



## Minnesota Association of Community Mental Health Programs

Senator John Hoffman, Chair  
Human Services Committee  
Minnesota State Senate  
March 24<sup>th</sup>, 2025

Dear Chair Hoffman and Committee Members

On behalf of the Minnesota Association of Community Mental Health Programs (MACMHP), I am sending this letter in follow up on the March 19<sup>th</sup> hearing discussion regarding Senator Rasmusson's SF 2628.

I serve as a member of the Priority Admissions Task Force, representing one of the Task Force's legislatively mandated organizations. I have served on the Task Force since its creation in 2023 through present. As a member of the Task Force, I am confirming the agreement we came to for the final recommendations in the February 2024 and February 2025 reports. I was also part of the group of stakeholders who participated in the drafting and negotiating HF 4366 with Representative Edelson, which included hospitals, counties, sheriffs, county attorneys, DHS, DCT, NAMI Minnesota and community providers. We met together several times throughout the 2024 Legislative Session with Representative Edelson to work on the proposals in the bill as introduced and the bill's amendments. HF4366 was drafted and negotiated across many impacted and interested parties.

Following the hearing on March 19<sup>th</sup> this year, I received a communication from MACSSA, clarifying one of their county coalition's testifiers mis-stated his intended statement related to the Task Force Report's Recommendation 2 – to extend the sunset of the 48-hour rule two more years. I appreciate this clarification from MACSSA, and I am reaffirming the Task Force has an agreement on the recommendations, including extending the sunset two more years.

Regarding SF 2628, MACMHP has questions about the proposals regarding the charge of the priority admissions review panel under Section 7 –

- (1) evaluate existing mobile crisis programs and funding and make recommendations 7.2 to improve the quality and availability of mobile crisis services in the state;
- (3) evaluate existing intensive residential treatment services and make recommendations 7.7 to improve the quality and availability of intensive residential treatment services in the state;

For both of these charges, MACMHP is seeking clarity on goals for recommendations to improve quality and availability of mobile crisis and intensive residential treatment services (IRTS). Community mental health providers are core providers of both services. Like so many of our community mental health services, mobile crisis and IRTS are under-resourced and limited in their availability as a result. We would greatly appreciate the opportunity to share and build data to increase access. We would also be concerned if the quality of these necessary services and their providers came under scrutiny based on confounding factors – e.g. lack of workforce, adequate funding or complicated relationships between authorities and regulations.

MACMHP has been in communication with MACSSA. We appreciate their initial clarifications, and we are happy to continue collaborating with them on these proposals. We look forward to continuing this conversation, and we appreciate the committee's dedication to addressing our state's access mental health care.

Sincerely

Jin Lee Palen, Executive Director