

Subject Child and family mental health services

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Overview

This bill includes proposals related to children’s mental health and assistance for families dealing with mental illness. It expands child care assistance eligibility for primary caregivers with mental health diagnoses, allows minor consent to nonresidential mental health services, adds room and board and other requirements for children’s residential treatment for children not in a foster care placement, and increases payment rates for children’s mental health service providers. The bill also contains provisions related to provider training and certification, assertive community treatment, psychiatric residential treatment facilities, children’s therapeutic services and supports, children’s intensive behavioral health services, and qualified residential treatment program aftercare services, and modifies the definition of “child in need of protection or services” for circumstances related to children’s mental health care availability. Additionally, the bill modifies and establishes grant programs and grant requirements for a range of children’s mental health services, and appropriates money for grants and services.

Summary

Section	Description
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1	Eligible participants.
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	Amends § 119B.05, subd. 1. Adds category to families eligible for child care assistance under the MFIP child care program, to allow assistance for MFIP child-only families up to 20 hours of child care per week for children ages six and under, as recommended by a parent’s treating mental health professional, if the primary caregiver has a mental illness diagnosis.
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2	Nonresidential mental health services.
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	Adds § 144.3431. Allows a minor who is 16 or older to consent to nonresidential mental health services, and the consent of no other person is required. Defines nonresidential mental health services as outpatient services provided to a minor not
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Section	Description
	residing in a hospital, inpatient unit, or licensed residential treatment facility or program.
3	Mental health innovation grant program. Amends § 245.4662. Adds psychiatric residential treatment facility (PRTF) definition and adds PRTF services and reducing child emergency room boarding and discharge delay to eligible grant purposes; adds specialized services for children to authorized grant activities.
4	Establishment and authority. Amends § 245.4889, subd. 1. In children’s mental health grants respite care services, modifies terminology from “out-of-home placement” to “residential treatment or hospitalization;” expands eligibility for respite care services; requires counties to work to provide access to regular respite care.
5	Room and board provider requirements. Amends § 245.05, subd. 1a. Adds programs providing children’s residential mental health services, except for child protection or voluntary foster care for treatment placements, to list of vendors eligible for room and board payments from the behavioral health fund.
6	Child and adult transition to community initiative. Amends § 256.478. Expands the transition to community initiative to provide grants for supportive short- and long-needs services for children. Modifies eligibility criteria to include a demonstration that current services are not able to meet community-based treatment or service needs; adds types of residential settings; adds criteria for needs beyond current service designs.
7	Peer support specialist program providers. Amends § 256B.0616, subd. 4. Adds requirement for the commissioner to develop a process to certify peer training support.
8	Certified family peer specialist training and certification. Amends § 256B.0616, subd. 5. Allows the commissioner to approve, rather than only to develop, a training and certification process for family peer specialists. Allows training to be delivered by organizations approved by the commissioner.
9	Payment rate increase. Amends § 256B.0616 by adding subd. 6. Increases medical assistance payment rates for mental health certified family peer specialist services by 50 percent beginning January 1, 2024.

Section	Description
10	<p>Eligibility for assertive community treatment.</p> <p>Amends § 256B.0622, subd. 2a. Adds to criteria evidencing need for high-intensity services, that a person was receiving and eligible for youth ACT services and turned 21 years of age.</p>
11	<p>Crisis assessment and intervention staff qualifications.</p> <p>Amends § 256B.0624, subd. 5. Adds that at least 6 hours of the required ongoing training for crisis assessment and intervention staff must be specific to working with families and providing crisis stabilization services to children; lists topics that must be included in such training.</p>
12	<p>Crisis stabilization staff qualifications.</p> <p>Amends § 256B.0624, subd. 8. Adds that at least 6 hours of the required ongoing training for mental health crisis stabilization staff must be specific to working with families and providing crisis stabilization services to children; lists topics that must be included in such training.</p>
13	<p>Transportation costs.</p> <p>Amends § 256B.0625, subd. 17. Adds type III vehicles (passenger vehicles and buses with seating capacity of ten or fewer people) to list of permissible modes of nonemergency medical transportation under medical assistance. Specifies that clients age 20 or younger are eligible for assisted transport, unless they meet requirements for other types of transport. Sets base and mileage rates for transporting clients age 20 or younger in type III vehicles.</p>
14	<p>Psychiatric residential treatment facility services for persons younger than 21 years of age.</p> <p>Amends § 256B.0625, subd. 45a. Increases number of PRTF beds the commissioner must enroll and specifies that the beds may be at up to 10 sites. Adds criteria for eligible providers.</p>
15	<p>Definitions.</p> <p>Amends § 256B.0659, subd. 1. Modifies definition of “extended personal care assistance service” to allow for such services when an individual has experienced long emergency room stays with delayed discharge due to their mental illness or co-occurring diagnosis and the individual’s family cannot hire staff to provide home care.</p>

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16	Enhanced rate. Amends § 256B.0659, subd. 17a. Adds additional 20 percent enhanced PCA rate for services provided to children with a mental illness or developmental disability, who exhibit high aggression.
17	Definitions. Amends § 256B.0943, subd. 1. Adds definition of “children’s care coordination” for purposes of children’s therapeutic services and supports (CTSS).
18	Covered service components of children’s therapeutic services and supports. Amends § 256B.0943, subd. 2. Adds children’s care coordination to list of CTSS service components.
19	Service delivery criteria. Amends § 256B.0943, subd. 9. Adds CTSS medical assistance payment requirements related to providers of children’s care coordination services. Requires the commissioner to cover children’s care coordination activities by client and treatment plan need, and not as a cap coverage.
20	At-home services rate enhancement. Amends § 256B.0943 by adding subd. 14. Provides a 30 percent payment rate enhancement for CTSS providers, for direct services provided in a child or family’s home.
21	Medical assistance payment and rate setting. Amends § 256B.0946, subd. 7. Provides a 30 percent payment rate enhancement for children’s intensive behavioral health services providers, for direct services provided in a child or family’s home.
22	Medical assistance payment and rate setting. Amends § 256B.0947, subd. 7. Provides a 130 percent payment rate enhancement for children’s intensive nonresidential rehabilitative mental health services, for direct services provided in a client or family’s home.
23	Young adult continuity of care. Amends § 256B.0947 by adding subd. 10. Allows a client to continue to receive services from the client’s children’s intensive behavioral health services or youth ACT providers until the client is 27 years old.
24	Child in need of protection or services. Amends § 260C.007, subd. 6. Amends the definition of “child in need of protection or services” by specifying that abandonment does not include circumstances when a

Section	Description
	parent cannot take their child home from an emergency room due to lack of services to ensure safety. Further adds that lack of necessities or special care does not include circumstances when the required and appropriate care for the child is not available in the mental health system.
25	Out-of-home placement plan for qualified residential treatment program placements. Amends § 260C.708. Adds paragraph requiring the agency to provide aftercare services for six months following a child’s discharge from a qualified residential treatment program. Specifies what aftercare services may include.
26	Rural family response and stabilization services pilot program. Requires the commissioner of human services to establish a pilot program to provide family response and stabilization services in rural areas, for children ages five to 18 who have a mental illness; lists required services; directs the commissioner to require reporting and establish program objectives.
27	Direction to the commissioner. Requires the commissioner of human services to update the behavioral health fund room and board rate schedule to include children’s residential treatment for children not placed through a child protection or foster care placement.
28	Direction to the commissioner to maximize existing Medicaid benefits to deliver family-focused children’s mental health care. Directs the commissioner of human services to assemble experts to conduct a review of the state Medicaid plan and identify existing benefits to use for family-focused children’s mental health care. Requires a report to the legislature by January 1, 2024.
29	Direction to commissioner; collaborative intensive bridging services. Requires the commissioner of human services to request federal approval of a benefit and rate for collaborative bridging services, by June 30, 2026.
30	Appropriation. Appropriates money in fiscal years 2024 and 2025 from the general fund to the commissioner of human services for additional child and adult transition to community funding.
31	Appropriation; respite care services. Appropriates \$350,000 in fiscal year 2024 and \$350,000 in fiscal year 2025 for children’s mental health grants related to respite care services for families of children with serious mental illness.

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32	Appropriation; children’s school-linked mental health grants. Appropriates money in fiscal years 2024 and 2025 from the general fund to the commissioner of human services for school-linked mental health services. Outlines requirements for targeting and distributing funding.
33	Appropriation; shelter-linked mental health grants. Appropriates money in fiscal years 2024 and 2025 from the general fund to the commissioner of human services for shelter-linked youth mental health grants.
34	Appropriation. Appropriates money in fiscal year 2024 from the general fund to the commissioner of human services to increase staffing of the state medical review team.
35	Appropriation. Appropriates money in fiscal years 2024 and 2025 from the general fund to the commissioner of human services to expand early childhood mental health services and early childhood mental health consultation grants.
36	Appropriation. Appropriates money in fiscal years 2024 and 2025 from the general fund to the commissioner of human services for administrative costs related to expanding MFIP child care assistance.
37	Appropriation. Appropriates money in fiscal year 2024 from the general fund to the commissioner of human services for ongoing mobile crisis team training.
38	Appropriation. Appropriates money in fiscal year 2024 from the general fund to the commissioner of human services for a grant to fund the rural family response and stabilization services pilot program.
39	Appropriation; psychiatric residential treatment facilities. Appropriates \$2,000,000 in fiscal year 2024 and \$1,500,000 in fiscal year 2025 from the general fund to the commissioner of human services for PRTF start-up and capacity development grants.
40	Appropriation; training grants for intensive in-home services. Appropriates \$1,250,000 in fiscal year 2024 from the general fund to the commissioner of human services for grants to train staff providing intensive in-home children’s mental health care.

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41	Appropriation; collaborative intensive bridging services. Appropriates money in fiscal years 2024 and 2025 from the general fund to the commissioner of human services for grants to sustain existing collaborative bridging services.
42	Appropriation; children’s mental health discharge options. Appropriates money in fiscal years 2024 and 2025 from the general fund to the commissioner of human services for the development of placement options to prevent delayed discharge from emergency rooms for children with mental illness.
43	Appropriation; child first programs. Appropriates \$810,000 in fiscal year 2024 and \$1,800,000 in fiscal year 2025 from the general fund to the commissioner of human services for grants to child first programs providing services to families according to the child first model.



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