Adult Mental Health

Community Mental Health Crisis Centers
The bonding bill appropriated $28.1 million for what they are calling “behavioral health crisis facilities.” This funding is for buying land and building facilities (bricks and mortar) – the actual cost of building them, up to $5 million per project. Only a publicly owned hospital, city, county or housing and redevelopment authority can apply and must be working with the mental health authority or a regional consortium of organizations that serve people with a mental illness or substance use disorder.

The facilities must provide mental health or substance use disorder services. Proposals are to be submitted to the Department of Human Services (DHS) and must:

- Demonstrate a need for the program;
- Provide a detailed service plan regarding the mental health care that will be provided including staffing requirements;
- Provide an estimated cost of operating the program;
- Confirm the financial sustainability of the facility including third party payments from private insurance and Medical Assistance;
- Demonstrate an ability and willingness to build on existing resources within the community;
- Agree to regular evaluations by the Department of Human Services on the quality and financial sustainability of the program.

This is a new model, and DHS must submit a report to the legislature with information on the funded projects every odd-numbered year. These facilities are supposed to do more than just assess someone and refer them to services. Two communities are poised to apply, Duluth and Rochester.

Chapter 214

IRTS/ Crisis Stabilization Services
Removes the requirement to have a host county contract for the development of Intensive Residential Treatment Services (IRTS) and Crisis Stabilization Services. These are community mental health treatment options that can are alternatives to or a step down from hospitalization.

Instead of obtaining a host county contract an IRTS/Crisis provider must document that existing programs do not have the capacity to serve the needs of the target population, and submit evidence of ongoing relationships with other local providers. They must request a statement of need from every county board or tribe that serves as the local mental health authority where the IRTS/Crisis will be offering services. The statement of need must state whether or not and why the county or tribe supports or does not support the need for the program based on the information submitted by the provider.
If the county or tribe fails to respond within 60 days, then the commissioner of the Department of Human Services will determine if there is a need for the program. This should speed up the process of developing new IRTS and crisis services. Chapter 151

**Scott County IRTS Facility**  
Scott County and Guild Incorporated received $1.9 million from the bonding bill to build a 16 bed facility that will provide Intensive Residential Treatment Services (IRTS) and crisis stabilization beds for people with a mental illness. Chapter 214

**State Operated Facilities**  
The bonding bill included $10 million in asset preservation for state operated programs including $2.2 million for air conditioning, heating, and electrical repairs at the St. Peter Security Hospital dietary building, and $6.55 million for roof and air conditioning and heating repairs at the Anoka Metro Regional Treatment Center (AMRTC). Chapter 214

**White Earth Tribe**  
The bonding bill included $900,000 to refurbish and equip the White Earth Tribe opioid center. This facility will provide culturally appropriate treatment for Native Americans placed in this center. Chapter 214

**Workers Compensation**  
Peace officers, firefighters, paramedics, first responders, EMTs, and others who provide emergency services along with people working in corrections, detention or a secure treatment facility, are eligible to receive workers compensation benefits (including death benefits) if they develop post-traumatic stress disorder as long as they had not previously been diagnosed with PTSD. It is presumed to be an “occupational disease” related to the nature of the employment making it now much easier for them to obtain workers compensation benefits. Effective for employees with dates of injury on or after January 1, 2019. Chapter 185

**Children’s Mental Health**

**Fetal Alcohol Spectrum Disorders Training**  
Requires all foster care providers to have at least one hour of their annual training be on Fetal Alcohol Spectrum Disorders. This does not apply to providers under home and community-based waivered services. Chapter 188

**Foster Care Assessment Tool**  
The Department of Human Services, in consultation with representatives from communities of color, shall review and revise the tool used to make decisions about removing children from their homes – called the Minnesota Assessment of Parenting for Children and Youth – to make sure that it takes into consideration different cultures and the diverse needs of communities of color. Chapter 188

**Foster Care Sibling Bill of Rights**  
The Foster Care Sibling Bill of Rights guarantees that siblings placed in foster care remain in contact with each other if it is in the best interest of each sibling. This includes efforts to: place the siblings in the same geographic area; have frequent contact including telephone calls, emails, and social
media; have regular face-to-face visits whenever possible; make sure that they can be actively involved in each other’s lives and share celebrations. It includes making sure that they have the phone number, addresses and emails of their siblings and updated photographs. Chapter 188

**Criminal Justice/Juvenile Justice/Legal Issues**

**Commitment**
Changes the criteria for being directly discharged from the MN Security Hospital when a person has been committed as “mentally ill and dangerous” from no longer needing inpatient treatment and supervision to no longer needing any treatment and supervision. While this affects a small number of people (most are provisionally discharged) it is unlikely that many will meet that standard since many will continue to need treatment and supervision in the community once discharged. Chapter 194

**Financial Exploitation**
Creates protections for older adults and vulnerable adults from being financially exploited. Financial exploitation includes the wrongful taking, withholding, spending or using money, assets or property of an older or vulnerable adult including doing it through guardianship or power of attorney, using undue influence, or converting it so it can’t be used by the older adult or vulnerable adult. It allows brokers or investment advisors to delay a transaction if they believe the adult is being exploited. There are timelines and a process that must be followed. Chapter 161

**Service Animals**
Makes it a crime to intentionally misrepresent an animal as a service animal in a place of public accommodation in order to obtain any of the rights or privileges available for someone who has a service animal. For example, it would now break the law to knowingly misrepresent a pet as a service animal in order to take the pet on an airplane or into a restaurant. A first time offense is a petty misdemeanor, while all future offenses would be a misdemeanor. The State Council on Disabilities may develop a brochure detailing questions a business owner can ask, the proper answers to those questions and guidelines defining acceptable behavior.

Under federal regulations, a service animal “means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability…. The work or tasks performed by a service animal must be directly related to the individual's disability.” For people with mental illnesses that could include preventing or interrupting impulsive or destructive behaviors. Please note that the federal regulations state “The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.”

Under federal regulations public accommodation would include hotels, restaurants, movie theaters, bakery, laundromat, convention spaces, public transportation sites, museums, social service centers, gyms, and places where education is provided.

Property owners aren’t liable for injury or damages caused by an assistance animal if the owner in good faith believed it was an assistance animal or the individual said it was an assistance animal. An
assistance animal is defined as an animal that assists, supports, or provides service to a person with a disability. Chapter 106

**Safe at Home Program**
Clarifies that a certification for participation in the Safe at Home program cannot be used as evidence for any civil, criminal, or administrative proceeding related to actions that lead someone to seek a protective order for domestic violence. Chapter 109

**SMART Center**
The bonding bill appropriates $6.2 million to build the SMART training center (The Safety and Mental Health Alternative Response) in Dakota County. The SMART center will host state required police training, including training provided by the Minnesota Crisis Intervention Team Officers Association for first responders, for the region. It will also provide a home for the Dakota County Electronic Crimes Unit, the Dakota County Drug Task Force, the Dakota County Criminal Justice Network and others. As a reminder, the legislature set aside millions of dollars last year to fund mental health and implicit bias training for police. Chapter 214

**Early Childhood, Education and Special Education**

**School Safety**
The bonding bill has $25 million for school safety facility grants for improvements related to violence prevention and facility security. Up to $500,000 is available to each qualifying school building. The commissioner of education will award grants for projects on a first-come, first-served basis with at least half of the grants going to outside the metro area. Grants may be used to predesign, design, construct, furnish, and equip school facilities and includes renovating and expanding existing buildings and facilities. Chapter 214

**Health Care**

**Advanced Practice Registered Nurses**
In several places in various laws Advanced Practice Nurses (APRN) are added where just physicians are listed. This includes under the Commitment Act allowing APRNs to document that the person committed should not be receiving personal mail or visitors; under child protection and adoption. Chapter 170

**Drug Formulary Committee**
Extends the sunset for the Drug Formulary Committee to June 30, 2022. This committee is made up of consumers and medical professionals, including at least one physician who cares for people with a mental illness. This committee has a number of important functions, including setting the drug formulary and prior-authorization protocols for fee-for-service Medical Assistance. Chapter 164

**Health Care Savings Accounts**
Exempts up to $25,000 held in a health care savings or medical savings account from being garnished or sold in the event that the individual faces a court order like a bankruptcy. These accounts are used to pay for qualified medical expenses like prescription drugs or mental health treatment for the individual named in the account. Chapter 111
Hospital Moratorium
In the 1980’s the legislature placed a moratorium on developing new hospital beds to prevent the overbuilding of this expensive level of care. In order to add new beds, if a hospital system does not have “reserve beds” or licenses for beds that are not in use, a hospital system must apply to the Department of Health (MDH) to conduct a review to determine if adding beds is in the public interest. The legislature then makes the final decision.

Regions Hospital request to add 55 beds to its hospital was approved by the legislature, despite a decision from MDH that it was not in the public interest to add beds, except perhaps for inpatient psychiatric care. The final bill states that 15 of the beds are to be used for inpatient mental health and five unlicensed observation mental health beds will be added. Chapter 199

Step Therapy
Creates new consumer protections for the use of step therapy or “fail-first” protocols for prescription drugs. A health plan is to consider evidence-based and peer-reviewed guidelines before establishing a step therapy protocol and a plan member can ask in writing for the clinical review criteria applied to a specific medication.

There must be an over-ride process when a health plan or pharmacy benefit manager (PBM) institutes a step-therapy process for a medication and the process must be easily accessible on their website.

The health plan must grant an override if one of the following conditions exists: 1) The prescription drug is contraindicated or the enrollee had a documented adverse experience with the drug and taking it would cause an adverse reaction, decrease their functioning, or cause emotional or physical harm; 2) The enrollee has already tried and failed on the same drug or a drug from the same pharmacologic class under this plan or a different health plan; and 3) The enrollee is having a positive therapeutic outcome on a prescription drug and their health care provider offers documentation that a change in medication will be ineffective or cause harm.

When an enrollee makes a step-therapy override request, the health plan or PBM must respond to this appeal within 72 hours and if not granted, state specifically why the override was not granted. If there is no response after 72 hours, the override request will be automatically granted. Chapter 162

Traumatic Brain Injury Advisory Committee
Extends the sunset of the Traumatic Brain Injury Advisory Committee until June 30, 2023. Chapter 164

Housing/Homelessness

Affordable Housing
The bonding bill included $50 million in housing infrastructure bonds for affordable housing development. Housing infrastructure bonds are one of the most important tools for developing
affordable housing. There were also $10 million bonding dollars for asset preservation for public housing. Chapter 214

**Permanent Supportive Housing**
The bonding bill included $30 million in housing infrastructure bonds to develop permanent supportive housing for people living with a mental illness. This is a proven program that provides an individual at risk of homelessness with affordable housing and an array of services, including mental health care and assistance developing the skills to maintain their housing. Chapter 214

**Mental Health Workforce**

**MH Practitioner/Rehab Worker Licensure**
Broadens the eligibility requirements to be licensed as a mental health practitioner, an important part of the mental health workforce, who work as case managers and in day treatment, IRTS facility, ACT, ARMHS and CTSS under clinical supervision. Case managers will no longer need to meet the definition of mental health practitioner but must have 6,000 hours of supervised experience working with people with mental illnesses. For children’s case management that includes any hours worked as a behavioral health aid I or II.

In order to be licensed as a mental health practitioner, the individual must have 30 semester hours or 45 quarter hours in behavioral sciences or a related field and must satisfy one of these requirements:

- Has at least 2,000 hours of supervised experience working with children or adults with a mental illness, emotional disturbance or substance use disorder. If they have experience working with people with a traumatic brain injury or developmental disability, then they must have training on mental illness, de-escalation techniques, co-occurring disorders, and psychotropic medications and side effects.
- Is fluent in a non-English language and completes 40 hours of training in delivering mental health treatment to adults with mental illnesses or children with emotional disturbances.
- Is currently working in a day treatment program
- Has completed a practicum or internship that requires direct interaction with adults or children with mental illnesses and is focused on behavioral sciences or related fields

A mental health practitioner can also become qualified through work experience if they have had 4,000 hours of supervised experience as laid out above in (a), have 2,000 hours of supervised experience in the delivery to children or adults with mental illnesses or substance use disorders and receives clinical supervision at least once a week until the 4000 hours of supervised experience is met or if their 2000 hours is with people with traumatic brain injuries or developmental disabilities they receive additional training as outlined in (a) along with clinical supervision at least once a week until the 4000 hours are met.

New language in this legislation allows for a graduate student who is doing an internship to be a mental health practitioner if their degree is in the behavioral sciences or a related field, along with anyone with a master’s or other graduate degree in behavioral science or related degree and for bachelor’s level degrees in these areas as long they have completed a practicum or internship that requires direct interaction with adults or children served. There is clarifying language about diagnostic assessments being conducted by a mental health practitioner as clinical trainee.
This bill also makes changes to qualifications as a mental health rehab worker, including the expanding training requirements during the first two years to include recovery from a mental illness and mental health de-escalation techniques and allowing qualification through coursework if the candidate has a total of 15 semester hours or 23 quarter hours in the behavioral sciences or a related field and includes qualifying through life experience if the individual has served as the primary caregiver for an adult with a substance use disorder, or a developmental disability (was just serious mental illness or traumatic brain injury).

In order to qualify as a mental health rehabilitation worker through work experience, the hours of clinically supervised work experience are decreased from 4,000 hours to 2,000 hours and includes working (paid or unpaid) with people who have a substance use disorder or developmental disability. Allows people working in crisis residential, IRTS, partial hospitalization and day treatment services exceptions to the requirements as long as they have 40 hours of additional training on mental health topics during the first year of employment. These changes were made to address the workforce shortages without sacrificing quality. Chapter 128

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