

Summary of 2007 Mental Health Legislation
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The 2007 legislative session resulted in some major improvements in mental health services. Strongly feeling that mental illnesses must be treated as illnesses, not welfare, advocates for reform worked to make changes in the current delivery system. The Minnesota Mental Health Action Group, a collaboration of consumers, mental health advocacy organizations, providers, government, and private and public mental health care entities, and the Mental Health Legislative Network, an affiliation of consumer advocacy, professional, and provider organizations, concentrated their efforts and produced major results. Total mental health appropriations may be the highest ever for new money, with net new funding of over \$34 million for the FY08-09 biennium and over \$46 million for FY2010-11, excluding COLAs for providers.

Following is a summary of some of the most important mental health legislation passed this session:

Expansion of the mental health benefit set to GAMC and Minnesota Care.

The 2007 session extended all mental health benefits covered under Medical Assistance to those persons receiving GAMC or Minnesota Care, both of which had very limited mental health benefits. The expanded benefits include crisis intervention services, adult and children's rehabilitation/in home services, children's residential treatment, adult intensive residential treatment, case management services, assertive community treatment teams, and psychological services including neuropsychological testing. Chemical dependency services are not included. Lastly, intensive outpatient treatment for dialectical behavioral therapy was added to the benefit set for MA, GAMC, and MinnesotaCare.

Chapter 147, Article 8, Secs. 25-26, 28, 29, and 31

Effective date January 1, 2008, except mental health case management and children's' residential treatment effective January 1, 2009.

Projects for coordination of physical and mental health care.

The commissioner of DHS is authorized to undertake reforms in public mental health services, most importantly the development of up to three projects integrating physical and mental health care, including mental health services within the county service system. The "projects for coordination of care" will be implemented by managed care entities, including county based purchasing, in coordination with county social services. Consumer participation in the projects is voluntary. The RFPs for the projects will be developed in consultation with consumers, families and advocates, and will be subject to a specific evaluation process. The state must also report to the legislature with recommendations for changes in case management delivery and clarification of the counties' role in delivery of social services within an integrated care system. Counties will not be responsible to pay for services covered within the limits of the person's health plan.

Counties must continue to fund community support programs not covered by other funding. The projects are to be implemented in January 2009.

Chapter 147, Art 8, Secs 4, 5, 6 and 24

Effective date authorizing commissioner to act is July 1, 2007 with some parts implemented at later dates.

Mental health peer specialists.

This statute establishes training, certification, and reimbursement requirements for one of the first statutory peer specialist programs in the nation, and enables state health plan reimbursement of services delivered by peer specialists. Services include nonclinical peer counseling to promote socialization, recovery, self-sufficiency, and advocacy and the development of natural supports when part of a set of services such as intensive residential treatment or assertive community treatment.

Chapter 147, Art 8 Sec 16-18

Effective date July 1, 2007 and upon federal approval.

Mental health case management changes

Implementation of case management in all state health plans, including GAMC and MinnesotaCare will start 1/1/2009. If the recipient is in a prepaid plan, the state will pay non-federal share; if fee-for-service, county pays the state's share through its mental health grants, as it does currently. DHS must also develop recommendations for best practices and must make recommendations to clarify case management roles of counties and health plans. The legislation also provides an offset for possible federal reductions in case management funding.

Chapter 147, Article 8, Secs. 5, 20, 34, and Article 19, Sec 3.

Effective dates vary

Mental health services exempt from MinnesotaCare co-pays.

Exempts non-preventive mental health services from co-pays in MS §256L.03, Subd. 5.

Chapter 147, Art.8, Sec. 30

Effective July 1, 2007

Cost of living adjustments.

These increases have been badly needed in order to keep programs operating and to retain staff. Increases rates for all Adult Mental Health Rehabilitative Services (AMHRS) and Children's

Therapeutic Supports and Services (CTSS) and children's and adult mental health grants to counties/providers. The total for the increase is about \$4.5 million. Also, CTSS and AMHRS services were added to the 23.7% critical access provider increase passed in 2006.

Chapter 147, Art. 7, Secs.27 and 80.

2% increase effective October 1, 2007; 2% increase effective July 1, 2008.

Critical access provider increase effective January 1, 2008.

Change in definition of mental illness.

The definition of "serious and persistent mental illness" in the Mental Health Act was modified to include adults treated by a crisis team, who may not necessarily have been hospitalized. This change allows these individuals to qualify for case management and other intensive services.

Chapter 147, Art 8, Sec. 3

Effective date July 1, 2007.

Medical Assistance eligibility while in jail suspended rather than terminated.

Previously, MA eligibility was terminated for an individual in jail or a correctional facility. This provision allows suspension instead, which will facilitate reinstatement when released.

Chapter 147 Art 8 Sec 3

Effective date July 1 2007.

Intensive outpatient treatment for dialectical behavioral therapy.

Adds MA benefit under MS§256B.0625 and by extension to GAMC and MinnesotaCare.

Chapter 147, Art. 8, Sec.19

Effective July 1, 2008 or upon federal approval.

Children's foster treatment delayed.

Authorization for children's treatment foster care (a specific service more intensive than therapeutic foster care) is delayed until 2009, in part because of delays in federal approval.

Chapter 147, Article 8, Sec. 21 and Art. 9, Sec.3

Effective date July 1, 2007

Intervention behavior therapy for autism repealed.

After numerous implementation delays since passage, this MA benefit was repealed.

Chapter 147, Art 4, Sec. 41
Effective July 1, 2007

Regional children's mental health initiative.

A two year pilot project in southeast Minnesota will focus, among other things, on developing children's mental health services, improving service coordination, streamlining service delivery and operating procedures in the counties, and establish a regional network for out of home placement services. \$1 million is allocated for the biennium. A final report on the project is due December 31, 2009.

CHAPTER 147, Art8, Sec 35.
Effective July 1, 2007.

Voluntary placement agreements.

A voluntary placement agreement must be used when placing a child in residential treatment. The agreement makes the placing county legally responsible for the physical care, custody and control of the child but must not transfer legal custody to the county.

Chapter 147, Art 1, Sec 21
Effective July 1, 2007

Participation in high school league.

Children completing treatment for mental health or substance abuse are eligible for high school league activities on the same basis as other students.

Chapter 7, Section 1
Effective March 21, 2007

Suicide prevention funding.

Funding to the Department of Health for statewide suicide prevention grants will be \$335,000 in fiscal year 2008 and \$145,000 in fiscal year 2009.

Chapter 147, Art. 19, Sec.4
Effective July1, 2007.

MFIP mental health project.

A three year project and evaluation by DHS to determine the impact of children's mental health needs on self-sufficiency for MFIP families.

Chapter 147, Art. 8, Sec. 36 and Art. 19, Sec. 3
Effective July 1, 2007

Janitorial Contracts and Mental Health rehabilitation

At least 19% of state janitorial services contracts must now be awarded to mental health rehabilitation and extended employment providers. Costs of the contracts may not be more than 5% higher than prevailing market rate.

Chapter 147, Art.8, Sec.1
Effective July 1, 2007

Report on returning veterans

By November 1, 2007, Minnesota Department of Veteran Affairs and the National Guard shall report to the legislature regarding the psychological status and needs of soldiers and veterans returning to Minnesota, and the most effective ways to provide psychological support services for these veterans. They must consult with the Veterans Homes Board and the U.S. Department of Veteran's Affairs.

Chapter 45, Art. 2, Sec.6
Effective July 1, 2007

Study on wards' rights in guardianship

The state court administrator will report to the legislature by March 15, 2008 with recommendations on rights of wards, powers and duties of guardians, certification, training, complaint processes and reimbursement concerns. Membership in the study group is from a range of stakeholders including the long term care ombudsman, the ombudsman for mental health and developmental disabilities, and advocates for people with a range of disabilities.

Chapter 126, Section 1
Effective July 1, 2007