

This Document can be made available  
in alternative formats upon request

State of Minnesota  
**HOUSE OF REPRESENTATIVES**

**EIGHTY-FIFTH  
SESSION**

**HOUSE FILE No. 416**

January 29, 2007

Authored by Brynaert; Madore; Murphy, E.; Fritz and Hosch

The bill was read for the first time and referred to the Committee on Health and Human Services

1.1 A bill for an act  
1.2 relating to mental health; establishing a certified peer specialist program;  
1.3 amending Minnesota Statutes 2006, sections 256B.0622, subdivision 2;  
1.4 256B.0623, subdivision 5; proposing coding for new law in Minnesota Statutes,  
1.5 chapter 256B.

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

1.7 Section 1. **[256B.0615] MENTAL HEALTH CERTIFIED PEER SPECIALIST.**

1.8 Subdivision 1. **Scope.** Medical assistance covers mental health certified peers  
1.9 specialists services, as established in subdivision 2, subject to federal approval, if provided  
1.10 to recipients who are eligible for services under sections 256B.0622 and 256B.0623,  
1.11 and are provided by a certified peer specialist who has completed the training under  
1.12 subdivision 5.

1.13 Subd. 2. **Establishment.** The commissioner of human services shall establish a  
1.14 certified peer specialists program model, which:

1.15 (1) provides nonclinical peer support counseling by certified peer specialists;

1.16 (2) provides a part of a wraparound continuum of services in conjunction with  
1.17 other community mental health services;

1.18 (3) is individualized to the consumer; and

1.19 (4) promotes socialization, recovery, self-sufficiency, self-advocacy, development of  
1.20 natural supports, and maintenance of skills learned in other support services.

1.21 Subd. 3. **Eligibility.** Peer support services may be made available to consumers  
1.22 of the intensive rehabilitative mental health services under section 256B.0622 and adult  
1.23 rehabilitative mental health services under section 256B.0623.

1.24 Subd. 4. **Peer support specialist program providers.** The commissioner shall  
1.25 develop a process to certify peer support specialist programs, in accordance with the

2.1 federal guidelines, in order for the program to bill for reimbursable services. Peer support  
2.2 programs may be freestanding or within existing mental health community provider  
2.3 centers.

2.4 Subd. 5. **Certified peer specialist training and certification.** The commissioner  
2.5 of human services shall develop a training and certification process for certified peer  
2.6 specialists. The candidates must have had a primary diagnosis of mental illness and be  
2.7 a current or former consumer of mental health services, must demonstrate leadership  
2.8 and advocacy skills, and a strong dedication to recovery. The training curriculum must  
2.9 teach participating consumers specific skills relevant to providing peer support to other  
2.10 consumers. In addition to initial training and certification, the commissioner shall develop  
2.11 ongoing continuing educational workshops on pertinent issues related to peer support  
2.12 counseling.

2.13 Sec. 2. Minnesota Statutes 2006, section 256B.0622, subdivision 2, is amended to read:

2.14 Subd. 2. **Definitions.** For purposes of this section, the following terms have the  
2.15 meanings given them.

2.16 (a) "Intensive nonresidential rehabilitative mental health services" means adult  
2.17 rehabilitative mental health services as defined in section 256B.0623, subdivision 2,  
2.18 paragraph (a), except that these services are provided by a multidisciplinary staff using  
2.19 a total team approach consistent with assertive community treatment, the Fairweather  
2.20 Lodge treatment model, as defined by the standards established by the National Coalition  
2.21 for Community Living, and other evidence-based practices, and directed to recipients with  
2.22 a serious mental illness who require intensive services.

2.23 (b) "Intensive residential rehabilitative mental health services" means short-term,  
2.24 time-limited services provided in a residential setting to recipients who are in need of  
2.25 more restrictive settings and are at risk of significant functional deterioration if they do  
2.26 not receive these services. Services are designed to develop and enhance psychiatric  
2.27 stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more  
2.28 independent setting. Services must be directed toward a targeted discharge date with  
2.29 specified client outcomes and must be consistent with the Fairweather Lodge treatment  
2.30 model as defined in paragraph (a), and other evidence-based practices.

2.31 (c) "Evidence-based practices" are nationally recognized mental health services that  
2.32 are proven by substantial research to be effective in helping individuals with serious  
2.33 mental illness obtain specific treatment goals.

3.1 (d) "Overnight staff" means a member of the intensive residential rehabilitative  
 3.2 mental health treatment team who is responsible during hours when recipients are  
 3.3 typically asleep.

3.4 (e) "Treatment team" means all staff who provide services under this section  
 3.5 to recipients. At a minimum, this includes the clinical supervisor, mental health  
 3.6 professionals; as defined in section 245.462, subdivision 18, clauses (1) to (5); mental  
 3.7 health practitioners; ~~and~~ as defined in section 245.462, subdivision 17; mental health  
 3.8 rehabilitation workers under section 256B.0623, subdivision 5, clause (3); and certified  
 3.9 peer specialists under section 256B.0615.

3.10 Sec. 3. Minnesota Statutes 2006, section 256B.0623, subdivision 5, is amended to read:

3.11 Subd. 5. **Qualifications of provider staff.** Adult rehabilitative mental health  
 3.12 services must be provided by qualified individual provider staff of a certified provider  
 3.13 entity. Individual provider staff must be qualified under one of the following criteria:

3.14 (1) a mental health professional as defined in section 245.462, subdivision 18,  
 3.15 clauses (1) to (5). If the recipient has a current diagnostic assessment by a licensed  
 3.16 mental health professional as defined in section 245.462, subdivision 18, clauses (1) to  
 3.17 (5), recommending receipt of adult mental health rehabilitative services, the definition of  
 3.18 mental health professional for purposes of this section includes a person who is qualified  
 3.19 under section 245.462, subdivision 18, clause (6), and who holds a current and valid  
 3.20 national certification as a certified rehabilitation counselor or certified psychosocial  
 3.21 rehabilitation practitioner;

3.22 (2) a mental health practitioner as defined in section 245.462, subdivision 17. The  
 3.23 mental health practitioner must work under the clinical supervision of a mental health  
 3.24 professional; ~~or~~

3.25 (3) a certified peer specialist under section 256B.0615. The certified peer specialist  
 3.26 must work under the clinical supervision of a mental health professional; or

3.27 ~~(3)~~ (4) a mental health rehabilitation worker. A mental health rehabilitation worker  
 3.28 means a staff person working under the direction of a mental health practitioner or mental  
 3.29 health professional and under the clinical supervision of a mental health professional in  
 3.30 the implementation of rehabilitative mental health services as identified in the recipient's  
 3.31 individual treatment plan who:

3.32 (i) is at least 21 years of age;

3.33 (ii) has a high school diploma or equivalent;

3.34 (iii) has successfully completed 30 hours of training during the past two years in all  
 3.35 of the following areas: recipient rights, recipient-centered individual treatment planning,

4.1 behavioral terminology, mental illness, co-occurring mental illness and substance abuse,  
4.2 psychotropic medications and side effects, functional assessment, local community  
4.3 resources, adult vulnerability, recipient confidentiality; and

4.4 (iv) meets the qualifications in subitem (A) or (B):

4.5 (A) has an associate of arts degree in one of the behavioral sciences or human  
4.6 services, or is a registered nurse without a bachelor's degree, or who within the previous  
4.7 ten years has:

4.8 (1) three years of personal life experience with serious and persistent mental illness;

4.9 (2) three years of life experience as a primary caregiver to an adult with a serious  
4.10 mental illness or traumatic brain injury; or

4.11 (3) 4,000 hours of supervised paid work experience in the delivery of mental health  
4.12 services to adults with a serious mental illness or traumatic brain injury; or

4.13 (B)(1) is fluent in the non-English language or competent in the culture of the  
4.14 ethnic group to which at least 20 percent of the mental health rehabilitation worker's  
4.15 clients belong;

4.16 (2) receives during the first 2,000 hours of work, monthly documented individual  
4.17 clinical supervision by a mental health professional;

4.18 (3) has 18 hours of documented field supervision by a mental health professional  
4.19 or practitioner during the first 160 hours of contact work with recipients, and at least six  
4.20 hours of field supervision quarterly during the following year;

4.21 (4) has review and cosignature of charting of recipient contacts during field  
4.22 supervision by a mental health professional or practitioner; and

4.23 (5) has 40 hours of additional continuing education on mental health topics during  
4.24 the first year of employment.