

MN State Statutes- COLLABORATIVES

The statutes directly and indirectly relating to children's mental health collaboratives can be lengthy and often contain statements that are similar but worded differently. Please take the time to acquaint yourself with each of the statutes below. Key ideas that are most often associated with the RCCMHC's work have been abbreviated as bullet points below each statute. Please note that these bullet points are NOT comprehensive. The full text of the statute is available at each statute's hyperlink.

Statutes Directly Related to Children's Mental Health Collaboratives:

[Minn. Stat. § 124D.23 FAMILY SERVICES AND COMMUNITY-BASED COLLABORATIVES](#)

- Collaboratives are expected to have broad community representation
- Two or more collaboratives may consolidate decision-making, pool resources, and collectively act on behalf of the individual collaboratives, based on a written agreement
- Collaborative duties:
 - Establish clear goals;
 - Use outcome-based indicators to measure progress;
 - Establish a comprehensive planning process that involves all sectors of the community, identifies local needs, and surveys existing local programs;
 - Integrate service funding sources;
 - Coordinate families' services to avoid duplicative and overlapping assessment and intake procedures;
 - Focus primarily on family-centered services;
 - Encourage parents and volunteers to actively participate;
 - Provide services in locations that are readily accessible;
 - Use new or reallocated funds to improve or enhance services;
 - Identify institutional barriers to coordinating services and suggest ways to remove barriers;
 - Design and implement an **Integrated Local Service Delivery System** for children and their families that coordinates funding streams and the delivery of services between existing agencies, coordinates services across agencies and is client centered. Examples may include:
 - Improve outreach and early identification of youth/families;
 - Intervene across service systems on behalf of families;
 - Offer an inclusive service system;
 - Coordinate services that eliminate the need to match funding streams, provider eligibilities, or clients with multiple providers;
 - Improve access to services by coordinating transportation;
 - Provide new mother outreach and periodic family visits ;
 - Coordinate assessment across systems to determine which children and families need coordinated multiagency services and supplemental services;

- Include multiagency service plans and coordinate unitary case management; and
 - Integrate funding of services.
- Information Sharing (NOTE: This is different from Minnesota Statutes Section 245.493)
 - The school district, county, and public health entity members of a family services collaborative may inform each other as to whether an individual or family is being served by the member, without the consent of the subject of the data.
 - If further information sharing is necessary in order for the collaborative to carry out duties, the collaborative may share data if the individual gives written informed consent.
 - If a federal law or regulation impedes information sharing that is necessary in order for a collaborative to carry out duties, the appropriate state agencies shall seek a waiver or exemption from the law or regulation.
- Integrated Fund
 - A collaborative must establish an integrated fund to help provide an integrated service system and fund additional supplemental services. The integrated fund may consist of federal, state, local, or private resources.
 - The collaborative agreement must specify a minimum financial commitment by the contributors to an integrated fund. Contributors may not reduce their financial commitment except as specified in the agreement or by federal declaration.
 - A collaborative must seek to maximize federal and private funds by designating local expenditures for services that can be matched with federal or private grant funds and by designing services to meet the requirements for state or federal reimbursement.
 - Collaboratives may seek to maximize federal reimbursement of funds under Minnesota Statutes Section 256F.10.
- Local Plans
 - The collaborative plan must describe how the collaborative will carry out the duties and implement the integrated local services delivery system.
 - The plan must include a list of the collaborative participants, a copy of the agreement required under subdivision 1, the amount and source of resources each participant will contribute to the integrated fund, and methods for increasing local participation in the collaborative, involving parents and other community members in implementing and operating the collaborative, and providing effective outreach services.
 - The plan must also include specific goals that the collaborative intends to achieve and methods for objectively measuring progress.
 - The Children’s Cabinet must approve local plans for collaboratives.

Minn. Stat. § 245.491 CITATION; DECLARATION OF PURPOSE.

- Children with emotional or behavioral disturbances or who are at risk of suffering such disturbances often require services from multiple service systems.
- An integrated children's mental health service system will:

- Allow local service decision makers to draw funding from a single local source so that funds follow clients and eliminates the need to match clients, funds, services, and provider eligibilities;
- Create a local pool of state, local, and private funds to procure a greater medical assistance federal financial participation;
- Improve the efficiency of use of existing resources;
- Minimizes or eliminate the incentives for cost and risk shifting; and
- Increase the incentives for earlier identification and intervention.

Minn. Stat. § 245.492 DEFINITIONS

- **"Children with emotional or behavioral disturbances"** includes children with emotional disturbances as defined in Minnesota Statutes Section 245.4871, subdivision 15, and children with emotional or behavioral disorders as defined in Minnesota Rules, Part 3525.1329, subpart 1.
- **"Family"** has the definition provided in Minnesota Statutes Section 245.4871, subdivision 16.
- **"Integrated fund"** is a pool of both public and private local, state, and federal resources, consolidated at the local level, to accomplish locally agreed-upon service goals for the target population.
- **"Integrated service system"** means a coordinated set of procedures established by the local children's mental health collaborative for coordinating services and actions across categorical systems and agencies that results in:
 - integrated funding;
 - improved outreach, early identification, and intervention across systems;
 - strong collaboration between parents and professionals in:
 - identifying children in the target population,
 - facilitating access to the integrated system, and
 - coordinating care and services for these children;
 - a coordinated assessment process across systems that determines which children need multiagency care coordination and wraparound services;
 - multiagency plan of care; and
 - individualized rehabilitation services.
 - Services provided by the integrated service system must meet the requirements set out in Minnesota Statutes Sections 245.487 to 245.4889.
 - Children served by the integrated service system must be economically and culturally representative of children in the service delivery area.
- **"Local children's advisory council"** refers to the council established under Minnesota Statutes Section 245.4875, subdivision 5.
- **"Local children's mental health collaborative"** or "collaborative" means an entity formed by the agreement of representatives of the local system of care for the purpose of developing and governing an integrated service system.
 - Where a local coordinating council as defined in Minnesota Statutes Section 125A.22 is not the local children's mental health collaborative, the local children's mental health collaborative must work closely with the local coordinating council in designing the integrated service system.

- **"Local system of care"** has the definition provided in Minnesota Statutes Section [245.4871, subdivision 24](#).
- **"Multiagency plan of care"** means a written plan of intervention and integrated services developed by a multiagency team in conjunction with the child and family based on their unique strengths and needs as determined by a multiagency assessment. The plan must outline measurable client outcomes and specific services needed to attain these outcomes, the agencies responsible for providing the specified services, funding responsibilities, timelines, the judicial or administrative procedures needed to implement the plan of care, the agencies responsible for initiating these procedures and designate one person with lead responsibility for overseeing implementation of the plan.
- **"Target population"** means children up to age 18 with an emotional or behavioral disturbance or who are at risk of suffering an emotional or behavioral disturbance as evidenced by a behavior or condition that affects the child's ability to function in a primary aspect of daily living including personal relations, living arrangements, work, school, and recreation, and a child who can benefit from:
 - multiagency service coordination and wraparound services; or
 - informal coordination of traditional mental health services provided on a temporary basis.
 - Children between the ages of 18 and 21 who meet these criteria may be included in the target population at the option of the local children's mental health collaborative.
- **"Individualized rehabilitation services"** are alternative, flexible, coordinated, and highly individualized services that are based on a multiagency plan of care. These services are designed to build on the strengths and respond to the needs identified in the child's multiagency assessment and to improve the child's ability to function in the home, school, and community. Individualized rehabilitation services may include, but are not limited to, residential services, respite services, services that assist the child or family in enrolling in or participating in recreational activities, assistance in purchasing otherwise unavailable items or services important to maintain a specific child in the family, and services that assist the child to participate in more traditional services and programs.

Minn. Stat. § 245.493 LOCAL CHILDREN'S MENTAL HEALTH COLLABORATIVE.

- Mandatory partners
 - One county, one school district or special education cooperative, one mental health entity, and one juvenile justice or corrections entity.
- Possible members
 - Representatives of the local system of care and nongovernmental entities such as parents of children in the target population; parent and consumer organizations; community, civic, and religious organizations; private and nonprofit mental and physical health care providers; culturally specific organizations; local foundations; and businesses.
- Partners/members must:
 - Develop an integrated service system;
 - Commit resources to providing services through the children's mental health collaborative; and
 - Develop a plan to contribute funds to the children's mental health collaborative.
- Local Coordinating Bodies

- A children’s mental health collaborative may assume the duties of a community transition interagency committee established under Minnesota Statutes Section 125A.22; an interagency early intervention committee established under Minnesota Statutes Section 125A.30; or a local advisory council established under Minnesota Statutes Section 245.4875, subdivision 5.
- Two or more family services collaboratives or children’s mental health collaboratives may consolidate decision making, pool resources, and collectively act on behalf of the individual collaboratives, based on a written agreement among the participating collaboratives.
- Duties of the Children’s Mental Health Collaborative
 - provide a copy of the signed collaborative agreement to the Commissioner of Human Services within 10 days of formation.
 - identify a service delivery area and an operational target population that is economically and culturally representative of children within that service delivery area.
 - seek to maximize federal revenues available to serve children in the target population by designating local expenditures for services for these children and their families that can be matched with federal dollars;
 - in consultation with the local children’s advisory council and the local coordinating council, if it is not the local children’s mental health collaborative, design, develop, and ensure implementation of an integrated service system that meets the requirements for state and federal reimbursement and develop interagency agreements necessary to implement the system;
 - expand membership to include representatives of other services in the local system of care (SOC) including prepaid health plans under contract with the Commissioner of Human Services;
 - create or designate a management structure for fiscal and clinical responsibility and outcome evaluation;
 - spend funds generated by the local children’s mental health collaborative as required in Minnesota Statutes Sections 245.491 to 245.495;
 - explore methods and recommend changes needed at the state level to reduce duplication and promote coordination of services including the use of uniform forms for reporting, billing, and planning of services;
 - submit its integrated service system design to the Children’s Cabinet for approval within one year of notifying the Commissioner of Human Services of its formation;
 - provide an annual report and the collaborative’s planned timeline to expand its operational target population to the Children’s Cabinet; and
 - expand its operational target population.
- Information Sharing (NOTE: This is different from Minnesota Statutes Section 124D.23)
 - Members of a children’s mental health collaborative may share data on individuals being served by the collaborative or its members if the individual gives written informed consent and the information sharing is necessary in order for the collaborative to carry out duties.
 - If a federal law or regulation impedes information sharing that is necessary in order for a collaborative to carry out duties, the appropriate state agencies shall attempt to get a waiver or exemption from the applicable law or regulation.

Minn. Stat. § 245.4931 INTEGRATED LOCAL SERVICE SYSTEM.

- The integrated service system established by the children’s mental health collaborative must:
 - Include a process for communicating to agencies in the local SOC eligibility criteria for services received through the children’s mental health collaborative and a process for determining eligibility.
 - The process shall place strong emphasis on outreach to families, respecting the family role in identifying children in need, and valuing families as partners;
 - Include measurable outcomes, timelines for evaluating progress, and mechanisms for quality assurance and appeals;
 - Involve the family and the individual child, in developing multiagency service plans to the extent required in Minnesota Statutes Sections 125A.08, 245.4871, subdivision 21, 245.4881, subdivision 4, 253B.03, subdivision 7, 260C.212, subdivision 1, and 260C.201, subdivision 6.
 - Meet all standards and provide all mental health services as required in Minnesota Statutes Sections 245.487 to 245.4889 and ensure that the services provided are culturally appropriate;
 - Spend funds generated by the children’s mental health collaborative as required in Minnesota Statutes Sections 245.491 to 245.495;
 - Encourage public-private partnerships to increase efficiency, reduce redundancy, and promote quality of care; and
 - Ensure that, if the county participant of the local children’s mental health collaborative is also a provider of child welfare targeted case management, then federal reimbursement received by the county for child welfare targeted case management provided to children served by the local children’s mental health collaborative is directed to the integrated fund.

Minn. Stat. § 245.4932 REVENUE ENHANCEMENT; AUTHORITY AND RESPONSIBILITIES

- Children’s mental health collaboratives shall have the following authority and responsibilities regarding federal revenue enhancement. The collaborative:
 - Must establish an integrated fund;
 - Shall designate a lead county or other qualified entity as the fiscal agency for reporting, claiming, and receiving payments;
 - May enter into subcontracts with other counties, school districts, special education cooperatives, municipalities, and other public and nonprofit entities for purposes of identifying and claiming eligible expenditures to enhance federal reimbursement;
 - Shall use any enhanced revenue attributable to the activities of the collaborative, including administrative and service revenue, solely to provide mental health services or to expand the operational target population;
 - Must develop and maintain an accounting and financial management system adequate to support all claims for federal reimbursement, including a clear audit trail and any provisions specified in the contract with the commissioner of human services;

- The collaborative or its members may elect to pay the nonfederal share of the medical assistance costs for services designated by the collaborative; and
- The lead county or other qualified entity may not use federal funds or local funds designated as matching for other federal funds to provide the nonfederal share of medical assistance.

[Minn. Stat. § 245.495 ADDITIONAL FEDERAL REVENUES.](#)

- Each children’s mental health collaborative shall report expenditures eligible for federal reimbursement in a manner prescribed by the commissioner of human services under Minnesota Statutes Section [256.01, subdivision 2](#), paragraph (p).
 - The collaborative must use these funds to expand the operational target population or to develop or provide mental health services through the local integrated service system to children in the target population. Funds may not be used to supplant funding for services to children in the target population.
 - For purposes of this section, “mental health services” are community-based, nonresidential services, which may include respite care, that are identified in the child’s multiagency plan of care.

Statutes Indirectly Related to Children’s Mental Health Collaboratives

[Minn. Stat. § 4.045 CHILDREN’S CABINET](#)

- The Children’s Cabinet shall consist of the commissioners of education, human services, employment and economic development, public safety, corrections, management and budget, health, administration, Housing Finance Agency, and transportation, and the director of the Office of Strategic and Long-Range Planning. The governor shall designate one member to serve as cabinet chair. The chair is responsible for ensuring that the duties of the Children’s Cabinet are performed.

[Minn. Stat. Ch. 13 MINNESOTA GOVERNMENT DATA PRACTICES ACT \(MGDPA\)](#)

- This is a very long and comprehensive chapter that cannot be abbreviated for purposes of this appendix. Please access the full text at the above link.

[Minn. Stat. Ch. 13D OPEN MEETING LAW](#)

- This is a long and comprehensive chapter that cannot be abbreviated for purposes of this appendix. Please access the full text at the above link.

[Minn. Stat. § 179A.03 DEFINITIONS \(Public Employment Labor Relations\)](#)

- Public Employer
 - When two or more units of government subject to Minnesota Statutes Sections 179A.01 to 179A.25 undertake a project or form a new agency under law authorizing common or joint action, the employer is the governing person or board of the created agency. The governing official or body of the cooperating governmental units shall be bound by an agreement entered into by the created agency according to Minnesota Statutes Sections 179A.01 to 179A.25.
- Public Employee

- “Public employee” or “employee” means any person appointed or employed by a public employer except:
 - elected public officials;
 - part-time employees whose service does not exceed the lesser of 14 hours per week or 35 percent of the normal work week in the employee’s appropriate unit;
 - employees whose positions are basically temporary or seasonal in character and: (i) are not for more than 67 working days in any calendar year; or (ii) are not for more than 100 working days in any calendar year and the employees are under the age of 22, are full-time students enrolled in a nonprofit or public educational institution prior to being hired by the employer, and have indicated, either in an application for employment or by being enrolled at an educational institution for the next academic year or term, an intention to continue as students during or after their temporary employment;
- The following individuals are public employees regardless of the exclusions of paragraph (a), clauses (5) and (6) stated above:
 - an employee hired by a school district to replace an absent teacher is a public employee regardless of the exclusions for part-time employees stated above.

Minn. Stat. § 179A.60 JOINT POWERS AGREEMENTS

- For purposes of this statute, “entity” means an operating organization, established by agreement of two or more governmental units for the joint exercise of governmental powers, that has its own governing board with the authority to hire its own employees.
- Employees of an entity are public employees and joint powers entities are public employers under Minnesota Statutes Section 179A.03.

Minn. Stat. § 245.4875 LOCAL SERVICE DELIVERY SYSTEM

- The county board in each county is responsible for using all available resources to develop and coordinate a system of locally available and affordable children's mental health services.
- The county board may provide some or all of the children’s mental health services and activities (below) directly through a county agency or under contracts with other individuals or agencies.
- The children’s mental health service system must include the following services:
 - education and prevention, Minnesota Statutes Section 245.4877;
 - mental health identification and intervention, Minnesota Statutes Section 245.4878;
 - emergency services, Minnesota Statutes Section 245.4879;
 - outpatient services, Minnesota Statutes Section 245.488;
 - family community support services, Minnesota Statutes Section 245.4881;
 - day treatment, Minnesota Statutes Section 245.4884, subdivision 2;
 - residential treatment, Minnesota Statutes Section 245.4882;
 - acute care hospital inpatient treatment, Minnesota Statutes Section 245.4883;
 - screening, Minnesota Statutes Section 245.4885;
 - case management, Minnesota Statutes Section 245.4881;

- therapeutic support of foster care, Minnesota Statutes Section 245.4884, subdivision 4;
- professional home-based family treatment, Minnesota Statutes Section 245.4884, subdivision 4; and
- mental health crisis services, Minnesota Statutes Section 245.488, subdivision 3.
- Counties are encouraged to join with one or more county boards to establish a multicounty local children’s mental health authority
- The county board shall establish **a local children’s mental health advisory council** or children’s mental health subcommittee of the existing local mental health advisory council or shall include persons on its existing mental health advisory council who are representatives of children’s mental health interests.
 - The following individuals must serve
 - At least one person who was in a mental health program as a child or adolescent;
 - At least one parent of a child or adolescent with severe emotional disturbance;
 - One children’s mental health professional;
 - Representatives of minority populations of significant size residing in the county;
 - A representative of the children’s mental health local coordinating council; and
 - One family community support services program representative.
 - The local children’s mental health advisory council shall seek input from parents, former consumers, providers, and others about the needs of children with emotional disturbance in the local area and services needed by families of these children.
 - Shall meet monthly- but not less than quarterly- to review, evaluate, and make recommendations regarding the local children’s mental health system.
 - Annual tasks:
 - arrange for input from the local SOC providers regarding coordination of care between the services;
 - identify for the county board the individuals, providers, agencies, and associations as specified in Minnesota Statutes Section 245.4877, paragraph (2); and
 - provide to the county board a report of unmet mental health needs of children residing in the county.
- Transition Services
 - The county board may continue to provide mental health services as defined in Minnesota Statutes Sections 245.487 to 245.4889 to persons over 18 years of age, but under 21 years of age, if the person was receiving case management or family community support services prior to age 18, and if one of the following conditions is met:
 - the person is receiving special education services through the local school district;
 - it is in the best interest of the person to continue services defined in Minnesota Statutes Sections 245.487 to 245.4889; or
 - the person is requesting services and the services are medically necessary.

Minn. Stat. § 471.59 JOINT EXERCISE OF POWERS

- Two or more governmental units may jointly or cooperatively exercise any power common to the contracting parties or any similar powers
- Liability
 - A governmental unit participating in a joint venture or joint enterprise, including participation in a cooperative activity undertaken pursuant to this statute or other law, is not liable for the acts or omissions of another governmental unit participating in the joint venture or joint enterprise, unless the participating governmental unit has agreed in writing to be responsible for the acts or omissions of another participating governmental unit.
 - For purposes of determining total liability for damages, the participating governmental units and the joint board, if one is established, are considered a single governmental unit and the total liability for the participating governmental units and the joint board, if established, shall not exceed the limits on governmental liability for a single governmental unit as specified in Minnesota Statutes Sections 3.736 or 466.04, subdivision 1, or as waived or extended by the joint board or all participating governmental units under Minnesota Statutes Sections 3.736, subdivision 8; 466.06; or 471.981. This paragraph does not protect a governmental unit from liability for its own independent acts or omissions not directly related to the joint activity.
 - If a participating governmental unit has procured or extended insurance coverage pursuant to Minnesota Statutes Sections 3.736, subdivision 8; 466.06; or 471.981 in excess of the limits on governmental liability under Minnesota Statutes Sections 3.736 or 466.04, subdivision 1, covering participation in the joint venture or joint enterprise, the procurement of that insurance constitutes a waiver of the limits of governmental liability for that governmental unit to the extent that valid and collectable insurance or self-insurance, including, where applicable, proceeds from the Minnesota Guarantee Fund, exceeds those limits and covers that governmental unit's liability for the claim, if any.
- The agreement shall state the purpose or the power to be exercised and it shall provide for the method by which the purpose sought shall be accomplished or the manner in which the power shall be exercised.
 - When the agreement provides for use of a joint board, the board shall be representative of the parties to the agreement.
- The parties to such agreement may provide for disbursements from public funds to carry out the purposes of the agreement.
 - Contracts let and purchases made under the agreement shall conform to the requirements applicable to contracts and purchases of any one of the parties, as specified in the agreement. Strict accountability of all funds and report of all receipts and disbursements shall be provided for.
- Such agreement may be continued for a definite term or until rescinded or terminated in accordance with its terms.
- Such agreement shall provide for the disposition of any property acquired as the result of such joint or cooperative exercise of powers, and the return of any surplus moneys in proportion to contributions of the several contracting parties after the purpose of the agreement has been completed.

- For the purposes of the development, coordination, presentation and evaluation of training programs for local government officials, governmental units may exercise their powers under this section in conjunction with organizations representing governmental units and local government officials.
- Two or more governmental units, through action of their governing bodies, by adoption of a joint powers agreement may establish a **joint powers board** to issue bonds or obligations
 - A joint board established under this section may issue obligations and other forms of indebtedness only in accordance with express authority granted by the action of the governing bodies of the governmental units that established the joint board.
 - Counties, school districts, and mental health entities, through action of their governing bodies, may establish a joint board to establish and govern a children's mental health collaborative under Minnesota Statutes Sections 245.491 to 245.495, or a collaborative established by the merger of a children's mental health collaborative and a family services collaborative under Minnesota Statutes Section 124D.23. The county, school district, and mental health entities may include other entities at their discretion. The membership of a board established under this paragraph, in addition to members of the governing bodies of the participating governmental units, must include the representation provided by Minnesota Statutes Section 245.493, subdivision 1.