IHS and PCA are often not handled by the same organizations, so service recipients will be forced to find two agencies to get their staffing needs met. If someone qualifies for 8 hours of IHS services and just a few hours of PCA staffing, it will be next-to-impossible to get the PCA staffing needs met, especially if that person is in greater Minnesota where staffing needs are highest.

The newly proposed changes to restricting the nursing facility level of care criteria will undoubtedly limit access to CADI and BI waiver services for Minnesotans with disabilities. To the extent this provision moves forward, we strongly encourage an amendment to apply it only to new waiver applicants. Otherwise, existing CADI and BI waiver recipients are likely to lose their waivers, and will be forced to either seek services in a congregate nursing home setting or simply go without essential care. At a minimum, there should be processes and protections in place for existing waiver recipients who may lose their waiver services because of this change to the nursing facility level of care eligibility criteria.



Thank you for the opportunity to submit written testimony on the human services budget omnibus bill. We look forward to continuing to work with you on these difficult decisions as you move into the conference committee.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Purrington', with a stylized, cursive script.

Jennifer Purrington  
Legal Director/Deputy Director  
Minnesota Disability Law Center

A handwritten signature in black ink, appearing to read 'Ellen Smart', with a stylized, cursive script.

Ellen Smart  
Staff Attorney  
Legal Services Advocacy Project

This document has been formatted for accessibility. Please call Ellen Smart at 612/746-3761 if you need this document in an alternative format.



April 8, 2025

Rep. Mohamud Noor, Co-Chair  
Rep. Joe Schomacker, Co-Chair  
House Human Services Finance & Policy Committee  
Centennial Office Building  
St. Paul, MN 55155

**RE: H.F. 2434—House Omnibus Supplemental Human Services Appropriation Bill**

Co-Chair Noor, Co-Chair Schomacker, and members of the House Human Services Committee:

The Minnesota First Provider Alliance (the "Provider Alliance") is a trade association of personal care assistance (PCA)/Community First Services and Supports (CFSS) agencies and waiver service providers. The PCA/CFSS program is a critical service that assists over 47,000 Minnesotans in their home and community.

We are writing in support of the language in H.F. 2434 (Article 2, Section 34-37) that would increase the enhanced PCA/CFSS rate from 7.5% to 12.5% as part of the ratification of the state's collective bargaining agreement with Service Employees International Union of Minnesota (SEIU). Minnesotans with the highest support needs often have a greater level of difficulty in recruiting and retaining staff. This has led to individuals having no choice but to relinquish their preferred choice of living in the community or even going without the care they need. Increasing the enhanced rate will ensure people with disabilities can pay higher wages to attract and retain staff and therefore maintaining their choice of living in their communities. In the same vein, the Provider Alliance supports the proposed modest CFSS rate and budget increase as well as the improved benefits and other investments in the CFSS workforce.

While the enhanced rate is essential to those who are eligible and have access to it, there are still barriers to access. The legislature should also consider changes to the training that is required of workers to access the enhanced rate. H.F. 1348 (Curran) seeks to create a new pathway to access. The bill, as introduced, proposes that personal health care providers, the worker training and development professional, parents, spouses - or even the service recipient themselves - could provide the requisite training that is based on the care needs of the individual to qualify for the enhanced rate. This change would allow a training option that is tailored to those individuals' care needs and allow more PCAs and CFSS workers to qualify for a higher wage.

A combination of increasing the enhanced rate and increasing access to the enhanced rate can help stabilize the workforce for Minnesotans with high support needs. Thank you for the opportunity to provide comments on H.F. 2434. Please let us know if you have any questions.

Sincerely,

Dena Belisle, President  
Minnesota First Provider Alliance





## INDIAN AFFAIRS COUNCIL      RESOLUTION 01102025\_02

### RESOLUTION 01102025\_02

#### *Psychiatric Residential Treatment Facilities*

**WHEREAS**, the Minnesota Indian Affairs Council Membership consists of representatives of 10 of the 11 federally-recognized Indian Tribes located within the State of Minnesota, members of the legislature, commissioners from the state department, and

**WHEREAS**, the Minnesota Indian Affairs Council is a liaison between the state and local units of government in the delivery of services to American Indians in the State of Minnesota, and

**WHEREAS**, American Indian populations are often identified by the various federal and state agencies as a minority and smallest ethnic group in the United States, and

**WHEREAS**, American Indian people are citizens of, or descendants of citizens of sovereign nations, and possess a unique political status that is not racial or ethnic in nature; and

**WHEREAS**, Minnesota Indian Affairs Council acknowledges there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, Currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions. the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care. Equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider, Solutions Behavioral Health Care Providers, for the delivery of these essential services; and

**WHEREAS**, Clay County and Solutions Behavioral Health Care Providers are committed to working with the Minnesota Indian Affairs Council and Minnesota Indian Tribes to ensure culturally infused programming is available within the proposed psychiatric residential treatment facility; and

**WHEREAS**, Clay County seeks State appropriated funding through the Governor's budget and grants from the Commissioner of Human Services for Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

**THEREFORE LET IT BE RESOLVED**, that the Minnesota Indian affairs Council, hereby extends support of the Clay County Board of Commissioners requests for Minnesota state funds to support infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region and State of Minnesota.

**CERTIFICATION:** We do hereby certify that the foregoing resolution was duly presented and acted upon y a vote of 7 For, 0 Against, 0 Silent at Regular Meeting held on January 10, 2025, at Tinta Wita / Prairie Island Indian Community, Minnesota.

  
Robert. L Larsen, Chairman  
Minnesota Indian Affairs Council

  
Robert Deschampe, Vice Chairman  
Minnesota Indian Affairs Council

**April 8, 2025**

**Re: HF 2434**

Chair Schomacker, Chair Noor, and Members of the Human Services Finance and Policy Committee,

Thank you for the opportunity to share our comments on HF 2434. The Minnesota Social Service Association (MSSA) is made up of over 5,000 health and human service (HHS) professionals statewide. Our members cover the health and human service spectrum—mental health providers, social workers, case managers, etc.—and are employed by for-profit and nonprofit entities, as well as state and local government agencies.

We seek your support to build a stronger HHS workforce in Minnesota. Among the many issues we're supporting this session, from investments in child welfare, our workforce, direct care and treatment, the mental health system, substance use and disorder services, housing and shelter, home and community-based services and more, we ask that you include the following provisions in final negotiations including:

**Waiver Case Management Reimbursement Rates**

MSSA strongly supports efforts to update waiver case management reimbursement rates for the first time in a decade. Since 2015, when rates were increased by only 1%, the demands on case managers have grown significantly—while reimbursement has remained stagnant. Case managers are the backbone of Minnesota's home and community-based services, helping individuals with disabilities, mental health needs, and aging-related challenges access the supports that allow them to live independently. Without adequate funding, counties and providers are struggling to recruit and retain this essential workforce, putting continuity of care at risk. This investment is not just about fairness—it's about protecting the stability and quality of services Minnesotans rely on every day. We urge you to include these provisions in your final budget proposal to support a system that serves some of our most vulnerable neighbors.

**Senior Nutrition Program Investments**

MSSA is deeply grateful that the legislature has included funding for senior meals and services in its proposal. HF 2212 represents a vital investment in the health, dignity, and independence of Minnesota's aging population. Ongoing support for senior meals, transportation, and in-home services will make a meaningful difference for thousands of older adults—helping them stay nourished, connected, and safely in their homes. As demand continues to grow, particularly in rural areas, this funding will ensure that our aging network can meet the need with compassionate, cost-effective care. We respectfully ask that members take the position of the Senior Meals and Services Coalition in your final budget proposal to sustain and strengthen this critical support.

Thank you for your leadership and for the opportunity to share our support for the measures you've included in HF2434 on behalf of our members and the clients they serve. We recognize that this is a difficult budget year and that you are faced with many hard decisions. We are truly grateful for your continued commitment to Minnesota's health and human service system, and we hope our top priorities will be included in the final budget package. Please reach out to us with any questions, comments, or concerns at [msancartier@mnsa.org](mailto:msancartier@mnsa.org).

Sincerely,

Michelle SanCartier  
MSSA Director of Public Policy & Advocacy  
Minnesota Social Service Association

Beth Ringer  
MSSA Executive Director  
Minnesota Social Service Association



On behalf of the Master of Social Work (MSW) Program at Minnesota State University Moorhead (MSUM), I am pleased to express our full support for a collaborative partnership with Solutions Behavioral Healthcare, Inc. We are enthusiastic about the opportunity to work alongside your organization to provide student interns for placement at your psychiatric residential treatment facility (PRTF).

As the demand for skilled mental health professionals continues to grow across Minnesota, particularly in specialized settings that serve children and adolescents with complex psychiatric needs, we recognize the vital role organizations like Solutions play in meeting these challenges. Your mission and clinical approach closely align with our program's values, and we view this partnership as an important opportunity to support both student development and community mental health services.

This collaboration represents a mutually beneficial relationship. For our MSW students, a placement within your PRTF offers an invaluable, hands-on learning experience in a structured, supportive clinical environment. It allows students to apply classroom knowledge to real-world practice while gaining exposure to a critical area of mental health care. Working directly with children and families in residential settings not only builds core clinical competencies, but also inspires a deeper commitment to serving vulnerable populations.

At the same time, Solutions Behavioral Healthcare stands to benefit from the dedication, fresh perspectives, and support our graduate-level interns can offer. Under appropriate supervision, students are prepared to assist with therapeutic interventions, care coordination, family engagement, and other responsibilities aligned with both their training and your organization's needs. More broadly, this partnership serves as a bridge between academia and community-based practice, fostering collaboration, knowledge exchange, and shared efforts to improve mental health outcomes across the state.

We are confident that this partnership will strengthen educational opportunities for our students, enhance the essential services Solutions provides, and contribute to a more robust, compassionate mental health workforce in Minnesota. MSUM is committed to ensuring a well-structured, meaningful, and ethically sound internship experience, and we are proud to support the important mission of Solutions Behavioral Healthcare in every way we can.

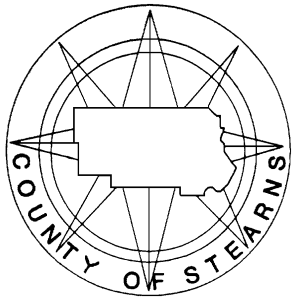
Thank you for your leadership and commitment to addressing the mental health needs of children and families. We are honored to support your work and look forward to the opportunities this partnership will bring.

Sincerely,



Jeremy Carney, MSW, Ph.D.  
MSW Program Director  
Minnesota State University Moorhead





# COUNTY OF STEARNS

## DEPARTMENT OF HUMAN SERVICES

### *Family and Children Services Division*

Phone: 320-650-5837

TDD: 7-1-1 MN Relay Services or your preferred relay service

PO Box 1107, St Cloud, MN 56302

[www.stearnscountymn.gov](http://www.stearnscountymn.gov)

Email: [familychildrens@stearnscountymn.gov](mailto:familychildrens@stearnscountymn.gov)

December 13, 2024

RE: Letter of Support – Clay County Psychiatric Residential Treatment Facility (PRTF)

To Whom It May Concern:

Clay County and Solutions Behavioral Healthcare Professionals are partnering in the development of a PRTF in Moorhead, Minnesota. PRTFs play a critical role in serving youth under the age of 21 with severe mental health needs and aggression. There are only four PRTFs that are operational in Minnesota, which is inadequate across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges.

Stearns County Human Services wishes to express its support for the development of the PRTF in Clay County. Due to the lack of PRTFs, Stearns County Human Services has been faced with challenges in the placement of youth in need of residential psychiatric services. In the last year, one youth had to be sheltered, one youth remained in detention, and two youth were placed out of state. These situations could have been avoided with sufficient residential psychiatric treatment options within the state.

All of these youth have experienced trauma, which has been exacerbated by the loss of connection to their families and communities. The absence of adequate in-state resources has forced Stearns County to look outside our community and state for placement options, further contributing to the youth's disconnection and impacting their long-term well-being.

The shortage of psychiatric residential treatment beds in Minnesota highlights the urgent need for the expansion of these services. By increasing access to appropriate care closer to home, we can provide youth with the support they need, minimize disruption to their lives, and begin the critical process of healing and reintegration into their families and communities.

It is essential that we work together to address this gap and ensure that all youth in Minnesota have access to the care they need when they need it most.

---

Melissa Huberty, MSW, LICSW  
Human Services Administrator

STEVENS COUNTY, MINNESOTA

DATE: November 19, 2024

RESOLUTION NO. 33

Motion by Commissioner Ennen

Seconded by Commissioner Lesmeister-Nelson

**RESOLUTION NO. 241119-33**  
**Psychiatric Residential Treatment Facility (PRTF)**

**WHEREAS**, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

**WHEREAS**, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

**WHEREAS**, Clay County seeks bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

**NOW, THEREFORE, BE IT RESOLVED**, that the Stevens County Board of Commissioners via this Resolution, supports Clay County to request Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

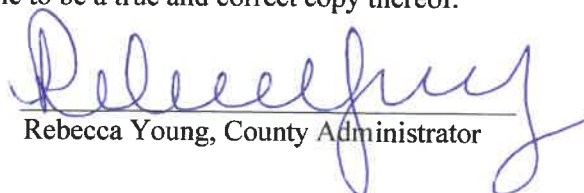
Staples	Aye	Ennen	Aye	Wohlers	Aye
Kopitzke	Absent	Lesmeister-Nelson	Aye		

STATE OF MINNESOTA)

) ss.

COUNTY OF STEVENS)

I, Rebecca Young, County Administrator and Clerk To The Board, for the County of Stevens, State of Minnesota, do hereby certify that I have compared the foregoing copy of a resolution with the original minutes of the proceedings of the Board of County Commissioners, Stevens County, Minnesota at their session held on the 19<sup>th</sup> day of November, 2024, now stored electronically on the County's M-Files storage system, and have found the same to be a true and correct copy thereof.

  
Rebecca Young, County Administrator

**Bruce Minea – Summit Manor Inc**

1531 E 4<sup>th</sup> Street  
Duluth, MN 55812  
bminea@summitmanor.net  
(218)-728-5931

**April 8, 2025**

Honorable Representative Schomacker  
Capital Room 123  
St. Paul MN

Official Public Testimony Regarding HF2434 (Schomacker)

Dear Representatives Mohamud Noor, Joe Schomacker, and Committee Administrator: Nick.Stumo-Langer@house.MN.gov

I am writing to express my deep concern and dismay regarding the proposed cancellation of Supplemental Services rates in Minnesota House Bill H2434DE1, specifically the language outlined on the bottom of page 194, which is scheduled for consideration tomorrow, April 9, 2025, at 8:15 AM.

As you may be aware, Supplemental Services funding plays a critical role in supporting Board and Lodging facilities across the state, many of which provide essential services to some of the most vulnerable individuals in our society. These facilities support individuals who are dealing with mental health challenges, chemical dependency issues, and those who have recently experienced homelessness. The proposed elimination of this funding would undoubtedly result in the closure of many, if not all, of these vital facilities.

The closure of these services would leave thousands of Minnesotans without the crucial support and resources they need to rebuild their lives and contribute positively to our communities. The repercussions would be catastrophic for people already facing immense hardship. I hope that this drastic measure may have not been fully considered in terms of its human impact, particularly when looking at how it will affect individuals who are already living on the edge.

I urge you and your colleagues to reconsider the language found in H2434DE1, specifically the repeal of funding for Supplemental Services. These programs are essential for individuals who rely on them for housing stability, mental health support, and substance use recovery. The loss of these resources would undo much of the progress we have made in supporting the most vulnerable members of our society. Our combined rate currently is 62.99 per day in our 21 bed facility. We are expected to have staffing 24 hours per day, provide wholesome meals, medication management and transportation to medical appointments. The special services portion is \$24.53 and that portion of our rate has been frozen since 1993 and in the last legislative session 2 bills were introduced to correct that oversight HF 2991 and SF 3133 while those bills were not acted upon in the last full session the committee members promised to get that issue resolved in the current session. Now it appears that the intention is to eliminate this critical funding and basically put everyone out of business and put these vulnerable individuals out on the street. To put this in perspective boarding a dog in many Metro area kennels costs the same amount, and the pet owners provide the food and transportation

I respectfully ask that you advocate for the preservation of this critical funding, as the consequences of its elimination would be devastating to the people who need it most. I would be grateful for your attention to this urgent matter and for any steps you can take to ensure that these services remain available to those who rely on them.

Sincerely,  
Bruce Minea – Summit Manor



WHERE THE FOREST MEETS THE PRAIRIE

**Todd County**

• MINNESOTA • EST. 1855 •

# Board Action Form

**Requestor to Complete:**

<b>Type of Action Requested (Check one):</b>		<b>Board Action Tracking Number :</b> <i>(Issued by Auditor/Treasurer Office)</i>
<input type="checkbox"/> Action/Motion	<input type="checkbox"/> Report	<b>20241119-22</b>
<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Resolution	
<input type="checkbox"/> Information Item	<input type="checkbox"/> Other	

**Agenda Topic Title for Publication:****Resolution Establishing Support for Clay County**

Date of Meeting: 11/19/2024

Total Topic Time Requested: 5 minutes

Organization / Department Requesting Action: Health and Human Services

Person Presenting Topic at Meeting: Jackie Och and Jon Mattson

**Background:** Supporting Documentation enclosed ☐

Clay County is seeking support from surrounding counties in their efforts to request Minnesota grant funds design and remodel of the West Central Regional Juvenile Center non-secure unit into an 18 bed Psychiatric Residential Treatment Facility (PRTF). Furthermore, Clay County is seeking funding to design, construct, furnish and equip a non-secure unit within Clay County to replace the existing facility. The overall impact of this request is to establish PRTF programming to support the needs of children from the surrounding communities and counties with serious and complex mental health needs.

**Options:****1. To approve the resolution establishing support for Clay County to request Minnesota bond funds for infrastructure in the development of a Psychiatric Residential Treatment Facility in Clay County..****2. Not approve****Recommendation:**

The Todd County Board of Commissioners approves the following by Motion:

To approve the resolution establishing support for Clay County to request Minnesota grant funds to develop a psychiatric Residential Treatment Facility in Clay County, and construct and equip a new non-secure unit within Clay County to replace the existing facility.

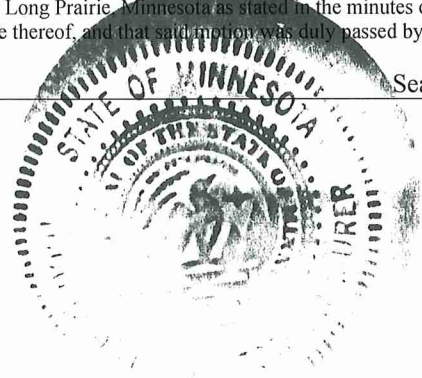
<b>Additional Information:</b>	<b>Budgeted:</b>	<b>Comments</b>
<b>Financial Implications:</b> \$ None	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Funding Source(s):</b>		

**Auditor/Treasurer Archival Purposes Only:**

<b>Action Taken:</b>	<b>Voting in Favor</b>	<b>Voting Against</b>
Motion: Byers	<input checked="" type="checkbox"/> Becker	<input type="checkbox"/> Becker
Second: Denny	<input checked="" type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input checked="" type="checkbox"/> Passed	<input checked="" type="checkbox"/> Denny	<input type="checkbox"/> Denny
<input type="checkbox"/> Failed	<input checked="" type="checkbox"/> Noska	<input type="checkbox"/> Noska
<input type="checkbox"/> Tabled	<input checked="" type="checkbox"/> Byers	<input type="checkbox"/> Byers
<input type="checkbox"/> Other:	Notes:	

**Official Certification**STATE OF MINNESOTA}  
COUNTY OF TODD}

I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Auditor-Treasurer's Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal.







WHERE THE FOREST MEETS THE PRAIRIE

**Todd County**

• MINNESOTA • EST. 1855 •

On a motion by Byers and second by Denny the following was adopted by unanimous vote:

**A Resolution Establishing Support for Clay County to Develop a Psychiatric Residential Treatment Facility and Replace Current Non-secure Unit**

**WHEREAS**, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

**WHEREAS**, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

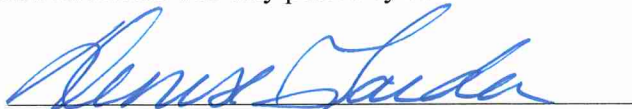
**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

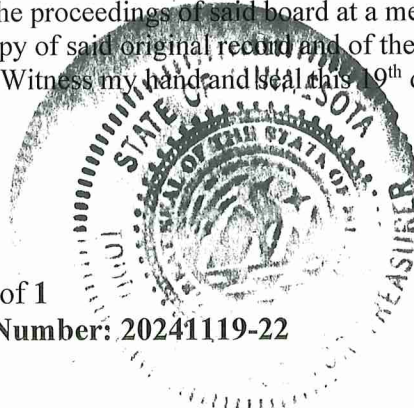
**WHEREAS**, Clay County seeks bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

**NOW, THEREFORE, BE IT RESOLVED**, that the Todd County Board of Commissioners via this Resolution, supports Clay County to request Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

STATE OF MINNESOTA }  
COUNTY OF TODD }

I, Denise Gaida, Todd County Auditor/Treasurer, hereby certify that I have compared the foregoing copy of the resolution of the County Board of said County with the original record thereof on file in the Auditor-Treasurer's Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board at a meeting duly held on November 19<sup>th</sup>, 2024, and that the same is a true and correct copy of said original record and of the whole thereof, and that said resolution was duly passed by said board at said meeting. Witness my hand and seal this 19<sup>th</sup> day of November, 2024.

  
Denise Gaida, County Auditor/Treasurer



## Nick Stumo-Langer

---

**From:** John Kolar <jkolar@tradewindsresidence.com>  
**Sent:** Tuesday, April 8, 2025 4:04 PM  
**To:** Nick Stumo-Langer  
**Subject:** Opposition to Proposed Special Services Rate Elimination for board and lodge

Dear Nick and Representatives,

I am writing to express my serious concerns regarding the proposed elimination of Special Services rates for board and lodge, especially here in Duluth. As an owner of a board and lodge facility with special services, I believe this proposal would be devastating to our community, its residents, and Minnesota's healthcare system.

The immediate impact of eliminating this funding would force facilities like ours to notify residents that we can no longer provide services, potentially leaving them without a home. These facilities aren't just buildings; they're communities where people have found safety and receive essential care. Many residents have limited support and nowhere else to go. These cuts would:

- \* Displace vulnerable and disabled citizens who rely on these services.
- \* Sever established relationships between residents and caregivers.
- \* Force individuals into environments less equipped to handle their specialized care needs.
- \* Create immediate housing insecurity for a population least equipped to navigate such a crisis.

The economic consequences of this decision would also reverberate throughout Minnesota:

1. **\*\*Increased Healthcare Costs\*\***: Without supportive housing, more residents will require costly emergency room visits and hospitalizations. Stable housing reduces overall healthcare spending.
2. **\*\*Job Losses\*\***: Our facilities employ many healthcare workers who would face unemployment, straining local economies.
3. **\*\*Property Vacancies and Tax Revenue Reduction\*\***: Empty facilities lead to decreased property values and reduced tax revenue.
4. **\*\*Increased Strain on Public Resources\*\***: The burden of care will shift to already overwhelmed public services, creating new costs.

The social impact would be equally severe:

1. **\*\*Mental Health Crisis\*\***: The stress of displacement would trigger mental health crises among residents.
2. **\*\*Community Safety Concerns\*\***: Lack of proper housing can increase homelessness and strain emergency services.
3. **\*\*Family Burden\*\***: Care responsibilities will shift to family members who may be unable to provide appropriate care, forcing difficult choices.
4. **\*\*Public Health Risks\*\***: Concentrating vulnerable populations in hospitals or shelters creates risks for disease transmission.

The proposed savings are a false economy. Every dollar cut from these services will result in greater expenses addressing the consequences, such as higher-cost institutional care, emergency services, increased public assistance, lost productivity from family caregivers, and long-term health consequences.

Therefore, I urge you to:

1. Reject the proposed elimination of rates for board and lodge with special services.

2. Meet with facility administrators and residents to understand the critical role these homes play.
3. Consider alternative budget solutions that don't jeopardize the wellbeing of our vulnerable citizens.
4. Recognize that proper funding for assisted living homes is both a moral responsibility and fiscally prudent.

Our community and others across Minnesota are closely watching this decision, as it will have lasting impacts on countless families, our healthcare system, and our local economies.

Thank you for considering this urgent matter. I am available to discuss this further.

Sincerely,

John Kolar  
Owner - Tradewinds Residence and Arrowhead House

Sent from my iPhone



# TRAVERSE COUNTY SOCIAL SERVICES DEPARTMENT

202 8<sup>th</sup> Street North  
PO Box 46  
Wheaton, MN 56296  
Stacy Hennen, Director

Telephone: 320-422-7777  
Toll Free: 855-735-8916  
Fax: 320-563-4230  
TDD: 320-422-7800

## County Board of Commissioners Resolution

**WHEREAS**, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

**WHEREAS**, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

**WHEREAS**, Clay County seeks bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

**NOW, THEREFORE, BE IT RESOLVED**, that the Traverse County Board of Commissioners via this Resolution, supports Clay County to request Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

Dated this 19 day of November, 2024.

Voting Aye Commissioners: <sup>absent</sup> Mark Gail ☒ Jerrel Olson ☒ Dwight Nelson ☒ Chad Metz ☒ Kayla Schmidt

Voting Nay Commissioners: Mark Gail Jerrel Olson Dwight Nelson Chad Metz Kayla Schmidt



**Wadena County Board of Commission  
Resolution**

**WHEREAS**, throughout Minnesota there is inadequate capacity in the continuum of care to support children with high acuity, complex and/or co-occurring conditions that include violent or sexually inappropriate behavior and/or physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) are a part of this continuum for children and youth under age 21 with complex mental health conditions and aggression; and

**WHEREAS**, currently there are four PRTF facilities operational in Minnesota with a total capacity of 166 beds and an additional PRTF set to open soon; and

**WHEREAS**, there is a need for additional PRTF beds in the State of Minnesota to meet the needs of children with serious and complex mental health needs; and

**WHEREAS**, the location of PRTF beds must be spread across the state to ensure equal access and proximity to a child's home community, family, and service providers; and

**WHEREAS**, Clay County is committed to establishing a PRTF and will partner with an eligible provider in the delivery of PRTF services; and

**WHEREAS**, Clay County is seeking Minnesota bond funds to aid in land acquisition and building a PRTF;

**THEREFORE, BE IT RESOLVED**, the Wadena County Board of Commissioners via this Resolution, supports Clay County to request Minnesota bond funds for infrastructure in the development of a Psychiatric Residential Treatment Facility in Clay County.

IN TESTIMONY WHEREOF THE WADENA COUNTY BOARD OF COMMISSIONERS has caused this resolution to be adopted this 13<sup>th</sup> day of February, 2024.

ATTEST:



Wadena County Auditor-Treasurer

WADENA COUNTY BOARD OF COMMISSIONERS

BY \_\_\_\_\_

Murlyn Kreklau, Chairperson

To: Chair Schomacker; House Human Services Finance and Policy Cte  
From: Amy Morgan, Chief Executive Officer, Wayside Recovery Center  
Subject: Funding SUD treatment is a budget solution  
Date: April 8th, 2025

As the CEO of Wayside Recovery Center, a substance use treatment and recovery center serving women and families for over 70 years, I recognize the incredibly difficult budgetary decisions facing the Legislature, and this committee in particular, in the current fiscal environment. We appreciate your commitment to stewarding limited resources in a way that protects the health and well-being of the most vulnerable members of our communities. As you evaluate potential cuts, we urge you to consider the following value proposition: **Substance use disorder (SUD) treatment is not a cost center, but a proven cost-saving investment.**

Underfunding the continuum of care for SUD has not eliminated the need for care. It has only shifted the burden to more expensive and less effective systems, including emergency departments, law enforcement, and the child welfare system. **In short: untreated addiction costs the state more.**

Properly funding Medicaid reimbursement rates for SUD treatment providers would not only stabilize a field that has gone underfunded for decades, but would also generate real, measurable savings across the state's budget.

Consider the following:

- CMS reports that nearly 12% of adult Medicaid beneficiaries have a substance use disorder. Those with untreated alcohol use disorders, for example, cost *twice as much* in health care expenditures as those who receive treatment.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that individuals with chronic medical conditions and a co-occurring SUD incur health care costs two to three times higher than those without.

- Washington State found that providing a full addiction-treatment benefit resulted in a Medicaid savings of \$398 per person, per month.

Beyond dollars and cents, we know that effective SUD treatment reduces crime, improves family stability, increases workforce participation, and saves lives.

That's why we are urging this committee to support the Burnes and Associates rate recommendations and automatic inflation adjustments, which are grounded in data and reflective of the true cost of delivering care. This is not just about funding treatment; it's about finally aligning Medicaid rates with the real-world costs of addressing one of the most complex and expensive public health challenges we face. Here is an overview of the recommended rates:

Service description	Unit of service	Current rate (w/ 1115 base rate)	Recommended rate	% difference
Comprehensive SUD assessment	Per Session	\$162.24	\$234.06	44.3%
Treatment coordination	15 min	\$15.02	\$37.13	147.2%
Individual therapy	60 min	\$86.53	\$140.27	62.1%
Group therapy	60 min	\$42.02	\$42.97	2.3%
Peer recovery support	15 min	\$15.02	\$28.43	89.3%
High-intensity residential	Per Diem	\$224.06	\$355.02	58.4%
Low-intensity residential	Per Diem	\$79.84	\$216.90	171.7%
WM clinically managed	Per Diem	\$400.00	\$375.91	-6.0%
WM medically managed	Per Diem	\$515.00	\$576.18	11.9%

Now is the time to do more with every dollar. Strategic investment in a full continuum of care for substance use disorders will not only serve those directly affected, but will return value across state systems—public safety, health care, education, and beyond.

Thank you for your consideration and for your continued leadership.

Sincerely,



Amy Morgan  
Chief Executive Officer

**What is a PRTF:**

Psychiatric Residential Treatment Facilities (PRTF) provide active treatment to children and youth under age 21 with complex mental health conditions. This is an inpatient level of care provided in a residential facility rather than a hospital. Minnesota has struggled to meet the needs of children, youth, and young adults with complex mental health conditions and PRTF's are and have been instrumental in the continuum of care.

**Who is Eligible for a PRTF:**

To be admitted to a PRTF, the person needs to be under age 21 and have:

- Serious and complex mental health needs
- Severe aggression, or risk to self or others
- Difficulty functioning safely and successfully in the home school and community
- All other community-based mental health services utilized and exhausted
- Been found to require this level of care to improve the individual's condition or prevent further regression.

**What Services are Provided in a PRTF:**

PRTFs deliver services under the direction of a physician, seven days per week, to residents and their families.

Psychiatric residential treatment facility services include:

- Psychiatrist or physician services for development of an individual care plan
- Active treatment to include individual, family, and group therapy
- Family engagement activities
- 24-hour nursing
- Consultation with other professionals
- Coordination of educational services
- Supportive services for daily living, safety, and positive behavior management

**Current PRTFs in Minnesota:**

As of October 23, 2024, there are four PRTFs currently operating in Minnesota. The facilities, location, capacity, and waitlist are as follows:

Facility	Location	Bed Capacity	Demographic Served	Waitlist	Travel Distance
Grafton Integrated Health Network	Cold Spring	28	Males and Females 8-17, Intellectual disabilities, Autism and/or developmental delays with a psychiatric diagnosis.	2-3 Months	2.5 hrs
Hoffman Center	St. Peter	40	Males 11-17	1-2 month wait list for younger and 2-3 month older. Operating 60% capacity-workforce	4.25 hrs
Nexus-East Bethel Family Healing	East Bethel	40	Only taking females up to age 12. Opened in November 2023.	No males	3.5 hrs
Northwood Children's Services-West Campus	Duluth	56	Males and Females 5-21	Two-years for Females. One year for males 12-21 yr. olds. 4-6 months for 5-13 yr. olds.	4.25 hrs

### **Why do we need additional PRTFs:**

Throughout Minnesota there is inadequate capacity in the continuum of care to support children with high acuity, complex and/or co-occurring conditions that include violent or sexually inappropriate behavior and/or physical health challenges. Children are being boarded in acute care emergency departments, juvenile detention settings, and even county office spaces and hotels, while agencies work to locate appropriate providers to meet their needs. In many cases this involves dozens of calls both within and outside of Minnesota to try to locate a provider to meet the child's needs.

Much of the time, specialized resources are not available in local communities or even within the State. For children there can be real damage and harm to their relationships with caregivers, siblings, and family systems that significantly impact their growth and development when they must be served several hours away or even several States away from their home.

While access to mental health services is problematic throughout the continuum, children's residential treatment care has shrunk significantly. In a report prepared by AspireMN in July 2023, it is noted that in 2023 "MN has 93 licensed Children's Residential Facilities, 154 have closed since 2005". With these closures, the bed capacity has reduced from 2,474 in 2005 to 1,586 in 2023. This represents a loss of 888 beds or a 36% reduction. "The impact of COVID, between 2020 and 2023, 601 beds closed, meaning 30% of total capacity has been lost in the last three years."

A March 2021 article in the Minnesota Physicians Journal indicated "Minnesota ranks 50 out of all states on having the fewest number of psychiatric beds per capita (3.5 beds per 100,000). The recommendation by health policy experts is 40-60 mental health beds for every 100,000. Most psychiatric units are at max capacity, most of the time- especially child and adolescent units."

The 2023 Final Report from the Minnesota Medical Association-Minnesota American College of Emergency Physicians (MMA-MNACEP) Taskforce to Reduce ED Boarding of Patients with Psychiatric Diagnoses highlighted the following specific to children and residential/hospital level of care:

- "Generally, as the age of an ED patient with a psychiatric diagnosis increases, the odds that said patient will board decreases, Nolan et al, suggest that this may be due to the particular difficulty in locating psychiatric services and securing placement for the pediatric population."
- "The estimated percentage of Minnesota teens experiencing a major depressive episode in 2019-2020 was 19.4% which is a significant increase from the 2005-2006 estimate of 8.4% (Ibid)."
- The "nonprofit Mental Health Minnesota reports that the number of Minnesota children screened online for mental health problems increased 373%, or 1,662 to 7,882, between 2019 and 2020 (Serres, 2021)."
- "The Task Force has heard from multiple stakeholders that the number, regional distribution, and bed type distribution..... of mental health residential treatment beds in Minnesota are inadequate."
- The Task Force recommends advocating for a "supply of mental health residential treatment beds that better accommodates the needs of Minnesotans."

- “The Task Force urges that new residential treatment beds should be distributed equitably across bed types and geographic regions.”
- The Task Force recommends support for legislation to require all health plans in Minnesota to offer meaningful coverage for Psychiatric Residential Treatment Facilities for children.

Past reports have also illustrated the need for PRTFs. In 2014, the Minnesota Association of County Social Services Administrators participated in a survey on how many children and youth within the previous two years fit the profile for PRTF. From the 53 counties (out of 87) who responded: 339 children and youth were unserved in 2012 and 385 children and youth were unserved in 2013.

In August 2015, Wilder Research published a services gaps analysis. Key findings suggested a lack of access to psychiatric services, as well as residential and residential treatment services for youth with complex mental health conditions. Counties, in their role of lead agencies, rated residential child and youth psychiatry beds, psychiatric prescribers, and residential placements for children and youth with aggressive behaviors (particularly for youth under age 13) as the largest or most significant gaps.

#### **What are Next Steps:**

1. Clay County and Solutions Behavioral Healthcare Professionals seek to partner in the development of a PRTF in Moorhead, Mn (Clay County).
2. Unofficial understanding is that the State Department of Human Services has a desire to establish an additional 100 PRTF beds.
3. The proposal considered is Clay County would secure the facility and would be looking for infrastructure grants and bonding for renovation and facility development.
4. Solutions Behavioral Healthcare Professionals would respond to the next Request for Proposal (RFP) process and would need to be enrolled with Minnesota Health Care Programs (MHCP) to be eligible for reimbursement.



211 Minnesota Ave E • Glenwood, MN 56334 • 320.634.7755 • Fax: 320.634.0164  
15 Central Ave, PO Box 1006 • Elbow Lake, MN 56531 • 218.685.8200 • Fax: 218.685.4978

#### Western Prairie Board of Commissioners Resolution

**WHEREAS**, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

**WHEREAS**, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

**WHEREAS**, Clay County seeks bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

**NOW, THEREFORE, BE IT RESOLVED**, that the Western Prairie Board of Commissioners via this Resolution, supports Clay County to request Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

Dated this 1st day of November 2024.

Voting Aye Commissioners ☒ Troy Johnson ☒ Ken Johnson ☒ Doyel Sperr ☒ Dwight Walvatne  
☐ Larry Lindor ☐ Bill LaValley ☒ Paul Gremmels ☒ Paul Wildman ☒ Paul Gerde ☐ Gordy Wagner

Voting Nay Commissioners ☐ Troy Johnson ☐ Ken Johnson ☐ Doyel Sperr ☐ Dwight Walvatne  
☐ Larry Lindor ☐ Bill LaValley ☐ Paul Gremmels ☐ Paul Wildman ☐ Paul Gerde ☐ Gordy Wagner

[westernprairiemn.us](http://westernprairiemn.us)

*"It is our mission to be a person centered agency that partners with and empowers individuals and families, and promotes safe, healthy communities."*

This institution is an equal opportunity provider.



**RESOLUTION 17-2024**  
**Supporting Clay County PRTF Facility Request**

WHEREAS, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

WHEREAS, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

WHEREAS, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

WHEREAS, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

WHEREAS, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

WHEREAS, Wilkin County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

WHEREAS, Clay County seeks state funding to assist in the pre-design, construction, furnishing, and equipping of a non-secure residential facility in order to remodel an existing space to serve as a PRTF;

BE IT FURTHER RESOLVED, that the Wilkin County Board of Commissioners support Clay County's request for Minnesota state funds to support infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

Adopted this 12<sup>th</sup> day of November, 2024.



Board Chair

Attest:



Stephanie Sandbakken



County Administrator

(Seal)

11-19-03

11-19-03



## Independent School District 152



1313 30th Ave. S., Moorhead, MN 56560



Phone: 218-284-3300



[www.isd152.org](http://www.isd152.org)



Fax: 218-284-3333

November 11, 2024

To whom it may concern:

I am writing this letter to support Clay County in seeking State appropriated funding through the Governor's budget and grants from the Commissioner of human services for Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

The Moorhead Area School District recognizes the need for intensive in-patient psychiatric services for children and youth in our district and the surrounding area. The District will work collaboratively with Clay County to provide services to the facility should it be built within our district boundaries.

Sincerely,

Dr. Brandon Lunak  
Superintendent

**Morrison County Board of Commission**  
**Resolution 2024-018**

**WHEREAS**, throughout Minnesota there is inadequate capacity in the continuum of care to support children with high acuity, complex and/or co-occurring conditions that include violent or sexually inappropriate behavior and/or physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) are a part of this continuum for children and youth under age 21 with complex mental health conditions and aggression; and

**WHEREAS**, currently there are four PRTF facilities operational in Minnesota with a total capacity of 166 beds and an additional PRTF set to open soon; and

**WHEREAS**, there is a need for additional PRTF beds in the State of Minnesota to meet the needs of children with serious and complex mental health needs; and

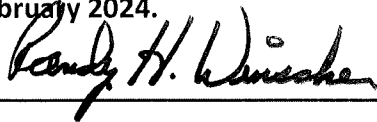
**WHEREAS**, the location of PRTF beds must be spread across the state to ensure equal access and proximity to a child's home community, family, and service providers; and

**WHEREAS**, Clay County is committed to establishing a PRTF and will partner with an eligible provider in the delivery of PRTF services; and

**WHEREAS**, Clay County is seeking Minnesota bond funds to aid in land acquisition and building a PRTF;

**THEREFORE, BE IT RESOLVED**, the Morrison County Board of Commissioners via this Resolution, supports Clay County to request Minnesota bond funds for infrastructure in the development of a Psychiatric Residential Treatment Facility in Clay County.

Dated this 13th day of February 2024.

  
\_\_\_\_\_

Chairperson

Morrison County Board of Commissioners



Representative Mohamud Noor, Chair  
Representative Joe Schomacker, Chair  
Human Services Finance and Policy Committee  
April 9, 2024

Chairs Noor, Schomacker, and Human Services Finance and Policy Committee Members,

On behalf of the National Association of Social Workers, MN Chapter (NASW-MN) and the MN Coalition of Licensed Social Workers (Coalition), we are writing in support of several components in the DE1 amendment to HF2434, the Human Services omnibus bill.

NASW-MN is the largest membership organization of professional social workers in our state and the Coalition includes the MN Association of Black Social Workers, the MN Hmong Social Workers' Coalition, the MN Nursing Home Social Workers Association, the MN School Social Workers Association, and the MN Society for Clinical Social Work. Collectively we represent over 3,000 social workers.

#### *Mental Health and Substance Abuse*

Thank you for including an increase in substance abuse disorder provider rates in your budget proposal. There is a significant gap between the cost of delivering services and reimbursement rates. Addressing this gap will improve access to services, increase capacity in SUD settings, and reduce staffing shortages. There is a strong correlation between substance abuse and mental illness, and it is critical that we address inadequate rates so that social workers and other professionals can provide services in a sustainable way to Minnesotans who rely on MA.

Furthermore, we appreciate the inclusion of sustainable funding for school-linked mental health grants. We have been concerned about a funding cliff for this service that students and families have come to rely on as an accessible provider and a crucial option within the mental health service continuum.

#### *Economic Supports*

The money set aside for food and housing support will be an important lifeline for our clients in crisis. The Homeless Youth Act grants and Safe Harbor funding are among the important resources included in HF2434, and we appreciate that the Wilder Foundation will again, be able to conduct their homelessness study. Furthermore, the Senior Nutrition Programs are important in a time of declining resources for Minnesota elders.

We appreciate that resources are limited and the needs are great. Thank you for your work in balancing competing priorities in HF2434.

Sincerely,  
Coalition of Licensed Social Workers Representatives,

Karen Goodenough, PhD, LGSW, National Association of Social Workers, MN Chapter  
Renita Wilson, MSW, LICSW, MN Association of Black Social Workers  
Kao Nou Moua, PhD, MSW, LGSW, MN Hmong Social Workers' Coalition,  
Joanna Genovese-Cairns, MSW, LISW, MN Nursing Home Social Workers Association  
Julie Campanelli, LICSW, Ed.S, MN School Social Workers Association  
James Stoltz, LICSW, LADC, MN Society for Clinical Social Work  
Jenny Arneson, MSW, LGSW, Legislative Consultant

Norman County Board of Commissioners, Ada MN 56510

RESOLUTION CR 11-07-2024-1

Motion by Commissioner Jacobson Seconded by Commissioner Gundersen

RESOLUTION FOR  
Clay County Psychiatric Residential Treatment Facility

WHEREAS, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

WHEREAS, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

WHEREAS, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

WHEREAS, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

WHEREAS, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families and local service providers; and

WHEREAS, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

WHEREAS, Clay County seeks bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

NOW, THEREFORE, BE IT RESOLVED, by the County Commissioners of Norman County, Minnesota, that via this Resolution, supports Clay County to request Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

Voting in favor

Bommersbach

Gunderson

Hall

Jacobson

Lee

✓  
✓  
✓  
✓  
✓

Voting against

Bommersbach

Gunderson

Hall

Jacobson

Lee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Lee Ann Hall*

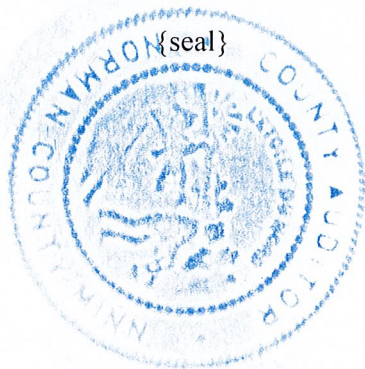
Lee Ann Hall, Chairman

Norman County Board of Commissioners

I, Amanda L. Riegert, Auditor/Treasurer of the County of Norman, State of Minnesota, do hereby certify that the foregoing resolution is a true copy of a resolution duly passed at a meeting of the Norman County Board of Commissioners held the 7th day of November, 2024.

Witness my hand and seal

Dated 11-7-2024



*Amanda Riegert*

Amanda L. Riegert

Norman County Auditor/Treasurer

**Otter Tail County Board of Commission**  
**Resolution No. 2024-13**

**WHEREAS**, throughout Minnesota there is inadequate capacity in the continuum of care to support children with high acuity, complex and/or co-occurring conditions that include violent or sexually inappropriate behavior and/or physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) are a part of this continuum for children and youth under age 21 with complex mental health conditions and aggression; and

**WHEREAS**, currently, there are four PRTF facilities operational in Minnesota with a total capacity of 166 beds and an additional PRTF set to open soon; and

**WHEREAS**, there is a need for additional PRTF beds in the State of Minnesota to meet the needs of children with serious and complex mental health needs; and

**WHEREAS**, the location of PRTF beds must be spread across the state to ensure equal access and proximity to a child's home community, family, and service providers; and

**WHEREAS**, Clay County is committed to establishing a PRTF and will partner with an eligible provider in the delivery of PRTF services; and

**WHEREAS**, Clay County is seeking Minnesota bond funds to aid in land acquisition and building a PRTF;

**THEREFORE, BE IT RESOLVED**, the Otter Tail County Board of Commissioners via this Resolution, supports Clay County to request Minnesota bond funds for infrastructure in the development of a Psychiatric Residential Treatment Facility in Clay County.

Adopted at Fergus Falls, MN this 13th day of February 2024.

OTTER TAIL COUNTY BOARD OF COMMISSIONERS

Dated: February 13, 2024

By:   
Kurt Mortenson, Board of Commissioners Chair

Attest:   
Nicole Hansen, Clerk





## PENNINGTON COUNTY HUMAN SERVICES

101 Main Ave. North  
P.O. Box 340  
Thief River Falls, MN 56701  
(218) 681-2880

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### Pennington County Board of Commissioners Resolution

**WHEREAS**, there is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

**WHEREAS**, equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

**WHEREAS**, Clay County seeks bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

**NOW, THEREFORE, BE IT RESOLVED**, that the Pennington County Board of Commissioners via this Resolution, supports Clay County to request Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

Dated this 26 day of November 2024.

X Seth Webb  
Board Chair

RESOLUTION OF THE POLK COUNTY  
BOARD OF COMMISSIONERS

**RESOLUTION (2024-79)**

**Support Clay County to Request Minnesota Bond Funds  
for Development of a Psychiatric Residential Treatment Facility**

The following resolution (2024-79) was offered by Commissioner Lee:

WHEREAS, There is inadequate capacity across Minnesota's continuum of care to support children with high-acuity, complex, and/or co-occurring conditions, including violent or sexually inappropriate behavior and significant physical health challenges; and

WHEREAS, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under the age of 21 with severe mental health needs and aggression, as part of this continuum; and

WHEREAS, Currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

WHEREAS, The demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

WHEREAS, Equitable distribution of PRTF beds throughout the state is essential to provide children with proximity to their home communities, families, and local service providers; and

WHEREAS, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and


WHEREAS, Clay County seeks bond proceeds funds from the commissioner of human services for a grant to Clay County to predesign, design, and remodel the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

NOW THEREFORE BE IT RESOLVED, By the County Board of Polk County, Minnesota as follows:

This resolution supports Clay County to request Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

STATE OF MINNESOTA )  
 ) ss.  
COUNTY OF POLK )

WITNESS my hand and Official Seal of Polk County at Crookston, Minnesota, this 19<sup>th</sup> day of November 2024.

  
Charles S. Whiting  
Polk County Administrator  
Clerk of the Board



April 8, 2025

Rep. Mohamud Noor, Co-Chair  
Rep. Joe Schomacker, Co-Chair  
House Human Services Finance & Policy Committee  
Centennial Office Building  
St. Paul, MN 55155

**RE: House Omnibus Supplemental Human Services Appropriation Bill (H.F. 2434)**

Dear Co-Chair Noor, Co-Chair Schomacker, and members of the House Human Services Committee,

The Residential Providers Association of Minnesota (“RPAMN”) is a non-profit trade association that represents small, residential customized living and waivers service providers in Minnesota. The vast majority of RPAMN members are BIPOC-owned, culturally-specific service providers who might not otherwise be engaged in the policy development and legislative processes. We are writing you to provide our initial reaction to the human services budget framework outlined in the DE-1 Amendment to H.F. 2434.

With respect to the overall budget bill, including the various proposals to decrease spending, RPAMN would like to begin by thanking the committee for NOT including the governor’s proposal to prohibit individuals on the CADI/BI waivers who are under the age of 55 from accessing customized living services. This would have been catastrophic for our members and limited the ability of individuals to choose culturally-specific providers in their communities. That being said, RPAMN does have some questions and concerns about the H.F. 2434, as amended.

- **DHS Licensing Moratorium:** While RPAMN is generally supportive of a temporary moratorium on new licenses issued under Chapter 245D, we have real concerns with how the language in the bill (Article 6, Section 5) is drafted. The language gives broad, unchecked discretion to DHS to approve or deny exceptions in a way that RPAMN believes will disproportionately impact small, culturally specific providers. We look forward to working with the committee on the is language as the bill progresses.
- **DHS Licensing Fee Changes:** The House bill increases DHS licensing fees from \$500 to \$2,100 (Article 6, Section 12). While we appreciate the need for additional licensing resources, RPAMN would like to see some accountability for DHS included in the bill so that those dollars are actually used to process licenses in a timely and efficient manner.
- **Remove Absence & Utilization Factor from FRS, CRS, and ICS:** RPAMN has significant concerns about the language (Article 2, Section 25, 27) that would permanently eliminate the absence and utilization factor from the DWRS reimbursement for CRS and ICS. Small facilities serving complex individuals on CADI/BI waivers often time have vacancies due to short-term hospitalizations, behavioral health incidents, or related issues. With only 3-5 licensed beds, a vacancy creates significant financial stress on the provider and the removal of this factor increases the volatility of the service delivery model.
- **Cancellation of Customized Living Grants:** RPAMN and its members have worked for multiple years to access these funds and have struggled to do so. Issues with the Request for Proposal process (including difficult timelines and limited communication) have resulted in too many funds being unspent despite the need being there. Losing these funds is very problematic for small customized living providers.
- **CADI/BI Waiver Eligibility:** H.F. 2434, as amended, includes language (Article 2, Section 3) that changes the determination of CADI/BI eligibility for individuals needing nursing home level of care to include

consideration of a risk for homeless or hospital readmission (Minn. Stat. 144.0724, subd. 11(7)). RPAMN does not fully understand the impact this would have on their ability to serve their clients and looks forward to better understanding this proposal as the session continues.

- **Limits on Rate Exceptions:** H.F. 2434, as amended, includes the governor's proposal (Article 2, Section 30) that provides that, beginning July 1, 2026, DHS will impose limitations on rate exceptions. This is the governor's proposal. RPAMN has concerns that limits on rate exemptions will impact access to care as the current rate setting system often fails to appropriately recognize a client's needs.

We look forward to working with you and the committee as the bill advances through the legislative process and greatly appreciate work with RPAMN leadership this session.

Thank you for the work you do and for your support of Minnesotans with disabilities.

Sincerely,

Zahnia Harut, President  
Residential Providers Association of Minnesota



**Board of Commissioners**  
606 5<sup>th</sup> Ave. SW, Room #131  
Roseau, MN 56751  
Phone: 218-463-4248  
Fax: 218-463-3252

A motion was made by Commissioner Swanson, seconded by Commissioner Wicklund, and carried unanimously to adopt the following Resolution:

**2024-11-01**

**RESOLUTION SUPPORTING THE DEVELOPMENT OF A  
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY IN CLAY COUNTY**

**WHEREAS**, throughout Minnesota, there is inadequate capacity in the continuum of care to support children with high-acuity, complex and/or co-occurring conditions that include violent or sexually inappropriate behavior, and/or significant physical health challenges; and

**WHEREAS**, Psychiatric Residential Treatment Facilities (PRTF) play a critical role in serving children and youth under age 21 with severe mental health needs and aggression, as part of this continuum; and

**WHEREAS**, currently only four PRTF facilities are operational in Minnesota, offering a total of 166 beds, which is insufficient to meet the growing needs of children with serious and complex mental health conditions; and

**WHEREAS**, the demand for additional PRTF beds across Minnesota is urgent to ensure children receive timely and appropriate care; and

**WHEREAS**, equitable distribution of PRTF beds throughout the State to provide children with proximity to their home communities, families, and local service providers; and


**WHEREAS**, Clay County is committed to addressing this critical gap in mental health services by establishing a PRTF in partnership with a qualified service provider for the delivery of these essential services; and

**WHEREAS**, Clay County seeks bond proceeds funds from the Commissioner of Human Services for a grant to Clay County to predesign, design, and remodel of the West Central Regional Juvenile Center non-secure unit into an 18-bed psychiatric residential treatment facility and address the predesign, design, construct, furnish, and equip of a non-secure unit within Clay County to replace the existing facility that will become a psychiatric residential treatment facility.

**THEREFORE, BE IT RESOLVED**, the Roseau County Board of Commissioners supports Clay County's request for Minnesota state funds for infrastructure development for a Psychiatric Residential Treatment Facility in Clay County, ensuring access to specialized care for children with complex mental health needs across the region.

STATE OF MINNESOTA    )  
  ) ss  
COUNTY OF ROSEAU    )

I, Jeff Pelowski, County Coordinator in and for Roseau County, Minnesota, do hereby certify that the foregoing is a true and correct copy of a part of the proceedings adopted by the Roseau County Board of Commissioners on November 12, 2024.

  
\_\_\_\_\_  
Jeff Pelowski  
Roseau County Coordinator

District 1, Glenda Phillipe - District 2, Jack Swanson - District 3, Levi Novacek, Chair  
District 4, Kermit Jensen, Vice-Chair - District 5, Daryl Wicklund

An Equal Opportunity Employer

To: Chair Hoffman; Senate Human Services Committee  
From: Sierra Canham, University of Minnesota  
Subject: Funding SUD treatment is a budget solution  
Date: April 7th, 2025

Myself and my colleagues recognize the incredibly difficult budgetary decisions facing the Legislature, and this committee in particular, in the current fiscal environment. We appreciate your commitment to stewarding limited resources in a way that protects the health and well-being of the most vulnerable members of our communities. As you evaluate potential cuts, we urge you to consider the following value proposition: **Substance use disorder (SUD) treatment is not a cost center, but a proven cost-saving investment.**

Underfunding the continuum of care for SUD has not eliminated the need for care. It has only shifted the burden to more expensive and less effective systems, including emergency departments, law enforcement, and the child welfare system. **In short: untreated addiction costs the state more.**

Properly funding Medicaid reimbursement rates for SUD treatment providers would not only stabilize a field that has gone underfunded for decades, but would also generate real, measurable savings across the state's budget.

Consider the following:

- CMS reports that nearly 12% of adult Medicaid beneficiaries have a substance use disorder. Those with untreated alcohol use disorders, for example, cost *twice as much* in health care expenditures as those who receive treatment.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that individuals with chronic medical conditions and a co-occurring SUD incur health care costs two to three times higher than those without.
- Washington State found that providing a full addiction-treatment benefit resulted in a Medicaid savings of \$398 per person, per month.

Beyond dollars and cents, we know that effective SUD treatment reduces crime, improves family stability, increases workforce participation, and saves lives.

That's why we are urging this committee to support the Burnes and Associates rate recommendations and automatic inflation adjustments, which are grounded in data and reflective of the true cost of delivering care. This is not just about funding treatment; it's about finally aligning Medicaid rates with the real-world costs of addressing one of the most complex and expensive public health challenges we face. Here is an overview of the recommended rates:

Service description	Unit of service	Current rate (w/ 1115 base rate)	Recommended rate	% difference
Comprehensive SUD assessment	Per Session	\$162.24	\$234.06	44.3%
Treatment coordination	15 min	\$15.02	\$37.13	147.2%
Individual therapy	60 min	\$86.53	\$140.27	62.1%
Group therapy	60 min	\$42.02	\$42.97	2.3%
Peer recovery support	15 min	\$15.02	\$28.43	89.3%
High-intensity residential	Per Diem	\$224.06	\$355.02	58.4%
Low-intensity residential	Per Diem	\$79.84	\$216.90	171.7%
WM clinically managed	Per Diem	\$400.00	\$375.91	-6.0%
WM medically managed	Per Diem	\$515.00	\$576.18	11.9%

Now is the time to do more with every dollar. Strategic investment in a full continuum of care for substance use disorders will not only serve those directly affected, but will return value across state systems—public safety, health care, education, and beyond.

Thank you for your consideration and for your continued leadership.





April 8, 2025

**Chair Mohamud Noor**

**Chair Joe Schomacker**

Minnesota House of Representatives

Saint Paul, MN

Dear Chair Noor and Chair Schomacker,

We are writing to express our deep appreciation for your continued leadership and support in addressing the critical issues of housing, homelessness, and sex trafficking across Minnesota. Your commitment to investing in the full continuum of services not only uplifts our most vulnerable populations but also builds a stronger, more resilient future for all Minnesotans.

Thank you for recognizing the importance of safe and stable housing, especially for our youth. As you know, the intersection of homelessness and sex trafficking puts young people at extreme risk, and your sustained investment in prevention, intervention, and recovery services has been vital in breaking cycles of exploitation and instability.

The support you have provided over the years has made a tangible difference. Your advocacy for trauma-informed care, emergency shelter access, transitional housing, and wraparound services has saved lives and empowered countless individuals to reclaim their futures. Continued investment in this continuum is essential to ensuring that no one falls through the cracks—and that our communities thrive.

We urge you to continue prioritizing funding and policies that center on the dignity, safety, and well-being of those impacted by homelessness and trafficking. Your leadership is deeply valued and makes Minnesota a model for compassionate, fiscally responsible, and forward-thinking governance.

Thank you again for your unwavering commitment and support. We look forward to seeing the positive impact of your efforts in the years to come.

With sincere gratitude,

Sincerely,

Corey Magstadt, Director, Youth Services Network representing our member organizations.



Evergreen  
Youth & Family Services  
Strengthening Youth. Preserving Families.

