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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 4671

03/07/2024 Authored by Fischer
The bill was read for the first time and referred to the Committee on Human Services Policy

1.1 A bill for an act
1.2 relating to mental health; modifying respite care grants; creating a youth care
1.3 professional training program; modifying adult and children's mobile transition
1.4 units; appropriating money; amending Minnesota Statutes 2023 Supplement,
1.5 section 245.4889, subdivision 1; Laws 2021, First Special Session chapter 7, article
1.6 17, section 12, as amended; proposing coding for new law in Minnesota Statutes,
1.7 chapter 245.

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

1.9 Section 1. Minnesota Statutes 2023 Supplement, section 245.4889, subdivision 1, is
1.10 amended to read:

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

- 1.13 (1) counties;
1.14 (2) Indian tribes;
1.15 (3) children's collaboratives under section 124D.23 or 245.493; or
1.16 (4) mental health service providers.

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

- 1.18 (1) services to children with emotional disturbances as defined in section 245.4871,
1.19 subdivision 15, and their families;
1.20 (2) transition services under section 245.4875, subdivision 8, for young adults under
1.21 age 21 and their families;

- 2.1 (3) respite care services for children with emotional disturbances or severe emotional  
2.2 disturbances who are at risk of ~~out-of-home placement~~ or residential treatment or  
2.3 hospitalization, who are already in out-of-home placement in family foster settings as defined  
2.4 in chapter 245A and at risk of change in out-of-home placement or placement in a residential  
2.5 facility or other higher level of care, who have utilized crisis services or emergency room  
2.6 services, or who have experienced a loss of in-home staffing support. Allowable activities  
2.7 and expenses for respite care services are defined under subdivision 4. A child is not required  
2.8 to have case management services to receive respite care services. Counties must work to  
2.9 provide regular access to regularly scheduled respite care;
- 2.10 (4) children's mental health crisis services;
- 2.11 (5) child-, youth-, and family-specific mobile response and stabilization services models;
- 2.12 (6) mental health services for people from cultural and ethnic minorities, including  
2.13 supervision of clinical trainees who are Black, indigenous, or people of color;
- 2.14 (7) children's mental health screening and follow-up diagnostic assessment and treatment;
- 2.15 (8) services to promote and develop the capacity of providers to use evidence-based  
2.16 practices in providing children's mental health services;
- 2.17 (9) school-linked mental health services under section 245.4901;
- 2.18 (10) building evidence-based mental health intervention capacity for children birth to  
2.19 age five;
- 2.20 (11) suicide prevention and counseling services that use text messaging statewide;
- 2.21 (12) mental health first aid training;
- 2.22 (13) training for parents, collaborative partners, and mental health providers on the  
2.23 impact of adverse childhood experiences and trauma and development of an interactive  
2.24 website to share information and strategies to promote resilience and prevent trauma;
- 2.25 (14) transition age services to develop or expand mental health treatment and supports  
2.26 for adolescents and young adults 26 years of age or younger;
- 2.27 (15) early childhood mental health consultation;
- 2.28 (16) evidence-based interventions for youth at risk of developing or experiencing a first  
2.29 episode of psychosis, and a public awareness campaign on the signs and symptoms of  
2.30 psychosis;
- 2.31 (17) psychiatric consultation for primary care practitioners; and

3.1 (18) providers to begin operations and meet program requirements when establishing a  
3.2 new children's mental health program. These may be start-up grants.

3.3 (c) Services under paragraph (b) must be designed to help each child to function and  
3.4 remain with the child's family in the community and delivered consistent with the child's  
3.5 treatment plan. Transition services to eligible young adults under this paragraph must be  
3.6 designed to foster independent living in the community.

3.7 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party  
3.8 reimbursement sources, if applicable.

3.9 (e) The commissioner may establish and design a pilot program to expand the mobile  
3.10 response and stabilization services model for children, youth, and families. The commissioner  
3.11 may use grant funding to consult with a qualified expert entity to assist in the formulation  
3.12 of measurable outcomes and explore and position the state to submit a Medicaid state plan  
3.13 amendment to scale the model statewide.

3.14 Sec. 2. **[245.4908] YOUTH CARE PROFESSIONAL TRAINING PROGRAM.**

3.15 **Subdivision 1. Establishment.** The commissioner of human services must establish a  
3.16 youth care professional training program to provide relevant onboarding and initial and  
3.17 annual training requirements for direct care staff in children's residential treatment settings  
3.18 described in Minnesota Rules, chapter 2960, excluding foster care and foster residences,  
3.19 and that provide day treatment services described in section 256B.0943.

3.20 **Subd. 2. Program development.** The commissioner must contract with a third-party  
3.21 training provider who has expertise in child welfare, trauma-informed care, and youth  
3.22 development. The training provider must establish a curriculum for and administer the  
3.23 training program. The training provider must include children's residential and children's  
3.24 mental health day treatment providers in the development of the curriculum.

3.25 **Subd. 3. Program activities.** (a) The training provider must teach participants how to  
3.26 provide services to a person according to a trauma-informed model of care.

3.27 (b) Courses taught to program participants must cover Minnesota Rules, chapter 2960,  
3.28 including:

3.29 (1) data practices regulations and issues;

3.30 (2) culturally competent care;

3.31 (3) racial bias and racism;

3.32 (4) physical, mental, sensory, and health-related disabilities, bias, and discrimination;

4.1 (5) gender-based needs and sexual orientation;

4.2 (6) critical incident report writing;

4.3 (7) staff and resident grievance procedure;

4.4 (8) medication assistance; and

4.5 (9) CPR and first aid.

4.6 (c) The training provider must create and maintain a youth care professional registry  
 4.7 where participants who complete the training program can be listed. When a participant  
 4.8 completes the training program, their name and the completion date must be listed in the  
 4.9 youth care professional registry. The training provider must maintain a learning management  
 4.10 system to keep a record of each participant's completed training programs. A participant's  
 4.11 record may be shared with any child-serving organization the participant is employed with,  
 4.12 with the participant's written approval.

4.13 Sec. 3. Laws 2021, First Special Session chapter 7, article 17, section 12, as amended by  
 4.14 Laws 2022, chapter 98, article 15, section 13, Laws 2022, chapter 99, article 1, section 43,  
 4.15 and Laws 2023, chapter 70, article 20, section 18, is amended to read:

4.16 Sec. 12. **ADULT AND CHILDREN'S MOBILE TRANSITION UNITS.**

4.17 (a) This act includes \$1,572,000 in fiscal year 2022 and \$0 in fiscal year 2023 for the  
 4.18 commissioner of human services to create adult and children's mental health transition and  
 4.19 support teams to facilitate transition back to the community or to the least restrictive level  
 4.20 of care from inpatient psychiatric settings, emergency departments, inpatient hospitalization,  
 4.21 juvenile detention facilities, residential treatment facilities, and child and adolescent  
 4.22 behavioral health hospitals. Any unexpended amount in fiscal year 2022 is available through  
 4.23 June 30, 2023. The general fund base included in this act for this purpose is \$1,875,000 in  
 4.24 fiscal year 2024 and ~~\$0~~ \$2,500,000 in fiscal year 2025.

4.25 (b) Beginning April 1, 2024, counties may fund and continue conducting activities  
 4.26 funded under this section.

4.27 ~~(c) This section expires March 31, 2024.~~

4.28 **EFFECTIVE DATE.** This section is effective retroactively from January 1, 2024.

5.1       Sec. 4. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; RESPITE**  
5.2 **CARE ACCESS.**

5.3       The commissioner of human services, in coordination with stakeholders, must develop  
5.4 proposals by December 31, 2025, to increase access to licensed respite foster care homes  
5.5 that take into consideration the new rule directing title IV-E agencies to adopt one set of  
5.6 licensing or approval standards for all relative or kinship foster family homes that is different  
5.7 from the licensing or approval standards used for nonrelative/nonkinship foster family  
5.8 homes, as provided by the Federal Register, volume 88, page 66700.

5.9       Sec. 5. **DIRECTION TO COMMISSIONER; MEDICAL ASSISTANCE**  
5.10 **CHILDREN'S RESIDENTIAL MENTAL HEALTH CRISIS STABILIZATION.**

5.11       (a) The commissioner of human services must consult with providers, advocates, Tribal  
5.12 Nations, counties, people with lived experience as or with a child in a mental health crisis,  
5.13 and other interested community members to develop a covered benefit under medical  
5.14 assistance to provide residential mental health crisis stabilization for children. The benefit  
5.15 must:

5.16       (1) consist of evidence-based promising practices, or culturally responsive treatment  
5.17 services for children under the age of 21 experiencing a mental health crisis;

5.18       (2) embody an integrative care model that supports individuals experiencing a mental  
5.19 health crisis who may also be experiencing co-occurring conditions;

5.20       (3) qualify for federal financial participation; and

5.21       (4) include services that support children and families, including but not limited to:

5.22       (i) an assessment of the child's immediate needs and factors that led to the mental health  
5.23 crisis;

5.24       (ii) individualized care to address immediate needs and restore the child to a precrisis  
5.25 level of functioning;

5.26       (iii) 24-hour on-site staff and assistance;

5.27       (iv) supportive counseling and clinical services;

5.28       (v) skills training and positive support services, as identified in the child's individual  
5.29 crisis stabilization plan;

5.30       (vi) referrals to other service providers in the community as needed and to support the  
5.31 child's transition from residential crisis stabilization services;

6.1 (vii) development of an individualized and culturally responsive crisis response action  
 6.2 plan; and

6.3 (viii) assistance to access and store medication.

6.4 (b) When developing the new benefit, the commissioner must make recommendations  
 6.5 for providers to be reimbursed for room and board.

6.6 (c) The commissioner must consult with or contract with rate-setting experts to develop  
 6.7 a prospective data-based rate methodology for the children's residential mental health crisis  
 6.8 stabilization benefit.

6.9 (d) No later than October 1, 2025, the commissioner must submit to the chairs and  
 6.10 ranking minority members of the legislative committees with jurisdiction over human  
 6.11 services policy and finance a report detailing for the children's residential mental health  
 6.12 crisis stabilization benefit the proposed:

6.13 (1) eligibility, clinical and service requirements, provider standards, licensing  
 6.14 requirements, and reimbursement rates;

6.15 (2) process for community engagement, community input, and crisis models studied in  
 6.16 other states;

6.17 (3) deadline for the commissioner to submit a state plan amendment to the Centers for  
 6.18 Medicare and Medicaid Services; and

6.19 (4) draft legislation with the statutory changes necessary to implement the benefit.

6.20 **EFFECTIVE DATE.** This section is effective July 1, 2024.

6.21 **Sec. 6. SCHOOL-LINKED BEHAVIORAL HEALTH GRANT BASE.**

6.22 The base for school-linked behavioral health grants under Minnesota Statutes, section  
 6.23 245.4901, is increased by \$2,500,000 in fiscal year 2026 and \$2,500,000 in fiscal year 2027.

6.24 **Sec. 7. APPROPRIATION; YOUTH CARE PROFESSIONAL TRAINING**  
 6.25 **PROGRAM.**

6.26 \$1,500,000 in fiscal year 2025 is appropriated from the general fund to the commissioner  
 6.27 of human services to contract with a third-party training provider who will develop the  
 6.28 youth care professional training program under Minnesota Statutes, section 245.4908, who  
 6.29 will administer the training program, and who will maintain a youth care professional registry  
 6.30 with information on participants who complete the training program. The general fund base  
 6.31 for this appropriation is \$950,000 in fiscal year 2026 and \$0 in fiscal year 2027.

7.1 Sec. 8. **APPROPRIATION; RESPITE CARE SERVICES.**

7.2 (a) \$5,000,000 in fiscal year 2025 is appropriated from the general fund to the  
7.3 commissioner of human services for respite care services under Minnesota Statutes, section  
7.4 245.4889, subdivision 1, paragraph (b), clause (3).

7.5 (b) Of this appropriation, \$1,000,000 in fiscal year 2025 is for grants to private  
7.6 child-placing agencies, as defined in Minnesota Rules, chapter 9545, to conduct recruitment  
7.7 and support licensing activities that are specific to increasing the availability of licensed  
7.8 foster homes to provide respite care services.

7.9 Sec. 9. **APPROPRIATION; COMMUNITY-BASED GROUP HOME CARE.**

7.10 \$2,000,000 in fiscal year 2025 is appropriated from the general fund to the commissioner  
7.11 of human services for grants to organizations that serve children under Minnesota Rules,  
7.12 chapter 2960. Grant funds must be used to develop community-based group home care to  
7.13 serve children who require 24/7 supervised support to successfully live at their highest level  
7.14 of community integration in the least restrictive setting.

7.15 Sec. 10. **APPROPRIATION; IN-HOME CHILDREN'S MENTAL HEALTH**  
7.16 **INFRASTRUCTURE GRANTS.**

7.17 (a) \$10,000,000 in fiscal year 2025 is appropriated from the general fund to the  
7.18 commissioner of human services for infrastructure grants to develop family-centered in-home  
7.19 mental health services that include children's intensive behavioral health services under  
7.20 Minnesota Statutes, section 256B.0946; intensive rehabilitative mental health services under  
7.21 Minnesota Statutes, section 256B.0947; services under Minnesota Statutes, section  
7.22 256B.0943, that are provided in-home; and Hi-Fidelity Wrap Around and Collaborative  
7.23 Intensive Bridging Services under Minnesota Statutes, section 245.4889, subdivision 1,  
7.24 paragraph (b), clause (17).

7.25 (b) Grant funding may be used for start-up costs including but not limited to initial hiring  
7.26 for specialized roles, staff training, technical assistance, and ancillary service costs required  
7.27 to establish and support the launch of these intensive mental health team models.