



**S.F. No. 1561 – Grant programs establishment for various purposes related to children's mental health (as proposed to be amended by the A-2 amendment)**

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**S.F. No. 1561** establishes mental health grant programs, makes modifications to mental health provider qualifications, requires the commissioner of human services to establish a psychiatric residential treatment facilities working group, increases rates for in-home children's mental health services, and appropriates money to various mental health grant programs and for recruitment of respite care providers.

**Section 1 (amends Minn. Stat. § 245.4907, subdivision 3)** modifies the allowable grant activities for the mental health certified family peer specialist grant program to include continuing education for certified family peer specialists.

**Section 2 (adds Minn. Stat. § 245.4908)** establishes the youth care professional grant program.

**Subdivision 1** establishes the youth care professional grant program to provide funding for nonfacility orientation and training of direct care staff in certain settings and programs.

**Subdivision 2** provides who an eligible grantee is.

**Subdivision 3** requires the commissioner of human services to contract with a grantee to establish nonfacility specific and nonprogram specific orientation and training curricula. Provides what the contract must contain and who the grantee must consult with in developing the curricula.

**Subdivision 4** requires the grantee to maintain a learning management system that keeps a record of each training participant's progress.

**Subdivision 5** requires the grantee to create and maintain a youth care professional registry that contains a list of training participants who elect to be included.

**Section 3 (adds Minn. Stat. § 245.4909)** establishes high-fidelity wraparound grants.

**Subdivision 1** establishes a high-fidelity wraparound grant program to provide additional funding for a comprehensive child and family-driven response through a high-fidelity wraparound service model.

**Subdivision 2** provides that an eligible applicant is a community-based service provider or county and requires an applicant who is not a county to partner with a county.

**Subdivision 3** requires grantees to deliver high-fidelity wraparound services through an evidence-based model approved by the commissioner of human services.

**Subdivision 4** requires the commissioner to communicate with counties that the delivery of high-fidelity wraparound services allows a county to apply for an enhanced rate for children's mental health targeted case management and that a diagnostic assessment is not required for determining eligibility.

**Subdivision 5** requires grantees to provide service utilization and outcome data to the commissioner at least annually, but no more frequently than twice per year.

**Section 4 (amends Minn. Stat. § 245I.04, subdivision 12)** allows a mental health certified family peer specialist to have lived experience as a youth with mental illness as part of the specialist's qualifications, rather than just having raised or be currently raising a child with mental illness.

**Section 5 (adds Minn. Stat. § 256.01, subdivision 44)** requires the commissioner of human services to establish and maintain youth care transition teams to facilitate the transition of youth from a more restricted setting to the community or a less restrictive setting.

**Section 6 (amends Minn. Stat. § 256B.0616, subdivision 4)** makes conforming changes by removing "specialist" from the subdivision and adding "family" to the title.

**Section 7 (amends Minn. Stat. § 256B.0616, subdivision 5)** modifies certified family peer specialist training and certification requirements to allow the commissioner of human services to approve the use of an existing training process and to allow candidates to have lived experience as a youth with mental illness as part of the qualifications. Requires initial training to be delivered by the commissioner or by a third-party organization approved by the commissioner.

**Section 8 (PRTF Working Group)** requires the commissioner of human services to convene a working group to provide recommendations and proposed legislative changes on expanding access to care provided in psychiatric residential treatment facilities (PRTFs), developing licensing standards for PRTFs, and updating the rate methodology for services provided in PRTFs. Provides who must be included in the working group and what the working group must consider when developing the recommendations.

**Section 9 (Mental Health Collaboration Hub Innovation Pilot)** directs the commissioner of human services to provide funding and technical assistance to, and establish a data sharing agreement with, the Mental Health Collaboration Hub for the development of a pilot project to develop and implement innovative care pathways and care facility decompression strategies. Provides certain requirements for the pilot project, along with requiring the Hub to report on how the grant funds were spent and provide a summary on the impact of the pilot project.

**Section 10 (Room and Board Costs in Children’s Residential Facilities)** requires the room and board rate for children’s residential treatment services to individuals who do not have a placement under chapters 260C (juvenile safety and placement) or 260D (child in voluntary foster care for treatment), to be equal to the proportion of the service provider’s per day IV-E program contract rate that relates to room and board.

**Section 11 (Rate Increase for In-Home Children’s Mental Health Services)** requires the commissioner of human services to increase the rates for in-home children’s mental health services by 50 percent.

**Section 12 (Direction to Commissioner; Youth Care Transition Teams)** allows the commissioner of human services to extend existing contracts with organizations operating youth care transition teams.

**Section 13 (Appropriation; High-Fidelity Wraparound Grants)** contains a blank appropriation in fiscal years 2026 and 2027 for high-fidelity wraparound grants.

**Section 14 (Appropriation; Mental Health Collaboration Hub Innovation Pilot)** contains a blank appropriation in fiscal years 2026 and 2027 for a sole-source grant to the Mental Health Collaboration Hub for the innovation pilot.

**Section 15 (Appropriation; PRTF Working Group)** contains a blank, onetime appropriation in fiscal year 2026 for the psychiatric residential treatment facility working group.

**Section 16 (Appropriation; Targeted Recruitment for Respite Care Access)** contains a blank, onetime appropriation in fiscal year 2026 for grants to private agencies for targeted recruitment of licensed respite care providers.

**Section 17 (Appropriation; Youth Care Professional Training Program)** appropriates \$1,900,000 in fiscal year 2026 and \$1,700,000 in fiscal year 2027 from the general fund for youth care professional grants.

**Section 18 (Appropriation; High-Fidelity Wraparound Grants)** contains a blank appropriation in fiscal years 2026 and 2027 for youth care transition teams.

**Section 19 (Revisor Instruction)** directs the revisor of statutes to renumber section 245.491 as section 245.4919.



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