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Dear Chair Moran:

On behalf of NAMI Minnesota, we would like to thank you for developing a strong human services policy bill that includes many important priorities for the mental health community. The provisions in this bill cannot wait another year, so we are very grateful to the efforts of the Health and Human Services Policy Committee to move forward with multiple policy bills.

We are especially grateful that you included HF 2898. This is the civil commitment bill that was developed in consultation with key community stakeholders to update the civil commitment chapter to reflect Minnesota's mental health system, develop new pathways for people with mental illnesses to voluntarily seek mental health treatment, and resolve frustrating inconsistencies in statute that lead to falling through the cracks of our system.

There are many other important provisions for the mental health system that NAMI Minnesota would also like to highlight:

- Requiring an initial foster care call between the foster and birth parents
- Coordinating a prenatal alcohol exposure screening for any child who enters foster care.
- Modifying the law governing Psychiatric Residential Treatment Facilities (PRTF) including removal of the prior-authorization requirement and improving billing practices.
- Clarifying that a child does not require case management in order to be eligible for respite care

While we hope that your final bill will include the updates to children's crisis teams and Youth ACT services in Sen. Abeler's omnibus bill, this human services omnibus policy bill is a significant, positive step for our mental health system.

NAMI Minnesota has worked very hard with DHS to reach a compromise on the Family's First Portion of the omnibus bill and we currently do not oppose this section of the bill. However, it is very important for everyone to recognize that more will have to be done next session to ensure that families voluntarily seeking residential mental health treatment are not forced into an intrusive and humiliating relative search and screening committees to access medically necessary care. The only way to avoid this is to replace Federal Title IV-E funds with state dollars.

As we look ahead to the final weeks of the 2020 legislative session, there will undoubtedly be additional, unexpected challenges for our mental health system. The needs for mental health and substance use disorder treatment are increasing and mental health providers face unique hurdles to providing care during the COVID-19 pandemic. Thank you for your support during this challenging time.

Sincerely,

Sue Abderholden, MPH  
Executive Director

Sam Smith  
Public Policy Coordinator