

Process differences between Family First and Children's Mental Health Residential Services Path

The Children's Mental Health Residential Services Path and the Family First Prevention Services Act are distinct and have different processes. The Family First Prevention Services Act is federal legislation, and its process involves the court and requires voluntary placement agreements for out-of-home placements. The Children's Mental Health Residential Services Path, however, is parent-driven with minimal involvement from the county or Initiative Tribes. The child welfare and juvenile court system are not involved.

Below, you will find snapshots of the current processes for each of the paths.

Family First Prevention Services Act processes

The Family First Prevention Services Act applies to the child welfare services provided by county and Initiative Tribe social service agencies. The act applies when a youth is receiving Children's Mental Health Targeted Case Management and when the county or Initiative Tribe has placement authority through a court order or a voluntary placement agreement. The flowchart below shows the Qualified Residential Treatment Program placement processes, including the Qualified Individual's assessment for whether it's appropriate for a youth to enter a program. (Note: When a youth is receiving targeted case management, the youth must have a severe emotional disturbance to be eligible for placement in a Qualified Residential Treatment Program.)



For more information about Family First, visit the <u>department's Family First Prevention Services Act webpage</u>.

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Children's Mental Health Residential Services Path process

The Children's Mental Health Residential Services Path is a service, not a placement. This path is family-driven. The family has the option to choose whether they prefer to have county involvement, including case management services. If the parent chooses not to have county involvement that includes case management, the following two scenarios apply.

Scenario 1



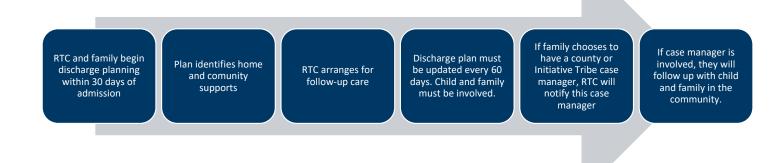
Scenario 2



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Discharge planning and process for transition to community

Planning for discharge and transition to the community must begin right away. The relationship built between the regional treatment center and the family will be integral to the youth's successful return to the community. To ensure equity is preserved, both formal and informal supports within the community should be carefully examined. For example, a family may find that their child's pastor may be a resource rather than a traditional therapist. The child and family must inform this decision. The discharge and transition process is below.



Financial allocations to counties and Initiative Tribes determination process

The Children's Mental Health Residential Services Path does not provide counties or Initiative Tribes the ability to claim Title IV-E funding. To mitigate this change in funding, the Minnesota Legislature allocated funds to reimburse counties and tribal governments. The funds are intended to assist counties and Initiative Tribes in covering the cost of treatment when a child is receiving licensed Children's Mental Health Residential Services. The appropriation of funds will occur on an annual basis. The allocation is \$1,964,000 for State Fiscal Year 2022 and \$1,979,000 for State Fiscal Year 2023.

A work group composed of Minnesota Department of Human Services staff, counties, children's mental health residential providers, and children's mental health advocates are working together to:

- Develop recommendations on how to distribute the Children's Mental Health Residential Services Path funds
- Address systemic barriers for transitioning a youth back into their community
- Identify community-based treatment options.

Statutes providing the guidance for the processes described in this document include:

- Minn. Stat. 2021, section 245.4882, subd. 1 and subd. 3; Minn. Stat. 2021, section 245.4885, subd. 1;
- Laws of Minnesota 2021, 1st Special Session, Chapter 7, Article 11, sections 2-5, 49 (paragraph b) and Article 16, section 2, subd. 7, paragraph a.

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