

HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 196

DATE: March 23, 2007

Version: Delete everything amendment

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Subject: Mental Health

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Article 1: Criminal Justice

Overview

This article authorizes county jail reentry projects and funding for mental health courts and discharge planning. It instructs the commissioner of corrections to develop a protocol for disciplinary confinement. It also allows reinstatement on medical assistance for individuals incarcerated less than one year, if the individuals are otherwise eligible.

- 1 **Persons detained by law.** Amends § 256B.055, subdivision 14. Adds paragraph (b) which provides that an individual enrolled in medical assistance who is incarcerated for less than 12 months shall be suspended from eligibility at time of incarceration. When released, the individual will be reinstated in medical assistance without reapplication, if otherwise eligible.
- 2 **Intake procedure; approved mental health screening.** Amends § 641.15, by adding subd. 3a. Instructs sheriffs that a mental health assessment is to be conducted as part of the intake screening process for prisoners.
- 3 **County jail reentry projects; grants.** Adds § 641.156.

Subd. 1. Purpose. States that to promote public safety, prevent recidivism, and promote reintegration into the community, services will be provided to individuals confined in jails and county regional jails who are identified as having mental illness,

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traumatic brain injury, chemical dependency, or are homeless.

Subd. 2. Grants. Authorizes the commissioner of corrections, in consultation with the commissioner of human services, to award grants to county boards for two-year reentry projects. Identifies the target population to be served and the services that will be provided.

Subd. 3. Applications. Sets out the application procedure and process.

Subd. 4. Program components. Lists the range of services to be offered and provided to prisoners based on their length of confinement and their needs.

- Prisoners in the target population who will be incarcerated for less than 30 days, shall be offered follow-up care and referred to appropriate professionals;
- Prisoners in the target population who will be incarcerated 30 days or longer, shall be provided with treatment and programming, such as mental health treatment, employment skills training, and literacy training;
- Prisoners in the target population who will be incarcerated for 90 days or longer, shall be offered a discharge plan that will include assistance in establishing benefits, identifying treatment needs, referring the prisoner to community services, securing appointments with psychiatrists and mental health professionals, ensuring that the prisoner have at least a 14-day supply of medication, arranging for a photo identification, and arranging for case management services.

4 Disciplinary confinement; protocol. Instructs the commissioner of corrections to establish a protocol so that inmates have an opportunity to be released from disciplinary confinement in a timely manner. The commissioner is also to develop a reentry plan, when possible, for those inmates in disciplinary confinement who are nearing their release date.

5 Appropriations.

Subd. 1. Grant program. Appropriates \$300,000 each year of the biennium to the commissioner of corrections to administer the county jail reentry projects.

Subd. 2. Discharge planning. Appropriates funds to the commissioner of human services to fund discharge planning for offenders with serious and persistent mental illness who are pending release from correctional facilities.

Subd. 3. Mental health courts. Appropriates \$100,000 each year of the biennium to the supreme court for mental health courts.

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Article 2: Children's Mental Health

Overview

This article authorizes grants for children's mental health programs, requires foster parent training, provides a rate increase for children's therapeutic services and supports, and provides counties funds for respite care.

- 1 **Children's mental health grants.** Adds § 245.4889.
 - Subd. 1. Establishment and authority.** Authorizes the commissioner of human services to make grants from available appropriations to counties, Indian tribes, children's collaboratives, or mental health service providers to provide services to children with emotional disturbances and their families and for transition services for young adults.
 - Subd. 2. Grant application and reporting requirements.** Sets out the criteria for grant applications, required reports, and collection of data.
- 2 **Mental health training requirement.** Adds § 245A.175. Requires foster care providers to complete two hours of training regarding children's mental health issues before a child can be placed in their care. Adds that at least one hour of the required annual 12-hour foster parent training be completed on children's mental health issues and treatment.
- 3 **Collaborative services for high-risk children.** Adds § 256.9961. Appropriates funds to the commissioner of human services to fund one or more early intervention collaborative projects to address the needs of children at risk of maltreatment, substance use, mental illness, and serious and violent offending who are too young to be subject to the delinquency provisions of chapter 260B.
- 4 **Rate increase for children's therapeutic services and supports.** Amends § 256B.0943, by adding subd. 14. Increases payment rates by 33.7 percent over the rates in effect on January 1, 2006, for components of children's therapeutic services and supports and diagnostic assessments of children and adolescents that are provided on or after July 1, 2007.
- 5 **Columbia teen screen grants.** Requires the commissioner of education to develop a request for proposals for grants to implement the teen screen program. Grants are limited to public schools, family services collaboratives, and children's mental health collaboratives.
- 6 **Children's mental health work group; report.** Instructs the commissioner of human services to convene a work group to study the unmet need for funding of wraparound services for children with emotional disturbance or severe emotional disturbance and to report findings and recommendations no later than January 1, 2008.
- 7 **Trauma-focused evidence-based practices to children.** States that organizations certified to provide children's therapeutic services and supports are eligible to apply for a grant to provide trauma-focused evidence-based practice to children who are living in a battered women's shelter, homeless shelter, transitional housing, or supported housing who have been exposed to domestic violence, community violence, or are refugees.
- 8 **Respite care.** Instructs the commissioner of human services to reimburse counties for the cost of funding respite care for children with severe emotional disturbance.

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9 Appropriations.

Subd. 1. Evidence-based practice. Appropriates funds to the commissioner of human services to develop and implement evidence-based practice in children's mental health care and treatment.

Subd. 2. Columbia teen screen grants. Appropriates \$500,000 in each year of the biennium to the commissioner of education to administer five teen screen grants in section 5.

Subd. 3. Early intervention collaborative programs. Appropriates \$900,000 in each year of the biennium to the commissioner of human services to fund the early intervention collaborate programs in section 3.

Subd. 4. Childhood trauma; grants. Appropriates \$250,000 in each year of the biennium to the commissioner of human services for grants to be used under section 7 that support children and youth who have been exposed to violence or are refugees.

Subd. 3. Respite care. Appropriates \$5,000,000 in fiscal year 2008 to the commissioner of human services to fund respite care for children who have a diagnosis of emotional disturbance or severe emotional disturbance.

Article 3: Miscellaneous

Overview

This article includes various mental health provisions including the creation of a loan forgiveness program, creating a law enforcement crisis intervention team grant program, increasing employment supports, and funding grant programs.

1 Loan forgiveness program. Adds §144.206. Paragraph (a). Defines "qualified educational loan."

Paragraph (b). Instructs the commissioner of health to establish a loan forgiveness program for individuals who are employed by a nonprofit agency that provides mental health services for cultural or ethnic minority clients.

Paragraph (c). Requires each applicant for the program to be employed by a nonprofit that provides mental health services for cultural or ethnic minority clients and be of the same culture or ethnicity as the clients served. The applicant is to sign a contract to agree to remain with the same nonprofit for a three-year full-time term, which shall begin no later than 30 days following completion of the academic program.

Paragraph (d). Each applicant must secure his own qualified education loan. The commissioner is to give preference to applicants closest to completing their training.

Paragraph (e). Sets out the procedure for the commissioner to make disbursements toward

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loan indebtedness and the procedures the recipient must follow to receive disbursements.

Paragraph (f). Authorizes the commissioner to recover disbursements made to the recipient, plus interest, if the recipient does not fulfill the minimum commitment of service contract. Allows the commissioner to grant a waiver of all or part of the repayment if emergency circumstances exist that prevent fulfillment of the contract.

2 **Mental illness.** Amends § 245.462, subd. 20. Adds to the definition of a "person with serious and persistent mental illness" an adult who has a mental illness and has been treated by a crisis team two or more times within the preceding 24 months.

3 **Availability of community support services.** Amends § 245.4712, subd. 1. Describes the components of community support services. States that all available funding streams are to be utilized, and that county boards must continue to provide funds for those services not covered by other funding streams. Instructs the commissioner to collect data on community support programs.

4 **Special contracts; bordering states.** Amends § 245.50, subd. 5. Provides that if a Minnesota resident is admitted to a mental health facility in a bordering state, a physician, licensed psychologist with a doctoral degree in psychology, or an advance practice registered nurse certified in mental health, and who is licensed in the bordering state, may act as an examiner in accordance with Minnesota statutes.

5 **Culturally competent mental health services.** Adds § 245.6961.

Subd. 1. Services; grants. Authorizes the commissioner of human services to make grants to nonprofit organizations to provide culturally competent mental health services to individuals throughout the state. Permits grants to be used to:

- provide culturally competent mental health treatment and support services for minority children with mental health diagnoses; and
- support activities by culturally specific providers to enhance their clinical and administrative infrastructure to provide medically necessary services.

Subd. 2. Culturally specific organization. Defines "culturally specific organization."

Subd. 3. Grants criteria. Instructs the commissioner to consult with community-based nonprofits that provide children's mental health services to cultural or racial minority populations and establish criteria for culturally competent mental health services.

Subd. 4. Outcomes. States that the commissioner may require grant recipients to report client outcome data in a format designated by the commissioner.

6 **Crisis intervention team grants.** Adds § 626.96.

Subd. 1. Request for proposals. Directs the commissioner of public safety to create a competitive grant process using requests for proposal for crisis intervention team training. Lists entities to be consulted in the development of the requests for proposal.

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Subd. 2. Training requirements. Provides that training must be a minimum of 40 hours and lists the components that must be included in the training. Training components are not limited to those listed in this subdivision. Mandates that at least 20 percent of the training must involve role-playing.

7 **Minnesota family investment program and children's mental health pilot project.**

Subd. 1. Pilot project authorized. Instructs the commissioner of human services to fund a two-year pilot project to measure the impact of children's mental health needs on MFIP participants' ability to obtain and maintain employment.

Subd. 2. Provider and agency proposals. Paragraph (a). Instructs providers and agencies to submit proposals defining how they will identify program participants, connect families with services, incorporate these services into the participant's employment plan, and how they will measure program outcome.

Paragraph (b). Provides that agencies and providers will inform MFIP participants of available developmental and emotional screening tools, the purpose of the screenings, and how the screenings may be used to modify the participants' employment plans.

Subd. 3. Program components. Provides that participants must give written consent for participation in the program and screening. Directs the providers to assist recipients in arranging for referrals indicated by the screening results. Requires that screening tools be approved by the commissioner.

Subd. 4. Program evaluation. Directs the commissioner to conduct an evaluation of the pilot project.

Subd. 5. Work activity. Provides that participant involvement in screenings and subsequent referral and services shall count as work activity.

8 **Evidence-based practice.** Instructs the commissioner of human services to make a one-time consultation with stakeholder groups and make budget neutral changes to medical assistance coverage to implement evidence-based practice as defined by the Agency for Healthcare Research and Quality Practice Guidelines or by the Substance Abuse and Mental Health Services Administration.

9 **Employment support.** Directs the commissioner of employment and economic development to fund special projects providing employment support to:

- young people with mental illness who are transitioning from school to work;
- people with a serious mental illness who are receiving services through a mental health court; and
- people with serious mental illness who are receiving services through a civil commitment court.

Provides that these projects are to include incentive payments to providers that place individuals in jobs that allow them to leave SSI and SSDI dependency. Projects must

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demonstrate interagency collaboration.

- 10 Telehealth.** Directs the Office of Enterprise Technology to consult with the commissioner of human services to provide televideo conferencing at no cost to providers between state and county agency sites and community provider sites. Lists the requirements community providers must meet to be eligible.
- 11 Dual diagnosis; demonstration project.** Instructs the commissioner of human services to fund demonstration projects for high-risk adults with serious mental illness and co-occurring substance abuse problems. Projects must include, but not be limited to, housing services; assertive outreach services; and intensive therapeutic, rehabilitative, and care management services.
- 12 Case management; best practices.** Directs the commissioner of human services to consult with consumers, families, counties, and other stakeholders to develop recommendations for adult mental health case management changes.
- 13 Inpatient psychiatric beds; study.** Directs the commissioner of health to study the status of inpatient psychiatric beds and provide recommendation to improve access to inpatient care. Sets out the factors the commissioner is to consider. Instructs the commissioner to make a report to the legislature by January 15, 2008.
- 14 Incentive payments; rules.** Instructs the commissioner of the economic development to develop rules to implement incentive payments to providers that place individuals in jobs that allow them to leave SSI and SSDI dependency and become economically self-sufficient. Directs the commissioner to develop rules for incentive payments for providers that place individuals in jobs that provide benefits. Appropriates \$1,000,000 in both years of the biennium for wage incentives for the community support fund.
- 15 Appropriations.**

Subd. 1. Employment support. Paragraph (a). Appropriates \$700,000 in each year of the biennium to the commissioner of employment and economic development to fund employment support projects for young people who are transitioning from school to work, people with serious mental illness who are receiving services through a mental health court, and people with mental illness who are receiving services through a civil commitment court under section 10.

Paragraph (b). Appropriates \$1,400,000 in each year of the biennium to the commissioner of employment and economic development for the Extended Employment-Serious Mental Illness program under section 10.

Paragraph (c). Appropriates \$1,000,000 in each year of the biennium to the commissioner of employment and economic development to supplement funds paid for wage incentives for the community support fund.

Subd. 2. Community mental health programs. Appropriates funds to the commissioner of human services for training and consultation for clinical supervisors and staff of community mental health centers to improve clinical supervision to staff, strengthen compliance with federal and state rules and regulations, and to recommend strategies for standardization of administrative functions.

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Subd. 3. Culturally competent mental health services. Appropriates \$280,000 in each year of the biennium to the commissioner of human services to fund four grants for culturally competent mental health services under section 5.

Subd. 4. Bridges rental housing assistance program. Appropriates \$3,400,000 in each year of the biennium to the Housing Finance Agency for the Bridges rental housing assistance program. These appropriations are in addition to the base and shall become part of the agency's base.

Subd. 5. MFIP and children's mental health pilot project. Appropriates \$150,000 in each year of the biennium to the commissioner of human services to fund the pilot project under section 7.

Subd. 6. Crisis intervention training. Appropriates \$144,000 in each year of the biennium to the commissioner of public safety to fund grants for crisis intervention team training under section 6. Allows up to 2.5 percent of the appropriation to be used for administrative costs.

Subd. 7. Televideo conferencing. Provides that the commissioner of administration in consultation with the commissioner of human services shall provide televideo conferencing between state and county agency sites and community provider sites at no cost. Appropriates funds to the commissioner of administration for this service under section 11.

Subd. 8. Dual diagnosis; demonstration project. Appropriates funds to the commissioner of human services for demonstration projects under section 12.

Article 4: Mental Health Funding

Overview

This article provides added mental health certified peer review specialists as medical assistance covered services, increases funding for mental health services, and reinstates the suicide prevention grant.

- 1 **Provider rate increases after June 30, 1999.** Amends § 256B.038. Includes children's therapeutic services and support services in the annual inflationary adjustment in payment services.
- 2 **Mental health certified peer specialist.** Adds § 256B.0615.

Subd. 1. Scope. States that services provided by a certified peer review specialist are covered services under medical assistance, subject to federal approval, when the recipients are eligible for intensive rehabilitative mental health services under section 256B.0622 or adult rehabilitative mental health services under section 256B.0623.

Subd. 2. Establishment. Instructs the commissioner of human services to establish a certified peer review specialist program that provides nonclinical peer support

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tailored to the needs of the consumer and serving as a component of wrap around services. The service is to promote socialization and recovery, among other things.

Subd. 3. Eligibility. Provides that peer support services may be made available to consumers of intensive rehabilitative mental health services or adult rehabilitative mental health services.

Subd. 4. Peer support specialist program providers. Instructs the commissioner of human services to develop a certification process in accord with federal guidelines, so that services of certified peer review specialists are eligible for reimbursement under the medical assistance program. Provides that peer support programs may be freestanding or within existing mental health community provider centers.

Subd. 5. Certified peer specialist training and certification. Instructs the commissioner of human services to develop training and a certification process for peer specialists. To be considered for peer specialist training an individual must have had a primary diagnosis of mental illness and be a current or former consumer of mental health services and must demonstrate leadership and advocacy skills along with a strong dedication to recovery. Instructs the commissioner to develop continuing education workshops.

3 Definitions. Amends § 256B.0622, subd. 2. Clarifies professionals who are members of a treatment team, and adds certified peer specialists to the definition of "treatment team."

4 Diagnostic assessment. Amends § 256B.0623, subd. 8. Adds that a diagnostic assessment provided under adult rehabilitative mental health services must be reimbursed at the same rate as a public health nurse assessment under section 256B.0655, subdivision 8.

5 Payments for mental health services. Amends § 256B.0625, subd. 38. Paragraph (b). Provides that payments for mental health services covered by medical assistance that are provided by social workers will be paid in accordance with Minnesota Rules, part 9505.0323, subpart 24, unless paragraph (c) applies.

Paragraph (c). Provides that payments for covered mental health services provided by an individual employed by a community mental health center and who has completed all licensure or certification requirements, except the requirement for supervised experience, or who is a student in a field placement or internship shall be reimbursed at 100 percent of the rate paid to the supervising professional.

Paragraph (d). States that subject to federal approval, medical assistance pays for clinical supervision of mental health practitioners by a mental health professional when clinical supervision is required as part of other medical assistance services.

6 Mental health provider travel time. Amends § 256B.0625, subd. 43. Provides that medical assistance will cover reimbursement for provider mileage.

7 Mental health telemedicine. Amends § 256B.0625, subd. 46. Adds that reimbursement for telemedicine shall include payment for the originating facility fee and the cost of broadband connections.

8 Reimbursement of diagnostic assessments. Amends § 256B.0943, by adding subd. 11a. Adds that a diagnostic assessment provided under children's therapeutic services and supports must be reimbursed at the same rate as a public health nurse assessment under

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section 256B.0655, subdivision 8.

- 9 Payment for covered services.** Amends § 256B.69, subd. 5g. Excludes mental health services added as covered benefits after December 31, 2007, from the payment reduction.
- 10 Payment reduction.** Amends § 256B.69, subd. 5h. Excludes mental health services added as covered benefits after December 31, 2007, from the payment reduction.
- 11 Critical access mental health rate increase.** Amends § 256B.763. Adds that the commissioner is to adjust rates to prepaid health plans to reflect rate increases; these increases are to be passed on to providers. Adds that the rate for all services provided by community mental health centers under section 256B.0625, subdivision 5, not previously subject to a rate increase, will receive a 23.7 percent rate increase effective January 1, 2008.
- 12 General assistance medical care; services.** Amends § 256D.03, subd. 4. Provides that the medical assistance mental health benefit set applies to recipients of general assistance medical care. Adds as covered services, consultation and care coordination and collateral contacts for recipients of children's therapeutic services and supports, adult rehabilitative mental health services, or community mental health services. Provides that payments for mental health services added as covered benefits are not subject to the reductions in this subdivision.
- 13 Special needs.** Amends § 256D.44, subd. 5. Provides that the food stamp allotment shall be the amount in effect on the first day of July of the current fiscal year. Adds adults eligible for the community alternatives for disabled individuals waiver as special needs.
- 14 Covered health services.** Amends § 256L.03, subd. 1. Adds the medical assistance mental health benefit set to MinnesotaCare.
- 15 Co-payments and coinsurance.** Amends § 256L.03, subd. 5. Excludes mental health services from the \$3 copayment for nonpreventive visits.
- 16 Limited benefits coverage for certain single adults and households without children.** Amends § 256L.035. Adds the medical assistance mental health benefit set. Excludes mental health services and community mental health services from the \$5 copayment for nonpreventive visits. Adds other mental health providers covered under the medical assistance benefit set as covered services.
- 17 Other health coverage.** Amends § 256L.07, subd. 3. Deletes the four-month waiting requirement for MinnesotaCare. Adds mental health coverage.
- 18 Rate setting; ratable reduction.** Amends § 256L.12, subd. 9a. Excludes mental health services added as covered benefits after December 31, 2007, from the rate reduction.
- 19 Mental health services provider rate increases.** Provides a rate increase must be provided for children's therapeutic services and supports and for adult rehabilitative mental health services.
- 20 Requirement for the commissioner of human services to seek federal approval to expand medical assistance to include certain mental health services.** Paragraph (a). Directs the commissioner of human services to seek federal approval to expand medical assistance coverage to include family psychoeducation, intensive mental health outpatient treatment, coordination and care management, and collateral contacts.

Paragraph (b). Instructs the commissioner to seek federal approval to authorize medical assistance payments for community mental health and psychiatry services provided to dual eligible clients to be paid at the higher of the Medicare or medical assistance rate.

Paragraph (c). States that the commissioner is to seek federal approval no later than

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September 1, 2007. Directs the commissioner to report the legislature following the federal government's determinations.

Paragraph (d). If federal approval is received, instructs the commissioner to consult with mental health advocates when drafting new legislation incorporating the new services.

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Appropriations.

Subd. 1. Mobile mental health crisis services. Appropriates \$5,000,000 in fiscal year 2008 and \$7,250,000 in fiscal year 2009 to the commissioner of human services for statewide funding of mobile mental health crisis services. States that providers must utilize all available funding streams.

Subd. 2. Mental health tracking system. Appropriates \$448,000 in fiscal year 2008 and \$324,000 in fiscal year 2009 to the commissioner of human services to fund implementation of the mental health services outcomes and tracking system.

Subd. 3. Suicide prevention program. Appropriates \$1,100,000 in each year of the biennium to the commissioner of health to fund the suicide prevention program and to administer grants for institutions of higher education to coordinate implementation of youth suicide early intervention and prevention strategies.