



# BELTRAMI COUNTY

## WORK MEETING AGENDA

Beltrami County Board of Commissioners  
January 7, 2025  
4:00 p.m.

Meeting to be Held in the County Board Room  
County Administration Building, 701 Minnesota Ave NW  
Bemidji, MN

A link to the [livestream](#) will be available on the Board Meeting Agendas and Minutes page of the County Website.

1. Call to Order – 4:00 p.m.
2. Introduction of New Employees
3. Identify Future Work Meeting Topics
4. Legislative Platform Discussion with Representatives – 4:05 p.m. [pg. 1](#)
5. MRC Membership – 4:45 p.m. [pg. 7](#)
6. Administrator's Update – 4:50 p.m.
7. Other Business Items – 4:55 p.m.
  - a) Review Bills
8. Review Agenda for the January 7, 2025 Regular Board Meeting
9. Adjourn – 5:00 p.m.



Date: January 7, 2025  
Beltrami County Commission

WORK MEETING AGENDA BILL

**SUBJECT:** Legislative Discussion

**RECOMMENDATIONS:** Discuss the County's Legislative Platform with State Representatives

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**DEPARTMENT OF ORIGIN:** Administration

**CONTACT PERSON:** Tom Barry, County Administrator 218-333-4109

**DATE SUBMITTED:** December 30, 2024

**CLEARANCES:** Administrator

**BUDGET IMPACT:** N/A

**ATTACHMENTS:** 2025 Approved Legislative Platform

**SUMMARY STATEMENT:**

The 2025 Minnesota Legislative Session starts January 14, 2025. The County has identified nearly a dozen legislative priorities in its 2025 Legislative Platform. Several of these legislative priorities are critical to the County and will likely require additional spearheading at the State Capitol. The Board has invited local area legislators to attend the Work Session. The County will share its Legislative Platform and priorities and hopes to learn more about the upcoming Legislative Session.



## 2025 State Legislative Platform

### Summary Overview:

*In No Particular Order*

- 1) **State Bonding Bill** – Request the Legislature include the Northwest Regional Demolition Waste Hub and Spoke System in the next Bonding Bill.
- 2) **Behavioral Health Continuum of Care** – Requesting legislative investments and direction provided to the Minnesota State Department of Human Services, Department of Youth and Family Services and Direct Care and Treatment to improve Minnesota’s mental health and developmental disabilities continuum of care.
- 3) **Cost Share for State Direct Care and Treatment Facilities** – Request updating and overhauling the State Direct Care and Treatment Division system and funding requirements which disadvantages and heavily burdens counties.
- 4) **Elimination of the County Share of the Behavioral Health Fund** – Due to State Substance Use Disorder (SUD) Reform and changes to access and financial controls, Counties should no longer be financially responsible for a county share in costs that are paid through the Behavioral Health Fund.
- 5) **Legislative Changes with Unfunded Financial Impacts to Counties** – Health and Human Services Perspective: County systems can no longer absorb legislated workloads without the necessary funding for implementation and sustainability.
- 6) **Health and Human Services Systems Transformation and Modernization** – Requesting support and funding to offset the County’s cost of implementation of new State-provided technologies.
- 7) **Child Protection Opioid Response Allocation** - Restore lost funding to county and tribal social service agencies to provide prevention and child protection services to children and families who are affected by addiction.
- 8) **Transportation** – Support continued comprehensive transportation funding that includes new revenue for roads and bridges.
- 9) **Solid Waste** – Beltrami County supports continued comprehensive funding for managing solid waste statewide as well as increased product stewardship among manufacturers, retailers, and consumers with an emphasis on Extended Producer Responsibility.
- 10) **Housing** – Support housing funding initiatives that address housing shortages and affordability.

## 2025 Legislative Platform Details

### 1) State Bonding Bill

The Minnesota Pollution Control Agency has a goal to close all unlined demolition landfills in the State. Beltrami County has an unlined landfill that is expected to be closed (not reissued a permit). Beltrami County has worked with a coalition of 8 other counties to study the options. A “Hub and Spoke” concept was determined to best meet the new MPCA rules and county needs. The 9 County Coalition has submitted a request for bonding to help pay for the \$67 project. Beltrami County respectfully requests that the State Legislature include the NW Regional 9 County Demolition Waste Hub and Spoke project in its State Bonding Bill. If funding through bonding is unavailable to support projects like this, then Beltrami County opposes any rule changes that are unfunded mandates. Counties can’t take on this additional burden on their own. Beltrami County is the second poorest County in the State of Minnesota with a poverty rate near 20%. Only 1/3 of the land within the County’s jurisdictional limits is taxable. We simply don’t have the funds for these types of state mandated regulatory closures.

### 2) Behavioral Health Continuum of Care

Beltrami County Health and Human Services supports legislative investments in enhancing Minnesota’s mental health and developmental disabilities continuum of care for both children and adults so that it appropriately serves those most in need of care. Increased state funding and regional investments are needed to address gaps in Minnesota’s mental health infrastructure to ensure that appropriate and culturally competent services are available for children and adults with high needs. Minnesota’s mental and behavioral health infrastructure must include crisis stabilization and rehabilitation services, along with ongoing community support services to ensure placements in jails and emergency rooms are limited.

The State of Minnesota must develop a sufficient state-operated safety net of mental and behavioral health facilities that meet the needs of members of our communities that are disproportionately impacted when our current services are insufficient. Necessary facilities and services with an appropriate level of care include Minnesota State-Operated Community Services (MSOCS), Child and Adolescent Behavioral Health Hospitals (CABHH), crisis beds, high acuity placements, and both secure and non-secure therapeutic treatment options for adults and children involved with the criminal justice system. Beyond these inadequacies, forensic beds continue to be limited in Minnesota and individuals remain “stuck” in beds that are inappropriate for their needs but unable to move because there is not an appropriate facility bed available. While there has been legislative pressure to expand access there is still insufficient availability to the continuum of care this population requires and counties continue to bear the costs associated. Bonding dollars should be leveraged to support local government and state-run facilities when developing, building, or remodeling facilities, in addition to providing adequate programming dollars to ensure facilities are appropriately staffed in the current workforce shortage. Counties need supplemental funding sources for costs associated with the lack of appropriate care facilities that result in exorbitant placement costs to serve this population.

**3) Cost Share for State Direct Care and Treatment Facilities**

Counties are billed 100% of the cost of care when an individual no longer meets medical criteria for hospitalization and are housed in most state-run facilities, yet counties are often powerless to move the individuals to their next bed due to the lack of beds and funding for programming. Further, individuals now needing a hospital bed as a result of commitment cannot be served because there are no beds available (those beds are occupied by individuals who should have been moved to a forensic bed). One of the results of this is individuals who are mentally ill are being stuck in a jail cell or in a community placement that does not meet their needs. Currently, Minnesota's safety net appears to be hospital emergency rooms, jails, and other inappropriate settings. We need to plan for a more coordinated, efficient, person-centered way to meet the needs of our residents. We can no longer afford to ignore the need for more beds in multiple areas of the mental health system including Direct Care and Treatment. Minnesota Statutes, section 253B.18, subdivision 1 (b), requires "once a patient is admitted to a treatment facility pursuant to a commitment under this statute, treatment must begin regardless of whether a review hearing will be held under subdivision 2 . . ." If this appropriate bed is not available, counties are not able to move the individual to an appropriate bed; yet, under current statute, counties must pay 100% of the cost of care until the Department of Human Services frees up a bed. Minnesota Statutes, section 246.54, provides for a provision to charge the county for 100% of the cost of care when the facility determines it is clinically appropriate for the client to be discharged. Last year Legislation improving this situation passed (SF2934) and was signed into law as Chapter 61. The language is in article 8, Section 5 and 6. Unfortunately it was limited to the effective date of July 1, 2023, forward to June 30, 2025. Beltrami County is asking that this legislation be made permanent and expanded to any bills in which the inability to move a client from one state-run facility to another state-run facility is specifically due to the lack of beds in the state-run system.

**4) Elimination of the County Share of the Behavioral Health Fund**

Substance use disorder reform was passed during the 2017 legislative session. Substance Use Disorder (SUD) reform seeks to transform the service continuum from an acute episodic model to a chronic and longitudinal model. This reform establishes a specific model of "Direct Access." The "Rule 25" process has been the method for eligible people to access publicly paid SUD treatment services in Minnesota and has been since the late 1980s. Effective July 1, 2022, comprehensive assessments replaced the Rule 25 assessments, and the Rule 25 process is now obsolete. Counties and Tribes cannot authorize treatment services using this process as of July 1, 2022. Those counties who can meet the credentialing requirements to provide services will do so as providers. Counties must accept financial responsibility for individuals eligible for SUD treatment and maintain a cost share up to 22.95% under the Behavioral Health Fund (which replaces the Rule 24 funds) as payor only, counties and are no longer in a decision-making role, yet currently under statute remain financially responsible for eligible clients. Use of the Behavioral Health Fund has opened to also fund SUD treatment to persons needing access to SUD treatment while confined to local jails. While this is a positive step to assist people in finding health, it has increased usage of the fund and has magnified the complexities of determining county of financial responsibility in the process. Individuals themselves are confused about what county is responsible for their care as many are experiencing homelessness or are in transition at the time, they need treatment. Due to SUD Reform and changes to access and financial controls, Counties should no longer be financially responsible for a county share in costs that are paid through the Behavioral Health Fund. It would be a more equitable

approach to streamline the process of determining eligibility to assure it is determined consistently across the state. This streamlined process could be implemented more easily if the task of determining the county of financial responsibility and the county cost share was eliminated.

**5) Legislative changes with Unfunded financial impacts to counties: Health and Human Services Perspective**

Legislation continues to pass that increases county health and human services workloads with no associated funding. Counties cannot continue to absorb additional work that is legislated without staff to do the work and funding to support those staff. The continued disregard for what it takes to fulfill legislative requirements that are passed will strain counties budgets and will not meet the philosophy of the legislated changes due to lack of staff and financial resources.

Here are two examples from the last legislative session affecting HHS:

- **African American Family Preservation and Child Welfare Disproportionality Act:** This legislation passed during the 2024 legislative session with no additional funding for counties to cover the additional workload required by the legislation. While Beltrami County already performs “active efforts” for a large percentage of cases due to ICWA/MIFPA, this legislation requires additional documentation and oversight that we and most counties are not staffed to provide. This legislation will impact nearly all child protection cases in Beltrami County. This bill goes into effect 7/1/2027 so we have time to advocate for changes in the legislation or related funding in upcoming sessions.
- **Age of Criminality:** The age at which a child can enter the juvenile justice system used to be age 10 and was legislatively changed to age 13 during the 2024 session with the change going into effect 8/1/2026. This means that those youth between 10 and 13 who commit a crime will be diverted to the child protection system instead of the juvenile justice system. A placement in a correctional facility will no longer be an option, only placement in a mental health facility or a family foster care setting will be allowed. Unfortunately youth mental health placements are limited and likely a youth that has committed a substantial crime will be extremely challenging to place in foster care. There are no funds to support the added case load this will result in for county HHS agencies nor any funds to develop more facilities that would adequately serve this population.

**6) Health and Human Services Systems Transformation and Modernization**

Beltrami County Health and Human Services supports major state investment in systems transformation and modernization – which must include appropriate county collaboration, oversight, and guidance – to achieve efficient service delivery in health and human services. Counties rely on the state for statewide technology infrastructure in health and human services. Too many of our current statewide systems operate on antiquated technology platforms that are inefficient and burdensome for county staff. These technological shortcomings, plus cumbersome and inefficient administrative rules, and requirements, prolong administrative work and create roadblocks for county workers which compromises productivity and adds costs to counties. Even given improvements to systems like METS, the efficiency and effectiveness of the system and its lack of interconnectivity with other data and technology systems makes the work done at the county level more difficult, time-consuming, and costly. Counties need our state systems to be flexible, nimble, and responsive to our community’s needs; significant investment and improvement in the modernization process at the state is needed. Minnesota needs to prioritize modernization projects that improve user experience and reduce the



administrative burden for case workers and the people they serve. Counties need a stronger voice in modernization decisions by the state. Counties need access to their data in real time and they must have the ability to disaggregate data (break it up by county) to analyze their local performance. The state must allocate a portion of state transformation funds and enhanced federal funding to counties for local innovation efforts and to offset the county cost of implementation of new state-provided technologies. The state must also invest funds into technology enhancement projects that allow all counties to participate. When only counties that can fund projects are allowed to participate that creates inequities across the state.

#### **7) Child Protection Opioid Response Allocation**

During the 2024 legislative session the Minnesota legislature expanded the funding allocation to allow for additional projects and programs to be funded by this funding source. This reduced the funding amount available to support county social service agencies to provide prevention and child protection services to children and families who are affected by addiction. Beltrami County has some of the highest rates of drug overdose deaths in the state, was recently designated a High Intensity Drug Trafficking Area by the federal government and has almost a 10X higher rate of neonatal abstinence syndrome than the rest of the state. Families in Beltrami County need the support that has historically been provided by this funding stream to reduce disparities in the child protection system and keep children with their families whenever possible. An announced reduction of 81% after county budgets were set for 2025 is not something Beltrami County is able to accommodate. Those most affected by this funding loss will be vulnerable families and children in an area of the state that's statistics show desperately need this funding.

#### **8) Transportation**

Beltrami County supports continued transportation funding through bonding for programs including: Local Bridges, Local Road Improvements, Greater MN Transit, Safe Routes to School, Active Transportation and Local Road Wetland Replacement.

#### **9) Solid Waste**

Beltrami County supports continued comprehensive funding for managing solid waste statewide including:

- Allocating 100 percent of the Solid Waste Management Tax revenue to State and county waste management activities
- Increasing funding for SCORE Grants to counties
- Funding bonding requests for waste management projects like the 9 County Hub and Spoke Demolition Landfill Project

Beltrami County also supports the Solid Waste Administrators Association Legislative Policy Platform which includes increased product stewardship among manufacturers, retailers, and consumers with an emphasis on Extended Producer Responsibility (EPR). EPR includes producer-led programs that reduce a product's life cycle impacts from design through end-of-life management.

#### **10) Housing**

The County supports legislative proposals aimed at addressing housing shortages and affordability issues through additional State investments as well as the creation of financing mechanisms from the State, including tax credits, to incentivize private investment in housing infrastructure.



Date: January 7, 2025  
Beltrami County Commission

WORK MEETING AGENDA BILL

**SUBJECT:** Minnesota Rural Counties (MRC) Membership

**RECOMMENDATIONS:** Discuss MRC and Determine Next Steps

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**DEPARTMENT OF ORIGIN:** Administration

**CONTACT PERSON:** Tom Barry, County Administrator      218-333-4109

**DATE SUBMITTED:** December 24, 2024

**BUDGET IMPACT:** \$2,900 Annually

**ATTACHMENTS:** None

**SUMMARY STATEMENT:**

The purpose of MRC is to focus on issues that affect rural communities and to amplify the collective voice in advocating for solutions that address rural Minnesota. Beltrami County was once a member of MRC but withdrew several years ago. In 2024, the Board authorized joining MRC once again to reevaluate its applicability and effectiveness.

Having been a member for the past year, the Board should determine if it wants to remain a member going forward. MRC is an affiliate of AMC, to which the County already belongs. The cost to join MRC is additional to AMC dues and would be \$2,900 annually.