

SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION

S.F. No. 1

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DATE	D-PG	OFFICIAL STATUS
01/10/2019	45	Introduction and first reading Referred to Human Services Reform Finance and Policy
01/14/2019	83	Authors added Nelson; Hoffman
03/28/2019	1403a	Comm report: To pass as amended and re-refer to Health and Human Services Finance and Policy Joint rule 2.03, referred to Rules and Administration
04/03/2019	2143	Comm report: Adopt previous comm report

1.1 A bill for an act

1.2 relating to human services; requiring insurance coverage for treatment and services

1.3 provided by mental health professionals and clinical trainees; requiring a denial

1.4 of a claim for mental health services be made or reviewed by a licensed mental

1.5 health professional; requiring provision of mental health services to college

1.6 students; directing the commissioner of health to award grants for voice response

1.7 suicide prevention, crisis connection, and referral activities; establishing the

1.8 officer-involved community-based care coordination grant program to provide

1.9 mental health services to individuals arrested by law enforcement; modifying

1.10 medical assistance coverage for community-based care coordination to include

1.11 tribes; eliminating county share for cost of officer-involved community-based care

1.12 coordination; modifying school-linked mental health grants; establishing a

1.13 shelter-linked youth mental health grant program to provide mental health services

1.14 to youth experiencing homelessness or sexual exploitation; establishing the

1.15 Community Competency Restoration Task Force; requiring reports; appropriating

1.16 money; amending Minnesota Statutes 2018, sections 62A.15, subdivision 4, by

1.17 adding a subdivision; 136F.20, by adding a subdivision; 145.908, subdivisions 1,

1.18 2; 245.4889, subdivision 1; 256B.0625, subdivision 56a; 256K.45, subdivision 2;

1.19 proposing coding for new law in Minnesota Statutes, chapters 137; 145; 245; 256K.

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

1.21 Section 1. Minnesota Statutes 2018, section 62A.15, is amended by adding a subdivision

1.22 to read:

1.23 Subd. 3c. **Mental health services.** (a) All benefits provided by a policy or contract

1.24 referred to in subdivision 1 relating to expenses incurred for mental health treatment or

1.25 services provided by a mental health professional must also include treatment and services

1.26 provided by a clinical trainee to the extent that the services and treatment are within the

1.27 scope of practice of the clinical trainee according to Minnesota Rules, part 9505.0371,

1.28 subpart 5, item C.

2.1 (b) This subdivision provides for equal payment of benefits for mental health treatment
2.2 and services provided by a mental health professional, as defined in Minnesota Rules, part
2.3 9505.0371, subpart 5, item A, or a clinical trainee, but does not change or add to the benefits
2.4 provided for in those policies or contracts.

2.5 **EFFECTIVE DATE.** This section is effective January 1, 2020, and applies to policies
2.6 and contracts offered, issued, or renewed on or after that date.

2.7 Sec. 2. Minnesota Statutes 2018, section 62A.15, subdivision 4, is amended to read:

2.8 Subd. 4. **Denial of benefits.** (a) No carrier referred to in subdivision 1 may, in the
2.9 payment of claims to employees in this state, deny benefits payable for services covered by
2.10 the policy or contract if the services are lawfully performed by a licensed chiropractor,
2.11 licensed optometrist, a registered nurse meeting the requirements of subdivision 3a, or a
2.12 licensed acupuncture practitioner.

2.13 (b) When carriers referred to in subdivision 1 make claim determinations concerning
2.14 the appropriateness, quality, or utilization of chiropractic health care for Minnesotans, any
2.15 of these determinations that are made by health care professionals must be made by, or
2.16 under the direction of, or subject to the review of licensed doctors of chiropractic.

2.17 (c) When a carrier referred to in subdivision 1 makes a denial of payment claim
2.18 determination concerning the appropriateness, quality, or utilization of acupuncture services
2.19 for individuals in this state performed by a licensed acupuncture practitioner, a denial of
2.20 payment claim determination that is made by a health professional must be made by, under
2.21 the direction of, or subject to the review of a licensed acupuncture practitioner.

2.22 (d) When a carrier referred to in subdivision 1 makes a denial of payment claim
2.23 determination concerning the appropriateness, quality, or utilization of mental health services
2.24 for individuals in this state performed by a licensed mental health professional or clinical
2.25 trainee, a denial of payment claim determination that is made by a health professional must
2.26 be made by, under the direction of, or subject to the review of a licensed mental health
2.27 professional.

2.28 **EFFECTIVE DATE.** This section is effective January 1, 2020, and applies to policies
2.29 and contracts offered, issued, or renewed on or after that date.

3.1 Sec. 3. Minnesota Statutes 2018, section 136F.20, is amended by adding a subdivision to
3.2 read:

3.3 Subd. 3. **Mental health services and health insurance information.** (a) The board
3.4 must contract with one or more independent mental health organizations to provide mental
3.5 health care, including by use of telemedicine, on campus at up to five state colleges. To be
3.6 eligible to apply for the program, the state college must employ one or more faculty
3.7 counselors. These grants are designed to build on the current support provided by faculty
3.8 counselors and are not a replacement for them. Mental health services must be provided
3.9 without charge to students who are uninsured, who have high co-payments, or whose health
3.10 insurance does not cover the service provided. A memorandum of understanding shall be
3.11 developed between the college and the mental health organization outlining the use of space
3.12 on campus, how the students will be notified of the service, how they will collaborate with
3.13 faculty counselors, the provision of services, and other items.

3.14 (b) A mental health organization providing mental health care under paragraph (a) must
3.15 also provide information and guidance to students seeking health insurance.

3.16 Sec. 4. [137.131] MENTAL HEALTH SERVICES AND HEALTH INSURANCE
3.17 INFORMATION.

3.18 (a) The board must contract with one or more independent mental health organizations
3.19 to provide mental health care, including by use of telemedicine, on campus at up to five
3.20 universities. To be eligible to apply for the program, the university must employ one or
3.21 more faculty counselors. These grants are designed to build on the current support provided
3.22 by faculty counselors and are not a replacement for them. Mental health services must be
3.23 provided without charge to students who are uninsured, who have high co-payments, or
3.24 whose health insurance does not cover the service provided. A memorandum of understanding
3.25 shall be developed between the university and the mental health organization outlining the
3.26 use of space on campus, how the students will be notified of the service, how they will
3.27 collaborate with faculty counselors, the provision of services, and other items.

3.28 (b) A mental health organization providing mental health care under paragraph (a) must
3.29 also provide information and guidance to students seeking health insurance.

3.30 Sec. 5. Minnesota Statutes 2018, section 145.908, subdivision 1, is amended to read:

3.31 Subdivision 1. **Grant program established.** Within the limits of ~~federal funds~~ available
3.32 ~~specifically~~ appropriations for this purpose, the commissioner of health shall establish a
3.33 grant program to provide culturally competent programs to screen and treat pregnant women

4.1 and women who have given birth in the preceding 12 months for pre- and postpartum mood
4.2 and anxiety disorders. Organizations may use grant funds to establish new screening or
4.3 treatment programs, or expand or maintain existing screening or treatment programs. In
4.4 establishing the grant program, the commissioner shall prioritize expanding or enhancing
4.5 screening for pre- and postpartum mood and anxiety disorders in primary care settings. The
4.6 commissioner shall determine the types of organizations eligible for grants.

4.7 Sec. 6. Minnesota Statutes 2018, section 145.908, subdivision 2, is amended to read:

4.8 Subd. 2. **Allowable uses of funds.** Grant funds awarded by the commissioner under this
4.9 section:

4.10 (1) must be used to provide health care providers with appropriate training and relevant
4.11 resources on screening, treatment, follow-up support, and links to community-based resources
4.12 for pre- and postpartum mood and anxiety disorders, and grants for mental health treatment
4.13 services for women suffering from mood and anxiety disorders; and

4.14 (2) may be used to:

4.15 (i) enable health care providers to provide or receive psychiatric consultations to treat
4.16 eligible women for pre- and postpartum mood and anxiety disorders;

4.17 (ii) conduct a public awareness campaign;

4.18 (iii) fund start-up costs for telephone lines, websites, and other resources to collect and
4.19 disseminate information about screening and treatment for pre- and postpartum mood and
4.20 anxiety disorders; or

4.21 (iv) establish connections between community-based resources.

4.22 Sec. 7. **[145.9275] VOICE RESPONSE SUICIDE PREVENTION, CRISIS**
4.23 **CONNECTION, AND REFERRAL PROGRAM.**

4.24 (a) The commissioner of health shall award grants to eligible nonprofit organizations
4.25 and counties for the purposes of maximizing resources to provide access to crisis services
4.26 across the state and educating communities on how to access local resources and suicide
4.27 lifelines.

4.28 (b) A grantee must use the grant funds to:

4.29 (1) provide a method of response that triages inquiries and provides immediate access
4.30 to suicide prevention and crisis counseling over the telephone;

5.1 (2) connect individuals with trained crisis counselors and local resources, including
5.2 referrals to community mental health options, emergency departments, and locally available
5.3 mobile crisis teams, when appropriate; or

5.4 (3) host an accredited suicide lifeline.

5.5 **Sec. 8. [245.4663] OFFICER-INVOLVED COMMUNITY-BASED CARE**
5.6 **COORDINATION GRANT PROGRAM.**

5.7 Subdivision 1. **Establishment and authority.** (a) The commissioner shall make grants
5.8 to programs that provide officer-involved community-based care coordination services
5.9 under section 256B.0625, subdivision 56a. The commissioner shall balance awarding grants
5.10 to counties outside the metropolitan area and counties inside the metropolitan area.

5.11 (b) The commissioner shall provide outreach, technical assistance, and program
5.12 development support to increase capacity of new and existing officer-involved
5.13 community-based care coordination programs, particularly in areas where officer-involved
5.14 community-based care coordination programs have not been established, especially in
5.15 greater Minnesota.

5.16 (c) Funds appropriated for this section must be expended on activities described under
5.17 subdivision 3, technical assistance, and capacity building, including the capacity to maximize
5.18 revenue by billing services to available third-party reimbursement sources, in order to meet
5.19 the greatest need on a statewide basis.

5.20 Subd. 2. **Eligibility.** An eligible applicant for an officer-involved community-based care
5.21 coordination grant under subdivision 1, paragraph (a), is a county or tribe that operates or
5.22 is prepared to implement an officer-involved community-based care coordination program.

5.23 Subd. 3. **Allowable grant activities.** Grant recipients may use grant funds for the costs
5.24 of providing officer-involved community-based care coordination services that are not
5.25 otherwise covered under section 256B.0625, subdivision 56a, and for the cost of services
5.26 for individuals not eligible for medical assistance.

5.27 Subd. 4. **Evaluation.** Grants under this section shall be formally evaluated by the
5.28 commissioner of management and budget using an experimental or quasi-experimental
5.29 design. The commissioner shall consult with the commissioner of management and budget
5.30 to ensure that grants are administered to facilitate the evaluation. Grant recipients must
5.31 collect and provide to the commissioner information needed to complete the evaluation.
5.32 The commissioner must provide to the commissioner of management and budget the

6.1 information collected for the evaluation. The commissioner of management and budget,
 6.2 under section 15.08, may obtain additional relevant data to support the evaluation study.

6.3 Subd. 5. **Reporting.** (a) The commissioner shall report annually on the use of
 6.4 officer-involved community-based care coordination grants to the legislative committees
 6.5 with jurisdiction over human services by December 31, beginning in 2020. Each report shall
 6.6 include the name and location of the grant recipients, the amount of each grant, the services
 6.7 provided or planning activities conducted, and the number of individuals receiving services.
 6.8 The commissioner shall determine the form required for the reports and may specify
 6.9 additional reporting requirements.

6.10 (b) The reporting requirements under this subdivision are in addition to the reporting
 6.11 requirements under section 256B.0625, subdivision 56a, paragraph (e).

6.12 Sec. 9. Minnesota Statutes 2018, section 245.4889, subdivision 1, is amended to read:

6.13 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
 6.14 make grants from available appropriations to assist:

6.15 (1) counties;

6.16 (2) Indian tribes;

6.17 (3) children's collaboratives under section 124D.23 or 245.493; or

6.18 (4) mental health service providers.

6.19 (b) The following services are eligible for grants under this section:

6.20 (1) services to children with emotional disturbances as defined in section 245.4871,
 6.21 subdivision 15, and their families;

6.22 (2) transition services under section 245.4875, subdivision 8, for young adults under
 6.23 age 21 and their families;

6.24 (3) respite care services for children with severe emotional disturbances who are at risk
 6.25 of out-of-home placement;

6.26 (4) children's mental health crisis services;

6.27 (5) mental health services for people from cultural and ethnic minorities;

6.28 (6) children's mental health screening and follow-up diagnostic assessment and treatment;

6.29 (7) services to promote and develop the capacity of providers to use evidence-based
 6.30 practices in providing children's mental health services;

7.1 (8) school-linked mental health services, ~~including transportation for children receiving~~
 7.2 ~~school-linked mental health services when school is not in session~~ under section 245.4901;

7.3 (9) building evidence-based mental health intervention capacity for children birth to age
 7.4 five;

7.5 (10) suicide prevention and counseling services that use text messaging statewide;

7.6 (11) mental health first aid training;

7.7 (12) training for parents, collaborative partners, and mental health providers on the
 7.8 impact of adverse childhood experiences and trauma and development of an interactive
 7.9 website to share information and strategies to promote resilience and prevent trauma;

7.10 (13) transition age services to develop or expand mental health treatment and supports
 7.11 for adolescents and young adults 26 years of age or younger;

7.12 (14) early childhood mental health consultation;

7.13 (15) evidence-based interventions for youth at risk of developing or experiencing a first
 7.14 episode of psychosis, and a public awareness campaign on the signs and symptoms of
 7.15 psychosis;

7.16 (16) psychiatric consultation for primary care practitioners; and

7.17 (17) providers to begin operations and meet program requirements when establishing a
 7.18 new children's mental health program. These may be start-up grants.

7.19 (c) Services under paragraph (b) must be designed to help each child to function and
 7.20 remain with the child's family in the community and delivered consistent with the child's
 7.21 treatment plan. Transition services to eligible young adults under this paragraph must be
 7.22 designed to foster independent living in the community.

7.23 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
 7.24 reimbursement sources, if applicable.

7.25 Sec. 10. [245.4901] SCHOOL-LINKED MENTAL HEALTH GRANTS.

7.26 Subdivision 1. Establishment. The commissioner of human services shall establish a
 7.27 school-linked mental health grant program to provide early identification and intervention
 7.28 for students with mental health needs and to build the capacity of schools to support students
 7.29 with mental health needs in the classroom.

7.30 Subd. 2. Eligible applicants. An eligible applicant for school-linked mental health grants
 7.31 is an entity that is:

- 8.1 (1) certified under Minnesota Rules, parts 9520.0750 to 9520.0870;
- 8.2 (2) a community mental health center under section 256B.0625, subdivision 5;
- 8.3 (3) an Indian health service facility or a facility owned and operated by a tribe or tribal
- 8.4 organization operating under United States Code, title 25, section 5321;
- 8.5 (4) a provider of children's therapeutic services and supports as defined in section
- 8.6 256B.0943; or
- 8.7 (5) enrolled in medical assistance as a mental health or substance use disorder provider
- 8.8 agency and employs at least two full-time equivalent mental health professionals as defined
- 8.9 in section 245.4871, subdivision 27, clauses (1) to (6), or two alcohol and drug counselors
- 8.10 licensed or exempt from licensure under chapter 148F who are qualified to provide clinical
- 8.11 services to children and families.

8.12 Subd. 3. **Allowable grant activities and related expenses.** (a) Allowable grant activities

8.13 and related expenses may include but are not limited to:

- 8.14 (1) identifying and diagnosing mental health conditions of students;
- 8.15 (2) delivering mental health treatment and services to students and their families,
- 8.16 including via telemedicine consistent with section 256B.0625, subdivision 3b;
- 8.17 (3) supporting families in meeting their child's needs, including navigating health care,
- 8.18 social service, and juvenile justice systems;
- 8.19 (4) providing transportation for students receiving school-linked mental health services
- 8.20 when school is not in session;
- 8.21 (5) building the capacity of schools to meet the needs of students with mental health
- 8.22 concerns, including school staff development activities for licensed and nonlicensed staff;
- 8.23 and
- 8.24 (6) purchasing equipment, connection charges, on-site coordination, set-up fees, and
- 8.25 site fees in order to deliver school-linked mental health services via telemedicine.

8.26 (b) Grantees shall obtain all available third-party reimbursement sources as a condition

8.27 of receiving a grant. For purposes of this grant program, a third-party reimbursement source

8.28 excludes a public school as defined in section 120A.20, subdivision 1. Grantees shall serve

8.29 students regardless of health coverage status or ability to pay.

8.30 Subd. 4. **Data collection and outcome measurement.** Grantees shall provide data to

8.31 the commissioner for the purpose of evaluating the effectiveness of the school-linked mental

8.32 health grant program.

9.1 Subd. 5. **Specialized grants.** (a) Specialized grants must be made available to eligible
 9.2 applicants under subdivision 2, serving a public school program that provides instruction
 9.3 to students in a setting of federal instructional level 4 or higher. Specialized grants must
 9.4 first be awarded to providers working in conjunction with school programs that received a
 9.5 grant under Laws 2016, chapter 189, article 25, section 62, subdivision 2, and Laws 2017,
 9.6 First Special Session chapter 5, article 2, section 56. Additional specialized grants may be
 9.7 made available to eligible applicants under subdivision 2, who cooperate with programs
 9.8 operated by:

9.9 (1) a school district or charter school; or

9.10 (2) a special education cooperative or other cooperative unit under section 123A.24,
 9.11 subdivision 2.

9.12 (b) In addition to allowable grant expenses under subdivision 3, grant funds awarded
 9.13 under this subdivision may be used to develop innovative therapeutic teaching models.

9.14 Sec. 11. Minnesota Statutes 2018, section 256B.0625, subdivision 56a, is amended to
 9.15 read:

9.16 Subd. 56a. ~~Post-arrest~~ Officer-involved community-based service care
 9.17 coordination. (a) Medical assistance covers ~~post-arrest~~ officer-involved community-based
 9.18 service care coordination for an individual who:

9.19 (1) has ~~been identified as having~~ screened positive for benefiting from treatment for a
 9.20 mental illness or substance use disorder using a screening tool approved by the commissioner;

9.21 (2) does not require the security of a public detention facility and is not considered an
 9.22 inmate of a public institution as defined in Code of Federal Regulations, title 42, section
 9.23 435.1010;

9.24 (3) meets the eligibility requirements in section 256B.056; and

9.25 (4) has agreed to participate in ~~post-arrest~~ officer-involved community-based ~~service~~
 9.26 care coordination through a diversion contract in lieu of incarceration.

9.27 (b) ~~Post-arrest~~ Officer-involved community-based ~~service care~~ coordination means
 9.28 navigating services to address a client's mental health, chemical health, social, economic,
 9.29 and housing needs, or any other activity targeted at reducing the incidence of jail utilization
 9.30 and connecting individuals with existing covered services available to them, including, but
 9.31 not limited to, targeted case management, waiver case management, or care coordination.

10.1 (c) ~~Post-arrest~~ Officer-involved community-based ~~service~~ care coordination must be
 10.2 provided by an individual who is an employee of a ~~county~~ or is under contract with a county,
 10.3 or is an employee of or under contract with an Indian health service facility or facility owned
 10.4 and operated by a tribe or a tribal organization operating under Public Law 93-638 as a 638
 10.5 facility to provide ~~post-arrest~~ officer-involved community-based care coordination and is
 10.6 qualified under one of the following criteria:

10.7 (1) a licensed mental health professional as defined in section 245.462, subdivision 18,
 10.8 clauses (1) to (6);

10.9 (2) a mental health practitioner as defined in section 245.462, subdivision 17, working
 10.10 under the clinical supervision of a mental health professional; ~~or~~

10.11 (3) a certified peer specialist under section 256B.0615, working under the clinical
 10.12 supervision of a mental health professional;

10.13 (4) an individual qualified as an alcohol and drug counselor under section 245G.11,
 10.14 subdivision 5; or

10.15 (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the
 10.16 supervision of an individual qualified as an alcohol and drug counselor under section
 10.17 245G.11, subdivision 5.

10.18 (d) Reimbursement is allowed for up to 60 days following the initial determination of
 10.19 eligibility.

10.20 (e) Providers of ~~post-arrest~~ officer-involved community-based ~~service~~ care coordination
 10.21 shall annually report to the commissioner on the number of individuals served, and number
 10.22 of the community-based services that were accessed by recipients. The commissioner shall
 10.23 ensure that services and payments provided under ~~post-arrest~~ officer-involved
 10.24 community-based ~~service~~ care coordination do not duplicate services or payments provided
 10.25 under section 256B.0625, subdivision 20, 256B.0753, 256B.0755, or 256B.0757.

10.26 ~~(f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for~~
 10.27 ~~post-arrest community-based service coordination services shall be provided by the county~~
 10.28 ~~providing the services, from sources other than federal funds or funds used to match other~~
 10.29 ~~federal funds.~~

10.30 Sec. 12. Minnesota Statutes 2018, section 256K.45, subdivision 2, is amended to read:

10.31 Subd. 2. **Homeless youth report.** The commissioner shall prepare a biennial report,
 10.32 beginning in February 2015, which provides meaningful information to the legislative

11.1 committees having jurisdiction over the issue of homeless youth, that includes, but is not
 11.2 limited to: (1) a list of the areas of the state with the greatest need for services and housing
 11.3 for homeless youth, and the level and nature of the needs identified; (2) details about grants
 11.4 made, including shelter-linked youth mental health grants under section 256K.46; (3) the
 11.5 distribution of funds throughout the state based on population need; (4) follow-up
 11.6 information, if available, on the status of homeless youth and whether they have stable
 11.7 housing two years after services are provided; and (5) any other outcomes for populations
 11.8 served to determine the effectiveness of the programs and use of funding.

11.9 **Sec. 13. [256K.46] SHELTER-LINKED YOUTH MENTAL HEALTH GRANT**
 11.10 **PROGRAM.**

11.11 Subdivision 1. **Establishment and authority.** (a) The commissioner shall make grants
 11.12 to provide mental health services to homeless or sexually exploited youth. To be eligible,
 11.13 housing providers must partner with community-based mental health practitioners to provide
 11.14 a continuum of mental health services, including short-term crisis response, support for
 11.15 youth in longer-term housing settings, and ongoing relationships to support youth in other
 11.16 housing arrangements in the community for homeless or sexually exploited youth.

11.17 (b) The commissioner shall consult with the commissioner of management and budget
 11.18 to identify evidence-based mental health services for youth and give priority in awarding
 11.19 grants to proposals that include evidence-based mental health services for youth.

11.20 (c) The commissioner may make two-year grants under this section.

11.21 (d) Money appropriated for this section must be expended on activities described under
 11.22 subdivision 4, technical assistance, and capacity building to meet the greatest need on a
 11.23 statewide basis. The commissioner shall provide outreach, technical assistance, and program
 11.24 development support to increase capacity of new and existing service providers to better
 11.25 meet needs statewide, particularly in areas where shelter-linked youth mental health services
 11.26 have not been established, especially in greater Minnesota.

11.27 Subd. 2. **Definitions.** (a) The definitions in this subdivision apply to this section.

11.28 (b) "Commissioner" means the commissioner of human services, unless otherwise
 11.29 indicated.

11.30 (c) "Housing provider" means a shelter, housing program, or other entity providing
 11.31 services under the Homeless Youth Act in section 256K.45 and the Safe Harbor for Sexually
 11.32 Exploited Youth Act in section 145.4716.

12.1 (d) "Mental health practitioner" has the meaning given in section 245.462, subdivision
12.2 17.

12.3 (e) "Youth" has the meanings given for "homeless youth," "youth at risk for
12.4 homelessness," and "runaway" in section 256K.45, subdivision 1a, "sexually exploited
12.5 youth" in section 260C.007, subdivision 31, and "youth eligible for services" in section
12.6 145.4716, subdivision 3.

12.7 Subd. 3. **Eligibility.** An eligible applicant for shelter-linked youth mental health grants
12.8 under subdivision 1 is a housing provider that:

12.9 (1) demonstrates that the provider received targeted trauma training focused on sexual
12.10 exploitation and adolescent experiences of homelessness; and

12.11 (2) partners with a community-based mental health practitioner who has demonstrated
12.12 experience or access to training regarding adolescent development and trauma-informed
12.13 responses.

12.14 Subd. 4. **Allowable grant activities.** (a) Grant recipients may conduct the following
12.15 activities with community-based mental health practitioners:

12.16 (1) develop programming to prepare youth to receive mental health services;

12.17 (2) provide on-site mental health services, including group skills and therapy sessions.

12.18 Grant recipients are encouraged to use evidence-based mental health services;

12.19 (3) provide mental health case management, as defined in section 256B.0625, subdivision
12.20 20; and

12.21 (4) consult, train, and educate housing provider staff regarding mental health. Grant
12.22 recipients are encouraged to provide staff with access to a mental health crisis line 24 hours
12.23 a day, seven days a week.

12.24 (b) Only after promoting and assisting participants with obtaining health insurance
12.25 coverage for which the participant is eligible, and only after mental health practitioners bill
12.26 covered services to medical assistance or health plan companies, grant recipients may use
12.27 grant funds to fill gaps in insurance coverage for mental health services.

12.28 (c) Grant funds may be used for purchasing equipment, connection charges, on-site
12.29 coordination, set-up fees, and site fees to deliver shelter-linked youth mental health services
12.30 defined in this subdivision via telemedicine consistent with section 256B.0625, subdivision
12.31 3b.

13.1 Subd. 5. **Reporting.** Grant recipients shall report annually on the use of shelter-linked
 13.2 youth mental health grants to the commissioner by December 31, beginning in 2020. Each
 13.3 report shall include the name and location of the grant recipient, the amount of each grant,
 13.4 the youth mental health services provided, and the number of youth receiving services. The
 13.5 commissioner shall determine the form required for the reports and may specify additional
 13.6 reporting requirements. The commissioner shall include the shelter-linked youth mental
 13.7 health services program in the biennial report required under section 256K.45, subdivision
 13.8 2.

13.9 Sec. 14. **DIRECTION TO COMMISSIONER; IMPROVING SCHOOL-LINKED**
 13.10 **MENTAL HEALTH GRANT PROGRAM.**

13.11 (a) The commissioner of human services, in collaboration with the commissioner of
 13.12 education, representatives from the education community, mental health providers, and
 13.13 advocates, shall assess the school-linked mental health grant program under Minnesota
 13.14 Statutes, section 245.4901, and develop recommendations for improvements. The assessment
 13.15 must include but is not limited to the following:

13.16 (1) promoting stability among current grantees and school partners;

13.17 (2) assessing the minimum number of full-time equivalents needed per school site to
 13.18 effectively carry out the program;

13.19 (3) developing a funding formula that promotes sustainability and consistency across
 13.20 grant cycles;

13.21 (4) reviewing current data collection and evaluation; and

13.22 (5) analyzing the impact on outcomes when a school has a school-linked mental health
 13.23 program, a multi-tier system of supports, and sufficient school support personnel to meet
 13.24 the needs of students.

13.25 (b) The commissioner shall provide a report of the findings of the assessment and
 13.26 recommendations, including any necessary statutory changes, to the legislative committees
 13.27 with jurisdiction over mental health and education by January 15, 2020.

13.28 Sec. 15. **OFFICER-INVOLVED COMMUNITY-BASED CARE COORDINATION;**
 13.29 **PLANNING GRANTS.**

13.30 In fiscal year 2020, the commissioner shall make up to ten planning grants of up to
 13.31 \$10,000 available to counties and tribes to establish new officer-involved community-based
 13.32 care coordination programs. An eligible applicant for a planning grant under this section is

14.1 a county or tribe that does not have a fully functioning officer-involved community-based
14.2 care coordination program and has not yet taken steps to implement an officer-involved
14.3 community-based care coordination program. Planning grant recipients may use grant funds
14.4 for the start-up costs of a new officer-involved community-based care coordination program,
14.5 including data platform design, data collection, and quarterly reporting.

14.6 Sec. 16. **COMMUNITY COMPETENCY RESTORATION TASK FORCE.**

14.7 Subdivision 1. **Establishment; purpose.** The Community Competency Restoration Task
14.8 Force is established to evaluate and study community competency restoration programs and
14.9 develop recommendations to address the needs of individuals deemed incompetent to stand
14.10 trial.

14.11 Subd. 2. **Membership.** (a) The Community Competency Restoration Task Force consists
14.12 of the following members, appointed as follows:

14.13 (1) a representative appointed by the governor's office;

14.14 (2) the commissioner of human services or designee;

14.15 (3) the commissioner of corrections or designee;

14.16 (4) a representative from direct care and treatment services with experience in competency
14.17 evaluations, appointed by the commissioner of human services;

14.18 (5) a representative appointed by the designated State Protection and Advocacy system;

14.19 (6) the ombudsman for mental health and developmental disabilities;

14.20 (7) a representative appointed by the Minnesota Hospital Association;

14.21 (8) a representative appointed by the Association of Minnesota Counties;

14.22 (9) two representatives appointed by the Minnesota Association of County Social Service
14.23 Administrators: one from the seven-county metropolitan area, as defined under Minnesota
14.24 Statutes, section 473.121, subdivision 2, and one from outside the seven-county metropolitan
14.25 area;

14.26 (10) a representative appointed by the Board of Public Defense;

14.27 (11) a representative appointed by the Minnesota County Attorney Association;

14.28 (12) a representative appointed by the Chiefs of Police;

14.29 (13) a representative appointed by the Minnesota Psychiatric Society;

14.30 (14) a representative appointed by the Minnesota Psychological Association;

- 15.1 (15) a representative appointed by the State Court Administrator;
- 15.2 (16) a representative appointed by the Minnesota Association of Community Mental
- 15.3 Health Programs;
- 15.4 (17) a representative appointed by the Minnesota Sheriff's Association;
- 15.5 (18) a representative appointed by the Sentencing Commission;
- 15.6 (19) a jail administrator appointed by the commissioner of corrections;
- 15.7 (20) a representative from an organization providing reentry services appointed by the
- 15.8 commissioner of corrections;
- 15.9 (21) a representative from a mental health advocacy organization appointed by the
- 15.10 commissioner of human services;
- 15.11 (22) a person with direct experience with competency restoration appointed by the
- 15.12 commissioner of human services;
- 15.13 (23) representatives from organizations representing racial and ethnic groups
- 15.14 overrepresented in the justice system appointed by the commissioner of corrections; and
- 15.15 (24) a crime victim appointed by the commissioner of corrections.
- 15.16 (b) Appointments to the task force must be made no later than July 15, 2019, and members
- 15.17 of the task force may be compensated as provided under Minnesota Statutes, section 15.059,
- 15.18 subdivision 3.
- 15.19 Subd. 3. **Duties.** The task force must:
- 15.20 (1) identify current services and resources available for individuals in the criminal justice
- 15.21 system who have been found incompetent to stand trial;
- 15.22 (2) analyze current trends of competency referrals by county and the impact of any
- 15.23 diversion projects or stepping-up initiatives;
- 15.24 (3) analyze selected case reviews and other data to identify risk levels of those individuals,
- 15.25 service usage, housing status, and health insurance status prior to being jailed;
- 15.26 (4) research how other states address this issue, including funding and structure of
- 15.27 community competency restoration programs, and jail-based programs; and
- 15.28 (5) develop recommendations to address the growing number of individuals deemed
- 15.29 incompetent to stand trial including increasing prevention and diversion efforts, providing
- 15.30 a timely process for reducing the amount of time individuals remain in the criminal justice
- 15.31 system, determining how to provide and fund competency restoration services in the

16.1 community, and defining the role of the counties and state in providing competency
16.2 restoration.

16.3 Subd. 4. **Officers; meetings.** (a) The commissioner of human services shall convene
16.4 the first meeting of the task force no later than August 1, 2019.

16.5 (b) The task force must elect a chair and vice-chair from among its members and may
16.6 elect other officers as necessary.

16.7 (c) The task force is subject to the Minnesota Open Meeting Law under Minnesota
16.8 Statutes, chapter 13D.

16.9 Subd. 5. **Staff.** (a) The commissioner of human services must provide staff assistance
16.10 to support the task force's work.

16.11 (b) The task force may utilize the expertise of the Council of State Governments Justice
16.12 Center.

16.13 Subd. 6. **Report required.** (a) By February 1, 2020, the task force shall submit a report
16.14 on its progress and findings to the chairs and ranking minority members of the legislative
16.15 committees with jurisdiction over mental health and corrections.

16.16 (b) By February 1, 2021, the task force must submit a written report including
16.17 recommendations to address the growing number of individuals deemed incompetent to
16.18 stand trial to the chairs and ranking minority members of the legislative committees with
16.19 jurisdiction over mental health and corrections.

16.20 Subd. 7. **Expiration.** The task force expires upon submission of the report in subdivision
16.21 6, paragraph (b), or February 1, 2021, whichever is later.

16.22 **EFFECTIVE DATE.** This section is effective the day following final enactment.

16.23 Sec. 17. **CANCELLATION; AGRICULTURAL GROWTH, RESEARCH, AND**
16.24 **INNOVATION PROGRAM.**

16.25 Of the amount appropriated in fiscal year 2019 to the commissioner of agriculture for
16.26 the agricultural growth, research, and innovation program for incentive payments in Laws
16.27 2017, chapter 88, article 1, section 2, subdivision 4, paragraph (b), clause (2), \$70,000 is
16.28 canceled to the general fund.

16.29 **EFFECTIVE DATE.** This section is effective the day following final enactment.

17.1 Sec. 18. **APPROPRIATION; AGRICULTURAL MENTAL HEALTH SERVICES.**

17.2 (a) \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner
 17.3 of agriculture for the following purposes:

17.4 (1) \$..... is for transfer to the Board of Trustees of the Minnesota State Colleges and
 17.5 Universities to provide additional statewide mental health counseling support to farm families
 17.6 and business operators through the Minnesota State Agricultural Centers of Excellence.
 17.7 South Central College and Central Lakes College shall serve as the fiscal agents; and

17.8 (2) \$..... is for coordinating public information, farmer mental health marketing, training
 17.9 coordination, outreach activities, and engaging farm groups and other agriculture
 17.10 organizations to reduce the stigma of stress, anxiety, and other mental health challenges.

17.11 (b) This is a onetime appropriation and is available until June 30, 2023.

17.12 **EFFECTIVE DATE.** This section is effective the day following final enactment.

17.13 Sec. 19. **APPROPRIATION; STUDENT MENTAL HEALTH SERVICES,**
 17.14 **MINNESOTA STATE COLLEGES AND UNIVERSITIES.**

17.15 \$..... in fiscal year 2020 is appropriated from the general fund to the Board of Trustees
 17.16 of the Minnesota State Colleges and Universities for the mental health services for students
 17.17 required under Minnesota Statutes, section 136F.20, subdivision 3. This is a onetime
 17.18 appropriation and is available until June 30, 2023.

17.19 Sec. 20. **APPROPRIATION; STUDENT MENTAL HEALTH SERVICES,**
 17.20 **UNIVERSITY OF MINNESOTA SYSTEM.**

17.21 \$..... in fiscal year 2020 is appropriated from the general fund to the Board of Regents
 17.22 at the University of Minnesota for the mental health services for students required under
 17.23 Minnesota Statutes, section 137.131. This is a onetime appropriation and is available until
 17.24 June 30, 2023.

17.25 Sec. 21. **APPROPRIATION; MINNESOTA C.O.R.E. PROGRAM.**

17.26 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
 17.27 veterans affairs for mental health services in the Minnesota C.O.R.E. program. This is a
 17.28 onetime appropriation.

17.29 **EFFECTIVE DATE.** This section is effective July 1, 2019.

18.1 Sec. 22. **APPROPRIATION; PRE- AND POST-PARTUM SCREENING.**

18.2 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
18.3 health for grants for mental health services under Minnesota Statutes, section 145.908. This
18.4 is a onetime appropriation and is available until June 30, 2023.

18.5 **EFFECTIVE DATE.** This section is effective July 1, 2019.

18.6 Sec. 23. **APPROPRIATION; VOICE RESPONSE SUICIDE PREVENTION, CRISIS**
18.7 **CONNECTION, AND REFERRAL PROGRAM.**

18.8 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
18.9 health for a voice response suicide prevention, crisis connection, and referral program
18.10 described in Minnesota Statutes, section 145.9275. This is a onetime appropriation and is
18.11 available until June 30, 2023.

18.12 Sec. 24. **APPROPRIATION; HEALTH PROFESSIONAL EDUCATION LOAN**
18.13 **FORGIVENESS, RURAL MENTAL HEALTH.**

18.14 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
18.15 health for transfer to the health professional education loan forgiveness program account
18.16 for loan forgiveness for students or professionals providing rural mental health services
18.17 under Minnesota Statutes, section 144.1501, subdivision 2, paragraph (a), clause (1). This
18.18 is a onetime appropriation and is available until June 30, 2023.

18.19 Sec. 25. **APPROPRIATIONS; BRIDGES RENTAL ASSISTANCE.**

18.20 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
18.21 the Housing Finance Agency for the rental housing assistance program for persons with a
18.22 mental illness or families with an adult member with a mental illness under Minnesota
18.23 Statutes, section 462A.2097. This is a onetime appropriation and is available until June 30,
18.24 2023.

18.25 Sec. 26. **APPROPRIATION; LANDLORD RISK MITIGATION FUND.**

18.26 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
18.27 the Housing Finance Agency for grants to eligible applicants to create or expand risk
18.28 mitigation programs to reduce financial risks for landlords renting to persons eligible under
18.29 Minnesota Statutes, sections 245.4661, subdivision 9, paragraph (a), clause (2), 462A.204,
18.30 and 462A.2097. Eligible programs may reimburse landlords for costs including but not
18.31 limited to nonpayment of rent, or damage costs above those costs covered by security

19.1 deposits. The agency may give higher priority to applicants that demonstrate a matching
 19.2 amount of money by a local unit of government, business, or nonprofit organization. Grantees
 19.3 must establish a procedure to review and validate claims and reimbursements under this
 19.4 grant program. Eligible grantees include but are not limited to nonprofit organizations under
 19.5 Minnesota Statutes, section 462A.03, subdivision 22, and supportive housing providers
 19.6 under Minnesota Statutes, section 245.4661, subdivision 9, paragraph (a), clause (2). This
 19.7 is a onetime appropriation and is available until June 30, 2023.

19.8 Sec. 27. **APPROPRIATION; HOUSING OPTIONS FOR PERSONS WITH SERIOUS**
 19.9 **MENTAL ILLNESS.**

19.10 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
 19.11 human services to provide adult mental health grants under Minnesota Statutes, section
 19.12 245.4661, subdivision 9, paragraph (a), clause (2), to support increased availability of
 19.13 housing options with supports for persons with serious mental illness. This is a onetime
 19.14 appropriation and is available until June 30, 2023.

19.15 Sec. 28. **APPROPRIATION; SHELTER-LINKED YOUTH MENTAL HEALTH**
 19.16 **GRANTS.**

19.17 Subdivision 1. **Shelter-linked youth mental health grants.** \$..... in fiscal year 2020
 19.18 is appropriated from the general fund to the commissioner of human services for
 19.19 shelter-linked youth mental health grants under Minnesota Statutes, section 256K.46. This
 19.20 is a onetime appropriation and is available until June 30, 2023.

19.21 Subd. 2. **Grant evaluations.** (a) \$..... in fiscal year 2020 is appropriated from the general
 19.22 fund to the commissioner of management and budget to evaluate grant recipients' use of
 19.23 evidence-based mental health services for youth. This is a onetime appropriation and is
 19.24 available until June 30, 2023.

19.25 (b) Notwithstanding Minnesota Statutes, section 256K.46, subdivision 1, paragraph (b),
 19.26 in fiscal year 2020 and fiscal year 2021 only, the commissioner of human services may
 19.27 award grants to applicants proposing services that are theory-based or promising practices.
 19.28 In fiscal year 2020 and fiscal year 2021, the commissioner of management and budget, in
 19.29 consultation with the Department of Human Services, shall conduct program evaluations
 19.30 using experimental or quasi-experimental designs for projects under Minnesota Statutes,
 19.31 section 256K.46, that use theory-based or promising practices. Grant recipients must consult
 19.32 with the commissioner of management and budget and implement the projects to facilitate
 19.33 the program evaluation and collect and report the information needed to complete the

20.1 program evaluation. The commissioner of management and budget, under Minnesota
20.2 Statutes, section 15.08, may obtain additional relevant data to support the experimental or
20.3 quasi-experimental program evaluation.

20.4 **EFFECTIVE DATE.** This section is effective July 1, 2019.

20.5 Sec. 29. **APPROPRIATIONS; SCHOOL-LINKED MENTAL HEALTH GRANTS.**

20.6 (a) \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner
20.7 of human services for school-linked mental health grants under Minnesota Statutes, section
20.8 245.4901, subdivisions 1 to 4. This is a onetime appropriation and is available until June
20.9 30, 2023.

20.10 (b) The appropriation under Minnesota Laws 2017, First Special Session chapter 5,
20.11 article 2, section 56, is available until June 30, 2023.

20.12 Sec. 30. **APPROPRIATION; TELEMEDICINE FOR SCHOOL-LINKED MENTAL**
20.13 **HEALTH SERVICES.**

20.14 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
20.15 human services for grants to deliver school-linked mental health services by telemedicine.
20.16 The grants may be awarded to new or existing providers statewide. The commissioner shall
20.17 report to the legislative committees with jurisdiction over mental health on the effectiveness
20.18 of the grants after funds appropriated under this section are expended. This is a onetime
20.19 appropriation and available until June 30, 2023.

20.20 Sec. 31. **APPROPRIATION; OFFICER-INVOLVED COMMUNITY-BASED CARE**
20.21 **COORDINATION GRANTS.**

20.22 (a) \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner
20.23 of human services for officer-involved community-based care coordination grants under
20.24 Minnesota Statutes, section 245.4663. At least one grant must be awarded to a county that
20.25 has operated a fully functional "Yellow Line Project" to provide officer-involved
20.26 community-based care coordination services since May, 2017. This is a onetime appropriation
20.27 and is available until June 30, 2023.

20.28 (b) \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner
20.29 of human services for up to ten planning grants under section 15. In awarding these grants,
20.30 the commissioner must place a priority on funding nonmetro programs. \$..... of this
20.31 appropriation is for a grant to a county that has operated a fully functional "Yellow Line
20.32 Project" to provide officer-involved community-based care coordination services since May,

21.1 2017, to provide technical assistance to other counties or groups of counties to establish
21.2 new officer-involved community-based care coordination programs. This is a onetime
21.3 appropriation and is available until June 30, 2023.

21.4 **EFFECTIVE DATE.** This section is effective July 1, 2019.

21.5 Sec. 32. **APPROPRIATION; COMMUNITY COMPETENCY RESTORATION**
21.6 **TASK FORCE.**

21.7 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
21.8 human services to implement the duties of the Community Competency Restoration Task
21.9 Force under section 16. This is a onetime appropriation and is available until June 30, 2023.

21.10 Sec. 33. **APPROPRIATION; MOBILE MENTAL HEALTH CRISIS RESPONSE**
21.11 **TEAM FUNDING.**

21.12 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
21.13 human services for adult mental health grants under Minnesota Statutes, section 245.4661,
21.14 subdivision 9, paragraph (a), clause (1), to fund regional mobile mental health crisis response
21.15 teams throughout the state. The commissioner shall ensure that all grantees receive at least
21.16 the amount they received in 2017. This is a onetime appropriation and is available until
21.17 June 30, 2023.

21.18 Sec. 34. **APPROPRIATION; PROJECT LEGACY.**

21.19 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
21.20 human services for a grant to Project Legacy to provide counseling and outreach to youth
21.21 and young adults from families with a history of generational poverty. Money from this
21.22 appropriation must be spent for mental health care, medical care, chemical dependency
21.23 intervention, housing, and mentoring and counseling services for first generation college
21.24 students. This is a onetime appropriation and is available until June 30, 2023.