**National Alliance on Mental Illness of Minnesota**
**2010 Legislative Issues**

## Children's Mental Health

- **Create a statewide unified parental fee schedule for all mental health programs and residential treatment programs (under the umbrella rule, foster care, etc.)** The current system is extremely confusing to families and the costs vary from county to county.
- **Include parents on screening teams.** All parents should be involved on the screening teams where decisions are made as to whether a child needs residential treatment.
- **Improve transition services.** Transition services to youth with mental illnesses are not adequate. Efforts should be made to support best practices that support a young person to transition to adulthood.
- **Fund mental health care in colleges.** All Minnesota colleges and universities – public and private – should provide access to mental health services and supports.
- **Continue funding for school-based mental health services.** The infrastructure grants of 2007 should be continued.
- **Continue funding for evidence-based mental health services**. The infrastructure grants of 2007 should be continued.
- **Address truancy issues.** Too often youth with mental illness who do not attend school due to their mental health condition end up being referred to truancy court. Truancy should be a school failure issue and not a criminal justice issue.
- **Do not permit court documents regarding voluntary placement agreements to be accessible to the public.** The law currently states that this information is to be accessible to the public. Particularly for those families where a voluntary placement agreement is used and there are no charges of abuse and neglect, these records should be viewed as a health care record and should not be available to the public.
- **Carry out the recommendations of the Mental Health Acute Needs Report.** Develop specialty services for children with complex needs including hospital beds, residential care, and sub-acute care. Increase the intensity and availability of community based services including ACT teams, system of care models, respite care and more intensive case management. Improve discharge planning from hospitals and increase referrals to crisis teams.
- **Develop dual diagnosis (MI/CD) treatment programs for youth.** All too often the two illnesses are treated separately which is ineffective. Minnesota must do more, including altering funding streams, to make integrated treatment a reality for youth.

## Criminal Justice

- **Support funding of and establishing standards for jail diversion programs and mental health courts**. NAMI supports establishing more jail diversion practices and mental health courts. As these develop, we would like to see standards developed so that families and others advocating for people in the criminal justice system can better navigate the system.
- **Change the M'Naughten Standard/insanity defense.** The standard for the "insanity defense" in Minnesota is based on outdated notions of mental illness. In current law the person has to be so ill that he or she did not know the nature of the act or that it was wrong. NAMI favors changing the standard to "the person did not know or substantially appreciate the nature of the act or its legal or moral wrongfulness."
- **Establish real mental health services in the prisons and create a separate part of a prison for people with serious mental illnesses.** In order to ensure more successful integration into the community, people with mental illness need to access the full range of mental health services and prisons need to have programs with sufficient levels of intensity to treat people. In addition, evidence-based practices, such in Integrated Dual Diagnosis Treatment (IDDT) should be funded and encouraged.
- **Increase the number of discharge planners.** More discharge planners are needed in the prisons to meet the need and counties need financial support to carry out discharge planning on the local level.

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- **Address juvenile justice issues.** A statewide task force has been examining what can be done to meet the mental health needs of youth in juvenile justice. NAMI supports the work of this task force, including adopting a juvenile detention risk assessment instrument, limiting detention of youth to those who are at imminent public safety or flight risk, tying screening money to outcomes, addressing disproportionality, data practices, and requiring the Legislative Auditor's Office to conduct a cost-benefit analysis of juvenile justice services.
- **Require training for probation officers.** Probation officers, juvenile corrections staff and law enforcement need to have training on mental illness in children and on how to work with families.
- **Require training for school safety officers.** School safety officers need training on mental illness and de-escalation techniques in order to prevent students from ending up in the juvenile justice system or expelled from school.
- **Fund one discharge planner at Red Wing.** Young adults leaving the Red Wing Correctional Facility often have severed ties to their families and don't have the knowledge as how to connect with social and health care services in the community. Funding should be made available to fund at least one discharge planner to assure a more smooth transition for these young adults, many of whom have a mental illness.
- **Support law enforcement training.** Law enforcement training focused on mental illness and de-escalation techniques is critically important. Funds should be available for both the full Crisis Intervention Team (CIT) training and for a shorter awareness course.
- **Allow MinnesotaCare benefits to be obtained in jail.** People who are being released to jobs and who have no health insurance should be able to apply for MinnesotaCare while in jail.
- **Increase number of public defenders.** The cuts to the Office of Public Defender significantly impair the office's ability to appropriately represent people appropriately and to research other options through jail diversion options.
- **Fund the development of Forensic ACT Teams.** When someone being released into the community is eligible for Assertive Community Treatment Teams, the ACT team should include and work closely with the person's community correction officer.
- **Require training related to mental illness for board and care homes and half-way houses.**

**Education**

- **Clarify that a mental health emergency is a health care emergency.** Families who have a young adult in college should be notified of a mental health emergency just as they would of any other health care emergency.
- **Provide school districts with the resources for mental health education.** The state Department of Education should provide guidance to school districts as to curricula and programs that provide education to students on mental health.
- **Address the needs of students who are in day treatment or residential programs.** This includes creating standard definitions across systems, increasing per pupil funding for students in treatment, funding transportation differently and funding year-round schooling for students in treatment.

**Employment**

- **Increase funds to the Extended Employment Projects (EE-SMI) for people with serious and persistent mental illness**. There is a long waiting list for employment programs.

**Health Care**

- **Promote the model mental health benefit set**. The model mental health benefit set should be adopted under the state employee health care program.
- **Support payment reforms**. NAMI supports payment reforms that will improve the access to and quality of mental health care, particularly services and supports that prevent hospitalization and support a seamless transition into the community.

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- **Eliminate gaps in health care coverage.** The required gap in coverage under MinnesotaCare and any public program should be eliminated so that people have seamless coverage. Additionally, children who have inadequate mental health care coverage should be able to access MinnesotaCare.
- **Move towards universal coverage, requiring health insurance for all Minnesotans.** NAMI will only support those health care reforms that ensure mental health parity.
- **Add more consumer members to the Drug Formulary Committee.** The committee should be expanded to include more consumer members. There is currently only one member.
- **Ensure full access to needed medications.** People with mental illness should not be subjected to step therapy and should be allowed full access to needed medications under all publicly funded health care programs.
- **Remove asset limits under publicly funded health care programs.** Studies have shown that the administrative costs of verifying assets are high but the return low. Allowing people with low income to access, but who may have some assets, fosters stability.
- **Expand coverage up to age 25 to state employee contract.** Two years ago the legislature required health plans to cover dependents up to age 25 regardless of school status or disability. Unfortunately, state employee plans were exempt from this requirement. This age group has one of the highest unemployment rates and is at greatest risk during this age to develop a serious mental illness.
- **Restrict access to commitment records.** Currently anyone with access to the Internet can look up the on-line database to learn if someone has ever been committed. Particularly for those who have been under a straight commitment (not mentally ill and dangerous) these records should be viewed as a health care record and should not be available on the Internet.
- **Change the commitment law so that current standards can be used.** There is a great deal of confusion surrounding the provisions of the commitment law that allow community commitment for the inability to obtain necessary food, clothing, shelter, or medical care; substantial property damage; and for when it is more probable than not that the person will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness, unless appropriate treatment and services are provided.
- **Change the spend down provisions under Medical Assistance.** People who have income over the income limit of Medical Assistance are required to spend down their income to below the poverty level in order to access MA. This largely affects people on SSDI. They should only be required to spend down to the income level required to be on MA, and not below that level.
- **Increase the number of people who can access the CADI waiver.** The CADI waiver has been invaluable to move people with mental illness out of nursing homes and residential facilities. It has helped families who have a child with mental illness access sufficient in-home services. This number was reduced by the legislature last year.
- **Develop an alternative service for children and adults with mental illnesses who will lose their PCA services.** The 2009 Legislative Session produced drastic changes to the Personal Care Assistance Program. Many will lose this service. The legislature directed the commissioner of human services, in consultation with advocates, consumers and legislators, to develop alternative services for people with mental illnesses and behavioral challenges who will no longer be eligible for PCA services and who could benefit from other services that would more appropriately meet their needs.
- **Reinstate General Assistance Medical Care Funding.** GAMC funding was vetoed for the second year and funds were unallotted. Over 70% of the people on GAMC have a mental illness, chemical dependency or both. Loss of this health care coverage could result in millions of dollars of uncompensated care, overuse of emergency room services, increased incarceration and death. People with mental illnesses should be able to access health insurance to cover the costs of their medications and treatment.

**Housing**

- **Increase funding for Bridges Housing program.** The current long waiting lists for the Section 8 housing program coupled with no increases in the Bridges Housing program has resulted in a crisis for affordable housing