

**Health & Human Services Policy Committee**  
**Thursday, August 5, 2004**  
**MCIT, St. Paul**  
**Minutes**

**Those in Attendance:**

**I. Call to Order – Commissioner Swede Nelson, Vice Chair:** Vice Chair Swede Nelson called the meeting to order at 9:05 a.m. Introductions were made around the room. Swede noted that Chair Sue Haigh regretted that she could not be here today as she had a long-planned family event that conflicted with the meeting.

- **Approval of March 24, 2004 Meeting Minutes:** William Montague made a motion to approve the March 24, 2004 minutes and Dave Norgaard seconded the motion. The motion carried.
- **Chair’s Remarks:** Swede Nelson remarked that this is the first of the meetings at which we will develop the 2005-2006 platform. There is a strong interest within AMC in being proactive rather than reactive with the legislature this session. Swede stated the importance of attending these meetings as well as subcommittee meetings (19<sup>th</sup> Aug. Social Services Subcommittee, 9-12 @AMC, Sept 8<sup>th</sup> Health Subcommittee, 9-12@AMC) to have an opportunity to discuss issues in depth. Patricia stated that she will send out notices on all meetings. Members can participate by conference call if unable to participate in person.

**II. Minnesota County Futures Project Update – Commissioner Margaret Langfeld, Chair:** Margaret reported that the Futures Committee has had one previous meeting and will meet this afternoon and tomorrow. She stated that it is a luxury to think about the future, as there are so many current challenges. She noted that change is inevitable, so why not be proactive. She reported that these concepts are being considered in other states as well. She noted the committee represents commissioners and some department heads from all parts of the state. The group is looking long-term; they probably will not have anything by this legislative session. She added that Kim Boyce and Toni Smith of Extension Services are facilitating the group. Margaret said the Committee welcomes thoughts and ideas and asked any member to e-mail thoughts to AMC or to her directly. This project has also been featured in the Minnesota Counties newspaper.

Mary Wellik stated that she is impressed with the broad and creative thinking of the committee, stating that the first session was very energizing. John Baerg commented that the issues being discussed may be controversial, but that that if you don’t like controversy, you shouldn’t be a county commissioner.

Amy Wilde stated that this year has really demonstrated that counties and cities need to take the lead. Dave McCauley commented on recent meetings that he and other AMC leaders have had with Representative Bradley and Senator Berglin in which they had good dialog about the coming session. This was an attempt to get beyond our usual “reactive” stance and seemed to be appreciated.

### **III. DHS Topics & Open Discussion – Loren Coleman, Assistant Commissioner for Continuing Care**

Loren Coleman thanked the committee for inviting him and said that he wanted to hear county perspectives regarding long-term care issues. First, however, he reviewed an outline of DHS priorities across the entire agency. He also mentioned that they are looking at waiver services, reducing disparities in access to services and the outcomes that they are measuring. Long-term care reform is not a new topic. Mr. Coleman then shared perspectives on shifts and changes in our society because of the large aging population. The timeline for needed expansion of services and changing consumers’ expectations is rapidly approaching. This brings challenges to DHS and counties. He noted that, although there is an initiative around aging called “2030”, we can’t wait until 2030. We need to be in a better position 5-10 years out.

#### **Themes:**

- Need to do a better job in preparing people for retirement – how can the state influence personal planning. The state is currently involved in studies on how to get people to plan;
- Acknowledge and recognize that solutions may be different because of geographic differences -- look at the service delivery system. Need to incorporate how communities need to be healthy in general. Broaden strategies and work with other agencies in long term care services;
- Continue to see nursing home beds decline – some of it is by design (goal of 5,000 beds closed/at 4000 now);
- Continue to see expansion of community based services. There is a 50/50 split of institutions/home services;
- In the early stages of rolling out consumer directed services in elderly waiver – won’t be statewide initially – will be phased in;
- Related efforts–chronic care management, disease management, best practices, etc. Trying to find what works in order to replicate and share information in a broad sense;
- Working with the MDH on various issues including a nursing home “report card” so consumers will have an easier way to evaluate and make decisions. There will be a model report card at the state fair for citizens to review and comment on;
- Recognize and value essential role of counties in long term care service delivery. DHS invites county participation in initiatives to provide services;
- Over the next several weeks, Loren has committed to travel around the state to meet with a cross section of community stakeholders to try to get a more direct assessment of how the long-term care initiative is going. Eight to ten meetings are currently being scheduled.

**Questions and responses on the following topics ensued:**

MDH nursing home survey process—Larry Larson commented on variation in how it is implemented in different parts of the state. Loren responded the Commissioner of Health has convened a task force to look at the survey process. There is more training going on with surveyors to understand what is more meaningful and to look at provider communications in a less confrontational manner.

Southwestern Minnesota has high percentage of elderly in the state and is dealing with these issues now.

Commissioner Amy Wilde stated that county commissioners in her area are following long-term care closely. Goals and purposes of long-term care are crossing at the legislature. There are increasing provider and reimbursement issues—health plans do not pick up the slack either. Loren noted we have to be honest that it is far more complex to manage services in a dispersed manner and bringing services to people's homes rather than an institution.

Partnerships:

Dave Rooney spoke about partnership strategies between state and county. He voiced the opinion that DHS partners more with the HMOs. In the long run, counties serve a critical role in case management, and HMOs will not do this in the same way. Contracts from HMOs to counties put government in a compromising position. Unless counties have the case management role, they cannot adequately protect their population.

Living at Home Block Nursing Programs:

Sharon Bring spoke about Marshall County in home block nursing home programs. She would like to see more funding from the state as they struggle to raise funds to serve this program.

Moving from state institutions to optional services

David Norgaard expressed concern regarding county shares of the ICFs/MR. Counties are concerned as to where the people are going to go and who pays for them long term. Loren commented that our society's values have changed in this regard—there is more acknowledgement that the institutional model is not always in the best interest of the individual. People are better cared for and healthier if they are able to remain in their community. The regional treatment model was to take the people to the service. The transition to the community based system is very challenging and building the community infrastructure is not escaping DHS and they are asking what the community sees as a need and they try to structure programs, funding, and services around that discussion.

Preserve Area Nursing Homes that desire to stay viable.

Greg Schoener, Redwing County, noted the importance of nursing homes as a community focal point for seniors: We need to find a way to preserve these facilities and adopt services to enhance them. It is not in our small communities' best interest for them to close. Loren stated that he agrees with this. We need a spectrum of services and in some areas; the local facility can help organize this.

Children's Services:

Jerry Soma noted concerns regarding regional delivery of children's services. The 2003 legislature created a CCSA grant, which consolidated 18 grants into one block grant. However, funding was cut by \$50 million for the biennium. Counties were informed that new money would be coming in the 2005 budget year to offset these cuts. There is concern that DHS is now stating that the funding will go to projects of regional significance only. Loren stated that he would carry this message back to the senior management team and the commissioner. He encouraged counties to have these discussions earlier rather than later to influence the process.

Budgets

Dave Norgaard commented that we appreciate the fact that the state budget was hard to balance. But we feel that it was done on the backs of human services. For eight years his agency has made cuts and strategized. They are down to the "razor blade" in budgeting.

Managed Care and County-base purchasing

Dave Erickson, Dodge County, expressed concern that two county-based purchasing counties may not be eligible to participate in county-based purchasing through the MA waiver any longer due to population changes. When we have a model that is working well, rather than looking at it as a source of revenue, we need to encourage it to continue to function well.

**IV. SCHSAC Update on Local Public Health Formula & Other Topics –**

**Commissioner Heather Robins, SCHSAC Chair:** Heather reported that she is the chair of the State Community Health Services Advisory Committee (SCHSAC) and of their Funding Formulas work group. They convened to consider both the bioterrorism and CHS grant formulas. CDC reduced total funding by 19.1% for the coming year for the bioterrorism and emergency preparedness grants. The work group recommended leaving the funding formula as is and wait for developments in the federal grant. Another change was that the CDC has decided that the large metropolitan areas are going to have a new set of responsibilities, which will partly be funded by taking funding out of the county grants across the nation. The funding has been based on the population of Minneapolis.

Now the work group is reviewing changes to the formula for the Local Public Health Grant, which totals \$31,245 annually. This formula was revised during the last legislative session, when the legislature consolidated several smaller grants. After some meetings, the work group has decided to go ahead and construct a new

formula based on various factors. These include both demographic and poverty factors. Under most scenarios, Ramsey and Hennepin will receive less money. This is true because they received more funds under a “pre-block” maternal and child health grant, which was since rolled into this larger, block grant. The larger, single agency counties gain, especially in the suburban ring. There is still agreement for moving toward a new formula, which reflects current needs. The group made suggestions for two additional formula runs to include: by population, minority population, square miles and divide up \$6 million according to child health and TANF. The recommendation is to phase in changes over 10 years.

Patricia commented that in the last session the majority of state and local public health funding was rolled together into one block grant and cut a lot—30% from all sources. The question then becomes, how do we figure out a better equitable way to distribute a whole lot less money?

Heather noted that SCHSAC is not asking members to take a position, but to be aware of and to communicate an understanding of these funding issues to fellow commissioners. Without additional new state or federal funding, this will be a big issue to continue to contend with.

Dave Harms brought up concern regarding desired outcomes. Will these outcomes be flexible enough for the “small guys” to meet? Heather answered that one of their recommendations was that a group be made up to talk about the requirements of the bioterrorism grant and to analyze the best way to use the money to get the best outcomes.

Jan Weissner expressed her appreciation for the process of this committee and hopes that they will stick to public health related-factors and that drive need in counties.

#### **V. MDH Topics & Open Discussion:**

- Assistant Commissioner Carol Wolverton spoke about the Department of Health reorganization process. She provided an organizational flow chart for members. Goals were to reduce the number of managers at the highest level of the agency, enhance collaboration, effectiveness, communication, and accountability. She said there were previously four bureaus; there are three now. They have reassigned central programs that were previously under the Deputy Commissioner (eliminated this position).

The largest changes are in the Community and Family Health Division, which have been merged from two divisions into one. She also noted efforts to gather and use public health information (MNPHIN), which is working through SCHSAC with assistance from LPHA.

Carol noted efforts to work toward identifying essential services. A SCHSAC work group has worked on 7 potential essential activities and they have posted

it on the web site for your review. MDH is asking for feedback from everyone who will be impacted by these final recommendations. This report will be evaluated at the end of August. This feedback is important to the final evaluation. She noted that the CDC is looking at accreditation of local public health departments and this will position Minnesota to better meet these standards.

**Assistant Commissioner Aggie Leitheiser:** Aggie gave an overview of the Health Protection Bureau. Environmental Health Division works with such issues as meth, lead screening in children, and the birth defect surveillance system.

She noted that we are still in the early stages of the West Nile stages. A case was publicized this week. The disease is moving very rapidly across the country. (Please use bug spray)

The Department is working with the Department of Agriculture at the federal level with e-coli from hamburger sold at Sam's Club stores. One half ton of hamburgers have been pulled from the market. She said there is increased use of radiated hamburgers in school lunch programs because of such events.

Refugees and immigrant health – there has been a decrease in refugees since 911. Hmong population has been coming in much more slowly than expected (2,000 total last year). This year there have been over 2000 refugees already this year.

She noted the bioterrorism/emergency preparedness grants and the newborn screening program funded by the legislature. She noted that the Department would be looking once again at emergency health powers in their legislative proposals.

**Department changes and legislative process – Assistant Commissioner Doug Stang:** Doug Stang introduced himself, stating that he was a four-term legislator from Stearns County. He expressed condolences on former Commissioner Rose Arnold's death and commented on the good work she had done. Mr. Stang described his responsibilities in legislative affairs and health policy and regulation. He said the Department's goal is to create a system in which the legislature is very well aware of issues and concerns right from the beginning. Our legislators need education on our issues and relationships need to be built.

MDH Legislative goals for next session:

- emergency health powers
- the budget – going through a very rigorous dept. budget reduction
- long term care reform
- sex offender issue – nursing home facilities

PH informatics: E-health initiative. There is a work group that is beginning this process. This is a 10-year plan. We use our technology to better share information. Hospitals can locate your health records quickly.

**Jane Norbin, Ramsey County:** Jane commented on the huge responsibility county commissioners have and commended members for taking this on. She then spoke about the public health emergency preparedness program at the local level. Naturally occurring diseases pose great risk such as flu, SARS, and other unknown diseases. Keeping communities safe from communicable diseases is as important as safety from violence. Jane expressed concern over the crumbling infrastructure of public health throughout the state; and the preparedness of the government system. If a disease breaks out in a metro area, people will run to a less populated area and potentially could spread the disease there. She voiced the perspective that all have to pay for the protection that we expect.

**Questions and Comments ensued:**

Larry Larson –reiterated his earlier question about how we can improve consistency of surveying. Doug Stang said MDHS is putting together a list of recommendations in how to improve the survey teams.

Heather Robins – asked Carol Woolverton if organizational streamlining has resulted in cost reductions at the state level? Carol stated that with the deputy commissioner position down, 2 div. directors down, and down 1 assistant commissioner with this administration, costs will likely decrease.

She also asked Doug Stang if E-health project something you will be asking for funding for at the legislature? Doug stated that specific funding items have not been identified at this point.

Laura LaCroix: Last year Mandernach expressed interest in SCHSAC working with MDH on legislative issues – any word on when this process will begin? Carol stated that the commissioner has talked about putting a group together and as far as she knows, that is still the plan.

**VI. Election of Chair and Vice Chair:** Swede commented that Sue Haigh is the current chair of the Committee. As this is her first year, Swede asked for a motion to reaffirm Sue. Larry Kittelson moved affirmation and Larry Larson seconded the motion. The motion carried. Swede noted that the Vice Chair would generally move up to the chair's position after this year. This year, we need to elect someone to take this position for one year as Swede has been elected chair of his district and he does not feel it is appropriate to do both. He declared the floor open for nominations: Both Dave Norgaard and Heather Robins nominated Amy Wilde.

John Baerg motioned, Dave Norgaard made the second to close nominations. Carried. Amy thanked the members.

---Lunch---

**VII. 2005-2006 Platform Development:** Chair Nelson said this is our first opportunity to discuss our issues for the 2005-2006 Legislative Session. Patricia spent a few minutes highlighting the process. The next time this committee meets, draft positions will have been formulated. She said we are trying to move into a more proactive approach to action items for the next session. Patricia stated that there are three basic parts to the AMC legislative agenda: action items, policy positions, and principles. We will spend most time today on areas which are potential action items.

Patricia reviewed a timeline, summary of legislative actions over the past two years, and issues identified at the spring AMC district meetings.

Swede asked members to rank their first, second, and third priority issues on flip chart paper around the room, using red, blue, and green dots, respectively. Rising Health Care cost, meth issues, and long-term care issues were identified as having the most dots (see attached summary for more detail).

She asked for additional items not included as a result of this process. .

The following issues were identified:

- Pros and cons of shifting of case management to HMO? (Heather)
- Expand discussion on meth issues to go beyond law enforcement and welfare costs (Terry Sluss) Psychosis and treatment issues in particular
- Health care costs in general in incarcerated persons -- there's a higher level of unhealthy people being seen in the system

Swede then directed the members to write responses to the following question on separate post-it notes: *"If there were two things the legislature could do to improve services from counties' perspective [in any area identified on the wall or "other" area], what would they be?"*

Members posted their responses. Patricia noted this information would be summarized and shared with the members next week. It will form the basis for more discussion and prioritization of legislative agenda at the subcommittee meetings, and at September Policy Committee meeting.

**VIII. Update on Mental Health Action Group (MHAG) – Patricia Coldwell:** Patricia stated that this is a group that was formed about a year ago to be a public/private partnership to look at how to make changes in the mental health system to improve services to people. She gave an overview of their priority recommendations

(handout). They are now in Phase II, focusing on the specifics of these issues. Gail Dorfman is the AMC representative on this group. Peg Heglund is on the group representing MACSSA. There are numerous working groups with many county representatives involved. The county representatives recently met to review progress and solidify positions. In particular, two changes being proposed are moving to a regional model for mental health services and establishment of a consolidated mental health fund, like that of the consolidated chemical dependency treatment fund. Bob Meyer, member of one of the action teams, said the work group on fiscal issues, which has discussed the consolidated fund, is heavily represented by the health plans. They favor the consolidated model but do not want to include private funds in the mix. He asked members to let him or others (Peg, Gail, Patricia) know of concerns and ideas so they can be relayed to the MHAG.

#### **IX. Other Business:**

Paul Fleissner, MACSSA Legislative co-chair, reported on MACSSA's platform process. He said that they have been looking at positions that are proactive and fit into the AMC platform.

He also gave an FMAP (Federal Medicaid program) update: the percentage that we match on medical assistance in the state. Our match was lowered by 2.5 percent, U.S. Senate -- \$80 million relief, U.S. House/120 million relief for Minnesota.

Swede reminded everyone of the following meetings:

- **Social Services: August 19, 9-12, AMC**
- **Health: September 8, 9-12, AMC**

Amy Wilde, Vice-chair, thanked Swede for chairing the meeting. Amy commented on how services are not noticed until they are not done, that's why we're here.

Meeting adjourned at 2:00.

**AMC Health and Human Services Policy Committee  
Priority Issues and Suggested Action Steps  
[Based on Spring '04 AMC District Meeting Discussions  
and August 5 Policy Committee Meeting Ranking]**

<b>Issue</b>	<b>Total</b>	<b>High (3)</b>	<b>Medium (2)</b>	<b>Low (1)</b>	<b>Total weighted</b>
Rising health care costs and lack of access to health care	16	7/21	4/8	5/5	34
Failure to make investments that will result in future cost savings and societal benefit	9	2/6	4/8	3/3	17
Increased jail and corrections costs resulting from stiffer sentencing of sex offenders and others	2	2/6	0	0	6
Increasing aging population and need for community systems to support	11	3/9	4/8	4/4	21
Tribal issues re: child protection	0	0	0	0	0
Child care provider issues	2	2/6	0	0	6
Meth use	15	4/12	11/22	0	34

issues, esp. effect on law enforcement and child welfare costs					
Mental Health issues	11	3/9	2/4	6/6	19
Availability of community providers as budgets tighten	1	0	1/2	0	2

**Action Steps Suggested:**

Rising health care costs and lack of access to health care	<p>Change eligibility for health care coverage to cover more people [to reduce premium increases resulting from more acute care]</p> <p>Focus on health behavior, preventive health; proper and timely billing between health care facility, Medicare and insurance</p> <p>Raise tobacco tax to help pay for increased medical and health care costs</p> <p>Regulation of health plan administrative costs--keep local access open by preserving nursing home beds in smaller communities; the only direct link for health care services for some seniors</p> <p>Raise liquor tax to help pay for increased health care costs</p>
Failure to make investments that will result in future cost savings and society benefit	<p>Increase funding for education</p> <p>Raise cutoff for health insurance for low income families</p>

<p>Increased jail and corrections costs resulting from stiffer sentencing of sex offenders and others</p>	<p>None noted</p>
<p>Increasing aging population and need for community systems to support</p>	<p>Give incentives for long term care insurance; or partial payment for long term care insurance (e.g., 50% of cost under 15k/ann. Provide more \$ for home-based services for the elderly Connect the current work done by regulatory boards.</p> <p>Make the system more unified and livable for the whole state</p> <p>Use current facilities (e.g., nursing homes, hospitals,) to address community based concept</p> <p>Develop/encourage people to choose health care as a vocation.</p> <p>Put some \$ from savings from nursing home bed closures into community-based services for elderly and disabled including 1) better reimbursement for home care/services and 2) adequate funding for county case management costs, which are higher w/HCBS than just placing in nursing homes</p> <p>Reevaluate long-term care programs for the elderly-make more uniform and simplify the eligibility and scoring used fo re-eligibility. Stop the pilots until we have better handle on what's happening. Build for the future. Evaluate case management function.</p> <p>Make sure funding is available at a sustainable rate rather than a catch-up rate to meet aging population needs.</p> <p>Get rid of duplication at various levels (counties, AAAs, cities, extension, etc.</p> <p>Limit funding from feds and state for programs far removed from users (e.g., large regional pots run by region instead of locals close to the situation which are most cost-effective; e.g., Foster Grandparents, RSVP, senior companion.</p>

	<p>Funnel more to LAH/BNP programs—more sustaining than community service grants—no one can provide a better service than someone in their own area—low admin \$--good network fo volunteers and state, local county funding.</p>
<p>Tribal issues re: child protection</p>	<p>None noted</p>
<p>Child care provider issues</p>	<p>Provide child care funds for highest need families; provide funding for families who are trying to improve themselves.</p>
<p>Meth use issues, especially effect on law enforcement and child welfare costs</p>	<p>Health insurance for persons incarcerated would be less expensive than current system</p> <p>Make funding available for long term treatment (12-15 months, continuum of in-pt to work programs (pilots); research-based meth treatment and cleanup (DSAT, Matrix models) <i>[similar comments noted several times]</i></p> <p>Coordinate statewide collaboration efforts in community education</p> <p>Provide funding for out-of-home placements when caused by meth-related issues.</p> <p>Support and fund more community corrections facilities</p> <p>Funding to help defray cost of cleanup (maybe match?) <i>[noted several times]</i></p> <p>Design statewide studies for best practice for prevention and treatment</p> <p>State ordinance</p> <p>Coordination between agencies</p> <p>Target parents of children in child protection.0 Prevention funding 111</p>

<p>Loss of prevention-based activities, especially for youth and families</p>	<p>Continue support and funding for children’s mental health/education/social service collaboratives—they work!</p> <p>Statewide registry for child immunity “slots”</p> <p>Less cost to give slots to kids that have slots but no record</p> <p>Raise tobacco tax to help pay for increased Medicaid and health care costs</p>
<p>Mental Health issues</p>	<p>Support mental health as part of corrections and sentencing</p> <p>Focus on reforms and work being done by regional adult initiatives rather than health plans</p> <p>Recognize community based services are being developed and improved by the initiatives</p> <p>Pregnant women w/mental health issues are using chemicals/alcohol, need to be directed by a judge throughout the state to get help or not use for healthy babies—some women need to be mandated to follow judge’s orders</p>
<p>Availability of community providers as budgets tighten</p>	<p>None noted</p>
<p>Other</p>	<p>Utilize revenue solutions to balance the budget</p> <p>Restore Tier II funding</p> <p>Coordinated mandate relief</p> <p>Remove 10% ICF/MR cost</p> <p>Rebase dd waiver</p> <p>[Don’t?] Shift case management to hmos</p> <p>Fund CCSA the new \$25 m rather than Projects of Regional Significance</p>