



April 11, 2020

To: Chair Michelle Benson, Senate Health and Human Services Finance and Policy Committee  
Chair Tina Leibling, House Health and Human Services Finance Division  
Chair Jim Abeler, Senate Human Services Reform Finance and Policy Committee  
Chair Rena Moran, House Health and Human Services Policy Committee

CC: Members of the Senate COVID-19 Working Group, and House and Senate HHS Policy and Finance Committees

Re: County Updates on Public Health and Human Services During the COVID-19 Pandemic

Thank you for your leadership during this historic time. Nearly every facet of Minnesota life has changed in the wake of the COVID-19 pandemic and we know that state leaders will continue to wrestle with solutions that minimize risk to health, safety, and the economy. County leaders are facing the same challenges and we want to provide you with an update on the impact on our public health and human services programs.

We all know the economic uncertainty this pandemic has brought to Minnesota families, as we have already begun to see more people turn to our state's safety net programs to meet basic needs during this difficult time. As counties, we administer the state-supported programs that seek to provide support at times like this to individuals and families experiencing job loss, food insecurity, and the mental anguish that goes along with it all.

County staff are on the front lines of critical support services and see unprecedented need. Our associations are working closely with the Minnesota Department of Health (MDH) and the Department of Human Services (DHS) to identify the most effective and efficient ways to meet these needs while balancing the health and safety of our workers. We are grateful for your work to grant additional flexibilities that allow us to provide uninterrupted assistance during these uncertain times.

As this public health crisis continues, counties have identified areas where additional state support is needed so that we can continue to support families and provide the best outcomes during this time and as our state looks forward to recovery.

#### **County worker support and flexibility**

Counties ask that lawmakers consider two key priorities to get county workers the support they need immediately to protect themselves while they continue to deliver services:

- Access to personal protective equipment (PPE) – Child protection workers responding to reports of maltreatment do not have the option of social distancing or video calls. In cases where a child is in danger, staff is responding immediately. Counties must be able to protect the health and

safety of staff and ask that the state add child protection workers to the priority list for PPE distribution.

- Availability of telepresence – The current system operated by DHS and MNIT provides a secure connection for counties, tribes, schools, and others but is only meeting a fraction of the needs because of limited capacity. This network allows counties to provide needed services including mental health services, directly observed therapy, or long-term services and supports assessments using secure video technology. Counties ask for your support to increase capabilities of this lifeline between the most vulnerable populations and our public health and human services agencies.

### **Flexible funds for local public health**

The role of public health will continue to evolve as we respond to COVID-19. Counties ask for continued support for:

- Staffing local emergency operations centers and ongoing communication outreach efforts.
- Planning and setting up alternative housing options for individuals needing isolation.
- Disease surveillance and contact tracking.
- Once a vaccine is developed, local public health will be charged with launching vaccination campaigns to ensure people are protected from the virus.

### **Homeless services**

Counties continue to provide ongoing housing and supports for individuals experiencing homelessness. Counties have stepped up when local shelters have closed, and when additional supports are needed to ensure social distancing guidelines can be followed. We ask the state to consider additional flexible funding for counties so that we can continue to provide these safety net programs that also help preserve our public safety and hospital resources.

### **Mental health supports**

Despite the state's best efforts to build capacity to deliver services through technology, we know that many individuals will struggle to meet their mental health needs during this pandemic. We are already seeing this in our counties, and we expect that individuals will need support in ways that we cannot anticipate as health and economic stressors continue to mount. The uniqueness of this pandemic puts added stress on many, especially those living with mental illness. Mental health providers are at risk of furloughing and losing employees as a result of these trying times, which will put additional pressure on an already strained system.

In order to meet the acute and unique mental health needs during this time, counties support additional flexible funding for the following mental health resources:

- Adult Mental Health Initiative grants – These grants allow counties to provide outreach activities and connect individuals with resources.
- Children's Mental Health Respite grants – These funds provide respite care services to families and caregivers of children with severe emotional disturbance.
- Mental Health Crisis grants – These grants support local services so that there is an immediate response in order to prevent hospitalization.

### **Investments in human services programs that support families**

Counties support investments in programs that will help families withstand and recover from the economic impacts of the public health emergency.

- **Emergency Assistance and Emergency General Assistance.** These funds go directly to help Minnesotans stay in their homes through utility and rent assistance. It is essential for communities to keep residents in housing at this time. The EA and EGA funds will help benefit both families and rental owners.
- **Parent Support Outreach Programs.** This assistance program supports a range of families' needs, including medical needs, crisis counseling, parenting help, food, clothing, and housing resources. This will enhance the well-being of children and families, ensure and maintain safety for children, and support families.
- **Child Care Assistance Program (CCAP).** Childcare assistance is critical to ensuring that parents can keep working. Unfortunately, the emergency flexibilities granted by the recent waivers to support childcare options also mean the existing funding for the program will run out more quickly.
- **Minnesota Family Investment Program (MFIP).** The above investments would dovetail well, without being duplicative, with proposed one time increases in MFIP to eligible participants. Any MFIP increase would help families with children meet their basic needs so they are supported in both cash and food assistance. These would ensure families can maintain stability, safe housing, and the infrastructure necessary to support them working.

### **Other county human services costs**

County costs related to COVID-19 response only exacerbate the pressure on already strapped budgets. Counties continue to be on the hook for state agency billing errors and policy implementation delays. This includes \$8 million in outstanding bills for substance use disorder billings as well as \$2 million related to lost Federal Title IV-E funds due to facilities that are out of compliance with background check requirements.

The state has recognized that DHS-operated mental health treatment facilities are being impacted by the COVID-19 epidemic, including admissions of new patients and the ability for county partners to find new placements for patients who do not meet medical criteria (DNMC). When patients at DHS-operated facilities no longer require inpatient care, they are typically discharged to continue treatment in an appropriate community-based setting. However, given the present public health emergency, a growing number of community-based providers are refusing to accept new admissions. State facilities are also experiencing staffing issues, as well as infection prevention and control measures that may require state facilities to further limit admissions. This creates an additional burden for counties, as current practice requires that the county-state cost share for DNMC placements shifts to 100% fiscal responsibility for counties. We ask that state operated facilities DNMC bills be waived for counties during the peacetime emergency. If individuals cannot be discharged due to COVID-19 related factors, the transition of those costs to counties are inappropriate – especially while counties are already being financially challenged by their current local emergency responsibilities.

Finally, there are two key policy proposals put forward by DHS that counties support and urge you to pass before the Legislature adjourns:

- Policy modifications to our state’s Qualified Residential Treatment Programs (QRTPs) are necessary to implement the Family First Prevention Services Act and continue Minnesota’s progress in building out a more robust child wellbeing system.
- Realignment of human services forecasting will allow counties to continue to provide critical intake services for individuals seeking substance use disorder treatment. Counties recognize that significant additional work needs to be done in the area of Substance Use Disorder Reform to improve access and appropriateness of services.

Thank you again for your leadership and attention to individual, family, and community needs during this trying time. As we navigate the weeks and months ahead, be assured that counties will continue to be your partners in serving Minnesotans.

Sincerely,



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Association of Minnesota Counties



Kari Oldfield, Executive Director  
Local Public Health Association



Matt Freeman, Executive Director  
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