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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 742

02/04/2019 Authored by Morrison, Pinto, Zerwas, Moran and Hamilton
The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to human services; modifying provisions governing children's and parent's
1.3 mental health; appropriating money; amending Minnesota Statutes 2018, sections
1.4 119B.05, subdivision 1; 245.4889, subdivision 1; 256F.10, subdivision 7.

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

1.6 Section 1. Minnesota Statutes 2018, section 119B.05, subdivision 1, is amended to read:

1.7 Subdivision 1. Eligible participants. Families eligible for child care assistance under
1.8 the MFIP child care program are:

1.9 (1) MFIP participants who are employed or in job search and meet the requirements of
1.10 section 119B.10;

1.11 (2) persons who are members of transition year families under section 119B.011,
1.12 subdivision 20, and meet the requirements of section 119B.10;

1.13 (3) families who are participating in employment orientation or job search, or other
1.14 employment or training activities that are included in an approved employability development
1.15 plan under section 256J.95;

1.16 (4) MFIP families who are participating in work job search, job support, employment,
1.17 or training activities as required in their employment plan, or in appeals, hearings,
1.18 assessments, or orientations according to chapter 256J;

1.19 (5) MFIP families who are participating in social services activities under chapter 256J
1.20 as required in their employment plan approved according to chapter 256J;

1.21 (6) families who are participating in services or activities that are included in an approved
1.22 family stabilization plan under section 256J.575;

2.1 (7) families who are participating in programs as required in tribal contracts under section
2.2 119B.02, subdivision 2, or 256.01, subdivision 2;

2.3 (8) families who are participating in the transition year extension under section 119B.011,
2.4 subdivision 20a;

2.5 (9) student parents as defined under section 119B.011, subdivision 19b; ~~and~~

2.6 (10) student parents who turn 21 years of age and who continue to meet the other
2.7 requirements under section 119B.011, subdivision 19b. A student parent continues to be
2.8 eligible until the student parent is approved for basic sliding fee child care assistance or
2.9 until the student parent's redetermination, whichever comes first. At the student parent's
2.10 redetermination, if the student parent was not approved for basic sliding fee child care
2.11 assistance, a student parent's eligibility ends following a 15-day adverse action notice; and

2.12 (11) MFIP child-only cases under section 256J.88, for up to 20 hours of child care per
2.13 week for children six years of age and younger, as recommended by the treating mental
2.14 health professional, when either the child's primary caregiver has a diagnosis of a mental
2.15 illness and is in need of intensive treatment, or the child is in need of a consistent caregiver.

2.16 Sec. 2. Minnesota Statutes 2018, section 245.4889, subdivision 1, is amended to read:

2.17 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
2.18 make grants from available appropriations to assist:

2.19 (1) counties;

2.20 (2) Indian tribes;

2.21 (3) children's collaboratives under section 124D.23 or 245.493; or

2.22 (4) mental health service providers.

2.23 (b) The following services are eligible for grants under this section:

2.24 (1) services to children with emotional disturbances as defined in section 245.4871,
2.25 subdivision 15, and their families;

2.26 (2) transition services under section 245.4875, subdivision 8, for young adults under
2.27 age 21 and their families;

2.28 (3) respite care services for children with severe emotional disturbances who are at risk
2.29 of out-of-home placement;

2.30 (4) children's mental health crisis services;

- 3.1 (5) mental health services for people from cultural and ethnic minorities;
- 3.2 (6) children's mental health screening and follow-up diagnostic assessment and treatment;
- 3.3 (7) services to promote and develop the capacity of providers to use evidence-based
3.4 practices in providing children's mental health services;
- 3.5 (8) school-linked mental health services, including transportation for children receiving
3.6 school-linked mental health services when school is not in session;
- 3.7 (9) building evidence-based mental health intervention capacity for children birth to age
3.8 five;
- 3.9 (10) suicide prevention and counseling services that use text messaging statewide;
- 3.10 (11) mental health first aid training;
- 3.11 (12) training for parents, collaborative partners, and mental health providers on the
3.12 impact of adverse childhood experiences and trauma and development of an interactive
3.13 website to share information and strategies to promote resilience and prevent trauma;
- 3.14 (13) transition age services to develop or expand mental health treatment and supports
3.15 for adolescents and young adults 26 years of age or younger;
- 3.16 (14) early childhood mental health consultation;
- 3.17 (15) evidence-based interventions for youth at risk of developing or experiencing a first
3.18 episode of psychosis, and a public awareness campaign on the signs and symptoms of
3.19 psychosis;
- 3.20 (16) psychiatric consultation for primary care practitioners; ~~and~~
- 3.21 (17) providers to begin operations and meet program requirements when establishing a
3.22 new children's mental health program. These may be start-up grants; and
- 3.23 (18) promoting and developing a provider's capacity to deliver multigenerational mental
3.24 health treatment and services.
- 3.25 (c) Services under paragraph (b) must be designed to help each child to function and
3.26 remain with the child's family in the community and delivered consistent with the child's
3.27 treatment plan. Transition services to eligible young adults under this paragraph must be
3.28 designed to foster independent living in the community.

4.1 Sec. 3. Minnesota Statutes 2018, section 256F.10, subdivision 7, is amended to read:

4.2 Subd. 7. **Expansion of services and base level of expenditures.** (a) Counties and tribal
4.3 social services must continue the base level of expenditures for preventive child welfare
4.4 services from either or both of any state, county, or federal funding source, which, in the
4.5 absence of federal funds earned under this section, would have been available for these
4.6 services. The commissioner shall review the county or tribal social services expenditures
4.7 annually using reports required under sections 245.482 and 256.01, subdivision 2, paragraph
4.8 (p), to ensure that the base level of expenditures for preventive child welfare services is
4.9 continued from sources other than the federal funds earned under this section.

4.10 (b) The commissioner may reduce, suspend, or eliminate either or both of a county's or
4.11 tribal social services' obligations to continue the base level of expenditures and to expand
4.12 child welfare preventive services if the commissioner determines that one or more of the
4.13 following conditions apply to that county or reservation:

4.14 (1) imposition of levy limits that significantly reduce available social service funds;

4.15 (2) reduction in the net tax capacity of the taxable property within a county or reservation
4.16 that significantly reduces available social service funds;

4.17 (3) reduction in the number of children under age 19 in the county or reservation by 25
4.18 percent when compared with the number in the base year using the most recent data provided
4.19 by the State Demographer's Office; or

4.20 (4) termination of the federal revenue earned under this section.

4.21 (c) The commissioner may suspend for one year either or both of a county's or tribal
4.22 social services' obligations to continue the base level of expenditures and to expand child
4.23 welfare preventive services if the commissioner determines that in the previous year one
4.24 or more of the following conditions applied to that county or reservation:

4.25 (1) the total number of children in placement under sections 260C.212 and 393.07,
4.26 subdivisions 1 and 2, has been reduced by 50 percent from the total number in the base
4.27 year; or

4.28 (2) the average number of children in placement under sections 260C.212 and 393.07,
4.29 subdivisions 1 and 2, on the last day of each month is equal to or less than one child per
4.30 1,000 children in the county or reservation.

4.31 (d) For the purposes of this section, child welfare preventive services are those services
4.32 directed toward a specific child or family that further the goals of Minnesota Statutes 2002,
4.33 section 256F.01, and include assessments, family preservation services, service coordination,

5.1 community-based treatment, crisis nursery services when the parents retain custody and
 5.2 there is no voluntary placement agreement with a child-placing agency, respite care except
 5.3 when it is provided under a medical assistance waiver, home-based services, and other
 5.4 related services; child welfare targeted case management is not a required prerequisite for
 5.5 respite care. For the purposes of this section, child welfare preventive services shall not
 5.6 include shelter care placements under the authority of the court or public agency to address
 5.7 an emergency, residential services except for respite care, child care for the purposes of
 5.8 employment and training, adult services, services other than child welfare targeted case
 5.9 management when they are provided under medical assistance, placement services, or
 5.10 activities not directed toward a specific child or family. Respite care must be planned, routine
 5.11 care to support the continuing residence of the child with its family or long-term primary
 5.12 caretaker and must not be provided to address an emergency.

5.13 (e) For the counties and tribal social services beginning to claim federal reimbursement
 5.14 for services under this section and section 256B.094, the base year is the calendar year
 5.15 ending at least two calendar quarters before the first calendar quarter in which the provider
 5.16 begins claiming reimbursement. For the purposes of this section, the base level of
 5.17 expenditures is the level of county or tribal social services expenditures in the base year for
 5.18 eligible child welfare preventive services described in this subdivision.

5.19 Sec. 4. **APPROPRIATIONS.**

5.20 (a) \$..... in fiscal year 2020 and \$..... in fiscal year 2021 are appropriated from the
 5.21 general fund to the commissioner of human services for child care assistance under Minnesota
 5.22 Statutes, section 119B.05, subdivision 1, clause (11).

5.23 (b) \$..... in fiscal year 2020 and \$..... in fiscal year 2021 are appropriated from the
 5.24 general fund to the commissioner of human services for children's mental health grants
 5.25 under Minnesota Statutes, section 245.4889, subdivision 1, paragraph (b), clause (18), to
 5.26 promote and develop the capacity of mental health providers to deliver evidence-based
 5.27 multigenerational mental health treatment and services that are designed to increase
 5.28 supportive and responsive caregiving for children with mental illness by parents or caregivers
 5.29 with mental illness, and to conduct an independent evaluation of the effectiveness of these
 5.30 interventions. This appropriation is added to the base.

5.31 (c) \$..... in fiscal year 2020 and \$..... in fiscal year 2021 are appropriated from the
 5.32 general fund to the commissioner of human services to expand early childhood mental health
 5.33 consultation grants under Minnesota Statutes, section 245.4889, subdivision 1, paragraph
 5.34 (b), clause (14). Early childhood mental health consultation includes training provided by

- 6.1 a professional competent in early childhood mental health; regular on-site consultation for
6.2 staff serving high-risk and low-income families; and referrals to clinical services for parents
6.3 and children with mental health conditions. Of this appropriation, money shall be awarded
6.4 proportionally among current grantees based on the number of regions a grantee serves.
6.5 This appropriation is added to the base.