1.1	Fischer from the Behavioral Health Policy Division to which was referred:
1.2 1.3 1.4 1.5	H. F. No. 1929, A bill for an act relating to human services; modifying the type of services eligible for children's mental health grants; appropriating money for first psychotic episode and first mood disorder grant programs; amending Minnesota Statutes 2020, section 245.4889, subdivision 1.
1.6	Reported the same back with the following amendments:
1.7	Page 1, delete section 1 and insert:
1.8	"Section 1. Minnesota Statutes 2021 Supplement, section 245.4889, subdivision 1, is amended to read:
1.10	Subdivision 1. Establishment and authority. (a) The commissioner is authorized to
1.11	make grants from available appropriations to assist:
1.12	(1) counties;
1.13	(2) Indian tribes;
1.14	(3) children's collaboratives under section 124D.23 or 245.493; or
1.15	(4) mental health service providers.
1.16	(b) The following services are eligible for grants under this section:
1.17	(1) services to children with emotional disturbances as defined in section 245.4871,
1.18	subdivision 15, and their families;
1.19	(2) transition services under section 245.4875, subdivision 8, for young adults under
1.20	age 21 and their families;
1.21	(3) respite care services for children with emotional disturbances or severe emotional
1.22	disturbances who are at risk of out-of-home placement. A child is not required to have case

management services to receive respite care services;

1.23

02/21/22	REVISOR	DTT/JK	DIVH1929CR1

2.1	(4) children's mental health crisis services;
2.2	(5) mental health services for people from cultural and ethnic minorities, including
2.3	supervision of clinical trainees who are Black, indigenous, or people of color;
2.4	(6) children's mental health screening and follow-up diagnostic assessment and treatment;
2.5	(7) services to promote and develop the capacity of providers to use evidence-based
2.6	practices in providing children's mental health services;
2.7	(8) school-linked mental health services under section 245.4901;
2.8	(9) building evidence-based mental health intervention capacity for children birth to age
2.9	five;
2.10	(10) suicide prevention and counseling services that use text messaging statewide;
2.11	(11) mental health first aid training;
2.12	(12) training for parents, collaborative partners, and mental health providers on the
2.13	impact of adverse childhood experiences and trauma and development of an interactive
2.14	website to share information and strategies to promote resilience and prevent trauma;
2.15	(13) transition age services to develop or expand mental health treatment and supports
2.16	for adolescents and young adults 26 years of age or younger;
2.17	(14) early childhood mental health consultation;
2.18	(15) evidence-based interventions for youth at risk of developing or experiencing a first
2.19	episode of psychosis, and a public awareness campaign on the signs and symptoms of
2.20	psychosis;
2.21	(16) psychiatric consultation for primary care practitioners; and
2.22	(17) providers to begin operations and meet program requirements when establishing a
2.23	new children's mental health program. These may be start-up grants-; and
2.24	(18) intensive developmentally appropriate and culturally informed interventions for
2.25	youth who are at risk of developing a mood disorder or experiencing a first episode of a
2.26	mood disorder and a public awareness campaign on the signs and symptoms of mood
2.27	disorders in youth.
2.28	(c) Services under paragraph (b) must be designed to help each child to function and
2.29	remain with the child's family in the community and delivered consistent with the child's
2.30	treatment plan. Transition services to eligible young adults under this paragraph must be

designed to foster independent living in the community.

2.31

on Human Services Finance and Policy.

3.17

3.18

3.19