

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 2506

(SENATE AUTHORS: BOLDON and Wiklund)

DATE
03/13/2025

D-PG
763

OFFICIAL STATUS

Introduction and first reading Referred to Health and Human Services

1.1 A bill for an act

1.2 relating to human services; the Department of Human Services behavioral health
1.3 policy provisions; updating the Children's Mental Health Act; codifying the
1.4 intermediate school-linked behavioral health grant program; amending Minnesota
1.5 Statutes 2024, sections 245.4871, subdivision 4, by adding a subdivision; 245.4881,
1.6 subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 245.

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

1.8 Section 1. Minnesota Statutes 2024, section 245.4871, subdivision 4, is amended to read:

1.9 **Subd. 4. Case management service provider.** (a) "Case management service provider"
1.10 means a case manager or case manager associate employed by the county or other entity
1.11 authorized by the county board to provide case management services specified in subdivision
1.12 3 for the child with severe emotional disturbance and the child's family.

1.13 (b) A case manager must:

1.14 (1) have experience and training in working with children;

1.15 (2) be a mental health practitioner under section 245I.04, subdivision 4, or have at least
1.16 a bachelor's degree in one of the behavioral sciences or a related field including, but not
1.17 limited to, social work, psychology, or nursing from an accredited college or university or
1.18 meet the requirements of paragraph (d);

1.19 (3) have experience and training in identifying and assessing a wide range of children's
1.20 needs;

1.21 (4) be knowledgeable about local community resources and how to use those resources
1.22 for the benefit of children and their families; and

2.1 (5) meet the supervision and continuing education requirements of paragraphs (e), (f),
2.2 and (g), as applicable.

2.3 (c) A case manager may be a member of any professional discipline that is part of the
2.4 local system of care for children established by the county board.

2.5 (d) A case manager ~~without~~ who is not a mental health practitioner and does not have
2.6 a bachelor's degree must meet one of the requirements in clauses (1) to (3):

2.7 (1) have three or four years of experience as a case manager associate;
2.8 (2) be a registered nurse without a bachelor's degree who has a combination of specialized
2.9 training in psychiatry and work experience consisting of community interaction and
2.10 involvement or community discharge planning in a mental health setting totaling three years;
2.11 or

2.12 (3) be a person who qualified as a case manager under the 1998 Department of Human
2.13 Services waiver provision and meets the continuing education, supervision, and mentoring
2.14 requirements in this section.

2.15 (e) A case manager with at least 2,000 hours of supervised experience in the delivery
2.16 of mental health services to children must receive regular ongoing supervision and clinical
2.17 supervision totaling 38 hours per year, of which at least one hour per month must be clinical
2.18 supervision regarding individual service delivery with a case management supervisor. The
2.19 other 26 hours of supervision may be provided by a case manager with two years of
2.20 experience. Group supervision may not constitute more than one-half of the required
2.21 supervision hours.

2.22 (f) A case manager without 2,000 hours of supervised experience in the delivery of
2.23 mental health services to children with emotional disturbance must:

2.24 (1) begin 40 hours of training approved by the commissioner of human services in case
2.25 management skills and in the characteristics and needs of children with severe emotional
2.26 disturbance before beginning to provide case management services; and

2.27 (2) receive clinical supervision regarding individual service delivery from a mental
2.28 health professional at least one hour each week until the requirement of 2,000 hours of
2.29 experience is met.

2.30 (g) A case manager who is not licensed, registered, or certified by a health-related
2.31 licensing board must receive 30 hours of continuing education and training in severe
2.32 emotional disturbance and mental health services every two years.

3.1 (h) Clinical supervision must be documented in the child's record. When the case manager
3.2 is not a mental health professional, the county board must provide or contract for needed
3.3 clinical supervision.

3.4 (i) The county board must ensure that the case manager has the freedom to access and
3.5 coordinate the services within the local system of care that are needed by the child.

3.6 (j) A case manager associate (CMA) must:

3.7 (1) work under the direction of a case manager or case management supervisor;

3.8 (2) be at least 21 years of age;

3.9 (3) have at least a high school diploma or its equivalent; and

3.10 (4) meet one of the following criteria:

3.11 (i) have an associate of arts degree in one of the behavioral sciences or human services;

3.12 (ii) be a registered nurse without a bachelor's degree;

3.13 (iii) have three years of life experience as a primary caregiver to a child with serious
3.14 emotional disturbance as defined in subdivision 6 within the previous ten years;

3.15 (iv) have 6,000 hours work experience as a nondegreed state hospital technician; or

3.16 (v) have 6,000 hours of supervised work experience in the delivery of mental health
3.17 services to children with emotional disturbances; hours worked as a mental health behavioral
3.18 aide I or II under section 256B.0943, subdivision 7, may count toward the 6,000 hours of
3.19 supervised work experience.

3.20 Individuals meeting one of the criteria in items (i) to (iv) may qualify as a case manager
3.21 after four years of supervised work experience as a case manager associate. Individuals
3.22 meeting the criteria in item (v) may qualify as a case manager after three years of supervised
3.23 experience as a case manager associate.

3.24 (k) Case manager associates must meet the following supervision, mentoring, and
3.25 continuing education requirements;

3.26 (1) have 40 hours of preservice training described under paragraph (f), clause (1);

3.27 (2) receive at least 40 hours of continuing education in severe emotional disturbance
3.28 and mental health service annually; and

3.29 (3) receive at least five hours of mentoring per week from a case management mentor.

3.30 A "case management mentor" means a qualified, practicing case manager or case management
3.31 supervisor who teaches or advises and provides intensive training and clinical supervision

4.1 to one or more case manager associates. Mentoring may occur while providing direct services
4.2 to consumers in the office or in the field and may be provided to individuals or groups of
4.3 case manager associates. At least two mentoring hours per week must be individual and
4.4 face-to-face.

4.5 (l) A case management supervisor must meet the criteria for a mental health professional
4.6 as specified in subdivision 27.

4.7 (m) An immigrant who does not have the qualifications specified in this subdivision
4.8 may provide case management services to child immigrants with severe emotional
4.9 disturbance of the same ethnic group as the immigrant if the person:

4.10 (1) is currently enrolled in and is actively pursuing credits toward the completion of a
4.11 bachelor's degree in one of the behavioral sciences or related fields at an accredited college
4.12 or university;

4.13 (2) completes 40 hours of training as specified in this subdivision; and

4.14 (3) receives clinical supervision at least once a week until the requirements of obtaining
4.15 a bachelor's degree and 2,000 hours of supervised experience are met.

4.16 **EFFECTIVE DATE.** This section is effective the day following final enactment.

4.17 Sec. 2. Minnesota Statutes 2024, section 245.4871, is amended by adding a subdivision
4.18 to read:

4.19 Subd. 7a. **Clinical supervision.** "Clinical supervision" means the oversight responsibility
4.20 for individual treatment plans and individual mental health service delivery, including
4.21 oversight provided by the case manager. Clinical supervision must be provided by a mental
4.22 health professional. The supervising mental health professional must cosign an individual
4.23 treatment plan, and their name must be documented in the client's record.

4.24 Sec. 3. Minnesota Statutes 2024, section 245.4881, subdivision 3, is amended to read:

4.25 **Subd. 3. Duties of case manager.** (a) Upon a determination of eligibility for case
4.26 management services, the case manager shall develop an individual family community
4.27 support plan for a child as specified in subdivision 4, review the child's progress, and monitor
4.28 the provision of services, and if the child and parent or legal guardian consent, complete a
4.29 written functional assessment as defined by section 245.4871, subdivision 18a. If services
4.30 are to be provided in a host county that is not the county of financial responsibility, the case
4.31 manager shall consult with the host county and obtain a letter demonstrating the concurrence
4.32 of the host county regarding the provision of services.

5.1 (b) The case manager shall note in the child's record the services needed by the child
5.2 and the child's family, the services requested by the family, services that are not available,
5.3 and the unmet needs of the child and child's family. The case manager shall note this
5.4 provision in the child's record.

5.5 Sec. 4. **[245.4904] INTERMEDIATE SCHOOL DISTRICT BEHAVIORAL HEALTH**
5.6 **GRANT PROGRAM.**

5.7 Subdivision 1. Establishment. The commissioner of human services must establish a
5.8 grant program to improve behavioral health outcomes for youth attending a qualifying
5.9 school unit and to build the capacity of schools to support student and teacher needs in the
5.10 classroom. For the purposes of this section, "qualifying school unit" means an intermediate
5.11 school district organized under section 136D.01.

5.12 Subd. 2. Eligible applicants. An eligible applicant is an intermediate school district
5.13 organized under section 136D.01, and a partner entity or provider that has demonstrated
5.14 capacity to serve the youth identified in subdivision 1 that is:

5.15 (1) a mental health clinic certified under section 245I.20;
5.16 (2) a community mental health center under section 256B.0625, subdivision 5;
5.17 (3) an Indian health service facility or a facility owned and operated by a Tribe or Tribal
5.18 organization operating under United States Code, title 25, section 5321;

5.19 (4) a provider of children's therapeutic services and supports as defined in section
5.20 256B.0943;

5.21 (5) enrolled in medical assistance as a mental health or substance use disorder provider
5.22 agency and employs at least two full-time equivalent mental health professionals qualified
5.23 according to section 245I.04, subdivision 2, or two alcohol and drug counselors licensed or
5.24 exempt from licensure under chapter 148F who are qualified to provide clinical services to
5.25 children and families;

5.26 (6) licensed under chapter 245G and in compliance with the applicable requirements in
5.27 chapters 245A, 245C, and 260E; section 626.557; and Minnesota Rules, chapter 9544; or

5.28 (7) a licensed professional in private practice as defined in section 245G.01, subdivision
5.29 17, who meets the requirements of section 254B.05, subdivision 1, paragraph (b).

5.30 Subd. 3. Allowable grant activities and related expenses. (a) Allowable grant activities
5.31 and related expenses include but are not limited to:

5.32 (1) identifying mental health conditions and substance use disorders of students;

6.1 (2) delivering mental health and substance use disorder treatment and supportive services
6.2 to students and their families within the classroom, including via telehealth consistent with
6.3 section 256B.0625, subdivision 3b;

6.4 (3) delivering therapeutic interventions and customizing an array of supplementary
6.5 learning experiences for students;

6.6 (4) supporting families in meeting their child's needs, including navigating health care,
6.7 social service, and juvenile justice systems;

6.8 (5) providing transportation for students receiving behavioral health services when school
6.9 is not in session;

6.10 (6) building the capacity of schools to meet the needs of students with mental health and
6.11 substance use disorder concerns, including school staff development activities for licensed
6.12 and nonlicensed staff; and

6.13 (7) purchasing equipment, connection charges, on-site coordination, set-up fees, and
6.14 site fees in order to deliver school-linked behavioral health services via telehealth.

6.15 (b) Grantees must obtain all available third-party reimbursement sources as a condition
6.16 of receiving grant funds. For purposes of this grant program, a third-party reimbursement
6.17 source does not include a public school as defined in section 120A.20, subdivision 1. Grantees
6.18 shall serve students regardless of health coverage status or ability to pay.

6.19 Subd. 4. **Calculating the share of the appropriation.** (a) Grants must be awarded to
6.20 qualifying school units proportionately.

6.21 (b) The commissioner must calculate the share of the appropriation to be used in each
6.22 qualifying school unit by multiplying the total appropriation going to the grantees by the
6.23 qualifying school unit's average daily membership in a setting of federal instructional level
6.24 4 or higher and then dividing by the total average daily membership in a setting of federal
6.25 instructional level 4 or higher for the same year for all qualifying school units.

6.26 Subd. 5. **Data collection and outcome measurement.** Grantees must provide data to
6.27 the commissioner for the purpose of evaluating the Intermediate School District Behavioral
6.28 Health Innovation grant program. The commissioner must consult with grantees to develop
6.29 outcome measures for program capacity and performance.