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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 359

02/04/2013 Authored by Laine, Dorholt, Fischer and Yarusso

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

02/14/2013 Adoption of Report: Pass and re-referred to the Committee on Early Childhood and Youth Development Policy

02/25/2013 Adoption of Report: Pass as Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to human services; modifying case management services; appropriating
1.3 money for children's mental health awareness, training, and services; amending
1.4 Minnesota Statutes 2012, section 245.4881, subdivision 1.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2012, section 245.4881, subdivision 1, is amended to read:

1.7 Subdivision 1. **Availability of case management services.** (a) The county board
1.8 shall provide case management services for each child with severe emotional disturbance
1.9 who is a resident of the county and the child's family who request or consent to the
1.10 services. Case management services ~~may be continued~~ must continue to be provided
1.11 for a child with a serious emotional disturbance who is over the age of 18 consistent
1.12 with section 245.4875, subdivision 8, if requested by the child or child's family. Before
1.13 discontinuing case management services under this subdivision, a transition plan must
1.14 be developed prior to the child's 18th or the young adult's 26th birthday. The transition
1.15 plan must be developed by the child or young adult, and with the child or young adult's
1.16 consent, the parent, guardian, or legal representative of the child or young adult. Staffing
1.17 ratios must be sufficient to serve the needs of the clients. The case manager must meet the
1.18 requirements in section 245.4871, subdivision 4.

1.19 (b) Except as permitted by law and the commissioner under demonstration projects,
1.20 case management services provided to children with severe emotional disturbance eligible
1.21 for medical assistance must be billed to the medical assistance program under sections
1.22 256B.02, subdivision 8, and 256B.0625.

1.23 (c) Case management services are eligible for reimbursement under the medical
1.24 assistance program. Costs of mentoring, supervision, and continuing education may be

2.1 included in the reimbursement rate methodology used for case management services under
2.2 the medical assistance program.

2.3 **Sec. 2. CHILD AND ADOLESCENT BEHAVIORAL HEALTH SERVICES.**

2.4 The commissioner of human services shall, in consultation with children's mental
2.5 health community providers, hospitals providing care to children, children's mental health
2.6 advocates, and other interested parties, develop recommendations and legislation, if
2.7 necessary, for the state-operated child and adolescent behavioral health services facility
2.8 to ensure that:

2.9 (1) the facility and the services provided meet the needs of children with serious
2.10 emotional disturbances, autism spectrum disorders, reactive attachment disorder, PTSD,
2.11 serious emotional disturbance co-occurring with a developmental disability, borderline
2.12 personality disorder, schizophrenia, fetal alcohol, brain injuries, violent tendencies, and
2.13 complex medical issues;

2.14 (2) qualified personnel and staff can be recruited who have specific expertise and
2.15 training to treat the children in the facility; and

2.16 (3) the treatment provided at the facility is high-quality, effective treatment.

2.17 **Sec. 3. PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY LICENSURE.**

2.18 The commissioner of human services shall establish a work group made up of
2.19 children's mental health providers and advocates to develop standards for psychiatric
2.20 residential treatment facility licensure.

2.21 **Sec. 4. APPROPRIATIONS.**

2.22 Subdivision 1. **Children's mental health crisis services.** \$..... for the fiscal
2.23 year ending June 30, 2015, is appropriated from the general fund to the commissioner
2.24 of human services for children's mental health crisis services under Minnesota Statutes,
2.25 section 256B.0944. Funds must be used to expand services to additional counties and
2.26 tribes, and to provide training on mental illnesses in children, the family perspective,
2.27 and resources for children with mental illnesses to teams that utilize one team to serve
2.28 both children and adults.

2.29 Subd. 2. **Mental health first aid training.** \$45,000 for the fiscal year ending June 30,
2.30 2015, is appropriated from the general fund to the commissioner of human services to train
2.31 teachers, social service personnel, law enforcement, and others who come into contact with
2.32 children with mental illnesses, in children and adolescents mental health first aid training.

3.1 Subd. 3. **Respite care.** \$..... for the fiscal year ending June 30, 2015, is
3.2 appropriated from the general fund to the commissioner of human services to provide
3.3 respite care to families who have children with serious emotional disturbances.

3.4 Subd. 4. **Community health worker training.** \$15,000 for the fiscal year ending
3.5 June 30, 2015, is appropriated from the general fund to the commissioner of human
3.6 services for training of community health workers under Minnesota Statutes, section
3.7 256B.0625, subdivision 49, on mental illnesses in children and adults.

3.8 Subd. 5. **School-linked mental health services.** \$5,000,000 for the fiscal year
3.9 ending June 30, 2015, is appropriated from the general fund to the commissioner of
3.10 human services.

3.11 (a) \$..... for children's school-linked mental health services, two FTEs in the
3.12 children's Mental Health Division, and consultation services to certain school districts. At
3.13 least 25 percent of the new funding must be targeted to providers that can serve schools with
3.14 the highest percentage of special education students in the EBD category, high poverty, or
3.15 high use of prone restraints. The commissioner must distribute grants to rural and urban
3.16 counties. The commissioner shall require grantees to utilize all available third-party
3.17 reimbursement sources before using state grant funds. A third-party reimbursement source
3.18 does not include a public school within the meaning under Minnesota Statutes, section
3.19 120A.20, subdivision 1. The commissioner may not require a public school to incur any
3.20 additional financial obligations as a result of a grant under this paragraph.

3.21 (b) \$..... for two FTEs hired in the children's Mental Health Division to manage
3.22 the grants.

3.23 (c) \$..... for the commissioner to provide consultation to school districts that do
3.24 not have school-linked mental health services grants and that want to collaborate with a
3.25 community mental health provider.