

NAMI Minnesota
2016 Minnesota Legislative Session
Summary of New Laws Affecting
Children and Adults with Mental Illnesses and Their Families

Adult Mental Health

Assertive Community Treatment Treatment (ACT)

Standards for Assertive Community Treatment (ACT) (often called hospitals without walls) are included in state law. ACT is team-based treatment defined as providing a single, fixed point of responsibility for treatment, rehabilitation, and support needs and are offered 24/7 in a community-based setting. Services include assertive engagement, employment, co-occurring disorder treatment, family psychoeducation and support, housing access, symptom management, therapeutic interventions, medication assistance, education, and support. Wellness management is also included as well as tobacco cessation strategies, communicating with other providers, and integrating treatment.

With the client's consent, ACT can include family intervention to restore contact and maintain relationships, and make referrals to self-help and advocacy organizations. Family members and the person's natural supports can also be included in the individual treatment planning (with permission of the client) along with actively involving the client in developing goals, etc.

Eligibility for ACT is spelled out including which diagnoses, the impact of the diagnosis on the person's functioning, the number of times the person was hospitalized or used the crisis team, etc. The new language also spells out who is not eligible. There is also language about how providers are certified and the steps they need to take, qualifications of staff on the team (including peer specialists) and number of people that can be served by large teams and small teams (for more rural areas). Chapter 163

The Department of Human Services can also use funding to provide start-up grants directly to providers to establish new ACT teams, IRTS or crisis residential services. Chapter 189, Article 16.

County Share of State Operated Services

The county share of costs of treatment for their residents at certain state operated programs will increase. If someone no longer needs the level of care at a Community Behavioral Health Hospital, the county share goes up to 100% and they cannot require the patient or the patient's family to cover those costs. Counties will be paying 10% at the MN Security Hospital in St. Peter, 10% at the forensic nursing home, and 50% at forensic transition services program. The county will also pay 20% of the competency restoration program initially, going up to 50% each day once the examiner determines that the client no longer needs those services and 100% each day once the charges against the person have been resolved or dropped. The reasoning behind this is to provide incentives/disincentives to leave people in the highest cost programs and to develop services back in the community for these individuals. Over half of the people at Anoka Metro Regional Treatment Center do not need that level of care. The county share there went up last year. Chapter 189, Article 17.

Integrated Care Project

Funding of \$200,000 is included to fund the Zumbro Valley Health Center demonstration project to test an integrated behavioral health care coordination model. Chapter 189, Article 23

Pre- and Postpartum Mood and Anxiety Disorders

If a federal grant is obtained, the Department of Health can provide culturally competent programs to screen and treat pregnant women and women who have given birth in the preceding 12 months for pre- and postpartum mood and anxiety disorders. Fund can be used to establish or expand screening and treatment programs in primary care settings, train providers, provide psychiatric consultations, conduct a public awareness program, establish connections with community-based resources, or fund start-up costs for telephone warmlines or websites. Chapter 189, Article 20.

State Operated Programs

The Department of Human Services is required to issue a quarterly report to the legislature on Anoka Metro Regional Treatment Center, Minnesota Security Hospital and Community Behavioral Health Hospitals. The report must include the number of licensed beds, budgeted capacity, occupancy rate, number of OSHA recordable injuries (including ones due to patient aggression or restraint), number of clinical positions budgeted, percentage that are filled, number of direct care positions budgeted and the percentage of those filled. This language was added to increase transparency and accountability. Chapter 189, Article 17.

Additional funding is also appropriated for state operated programs. The commissioner is allowed to use any of the funds to ensure a safe environment at any of its programs. \$14 million is to replace the funding for mental health that was taken to cover a deficit in the Minnesota State-Operated Community Services Program (MSOCS) and an additional \$14 million is for MSOCS. \$19.678 million in Fiscal Year (FY) 2017 is to increase staffing at the Community Behavioral Health Hospitals to operate at full capacity (using all 16 beds not just 10) and those dollars increase to \$25.879 in FY 2018 and FY 2019. \$788,000 in FY 2017 is for a nursing float pool at Anoka Metro Regional Treatment Center (AMRTC) and those dollars increase to \$1.526 million in FY 2018 and FY 2019. \$336,000 is for increased clinical oversight at AMRTC with that funding going up to \$632,000 for FY 2018 and FY 2019. \$6.754 million is to develop a new 32 bed standalone competency restoration program in St. Peter. Competency restoration currently takes place at the MN Security Hospital in St. Peter and at AMRTC, and this is anticipated to free up 20 hospital beds at AMRTC and approximately 12 beds at MN Security Hospital. Chapter 189, Article 23.

Children's Mental Health

Child and Adolescence Behavioral Health Services (CABHS)

This state operated facility loses its lease in July 2017. There was funding in the Governor's budget to provide longer-term services in other programs but this was not adopted and instead funding to continue the program was included.

Fetal Alcohol Spectrum Disorders Training

Child foster care parents will be required to take one hour of training on fetal alcohol spectrum disorders within the first 12 months of obtaining their license and training on this topic will count towards their 12 hours of yearly continuing training. Chapter 101.

Foster Care and Residential Treatment

The law clarifies that foster parents and residential treatment facility staff that follow “reasonable and prudent” parenting standards related to participation in sports, extracurricular, enrichment, cultural and social activities are not civilly liable if the child is hurt or injured. Chapter 189, Article 15.

Transition to Adulthood

Children who are under the guardianship of the state or who leave foster care at 18 to 21 years of age and those children over age 14 who are in voluntary placement due to their mental illness or disability, will have an independent living plan developed. This plan which will be reviewed by the court, including information related to housing, health insurance, education, mentors, community support, etc. Chapter 189, Article 15.

Safe Harbor

Additional funding is made available for emergency, transitional and long term shelter for youth who have been or are at risk of being sexually exploited. There is \$66,000 for FY 2017 and \$3 million for the next biennium. Chapter 189, Article 23.

School Linked Mental Health Grants

These grants were increased by \$33,000 for Fiscal Year (FY) 2017 and then by \$1,450,000 in FY 2018 and 2019. Funds will go to current grantees to expand services to school buildings or school districts or counties that do not have any grants or to provide training on evidence-based practices. The funding for FY 2019 will be added to the new competitive grant cycle. Chapter 189, Article 23.

Criminal Justice/Juvenile Justice/Legal Issues

Bias Crimes

The penalty for assaulting someone based on their race, color, religion, sex, sexual orientation or disability, age or national origin is increased 25% more than the current penalty for felony assault. Chapter 189, Article 4.

Co-Payments for Mental Health Services

People in prison will not be charged co-payments when they receive mental health treatment. Previously, all inmates were charged a co-payment of at least \$5 for each visit to a healthcare provider. Chapter 112.

Criminal and Juvenile Justice Information Advisory Group

The Criminal and Juvenile Justice Information Policy Group has changed its name to the Criminal and Juvenile Justice Information Advisory Group. Its work goes beyond CriMNet and is to serve as the advisory group on statewide criminal justice information policy and funding issues. It includes representatives from many of the same organizations. Chapter 116.

Detention Centers

A grant of \$88,000 is made to the Arrowhead Regional Development Commission to conduct an assessment of the need for detention facilities in Northeastern Minnesota. Chapter 189, Article 13.

Guardian ad Litem

Funding of \$878,000 is made available to hire additional guardian ad litem in order to comply with state and federal mandates and to meet the needs of children in court. Chapter 189, Article 4.

Legal Representation

A matching grant of \$150,000 is provided to an organization that provides legal representation for children in the child protection system or children in out-of-home placement. (Children's Law Center). Chapter 189, Article 4.

Prisons

Funding is increased for the Challenge Incarceration Program (\$2.6 M and \$2.757 M). Funding is also made available to have 24 hour nursing at the Shakopee prison (\$375,000). Chapter 189, Article 4. Funding is also made available for treatment beds, with \$750,000 in FY 2017 for 70 new chemical or mental health beds and \$250,000 for two chemical dependency release planners, one at Stillwater and one at Shakopee. Chapter 160.

Reentry

Matching grants are available to counties or groups of counties for reentry and halfway house services that have proven to reduce recidivism (\$300,000). Chapter 189, Article 4.

Revocation Reduction

\$1 million is available to establish a high risk revocation reduction program in the metro area. The program must provide case planning, housing assistance, employment assistance, group mentoring, life skills programming, and transportation assistance. Chapter 189, Article 4.

Sentencing Guidelines

The thresholds for controlled substance crimes are changed so that those with low level offenses have shorter sentences and those with larger amounts of controlled substances or with an aggravating factor will receive longer sentences. This is an attempt to decriminalize substance use disorders. A Community Justice Reinvestment Account is created whose funds can be used to provide grant to establish or operate chemical dependency and mental health treatment programs, programs that improve supervision and programs to reduce recidivism of controlled substance offenders on probation or supervised release or to fund drug court initiatives. There is about \$488,000 available for grants. Chapter 160.

Body Cameras

NAMI Minnesota and other mental health advocates carefully followed and reviewed the body camera legislation because of concerns that recordings of people experiencing a mental health crisis could become public without the individual's consent and they could face repercussions that could negatively impact their life. There were also concerns that people who need emergency assistance might not call the police or 911 for fear of being videotaped.

Agencies using portable recording devices must document when they are used and data will be kept private. Recordings can be made public if the subject of the video requests it be made public. Those who are a subject of a video may have their picture and voice distorted so they are unrecognizable. Data must be maintained for at least 90 days and longer if the video is part of an active investigation or if the footage shows a peace officer firing a gun or if the subject of the video request the footage be kept longer, up to 180 days. Law enforcement agencies that use body cameras must develop policies and procedures and provide opportunity for public comment before using the cameras. Chapter 171.

Early Childhood, Education and Special Education

Crisis Response Teams

Provides funding for areas of the state that do not have school crisis response teams. These teams are not to be confused with mental health crisis teams. To create new teams a working group in the region, in collaboration with the Minnesota School Safety Center, must come together. The working group should include school administrators, guidance counselors, psychologists, social workers, teachers, nurses, security experts, media relations professionals and others. Chapter 189, Article 25.

Disruptive Behavior

Teachers are allowed to immediately remove any student from class for violent or disruptive behavior. School boards must report to the Department of Education each physical assault of a district employee by a student and include what actions were taken against the student. The department will issue an annual report with summary data. After the student has physically assaulted a teacher, every future teacher will be informed of the student's action. Chapter 189, Article 24.

Dyslexia

For students not reading at grade level in kindergarten, grade 1 and grade 2, schools have to include a screening to identify students with dyslexia or convergence insufficiency disorder and provide them with alternate instruction. Chapter 189, Article 25.

Full Service Community Schools

Additional funding of \$1 million is provided for full service community schools. These schools seek to meet the varying needs of students and their families in order to address high poverty, homelessness, etc. Chapter 189, Article 25.

Home Visiting

Makes early childhood family education services eligible for home visiting revenue. Chapter 189, Article 31.

Other Health Disability

To make a determination that a student falls into the other health disability for special education purposes, there must be written documentation of the student's diagnosed chronic or acute health care condition signed by a licensed physician or a licensed health care provider acting within the scope of their practice. Chapter 189, Article 29. Chapter 163.

Paperwork

The Department of Education is required to identify and remove 25% of the paperwork burden on special education teachers that results from state but not federally mandated special education compliance reporting requirements. Chapter 189, Article 29. Continued funding for developing an online system for paperwork is eliminated.

Positive Behavioral Interventions and Supports (PBIS)

Positive Behavioral Interventions and Supports (PBIS) receives additional funding of \$2.75 million in order to expand to more schools, to reduce the use of seclusion and restraints and to increase the use of positive practices. Chapter 189, Article 33.

Physical Education

The Department of Education will adopt physical education standards. Students can be excused if they have a note from a doctor stating that it would jeopardize their health or if not participating is included in their IEP or 504 plan or based on religious grounds. Most importantly schools are strongly encouraged not to exclude students in kindergarten through grade 5 from recess due to punishment or disciplinary action. Chapter 189, Article 25.

Seclusion and Restraints

Instead of reporting on the use of prone restraints (which can no longer be used), schools are to report quarterly on the use of seclusion on individual students. The statewide plan will also focus on reducing the use of seclusion. Chapter 189, Article 29.

Staff Development

Funds are made available to Intermediate Districts and Cooperatives for staff training to enhance services to students who may have challenging behaviors or mental health issues or be suffering from trauma. Training can be on: proactive behavior management, personal safety training, de-escalation techniques, and adaptation of published curriculum and pedagogy for students with complex learning and behavioral needs. \$4.5 million is appropriated for use during the next three years. Chapter 189, Article 24.

Student Discipline Task Force

A task force is formed to look at the Pupil Fair Dismissal Act and student discipline issues and to issue a report on how to improve disciplinary policies, practices, and procedures as they affect students and school officials and the effects on student outcomes. Specifically the task force is to analyze data on who is suspended/expelled, the meaning of “willful”, impact on teacher safety, policies and standards that ensure minority students and English learners are not disproportionately impacted (referrals to special ed, suspensions, dissuaded from taking challenging courses, etc.), students’ need for professional support, presence of school resource officers, best practices and policies for retaining and destroying school disciplinary data.

There will be 21 members of the task force including a member from the School Board Association, MN Association of School Administrators, Education Minnesota, Minnesota board of Peace Officer Standard and Training, Disability Law Project, NAMI Minnesota, MN Association of Secondary School Principals, MN Elementary School Principals’ Association, Association of Metropolitan School Districts, MN Rural Education Association, MN School Counselors Association, MN School Psychologists Association, PACER, MN Administrators for Special Education, Schools for Equity in Education, MN Education Equity Partnership,

Educators for Excellence, School Nurse Organization of Minnesota, MN Association of Charter Schools, MN Youth Council, MN School Social Workers Association, and AFSCME. Chapter 189, Article 25.

Student Support Personnel

A new matching grant program is established to help schools hire new school support personnel. School support personnel include school counselors, school psychologists, school social workers, school nurses and chemical dependency counselors. After every fiscal year schools that received a grant must report on how hiring new school support personnel impacted two of the following measures: school climate, attendance rates, academic achievement, career and college readiness, and postsecondary completion rates. \$12,133,000 is appropriated. Chapter 189, Article 25.

Student Surveys

In consultation with parents, school districts and charter schools must develop and adopt policies on conducting student surveys and using and distributing personal information on students collected from the surveys. The student survey conducted by the Health Department provides aggregated data on symptoms of depression, suicidal thinking, bullying, smoking and other health and social well-being data. The districts must also notify parents of changes in the policies, dates the survey will be administered, when their students would be scheduled to participate in the survey and they must provide an opportunity to opt out of the survey. Chapter 189, Article 25.

Teacher Shortages

A grant program is established to provide stipends to student teachers who are low-income and are interested in teaching in high need subject areas or regions of the state after graduating and receiving their teacher license. Special education is often a high needs subject area. The appropriation is \$2.8 million. Chapter 189, Article 25.

Teacher Training

Teachers will now be required to take at least one hour of suicide prevention training as part of their required continuing education to renew their teaching license every five years. The training must be based on nationally recognized evidence-based programs and practices. Chapter 189, Article 24.

Third Party Billing

The Department of Education will establish procedures so that they can identify and track revenues generated from third party billings as special education revenue at the school district level and include it when calculating the annual cross-subsidy amount and exclude it from calculation of excess cost aid to districts. Third party billing is when districts bill Medical Assistance for services provided in the school under an IEP. Chapter 189, Article 29.

Transition Planning

The components of transition planning only need to be in the IEP, it does not have to be a separate document. Chapter 189, Article 29.

Employment

Equity

Grants are made available to low income communities of color. These include: \$2 million to provide job training, employment preparation, job assistance to fathers, behavioral interventions for low-performing students and youth intervention; \$1 million to the YWCA in St Paul for job training and workforce development; \$750,000 to the YWCA in Minneapolis for job skills training, career counseling, etc. to secure a child development associate credential; \$4.25 million for EMERGE Community Development for employment readiness, training and job placement; \$1.2 M to Twin Cities R!SE to provide training to hard-to-train individuals; \$1 million for youth at work initiative; \$2 million for Southeast Asian employment; \$1.5 million for Latino employment; \$880,000 for American Indian OIC employment initiatives including to help reduce academic disparities; \$500,000 to White Earth Nation; \$1 million for Pathways to Prosperity program to reach hard-to-train individuals; \$600,000 to Ujama Place; \$1 million to Centers for Independent Living; \$2 million to increase diversity in construction trades. Chapter 189, Article 12.

Workforce Development

A limited amount of funding is provided for several different employment or workforce development grants: \$500,000 for rural career counseling; \$500,000 for ODC in Buhl to provide training and employment opportunities for people with disabilities and disadvantaged workers; \$800,000 to day training and habilitation providers to provide innovative employment options and to advance the goals under the Olmstead Plan (choice, competitive employment, self-employment); \$1 million for extended employment providers to expand services to people with serious disabilities. Chapter 189, Article 7.

Workforce Development Boards

These boards are to provide guidance to the workforce development areas where federal, state and local employment and training funds are used. They used to be called “councils” and now they will be called “boards.” Newly added to the membership of the boards are labor, veterans, people with disabilities, minorities, older workers, housing, secondary career and technical education, or philanthropic organizations. Chapter 129.

Health Care

Community Emergency Medical Technician Services

Medical Assistance will cover Community Emergency Medical Technician Services. These services include visiting someone after they have been discharged from the hospital to review the discharge orders, check their vital signs, check that they have medications and food and identify any hazards in the home. Chapter 189, Article 19.

Complaints

Health Maintenance Organizations (HMOs) will now have to be required to submit information to the Department of Health every year on quality of care complaints resulting in potential or actual harm to the enrollee in the following categories: access, provider and staff competence, clinical appropriateness, communication, behaviors, health plan administration, facilities and environment, coordination of care and technical competence and appropriateness. Each HMO will have to develop a quality of care complaint investigation process including conclusions and

corrective actions. This section does not apply to people who are in an HMO through managed care Medical Assistance (PMAP). Chapter 189, Article 20.

Dental Services

Knowing how difficult it is to find a dentist willing to take Medical Assistance, particularly outside the metro area, rates for dental care in greater Minnesota are increased. Rates are increased by 9.65% for providers based in the metro area when they are providing services in greater Minnesota (providers based in greater Minnesota received this increase in the 2015 session). There are also changes to the “critical access” dental care program, which provides incentives to dental providers to operate in underserved communities. The changes will allow some additional providers to access the program and also increases the rate most critical access dental providers receive by 2.5% for Medical Assistance and 2% for MinnesotaCare. Chapter 189, Article 19.

Estate Claims

Limits are placed on which Medical Assistance services DHS and county agencies can seek repayment from a person’s estate if they received Medical Assistance coverage at 55 years old or older and received long-term care services. Claims against a person’s estate will be limited for services provided on and after January 1, 2014, to only the following long-term care expenses: nursing facility services, home and community-based services (including waiver services such as CADI), alternative care services, and related hospital and prescription drug costs. . Prior to this change, the cost of all Medical Assistance services could be recovered from a person’s estate. This was an issue for people over the age of 55 who were eligible for Medicaid expansion. Chapter 189, Article 19.

MinnesotaCare

To make it easier for people, beginning July 2017, the process for renewing MinnesotaCare health care coverage will move away from an annual “open enrollment” period – where people have to renew their coverage during a particular window of time each fall – to a system where a person will renew once every 12 months based on the date they first applied or a date that aligns with the renewal period for other people in their household who are on MinnesotaCare and/or Medical Assistance.

Income eligibility will be based on a person’s current “modified adjusted gross income (same standard as Medical Assistance just with higher income limits) rather than “projected annual income” and the income guidelines will be updated each July, rather than each January.

People will not be required to submit a social security number if they do not have one and DHS will be able to forgive the past due “grace month” premium for people who were disenrolled for failure to pay, within 90 days following disenrollment. Chapter 189, Article 19.

Pharmacists

Pharmacists can accept and destroy certain unused drugs from patients including controlled substances. Pharmacists can dispense Naloxone under a standing order with a local physician, the local public health board, or a prescriber designated by the Commissioner of Health. Chapter 124. Pharmacists are also allowed to change the quantity on a prescription up to a 90-day supply without contacting the prescriber, as long as there are refills to cover and medication is not a controlled substance. Chapter 122.

Provider Networks

Health plans must update their websites at least once a month with any changes to the provider network. In addition, they have to process claims as if it was in-network if the service was provided before the website was updated. Chapter 179.

Treatment of Spousal Assets for Medical Assistance Eligibility

Minnesota is being required to apply new federal rules regarding how a married couple's assets are treated when a person is seeking Medical Assistance for long-term care services through a home and community based service waiver program (e.g. CADI) and/or for Community First Services and Supports (CFSS) – which will become Minnesota's PCA program.

Prior to the federal government requiring this change, Minnesota only counted the income and assets of the spouse who is applying for Medical Assistance payment of long-term care services. Under the new rules, the state will count the couples' combined assets and divide those assets in half. The spouse who is not seeking long-term care services will be able to retain half of their combined assets (up to a maximum of \$119,220) to support himself/herself and any children, and the spouse receiving long-term care will be required to spend down the remainder of the assets until \$3,000 is left. This change will be effective June 1, 2016 for new applicants and March 1, 2017 for current enrollees.

The legislature also enacted a provision to allow a family to seek a "hardship waiver" to protect assets in specific retirement savings accounts or college savings plans. This will be implemented effective June 1, 2016, but will be subject to approval by the federal government.

Chapter 189, Article 19

Housing/Homelessness

Community Integration

The Departments of Human Services, Education, Minnesota Housing Finance Agency, Employment and Economic Development and Information Technology, in consultation with stakeholders, will develop a collaborative action plan (in alignment with the Olmstead Plan) to increase the integration of people with disabilities (which includes people with mental illnesses) in the community through housing, community living and competitive employment. Part of this task is to figure out how a person with a disability who may receive services from several agencies to have a unified record. Recommendations are due back to the legislature in February 2017. Chapter 163.

Crisis Housing Fund

This funding, which pays for rent up to 90 days while someone is hospitalized or in residential treatment, is expanded by making people with serious mental illnesses eligible. It was only for people with serious and persistent mental illnesses Chapter 189, Article 16.

Family Health Care Dwellings

A new law allows temporary family health care dwellings. These are small homes (300 square feet) that can be on a lot (not attached) where the caregiver lives. Caregivers or relatives would have to apply for a permit and meet certain restrictions. These temporary homes are for relatives who live with a mental or physical impairment. Chapter 111.

Homeless Youth

An additional \$33,000 is added for this biennium and \$2.9 million for the next biennium. Chapter 189, Article 23.

Housing Supports

The commissioner shall consult with stakeholders to design comprehensive housing services to support a person's ability to find and maintain stable housing. The goals of the proposal are to improve housing stability, increase opportunities for integrated community living, prevent and reduce homelessness, increase overall health and well-being of people with housing instability and reduce inefficient use of health care resulting from housing instability. In developing a proposal for housing support services, it must include tenant screening and housing assessment, developing individualized housing support plans, one time moving expenses, developing a housing crisis support plan and payments for accessibility modifications. A report is due to the legislature in February 2017. This is the for the 1115 Waiver. Chapter 163.

Landlord Risk Mitigation

A pilot project is funded (\$250,000) to reduce the risks for landlords in renting to families who have poor rental histories and are eligible for the Family Homeless Prevention and Assistance Program. Funds can be used for paying for damages, nonpayment of rent, etc. Chapter 189, Article 12.

Veterans Housing

\$100,000 is appropriated for rent subsidies for housing for veterans and their families at the Cottages of Anoka. \$250,000 will fund a study on housing for veterans with disabilities. Chapter, Chapter 189, Article 13.

Human Services

Child Protection

The child protection task force will continue until 2010. Two additional objectives are added to their work: 1) review and recommend alternatives to law enforcement responding to a maltreatment report by removing the child and evaluate situations where it might be better for a child protection worker or social worker to remove the child; 2) clarify the definition of "substantial child endangerment." The task force is required to submit an annual report to the legislature. The task force can establish a workgroup to review the MN Assessment of Parenting Children and Youth, a tool used by counties and tribes to determine difficulty of care. Chapter 153.

Foster Care, Adoption and Relative Care Rates

The basic rate for families receiving support for children under Northstar Care for Children are increased by 15% beginning on July 1, 2017. For children ages 0-5 the rate will be \$650 a month, ages 6-12 \$770 per month and ages 13 and older \$910 a month. Chapter 189, Article 15.

HCBS Waiver Wait-List Data Reporting

The Department of Human Services is required to publish financial and wait-list information for home and community based (HCBS) waiver programs on the department's website. They are to include information on the financial forecast for HCBS waiver programs, the list of authorized programs, the amount of resources, and statistics about the number of persons waiting for

services and how long they have been waiting. This information must be updated quarterly. Chapter 143.

Mental Health

Certified Community Behavioral Health Clinics

Certified Community Behavioral Health Clinics (CCBHCs) provide “one stop” shopping for mental health treatment and supports. They are made possible by a federal law. Minnesota is one of 24 states that have a planning grant and hope to be one of 8 states selected to pilot this approach. Language and funding are necessary in order to even apply to be a pilot project. A big “plus” is that they a prospective payment rate. In order to a CCBHC they have to have serve people of all ages, comply with quality assurance and other reporting, provide a full range of services (including withdrawal management), and provide coordination of care across settings and providers to ensure seamless transitions (health, mental health, schools, criminal justice, VA, etc.). In developing the CCBHCs the department must include public participation from stakeholders, including from the tribes, hospitals, advocacy organizations, providers and counties. \$188,000 is appropriated for the next fiscal year and \$\$8.433 million for the next biennium. Chapter 189, Article 16.

Duty to Warn

The “duty to warn” law, requires mental health professionals to warn someone or take reasonable precautions when a client or other person has communicated to them a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim. This now expands to practicum psychology students, predoctoral psychology interns, and individuals who are in the process of completing their postdoctoral supervised psychological employment in order to qualify for licensure, alcohol and drug counseling practicum students and individuals who are participating in a postdegree professional practice in alcohol and drug counseling. Chapter 163.

Participation in Clinical Drug Trials

People on an emergency hold cannot participate in a clinical drug trial. Persons who are already participating in a clinical drug trial prior to the emergency hold are allowed to continue in the study. Chapter 120.

Screening for Co-Occurring Disorders

The law is clarified around screening for a mental illness and chemical dependency. People who perform screenings or diagnostic assessments for one (mental illness or substance use disorder) must conduct a screening for the other. If someone screens positive the professional must document what actions are taken and if further assessments will be conducted. Someone doesn't need to be screened if it was documented in their file within the past 12 months, the person is currently receiving co-occurring treatment or the person is being referred for co-occurring disorders treatment, or a mental health professional who is qualified to conduct diagnostic assessments is conducting the assessment. Chapter 106.

Mental Health Workforce

Addiction Medicine Fellowship Program

A grant program is established to support up to four physicians in an addiction medicine fellowship program. The program will provide training on motivational interviewing, diagnostic interviewing, addiction counseling, recognition and care of common acute withdrawal syndromes and complications, pharmacotherapies of addictive disorders, epidemiology and pathophysiology of addiction, addictive disorders in special populations, secondary interventions, use of screening and diagnostic instruments, inpatient care and working within a multidisciplinary team. The intent is to prepare doctors to practice addiction medicine in rural and underserved areas of the state. There is one time funding of \$210,000. Chapter 189, Article 1.

Expansion of Mental Health Professional Definition

The definition of psychiatrist in state law is expanded to include osteopathic physicians certified by the American Osteopathic Board of Neurology and Psychiatry. Chapter 163

Loan Forgiveness Programs

The Commissioner of Higher Ed is to develop informational materials to increase awareness of federal public service loan forgiveness programs. These loans are available to people who work a certain number of hours in a variety of nonprofit settings such as public interest law services, early childhood education, public service for individuals with disabilities and the elderly, public health and full-time professionals engaged in health care practitioner occupations and health care support occupations. Employers will also be required to provide this information to their employees. Chapter 189, Article 1.

Training

The Medical Education and Research Cost (MERC) fund supports residency training for physicians and some mental health professionals. MERC is given an additional \$1 million. Chapter 189.

Substance Use Disorders

College Recovery Program

Funding of \$100,000 is made available to the Rochester Campus to design and implement a college recovery program on the campus. The purpose is to provide structured support for students in recovery from alcohol, chemical or other addictive behaviors. The components can include specialized support, on-campus or residential peer supports, leadership development and community engagement activities. A report is required to the legislature in January 2020 on the outcomes, including the number of students served, retention and graduation rates, and long term recovery and relapse rates. Chapter 189, Article 1.

Eligibility for Programs

Language is added to make it clear that a person can be eligible for chemical dependency treatment in a facility (and the state cannot deny reimbursement) even if it has been deemed an “IMD” or institution for mental disease, meaning it has more than 16 beds. The county share is lowered as well. Chapter 189, Article 16.

Peer Specialists

Grants are made available to recovery community organizations to hire and supervise peer specialists to work with underserved populations. Recovery organizations in Rochester, Moorhead and the Twin Cities are eligible to receive the grant funds. \$34,000 is added for FY 2017 and \$725,000 for FY 2018 and FY 2019. Chapter 189, Article 23.

Pregnant and Postpartum Women

If federal funding is received, the department of human services can establish a pilot project to provide substance use disorder treatment and services to pregnant and postpartum women with a primary diagnosis of substance use disorder. Chapter 189, Article 16.

System Reform

The Department of Human Services is to design a substance use disorder treatment system that ensures a full continuum of care in order to improve identification, ensure timely access, enhance clinical practices, build aftercare and recovery services, coordinate and consolidate funding streams, increase use of quality and outcome measures and coordinate treatment with primary care, long-term care and mental health care. Stakeholders are to be involved in developing the design. The report on its progress is due to the legislature in February 2017. Chapter 163 and 170.

Other

Notifying a Peace Officer

A peace or health officer must provide his or her name, agency and contact information to the hospital or a facility when placing someone under a hold. The treatment facility must inform the agency that employs that peace or health officer know if the person is discharged before the 72-hour hold is up or if the person leaves the facility without the consent of the treating health care provider. Chapter 120.

Olmstead Plan

Additional funding is made available including \$148,000 for administrative costs. Chapter 189, Article 13.

Ombudsman for Mental Health and Developmental Disabilities

The Ombudsman will now monitor the treatment of individuals participating in any University of Minnesota clinical drug trials, ensuring that all the protections for human subjects under state and federal laws are followed. This means that they will access to records, be able to investigate deaths or serious injuries, and investigate any complaints. If the ombudsman finds a complaint is valid, they are to report it and any recommendations to the Board of Regents. This new law also requires the Department of Psychiatry to report any deaths or major injuries of people participating in clinical trials to the Ombudsman. \$100,000 is appropriated for these activities. Chapter, Article 1. An additional \$250,000 is provided to the office as well for other activities. Chapter 189, Article 23.

Veterans

The Commissioner of Veterans Affairs is given \$150,000 to study the unmet needs for mental health and substance use disorder treatment among our veterans. The study will include focus

groups of stakeholders. The report is due to the legislature in February 2017 and must include findings and recommendations. Chapter 189, Article 13.

NAMI Minnesota
800 Transfer Road | Suite 31 | St. Paul, MN 55114
1-888-NAMI-HELPS or 651-645-2948
www.namihelps.org

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