



March 25, 2024

**To:** Chair Hoffman and Members of the Human Services Committee

**From:** Alzheimer's Association, MN/ND Chapter, AARP Minnesota, Mid-MN Legal Aid, Minnesota Elder Justice Center, Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities

**Re:** Support for Chair Hoffman's bill SF 4296 (Licensed assisted living facilities staff required training modification)

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Dear Chair Hoffman and Members of the Committee:

Our organizations are writing in strong support of Chair Hoffman's bill (**SF4296**) which protects vulnerable residents living in assisted living facilities by requiring training for all assisted living staff in mental illness and effective de-escalation techniques.

Trauma-informed care has become the required standard of care in skilled nursing facilities as directed by the Centers for Medicare and Medicaid Services (CMS). CMS has directed state survey agencies (like Minnesota Department of Health) to cite and fine skilled nursing facilities for harm caused through a lack of this training for staff. The Substance Abuse and Mental Health Services Administration (SAMHSA) has launched the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) as a free resource to skilled nursing facilities to support effective mental health support for residents.

Just as CMS has recognized the need for skilled nursing facility staff to be trained in effective support strategies and care planning for residents with mental illness, SF 4296 recognizes that assisted living facility staff need similar information. Many residents in assisted living facilities are not getting their mental health care needs supported. Residents report being provoked by staff (who often do not realize that is what they are doing), becoming upset, and then staff calling 911. Residents are sent to the hospital, and some residents are visited by police officers. Residents report that they often spend unnecessary days in the hospital because their assisted living facility does not want to let them back into their home. Not only does this contribute to the hospital decompression issue, but residents also experience additional trauma and worsening symptoms from experiences such as this. It can be a difficult cycle to break.

DHS reports that, in 2023, over 10,000 residents in assisted living facilities on Elderly Waiver and just over 7,500 residents in assisted living facilities on BI or CADL waivers have at least one mental illness related diagnosis. This number neither includes residents paying privately for care who have a mental illness related diagnosis nor residents with any payor source who may experience symptoms but do not have a diagnosis. The prevalence of residents who need effective support for mental illness symptoms is large and growing; staff need effective knowledge and skills to support resident needs.

The training requirements laid out in SF 4296 include appropriate de-escalation techniques, basic information about mental illness diagnoses and symptoms, medication interactions, suicide prevention, and trauma-

informed care. We think ensuring new staff have 8 hours of this training initially and 2 hours on an annual basis will better support residents, result in fewer 911 calls from assisted living facilities, and better support the staff who are asked to do this often difficult work.

Please support SF 4296. This is an important bill needed to support the growing needs of residents in assisted living facilities.

Thank you in advance for your support of this important legislation.