

**SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION**

S.F. No. 709

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DATE	D-PG	OFFICIAL STATUS
02/08/2021	275	Introduction and first reading Referred to Human Services Reform Finance and Policy See HF2128, Art. 13, Sec. 55

1.1 A bill for an act

1.2 relating to human services; modifying eligibility, training, and service requirements

1.3 for intensive nonresidential rehabilitative mental health services; amending

1.4 Minnesota Statutes 2020, section 256B.0947, subdivisions 2, 3, 5, 6.

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

1.6 Section 1. Minnesota Statutes 2020, section 256B.0947, subdivision 2, is amended to read:

1.7 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings

1.8 given them.

1.9 (a) "Intensive nonresidential rehabilitative mental health services" means child

1.10 rehabilitative mental health services as defined in section 256B.0943, except that these

1.11 services are provided by a multidisciplinary staff using a total team approach consistent

1.12 with assertive community treatment, as adapted for youth, and are directed to recipients

1.13 ~~ages 16, 17, 18, 19, or 20~~ who are eight years of age or older and under 26 years of age with

1.14 a serious mental illness or co-occurring mental illness and substance abuse addiction who

1.15 require intensive services to prevent admission to an inpatient psychiatric hospital or

1.16 placement in a residential treatment facility or who require intensive services to step down

1.17 from inpatient or residential care to community-based care.

1.18 (b) "Co-occurring mental illness and substance abuse addiction" means a dual diagnosis

1.19 of at least one form of mental illness and at least one substance use disorder. Substance use

1.20 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

1.21 (c) "Diagnostic assessment" has the meaning given to it in Minnesota Rules, part

1.22 9505.0370, subpart 11. A diagnostic assessment must be provided according to Minnesota

1.23 Rules, part 9505.0372, subpart 1, and for this section must incorporate a determination of

2.1 the youth's necessary level of care using a standardized functional assessment instrument
2.2 approved and periodically updated by the commissioner.

2.3 (d) "Education specialist" means an individual with knowledge and experience working
2.4 with youth regarding special education requirements and goals, special education plans,
2.5 and coordination of educational activities with health care activities.

2.6 (e) "Housing access support" means an ancillary activity to help an individual find,
2.7 obtain, retain, and move to safe and adequate housing. Housing access support does not
2.8 provide monetary assistance for rent, damage deposits, or application fees.

2.9 (f) "Integrated dual disorders treatment" means the integrated treatment of co-occurring
2.10 mental illness and substance use disorders by a team of cross-trained clinicians within the
2.11 same program, and is characterized by assertive outreach, stage-wise comprehensive
2.12 treatment, treatment goal setting, and flexibility to work within each stage of treatment.

2.13 (g) "Medication education services" means services provided individually or in groups,
2.14 which focus on:

2.15 (1) educating the client and client's family or significant nonfamilial supporters about
2.16 mental illness and symptoms;

2.17 (2) the role and effects of medications in treating symptoms of mental illness; and

2.18 (3) the side effects of medications.

2.19 Medication education is coordinated with medication management services and does not
2.20 duplicate it. Medication education services are provided by physicians, pharmacists, or
2.21 registered nurses with certification in psychiatric and mental health care.

2.22 (h) "Peer specialist" means an employed team member who is a mental health certified
2.23 peer specialist according to section 256B.0615 and also a former children's mental health
2.24 consumer who:

2.25 (1) provides direct services to clients including social, emotional, and instrumental
2.26 support and outreach;

2.27 (2) assists younger peers to identify and achieve specific life goals;

2.28 (3) works directly with clients to promote the client's self-determination, personal
2.29 responsibility, and empowerment;

2.30 (4) assists youth with mental illness to regain control over their lives and their
2.31 developmental process in order to move effectively into adulthood;

3.1 (5) provides training and education to other team members, consumer advocacy
3.2 organizations, and clients on resiliency and peer support; and

3.3 (6) meets the following criteria:

3.4 (i) is at least 22 years of age;

3.5 (ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370,
3.6 subpart 20, or co-occurring mental illness and substance abuse addiction;

3.7 (iii) is a former consumer of child and adolescent mental health services, or a former or
3.8 current consumer of adult mental health services for a period of at least two years;

3.9 (iv) has at least a high school diploma or equivalent;

3.10 (v) has successfully completed training requirements determined and periodically updated
3.11 by the commissioner;

3.12 (vi) is willing to disclose the individual's own mental health history to team members
3.13 and clients; and

3.14 (vii) must be free of substance use problems for at least one year.

3.15 (i) "Provider agency" means a for-profit or nonprofit organization established to
3.16 administer an assertive community treatment for youth team.

3.17 (j) "Substance use disorders" means one or more of the disorders defined in the diagnostic
3.18 and statistical manual of mental disorders, current edition.

3.19 (k) "Transition services" means:

3.20 (1) activities, materials, consultation, and coordination that ensures continuity of the
3.21 client's care in advance of and in preparation for the client's move from one stage of care
3.22 or life to another by maintaining contact with the client and assisting the client to establish
3.23 provider relationships;

3.24 (2) providing the client with knowledge and skills needed posttransition;

3.25 (3) establishing communication between sending and receiving entities;

3.26 (4) supporting a client's request for service authorization and enrollment; and

3.27 (5) establishing and enforcing procedures and schedules.

3.28 A youth's transition from the children's mental health system and services to the adult
3.29 mental health system and services and return to the client's home and entry or re-entry into

4.1 community-based mental health services following discharge from an out-of-home placement
4.2 or inpatient hospital stay.

4.3 (l) "Treatment team" means all staff who provide services to recipients under this section.

4.4 (m) "Family peer specialist" means a staff person qualified under section 256B.0616.

4.5 Sec. 2. Minnesota Statutes 2020, section 256B.0947, subdivision 3, is amended to read:

4.6 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

4.7 (1) is ~~age 16, 17, 18, 19, or 20~~ eight years of age or older and under 26 years of age; and

4.8 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
4.9 abuse addiction, for which intensive nonresidential rehabilitative mental health services are
4.10 needed;

4.11 (3) has received a level-of-care determination, using an instrument approved by the
4.12 commissioner, that indicates a need for intensive integrated intervention without 24-hour
4.13 medical monitoring and a need for extensive collaboration among multiple providers;

4.14 (4) has a functional impairment and a history of difficulty in functioning safely and
4.15 successfully in the community, school, home, or job; or who is likely to need services from
4.16 the adult mental health system ~~within the next two years~~ during adulthood; and

4.17 (5) has had a recent diagnostic assessment, as provided in Minnesota Rules, part
4.18 9505.0372, subpart 1, by a mental health professional who is qualified under Minnesota
4.19 Rules, part 9505.0371, subpart 5, item A, that documents that intensive nonresidential
4.20 rehabilitative mental health services are medically necessary to ameliorate identified
4.21 symptoms and functional impairments and to achieve individual transition goals.

4.22 Sec. 3. Minnesota Statutes 2020, section 256B.0947, subdivision 5, is amended to read:

4.23 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
4.24 must be provided by a provider entity as provided in subdivision 4.

4.25 (b) The treatment team must have specialized training in providing services to the specific
4.26 age group of youth that the team serves. An individual treatment team must serve youth
4.27 who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14
4.28 years of age or older and under 26 years of age.

4.29 ~~(b)~~ (c) The treatment team for intensive nonresidential rehabilitative mental health
4.30 services comprises both permanently employed core team members and client-specific team
4.31 members as follows:

5.1 (1) The core treatment team is an entity that operates under the direction of an
5.2 independently licensed mental health professional, who is qualified under Minnesota Rules,
5.3 part 9505.0371, subpart 5, item A, and that assumes comprehensive clinical responsibility
5.4 for clients. Based on professional qualifications and client needs, clinically qualified core
5.5 team members are assigned on a rotating basis as the client's lead worker to coordinate a
5.6 client's care. The core team must comprise at least four full-time equivalent direct care staff
5.7 and must include, but is not limited to:

5.8 (i) an independently licensed mental health professional, qualified under Minnesota
5.9 Rules, part 9505.0371, subpart 5, item A, who serves as team leader to provide administrative
5.10 direction and clinical supervision to the team;

5.11 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
5.12 health care or a board-certified child and adolescent psychiatrist, either of which must be
5.13 credentialed to prescribe medications;

5.14 (iii) a licensed alcohol and drug counselor who is also trained in mental health
5.15 interventions; and

5.16 (iv) a peer specialist as defined in subdivision 2, paragraph (h).

5.17 (2) The core team may also include any of the following:

5.18 (i) additional mental health professionals;

5.19 (ii) a vocational specialist;

5.20 (iii) an educational specialist;

5.21 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

5.22 (v) a mental health practitioner, as defined in section 245.4871, subdivision 26;

5.23 (vi) a case management service provider, as defined in section 245.4871, subdivision 4;

5.24 (vii) a housing access specialist; and

5.25 (viii) a family peer specialist as defined in subdivision 2, paragraph (m).

5.26 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
5.27 members not employed by the team who consult on a specific client and who must accept
5.28 overall clinical direction from the treatment team for the duration of the client's placement
5.29 with the treatment team and must be paid by the provider agency at the rate for a typical
5.30 session by that provider with that client or at a rate negotiated with the client-specific
5.31 member. Client-specific treatment team members may include:

6.1 (i) the mental health professional treating the client prior to placement with the treatment
6.2 team;

6.3 (ii) the client's current substance abuse counselor, if applicable;

6.4 (iii) a lead member of the client's individualized education program team or school-based
6.5 mental health provider, if applicable;

6.6 (iv) a representative from the client's health care home or primary care clinic, as needed
6.7 to ensure integration of medical and behavioral health care;

6.8 (v) the client's probation officer or other juvenile justice representative, if applicable;
6.9 and

6.10 (vi) the client's current vocational or employment counselor, if applicable.

6.11 ~~(e)~~ (d) The clinical supervisor shall be an active member of the treatment team and shall
6.12 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
6.13 with the clinical supervisor at least weekly to discuss recipients' progress and make rapid
6.14 adjustments to meet recipients' needs. The team meeting must include client-specific case
6.15 reviews and general treatment discussions among team members. Client-specific case
6.16 reviews and planning must be documented in the individual client's treatment record.

6.17 ~~(d)~~ (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
6.18 team position.

6.19 ~~(e)~~ (f) The treatment team shall serve no more than 80 clients at any one time. Should
6.20 local demand exceed the team's capacity, an additional team must be established rather than
6.21 exceed this limit.

6.22 ~~(f)~~ (g) Nonclinical staff shall have prompt access in person or by telephone to a mental
6.23 health practitioner or mental health professional. The provider shall have the capacity to
6.24 promptly and appropriately respond to emergent needs and make any necessary staffing
6.25 adjustments to ensure the health and safety of clients.

6.26 ~~(g)~~ (h) The intensive nonresidential rehabilitative mental health services provider shall
6.27 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
6.28 as conducted by the commissioner, including the collection and reporting of data and the
6.29 reporting of performance measures as specified by contract with the commissioner.

6.30 ~~(h)~~ (i) A regional treatment team may serve multiple counties.

7.1 Sec. 4. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

7.2 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
7.3 nonresidential rehabilitative mental health services.

7.4 (a) The treatment team must use team treatment, not an individual treatment model.

7.5 (b) Services must be available at times that meet client needs.

7.6 (c) Services must be age-appropriate and meet the specific needs of the client.

7.7 (d) The initial functional assessment must be completed within ten days of intake and
7.8 updated at least every six months or prior to discharge from the service, whichever comes
7.9 first.

7.10 (e) The treatment team must complete an individual treatment plan for each client and
7.11 the individual treatment plan must:

7.12 (1) be based on the information in the client's diagnostic assessment and baselines;

7.13 (2) identify goals and objectives of treatment, a treatment strategy, a schedule for
7.14 accomplishing treatment goals and objectives, and the individuals responsible for providing
7.15 treatment services and supports;

7.16 (3) be developed after completion of the client's diagnostic assessment by a mental health
7.17 professional or clinical trainee and before the provision of children's therapeutic services
7.18 and supports;

7.19 (4) be developed through a child-centered, family-driven, culturally appropriate planning
7.20 process, including allowing parents and guardians to observe or participate in individual
7.21 and family treatment services, assessments, and treatment planning;

7.22 (5) be reviewed at least once every six months and revised to document treatment progress
7.23 on each treatment objective and next goals or, if progress is not documented, to document
7.24 changes in treatment;

7.25 (6) be signed by the clinical supervisor and by the client or by the client's parent or other
7.26 person authorized by statute to consent to mental health services for the client. A client's
7.27 parent may approve the client's individual treatment plan by secure electronic signature or
7.28 by documented oral approval that is later verified by written signature;

7.29 (7) be completed in consultation with the client's current therapist and key providers and
7.30 provide for ongoing consultation with the client's current therapist to ensure therapeutic
7.31 continuity and to facilitate the client's return to the community. For clients under the age of

8.1 18, the treatment team must consult with parents and guardians in developing the treatment
8.2 plan;

8.3 (8) if a need for substance use disorder treatment is indicated by validated assessment:

8.4 (i) identify goals, objectives, and strategies of substance use disorder treatment; develop
8.5 a schedule for accomplishing treatment goals and objectives; and identify the individuals
8.6 responsible for providing treatment services and supports;

8.7 (ii) be reviewed at least once every 90 days and revised, if necessary;

8.8 (9) be signed by the clinical supervisor and by the client and, if the client is a minor, by
8.9 the client's parent or other person authorized by statute to consent to mental health treatment
8.10 and substance use disorder treatment for the client; and

8.11 (10) provide for the client's transition out of intensive nonresidential rehabilitative mental
8.12 health services by defining the team's actions to assist the client and subsequent providers
8.13 in the transition to less intensive or "stepped down" services.

8.14 (f) The treatment team shall actively and assertively engage the client's family members
8.15 and significant others by establishing communication and collaboration with the family and
8.16 significant others and educating the family and significant others about the client's mental
8.17 illness, symptom management, and the family's role in treatment, unless the team knows or
8.18 has reason to suspect that the client has suffered or faces a threat of suffering any physical
8.19 or mental injury, abuse, or neglect from a family member or significant other.

8.20 (g) For a client age 18 or older, the treatment team may disclose to a family member,
8.21 other relative, or a close personal friend of the client, or other person identified by the client,
8.22 the protected health information directly relevant to such person's involvement with the
8.23 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
8.24 client is present, the treatment team shall obtain the client's agreement, provide the client
8.25 with an opportunity to object, or reasonably infer from the circumstances, based on the
8.26 exercise of professional judgment, that the client does not object. If the client is not present
8.27 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
8.28 team may, in the exercise of professional judgment, determine whether the disclosure is in
8.29 the best interests of the client and, if so, disclose only the protected health information that
8.30 is directly relevant to the family member's, relative's, friend's, or client-identified person's
8.31 involvement with the client's health care. The client may orally agree or object to the
8.32 disclosure and may prohibit or restrict disclosure to specific individuals.

- 9.1 (h) The treatment team shall provide interventions to promote positive interpersonal
- 9.2 relationships.