

HOUSE RESEARCH

Bill Summary

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Article 1: Criminal Justice and Public Safety

Overview

This article appropriates funds for discharge planning and reentry projects for offenders with mental illness who are being released from county jails or correctional facilities. It creates a grant program for law enforcement crisis intervention teams and provides mental health crisis training for 911 operators.

- 1** **911 Services to be provided.** Amends §403.03. Allows a county or governmental agency 911 system to make referrals to mental health crisis teams in areas where these teams are available.
- 2** **Operate and maintain.** Amends §403.05, subd. 1. Permits mental health crisis training to be included as an enhancement to a county or governmental agency 911 system.
- 3** **Crisis intervention team grants.** Creates §626.96.

Subd. 1. Request for proposals. Instructs the public safety commissioner to develop a request for proposals (RFP) for crisis intervention team training for law enforcement officers. Lists entities that are to be consulted during development of the RFP.

Subd. 2. Training requirements. Lists the elements of training that must be included by grantees. Requires at least 20 percent of the training consist of role playing exercises. Provides that there must be at least 40 hours of training. The training is to encourage interdisciplinary and interdepartmental collaboration.

- 4** **County jail reentry projects; grants.** Creates §641.156.

Subd. 1. Purpose. Provides a statement of goals to be achieved and groups who are to be assisted.

Subd. 2. Grants. Paragraph (a) instructs the commissioner of corrections to award grants to county boards for two-year reentry pilot projects. Identifies the types of prisoners who are to be targeted for interventions.

Paragraph (b) describes the range of services that are to be provided by a collaboration of agencies.

Subd. 3. Applications. Requires a grant applicant to submit a proposal to the commissioner of corrections.

5 Appropriations.

Subd. 1. Grant program. Appropriates an unspecified amount from the general fund to the commissioner of corrections for grants for the county jail reentry projects under §641.156.

Subd. 2. Discharge planning. Appropriates an unspecified amount from the general fund to the commissioner of human services for discharge planning for offenders with serious and persistent mental illness pending release from correctional facilities.

Article 2: Children's Mental Health

Overview

This article provides collaborative services for high-risk children, permits foster children to continue to receive services and medical assistance to age 21, and provides a rate increase for providers of children's therapeutic services and supports.

- 1 **Collaborative services for high-risk children.** Creates §256.9961. Instructs the commissioner of human services to fund one or more early intervention projects to provide collaborative services to children at high risk for maltreatment, substance abuse, mental illness, and serious and violent offending who are too young to be subject to the delinquency provisions in chapter 260B. Specifies program components.
- 2 **Foster children to age 21.** Amends §256B.055, by adding subd. 2a. Requires the commissioner to enroll foster children in medical assistance who are in the care and custody of the department or the county on their 18th birthday. Provides that these youth are to be certified eligible for medical assistance until age 21, and that reapplication is not required.
- 3 **Rate increase for children's therapeutic services and supports.** Amends §256B.0943, by adding subd. 14. Requires a 15 percent increase over rates in effect on January 1, 2009, for CTSS services that are provided as a day treatment program. Instructs the commissioner to adjust rates for prepaid health plan contracts. The effective date is January 1, 2009.
- 4 **Foster care benefits until age 21.** Amends §260C.456. Permits a person between the ages of 18 and 21 who
 - had received foster care benefits during the six consecutive months prior to

turning 18,

- was discharged from foster care as a runaway after age 15, or
- was under state guardianship as a dependent child

to request the local social service agency develop a plan and provide foster care benefits until the person turns 21.

Article 3: Miscellaneous Mental Health

Overview

Among other things, this article creates a loan forgiveness program, adds licensed professional clinical counselors to the definition of mental health professionals eligible for medical assistance reimbursement, permits inmates with a mental illness to receive GMAC for three months post-release, creates an adult mental health fatality review committee, and provides appropriations.

1 **Loan forgiveness program.** Creates §144.206.

Subd. 1. Establishment. Paragraph (a) establishes a loan forgiveness program to be administered by the commissioner of health to benefit individuals who are employed by a nonprofit that provides mental health services to cultural or ethnic minority clients.

Paragraph (b) states that appropriations are available until expended, except at the end of the biennium unexpended funds shall be returned to the general fund if they are not committed under a contract.

Subd. 2. Definition. Defines “qualified educational loan.”

Subd. 3. Eligibility. Requires the applicant to be employed by a nonprofit that provides mental health services and to be of the same culture or ethnicity as the clients served by the program. Requires the applicant to sign a contract agreeing to work full-time for three years upon completion of the educational program. Provides that it is the responsibility of the applicant to secure a qualified educational loan. Instructs the commissioner to give preferences to applicants who are closest to completing their education.

Subd. 4. Disbursements. Provides the method of disbursement of loan funds to the applicant and the requirements the applicant must fulfill to receive the loan funds.

2 **Suicide prevention plan.** Amends §145.56, subd. 1. Includes representatives from institutions of higher education in developing the state suicide prevention program.

3 **Community-based programs.** Amends §145.56, subd. 2. Includes students attending Minnesota colleges and universities as recipients of suicide prevention and intervention education programs.

4 **Mental health professional.** Amends §245.462, subd. 18. Adds licensed professional

clinical counselors with at least 4,000 hours of post degree supervision to the definition of mental health professional. This addition allows an LPCC to receive medical assistance reimbursement, which is not currently permitted.

- 5 **Availability of outpatient services.** Amends §245.470, subd. 1. Adds licensed professional clinical counselors to the list of entities and individuals with whom counties can contract to provide outpatient mental health services.
- 6 **Mental health professional.** Amends §245.4871, subd. 27. Adds licensed professional clinical counselors with at least 4,000 hours of post degree supervision to the definition of mental health professional. This addition allows an LPCC to receive medical assistance reimbursement, which is not currently permitted.
- 7 **Availability of outpatient services.** Amends §245.488, subd. 1. Adds licensed professional clinical counselors to the list of entities and individuals with whom counties can contract to provide outpatient mental health services for children.
- 8 **Definitions.** Amends §256B.0622, subd. 2. Adds licensed professional clinical counselors to the list of mental health professionals on a treatment team that provides intensive rehabilitative mental health services.
- 9 **Standards for intensive residential rehabilitative mental health services.** Amends §256B.0622, subd. 6. Clarifies that providers are not limited to providing services only to clients from the contracting (host) county.
- 10 **Qualifications of provider staff.** Amends §256B.0623, subd. 5. Adds licensed professional clinical counselors to the list of mental health professionals who can provide adult rehabilitative mental health services.
- 11 **Provider entity standards.** Amends §256B.0624, subd. 4. Permits crisis stabilization services, when provided in a licensed, supervised residential setting, to be provided to clients from outside the contracting county.
- 12 **Mobile crisis intervention staff qualifications.** Amends §256B.0624, subd. 5. Adds licensed professional clinical counselors to the list of mental health professionals who can comprise a mobile crisis intervention team.
- 13 **Adult crisis stabilization staff qualifications.** Amends §256B.0624, subd. 8. Adds licensed professional clinical counselors to the list of mental health professionals who can provide adult crisis stabilization services.
- 14 **Formulary committee.** Amends §256B.0625, subd. 13c. Changes requirements for appointment to the formulary committee. Requires the commissioner of human services to post notice of committee vacancies on the department website. Instructs the commissioner to consider the applications and input from professional associations and consumer groups. Changes the composition of the committee by adding a clinical researcher, two additional consumer representatives, and mental health care professionals. Permits reappointment by the commissioner for a total of two consecutive terms (6 years). Requires meeting notices and the list of drugs to be considered to be posted on the department website at least 14 days prior to a meeting.
- 15 **Prior authorization.** Amends §256B.0625, subd. 13f. Requires that the Formulary

Committee publish notice of a public forum in the State Register. Limits prior authorization for any medication used to treat mental illness under specified circumstances.

- 16 Mental health professional.** Amends §256B.0625, subd. 42. Adds licensed professional clinical counselors to the definition of mental health professional.
- 17 Definitions.** Amends §256B.0943, subd. 1. Adds licensed professional clinical counselors to the definition of mental health professional for the purposes of children’s therapeutic services and supports.
- 18 General assistance medical care.** Amends §256D.03, subd. 3. Provides that individuals in a correctional facility who have been diagnosed with a specified mental illness are eligible for GAMC for three months from the date of release from confinement.
- 19 Qualified professional.** Amends §256J.08, subd. 73a. Adds licensed professional clinical counselor with at least 4,000 hours of post degree supervision to the list of qualified professionals for purposes of mental health treatment.
- 20 Adult mental health fatality review team.**

Subd. 1. Pilot project authorized; purpose. Paragraph (a) instructs the commissioner of human services, in consultation with Hennepin County, to establish a 30-month adult mental health fatality review team and resource panel.

Paragraph (b) provides the purpose of the resource panel is to make recommendations for improving mental health, criminal justice, health care, and social service systems.

Paragraph (c) requires the commissioner to work with Hennepin County to establish procedures to conduct reviews. Provides the commissioner with the authority to require professionals with knowledge of the case to participate in the review.

Paragraph (d) states the purpose of the team is to analyze adult mental health fatalities and review public policy and procedure with the goal of reducing future fatalities.

Subd. 2. Definition of mental health fatality. Defines “mental health fatality” as an unexpected death of a person with a diagnosed mental illness where mental illness was a significant contributing factor in the death.

Subd. 3. Selection of cases for review. Gives Hennepin County the authority to select cases for review.

Subd. 4. Membership. Paragraph (a) places the responsibility on Hennepin County to convene the mental health fatality review team to review selected cases. Lists the professions that are to make up the core panel and attend all meetings.

Paragraph (b) lists the professions that are to comprise the separate resource panel; members of this panel may be invited to attend the fatality review team meetings when their clinical expertise is needed.

Paragraph (c) states that membership on the resource panel is based on legal requirements and the need for specific expertise. Hennepin County makes the one year appointments to the panel.

Subd. 5. Disclosure of records. Paragraph (a) requires that data, regardless of data classification, shall:

- be disclosed to the committee;
- retain its classification; and
- not be disclosed to anyone not a part of the review.

Prohibits data or review findings from being used in any court proceeding. Permits findings to be used solely to make recommendations for system reform.

Paragraph (b) permits cases to be reviewed only after all legal activity, including the possibility of appeals, has ended. Authorizes the commissioner access to not public data related to the death or circumstances related to the response to the mental health related fatality.

Paragraph (c) authorizes the commissioner to have access to records held by a private hospital, social service agency, state agency, state system, or political subdivision.

Paragraph (d) permits not public data to be shared with the review team. Provides that data acquired by the review team is protected nonpublic or confidential data and may only be disclosed to carry out the purposes of the review panel. States that data is not subject to subpoena or discovery. Makes disclosure of information a misdemeanor. Permits the commissioner to disclose the review team's conclusions, but prohibits disclosure of specified information. Permits disclosure of local social service agency data related to an abuse investigation of a vulnerable adult whose case was reviewed by the panel.

Paragraph (e) prohibits a person from disclosing any information about a review panel meeting. All proceedings and records of the panel are protected nonpublic data. Clarifies that information from other sources that is presented at a review panel is not immune from discovery or use in criminal or civil actions.

Subd. 6. Immunity. Grants civil immunity to members of the review team when acting within the scope of their duties.

Subd. 7. Evaluation and report. Paragraph (a) instructs the ombudsman for mental health and developmental disabilities to develop an evaluation tool by December 31, 2010, to assess the effectiveness of the pilot project.

Paragraph (b) requires the mental health fatality review team to convene by July 1, 2010, and to issue two annual reports. The reports are to be developed in collaboration with the ombudsman. The final report, December 31, 2011, must include recommendations for legislation. Specifies the distribution list for the report.

21 Evidence-based practice. Instructs the commissioner of human services to consult with stakeholders and make budget neutral changes to implement evidence-based practices.

22 Dual diagnosis. Requires the commissioner of human services to fund up to three programs, using available appropriations, for services to high-risk adults with serious mental illness and co-occurring substance abuse disorders. Specifies program components and requirements.

- 23 Study medical assistance mental health reimbursement methods that interfere with best practices.** Instructs the commissioner of human services to consult with mental health stakeholders to identify and propose solutions to the barriers to using best practices when delivering services reimbursed by the medical assistance program.
- 24 Appropriations.**
- Subd. 1. Suicide intervention and prevention grant.** Appropriates an unspecified sum from the general fund for suicide intervention and prevention in colleges and universities.
- Subd. 2. Bridges rental housing assistance program.** Appropriates \$3,400,000 for the biennium beginning July 1, 2009, from the general fund to the Housing Finance Agency for the Bridges rental housing program. This is in addition to the base appropriation and shall become part of the agency's base.
- Subd. 3. Dual diagnosis; demonstration project.** Appropriates an unspecified sum from the general fund for the dual diagnosis pilot project under section 22.
- Subd. 4. Adult mental health fatality review team.** Appropriates \$20,000 for the biennium beginning July 1, 2009, from the general fund for expenses needed to establish and operate the adult mental health fatality review team under section 20.

Article 4: Mental Health Funding.

Overview

This article increases reimbursement rates for various mental health services and providers. It strikes the four month waiting period requirement for individuals and families enrolling in MinnesotaCare.

- 1 Provider rate increases after June 30, 1999.** Amends §256B.038. Adds adult rehabilitative mental health services under §256B.0623, children's therapeutic services and support services under §256B.0943, community mental health services under 256B.0625, and crisis services under 256B.0624 to the list of providers that are to be included in an annual inflationary payment rate adjustment as a change request in each biennial budget that is submitted to the legislature.
- 2 Diagnostic assessment.** Amends §256B.0623, subd. 8. Paragraph (a) adds that a diagnostic assessment conducted by providers of adult rehabilitative mental health services must be reimbursed at the same rate as a public health nurse assessment, under §256B.0655, subdivision 8.

Adds paragraph (b). Instructs the commissioner to include coverage of identified clinically related activities when the commissioner adopts changes to the definition of a service unit for diagnostic assessment. Requires the commissioner to include coverage for clinically related activities mandated by this section and under 42 CFR, parts 440 and 441. Permits implementation either as an enhanced rate for assessments or as separate reimbursable components.

- 3** **Payments for mental health services.** Amends §256B.0625, subd. 38. Adds paragraph (b). Provides that mental health services provided by social workers who have an MSW, are licensed as a graduate or independent social worker, are practicing under supervision, and are completing the requirements for licensure or board certification as a mental health professional shall be paid at one-half the medical assistance payment rate for the same service provided by a fully qualified person unless paragraph (c) applies.
- Adds paragraph (c). Requires that an individual who is employed by a community mental health center and who is a licensed graduate social worker or licensed independent social worker, or has completed all requirements for licensure or board certification except requirement for supervised practice, or is a student on a field placement or internship program shall be reimbursed at 100 percent of the rate paid to the supervising professional.
- Adds paragraph (d). Provides, subject to federal approval, that medical assistance covers clinical supervision of mental health practitioners by mental health professionals when supervision is required as part of medical assistance services.
- 4** **Mental health provider travel time.** Amends §256B.0625, subd. 43. Adds that the per minute reimbursement rate will be 75 percent of the rate paid in §256B.0625, subdivision 17.
- 5** **Mental health telemedicine.** Amends §256B.0625, subd. 46. Adds that medical assistance reimbursement would include payment for the originating facility rate as allowed under the Code of Federal Regulations.
- 6** **Reimbursement of diagnostic assessment.** Amends §256B.0943 by adding subdivision 11a. Requires the commissioner to include coverage of clinically related activities when the commissioner changes to the definition of a service unit for diagnostic assessment as required by HIPAA. Permits implementation as an enhanced rate for assessments or as separate reimbursable components.
- 7** **Critical access mental health rate increase.** Amends §256B.763. Adds paragraph (h) which increases payment rates for specified services provided by community mental health centers 23.7 percent over rates in effect on January 1, 2009.
- 8** **General assistance medical care; services.** Amends §256D.03, subd. 4. Adds the following two services to the coverage under general assistance medical care:
- Up to six hours of service per client per year, without authorization, of consultation and care coordination under children’s therapeutic services and support, adult rehabilitative mental health services, or community mental health services
 - Up to six hours of service per client per year for collateral contacts as a component of children’s therapeutic services and supports, adult rehabilitative mental health services, or community mental health services.
- 9** **Other health coverage.** Amends §256L.07, subd. 3. Strikes the 4 month waiting period requirement for individuals and families enrolling in the MinnesotaCare program. Permits a family to enroll in MinnesotaCare if their current insurance does not provide mental health coverage or has coverage that provides fewer services than those covered under the medical

assistance program.

- 10** **Provider rate increases.** Amends Laws 2007, chapter 147, article 7, section 71. Provides rate increases for community mental health center services and crisis services. Makes technical changes.

Article 5: Employment Support

Overview

This article creates and appropriates funds for employment projects and programs for individuals with a mental illness.

- 1** **Employment support.** Requires the commissioner of employment and economic development to fund special employment projects for individuals with a mental illness. Lists the focus populations.
- 2** **Appropriations.** Paragraph (a) appropriates an unspecified sum from the general fund to the commissioner of employment and economic development for the employment support special projects in section 1.

Paragraph (b) appropriates an unspecified sum from the general fund to the commissioner of employment and economic development for the extended employment-serious mental illness program under section 1.

Article 6: Employee Relations; Health Insurance Coverage

Overview

This article requires dependent coverage for unmarried children to age 25, and requires mental health benefits to be the same as the medical assistance benefit set.

- 1** **General.** Amends §43A.23, subd. 1. Requires dependent coverage for an eligible employee's unmarried child under the age of 25. Strikes the requirement that the unmarried child be a full-time student.
- 2** **Mental health services.** Amends §43A.316, by adding subd. 6b. Requires mental health benefits to be consistent with the mental health benefit set offered under chapter 256B.

Article 7: Education Related Mental Health Provision

Overview

This article requires school districts to provide summer school for children in day treatment or residential care, expands the uses for the safe school levy, mandates a study on health insurance for all higher education students, and a creates grant

program to help youth transition to adulthood.

- 1 **Legitimate exemptions.** Amends §120A.22, subd. 12. Adds that an absence can be excused based on a note from a physician or a licensed mental health professional that the child is receiving treatment for a mental health diagnosis.
- 2 **Placement in another district; responsibility.** Amends §125A.15. Provides that a child with a disability who is placed out of district in a day treatment or a residential facility during the summer is automatically eligible for summer school.
- 3 **Placement of children without disabilities; education and transportation.** Amends §125A.51. Provides that a child with a short-term or temporary illness or disability who is in day treatment or a residential facility during the summer is automatically eligible for summer school.
- 4 **Safe schools levy.** Amends §126C.44. Expands the levy to pay the costs for school liaison peace officers and sheriffs to receive mental health crisis intervention team training.
- 5 **Higher education student health insurance program.** Requires the commissioner of human services, in consultation with the Office of Higher Education, to study options to ensure students enrolled in a higher education program have health insurance. Instructs the commissioner to evaluate costs associated with a mandatory requirement for health insurance for this population. Mandates a report to the legislative committees with jurisdiction of higher education no later than January 15, 2010.
- 6 **Transition programs for students with emotional or behavioral difficulties.** Instructs the commissioner of education to provide grants to schools to develop services for youth with emotional or behavioral difficulties who are in transition to adulthood. Specifies approaches that are to be used. Authorizes funds to be used for a community based steering committee and for transition facilitators.