..... moves to amend H.F. No. 4366, the first engrossment, as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2022, section 245.4662, is amended to read:

245.4662 MENTAL HEALTH INNOVATION GRANT PROGRAM.

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given them.

(b) "Community partnership" means a project involving the collaboration of two or more ~~eligible applicants~~ counties, or a county partnership with a Tribe or a community mental health provider or hospital.

(c) "Eligible applicant" means an eligible county~~, Indian tribe, mental health service provider, hospital,~~ or community partnership. Eligible applicant does not include a state-operated direct care and treatment facility or program under chapter 246.

(d) "Intensive residential treatment services" has the meaning given in section 256B.0622.

(e) "Metropolitan area" means the seven-county metropolitan area, as defined in section 473.121, subdivision 2.

Subd. 2. **Grants authorized.** The commissioner of human services shall, in consultation with stakeholders, award grants to eligible applicants to plan, establish, or operate programs to improve accessibility and quality of community-based, outpatient mental health services and reduce the number of clients admitted to ~~regional treatment centers and community behavioral health hospitals~~ and remaining in state-operated facilities or programs. The commissioner shall award half of all grant funds to eligible applicants in the metropolitan area and half of all grant funds to eligible applicants outside the metropolitan area. An applicant may apply for and the commissioner may award grants for two-year periods. The commissioner may reallocate underspending among grantees within the same grant period.

The mental health innovation account is established under section 246.18 for ongoing funding.

Subd. 3. **Allocation of grants.** (a) An application must be on a form and contain information as specified by the commissioner but at a minimum must contain:

(1) a description of the purpose or project for which grant funds will be used;

(2) a description of the specific problem the grant funds will address;

~~(3) a letter of support from the local mental health authority;~~

~~(4)~~ (3) a description of achievable objectives, a work plan, and a timeline for implementation and completion of processes or projects enabled by the grant; and

~~(5)~~ (4) a process for documenting and evaluating results of the grant.

(b) The commissioner shall review each application to determine whether the application is complete and whether the applicant and the project are eligible for a grant. In evaluating applications according to paragraph (c), the commissioner shall establish criteria including, but not limited to: the eligibility of the project; the applicant's thoroughness and clarity in describing the problem grant funds are intended to address; a description of the applicant's proposed project; a description of the population demographics and service area of the proposed project; the manner in which the applicant will demonstrate the effectiveness of any projects undertaken; the proposed project's longevity and demonstrated financial sustainability after the initial grant period; and evidence of efficiencies and effectiveness gained through collaborative efforts. The commissioner may also consider other relevant factors. In evaluating applications, the commissioner may request additional information regarding a proposed project, including information on project cost. An applicant's failure to provide the information requested disqualifies an applicant. The commissioner shall determine the number of grants awarded.

(c) Eligible applicants may receive grants under this section for purposes including, but not limited to, the following:

(1) intensive residential treatment services providing time-limited mental health services in a residential setting;

(2) the creation of stand-alone urgent care centers for mental health and psychiatric consultation services, crisis residential services, or collaboration between crisis teams and critical access hospitals;

(3) establishing new community mental health services or expanding the capacity of existing services, including supportive housing; and

(4) other innovative projects that improve options for mental health services in community settings and reduce the number of clients who remain in ~~regional treatment centers and community behavioral health hospitals~~ state-operated facilities or programs beyond when discharge is determined to be clinically appropriate.

Sec. 2. Minnesota Statutes 2022, section 246.18, subdivision 4a, is amended to read:

Subd. 4a. **Mental health innovation account.** The mental health innovation account is established in the special revenue fund. ~~Beginning in fiscal year 2018, $1,000,000 of~~ The revenue generated by collection efforts from the Anoka-Metro Regional Treatment Center and community behavioral health hospitals under section 246.54 must annually be deposited into the mental health innovation account. Money deposited in the mental health innovation account is appropriated to the commissioner of human services for the mental health innovation grant program under section 245.4662.

Sec. 3. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1a, is amended to read:

Subd. 1a. **Anoka-Metro Regional Treatment Center.** (a) A county's payment of the cost of care provided at Anoka-Metro Regional Treatment Center shall be according to the following schedule:

(1) zero percent for the first 30 days;

(2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate for the client; and

(3) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged.

(b) If payments received by the state under sections 246.50 to 246.53 exceed 80 percent of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause (2), the county shall be responsible for paying the state only the remaining amount. The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53.

~~(c) Between July 1, 2023, and June 30, 2025, the county is not responsible for the cost of care under paragraph (a), clause (3), for a person who is committed as a person who has~~

~~a mental illness and is dangerous to the public under section 253B.18 and who is awaiting transfer to another state-operated facility or program. This paragraph expires June 30, 2025.~~

~~(d)~~ (c) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision.

(d) The county is not responsible for the cost of care under paragraph (a), clause (3), for a client who is civilly committed, if the client:

(1) is awaiting transfer to a facility operated by the Department of Corrections;

(2) is awaiting transfer to the Forensic Mental Health Program and has been civilly committed as a person who has a mental illness and is dangerous to the public; or

(3) is awaiting transfer to another state-operated facility or program, and the direct care and treatment executive medical director's office or a designee has determined that:

(i) the client meets criteria for admission to that state-operated facility or program; and

(ii) the state-operated facility or program is the only facility or program that can reasonably serve the client.

Sec. 4. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1b, is amended to read:

Subd. 1b. **Community behavioral health hospitals.** (a) A county's payment of the cost of care provided at state-operated community-based behavioral health hospitals for adults and children shall be according to the following schedule:

(1) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged; and

(2) the county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53.

~~(b) Between July 1, 2023, and June 30, 2025, the county is not responsible for the cost of care under paragraph (a), clause (1), for a person committed as a person who has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting transfer to another state-operated facility or program. This paragraph expires June 30, 2025.~~

~~(c)~~ (b) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision.

(c) The county is not responsible for the cost of care under paragraph (a), clause (1), for a client who is civilly committed, if the client:

(1) is awaiting transfer to a facility operated by the Department of Corrections;

(2) is awaiting transfer to the Forensic Mental Health Program and has been civilly committed as a person who has a mental illness and is dangerous to the public; or

(3) is awaiting transfer to another state-operated facility or program, and the direct care and treatment executive medical director's office or a designee has determined that:

(i) the client meets criteria for admission to that state-operated facility or program; and

(ii) the state-operated facility or program is the only facility or program that can reasonably serve the client.

Sec. 5. **[253B.042] ENGAGEMENT SERVICES PILOT GRANTS.**

Subdivision 1. **Creation.** The engagement services pilot grant program is established in the Department of Human Services, to provide grants to counties or certified community behavioral health clinics under section 245.735 that have a letter of support from a county to provide engagement services under section 253B.041. Engagement services provide culturally responsive early interventions to prevent an individual from meeting the criteria for civil commitment and promote positive outcomes.

Subd. 2. **Allowable grant activities.** (a) Grantees must use grant funding to:

(1) develop a system to respond to requests for engagement services;

(2) provide the following engagement services, taking into account an individual's preferences for treatment services and supports:

(i) assertive attempts to engage an individual in voluntary treatment for mental illness for at least 90 days;

(ii) efforts to engage an individual's existing support systems and interested persons, including but not limited to providing education on restricting means of harm and suicide prevention, when the provider determines that such engagement would be helpful; and

(iii) collaboration with the individual to meet the individual's immediate needs, including but not limited to housing access, food and income assistance, disability verification, medication management, and medical treatment;

(3) conduct outreach to families and providers; and

(4) evaluate the impact of engagement services on decreasing civil commitments, increasing engagement in treatment, decreasing police involvement with individuals exhibiting symptoms of serious mental illness, and other measures.

(b) Engagement services staff must have completed training on person-centered care. Staff may include but are not limited to mobile crisis providers under section 256B.0624, certified peer specialists under section 256B.0615, community-based treatment programs staff, and homeless outreach workers.

Subd. 3. **Outcome evaluation.** The commissioner of management and budget must formally evaluate outcomes of grants awarded under this section, using an experimental or quasi-experimental design, where the commissioner of management and budget determines that such a design is possible. The commissioner shall consult with the commissioner of management and budget to ensure that grants are administered to facilitate this evaluation. Grantees must collect and provide the information needed to the commissioner of human services to complete the evaluation. The commissioner must provide the information collected to the commissioner of management and budget to conduct the evaluation. The commissioner of management and budget may obtain additional relevant data to support the evaluation study pursuant to section 15.08.

Sec. 6. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, is amended to read:

Subdivision 1. **Administrative requirements.** (a) When a person is committed, the court shall issue a warrant or an order committing the patient to the custody of the head of the treatment facility, state-operated treatment program, or community-based treatment program. The warrant or order shall state that the patient meets the statutory criteria for civil commitment.

(b) The commissioner shall prioritize patients being admitted from jail or a correctional institution ~~who are~~ for admission to a medically appropriate direct care and treatment program based on the decisions of physicians in the executive medical director's office, using a priority admissions framework. The framework must account for a range of factors for priority admission, including but not limited to:

(1) ~~ordered confined in a state-operated treatment program for an examination under Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and 20.02, subdivision 2~~ the length of time the person has been on a waiting list for admission to a direct care and treatment program since the date of the order under paragraph (a);

(2) ~~under civil commitment for competency treatment and continuing supervision under Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7~~ the intensity of the treatment the person needs, based on medical acuity;

(3) ~~found not guilty by reason of mental illness under Minnesota Rules of Criminal Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be detained in a state-operated treatment program pending completion of the civil commitment proceedings; or~~ the person's revoked provisional discharge status;

(4) ~~committed under this chapter to the commissioner after dismissal of the patient's criminal charges.~~ the person's safety and safety of others in the person's current environment;

(5) whether the person has access to necessary or court-ordered treatment;

(6) distinct and articulable negative impacts of an admission delay on the facility referring the individual for treatment; and

(7) any relevant federal prioritization requirements.

Patients described in this paragraph must be admitted to a state-operated treatment program within 48 hours. The commitment must be ordered by the court as provided in section 253B.09, subdivision 1, paragraph (d).

(c) Upon the arrival of a patient at the designated treatment facility, state-operated treatment program, or community-based treatment program, the head of the facility or program shall retain the duplicate of the warrant and endorse receipt upon the original warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed in the court of commitment. After arrival, the patient shall be under the control and custody of the head of the facility or program.

(d) Copies of the petition for commitment, the court's findings of fact and conclusions of law, the court order committing the patient, the report of the court examiners, and the prepetition report, and any medical and behavioral information available shall be provided at the time of admission of a patient to the designated treatment facility or program to which the patient is committed. Upon a patient's referral to the commissioner of human services for admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or correctional facility that has provided care or supervision to the patient in the previous two years shall, when requested by the treatment facility or commissioner, provide copies of the patient's medical and behavioral records to the Department of Human Services for purposes of preadmission planning. This information shall be provided by the head of the treatment facility to treatment facility staff in a consistent and timely manner and pursuant to all applicable laws.

(e) Patients described in paragraph (b) must be admitted to a state-operated treatment program within 48 hours of the Office of Medical Director, under section 246.018, or a

designee determining that a medically appropriate bed is available. This paragraph expires on June 30, 2025.

(f) A panel appointed by the commissioner, consisting of all members who served on the Task Force on Priority Admissions to State-Operated Treatment Programs under Laws 2023, chapter 61, article 8, section 13, subdivision 2, must:

(1) evaluate the 48-hour timeline for priority admissions required under paragraph (b) and develop policy and legislative proposals related to the priority admissions timeline, in order to minimize litigation costs, maximize capacity in and access to state-operated treatment programs, and address issues related to individuals awaiting admission to state-operated treatment programs in jails and correctional institutions; and

(2) by February 1, 2025, submit a written report to the chairs and ranking minority members of the legislative committees with jurisdiction over public safety and human services that includes legislative proposals to amend paragraph (b), to modify the 48-hour priority admissions timeline.

(g) The panel appointed under paragraph (f) must also advise the commissioner on the effectiveness of the framework and priority admissions generally, and review de-identified data quarterly for one year following the implementation of the priority admissions framework to ensure that the framework is implemented and applied equitably. If the panel requests to review data that is classified as private or confidential and the commissioner determines the data requested is necessary for the scope of the panel's review, the commissioner is authorized to disclose private or confidential data to the panel under this paragraph and pursuant to section 13.05, subdivision 4, paragraph (b), for private or confidential data collected prior to the effective date of this paragraph.

(h) After the panel completes its year of review, a quality committee established by the Department of Direct Care and Treatment executive board will continue to review data, seek input from counties, hospitals, community providers, and advocates, and provide a routine report to the executive board on the effectiveness of the framework and priority admissions.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 7. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; LIMITED EXCEPTION FOR ADMISSION FROM HOSPITAL SETTINGS.**

The commissioner of human services may immediately approve an exception to add up to ten patients who have been civilly committed and are awaiting admission in hospital

settings to the waiting list for admission to medically appropriate direct care and treatment programs under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b). This paragraph expires upon the commissioner's approval of the exception for ten patients who have been civilly committed and are awaiting admission.

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

Sec. 8. **COUNTY CORRECTIONAL FACILITY MENTAL HEALTH MEDICATION PILOT PROGRAM.**

Subdivision 1. **Authorization.** The commissioner of human services must establish a pilot program that provides payments to counties to support county correctional facilities in delivering injectable medications to prisoners for mental health treatment.

Subd. 2. **Application.** Counties may submit requests for reimbursement for costs incurred pursuant to subdivision 3, in an application form specified by the commissioner. The commissioner must issue an application to each county board at least once per calendar quarter until funding for the pilot program is expended.

Subd. 3. **Pilot program payments; allowable uses.** Counties must use payments received under this section for reimbursement of costs incurred during the most recent calendar quarter for:

(1) the delivery of injectable medications to prisoners for mental health treatment in county correctional facilities; and

(2) billable health care costs related to the delivery of injectable medications for mental health treatment.

Subd. 4. **Pilot program payment allocation.** (a) The commissioner may allocate up to one-quarter of the total appropriation for the pilot program with each quarterly application. If the amount of funding for eligible requests received exceeds the amount of funding available in the quarter, the commissioner shall determine an equitable allocation of payments among the applicants.

(b) The commissioner's determination of payment amounts is final and not subject to appeal.

Subd. 5. **Report.** By December 15, 2025, the commissioner must provide a summary report on the pilot program to the chairs and ranking minority members of the legislative committees with jurisdiction over mental health and county correctional facilities.

Subd. 6. **Appropriation.** $..... in fiscal year 2025 is appropriated from the general fund to the commissioner of human services for the county correctional facility mental health medication pilot program. This is a onetime appropriation and is available until June 30, 2026.

Sec. 9. **APPROPRIATION; DIRECT CARE AND TREATMENT COUNTY CORRECTIONAL FACILITY SUPPORT PILOT PROGRAM.**

(a) $..... in fiscal year 2025 is appropriated from the general fund to the Direct Care and Treatment executive board to establish a two-year county correctional facility support pilot program. The pilot program must:

(1) provide education and support to counties and county correctional facilities on protocols and best practices for the provision of involuntary medications for mental health treatment;

(2) provide technical assistance to expand access to injectable psychotropic medications in county correctional facilities; and

(3) survey county correctional facilities and their contracted medical providers on their capacity to provide injectable psychotropic medications, including involuntary administration of medications, and barriers to providing these services.

(b) This is a onetime appropriation and is available until June 30, 2026.

Sec. 10. **APPROPRIATION; DIRECT CARE AND TREATMENT CAPACITY AND UTILIZATION.**

(a) $..... in fiscal year 2025 is appropriated from the general fund to the commissioner of human services to increase capacity and access to direct care and treatment services. The commissioner must prioritize expanding capacity within the Forensic Mental Health Program by ten to 20 percent, and Anoka Metro Regional Treatment Center and community behavioral health hospitals by 20 percent, through renovation, construction, reallocation of beds and staff, addition of beds and staff, or a combination of these activities. The commissioner must also use money appropriated under this section to examine the utilization of beds at the Forensic Mental Health Program to identify opportunities for the most effective utilization of secured programming and to develop and fund direct care and treatment transitional support resources.

(b) The Direct Care and Treatment executive board must submit an annual report to the chairs and ranking minority members of the legislative committees with jurisdiction over

direct care and treatment on the increased capacity in direct care and treatment services, including but not limited to the number of beds in active use in each direct care and treatment facility and the number of individuals on the waiting list for admission to direct care and treatment services at the time of the report. The executive board must make the annual report publicly available on the department's website.

(c) This is a onetime appropriation and is available until June 30, 2029.

Sec. 11. **APPROPRIATION; ENGAGEMENT SERVICES PILOT GRANTS.**

$2,000,000 in fiscal year 2025 is appropriated from the general fund to the commissioner of human services for engagement services pilot grants under Minnesota Statutes, section 253B.042. This funding is added to the base."

Amend the title accordingly