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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 1929

03/04/2021 Authored by Bahner, Fischer and Long
The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to human services; modifying the type of services eligible for children's
1.3 mental health grants; appropriating money for first psychotic episode and first
1.4 mood disorder grant programs; amending Minnesota Statutes 2020, section
1.5 245.4889, subdivision 1.

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

1.7 Section 1. Minnesota Statutes 2020, section 245.4889, subdivision 1, is amended to read:

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

1.10 (1) counties;

1.11 (2) Indian tribes;

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

1.13 (4) mental health service providers.

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

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

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

1.19 (3) respite care services for children with emotional disturbances or severe emotional
1.20 disturbances who are at risk of out-of-home placement. A child is not required to have case
1.21 management services to receive respite care services;

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

3.1 Sec. 2. **APPROPRIATION; FIRST PSYCHOTIC EPISODE GRANT PROGRAM.**

3.2 (a) \$..... in fiscal year 2022 and \$..... in fiscal year 2023 are appropriated from the
3.3 general fund to the commissioner of human services for grants under Minnesota Statutes,
3.4 section 245.4889, subdivision 1, paragraph (b), clause (15). This amount is added to the
3.5 base.

3.6 (b) Grant money must be used to:

3.7 (1) provide intensive treatment and support for adolescents and adults experiencing or
3.8 at risk of experiencing a first psychotic episode. Intensive treatment and support includes
3.9 medication management, psychoeducation for an individual and an individual's family, case
3.10 management, employment support, education support, cognitive behavioral approaches,
3.11 social skills training, peer support, crisis planning, and stress management. Projects must
3.12 use all available funding streams;

3.13 (2) conduct outreach and provide training and guidance to mental health and health care
3.14 professionals, including postsecondary health clinics, on early psychosis symptoms, screening
3.15 tools, and best practices; and

3.16 (3) ensure access for individuals to first psychotic episode services under this section,
3.17 including ensuring access to first psychotic episode services for individuals who live in
3.18 rural areas.

3.19 (c) Grant money may also be used to pay for housing or travel expenses or to address
3.20 other barriers preventing individuals and their families from participating in first psychotic
3.21 episode services.

3.22 Sec. 3. **APPROPRIATION; FIRST EPISODE MOOD DISORDER GRANT**
3.23 **PROGRAM.**

3.24 (a) \$..... in fiscal year 2022 and \$..... in fiscal year 2023 are appropriated from the
3.25 general fund to the commissioner of human services to fund grants under Minnesota Statutes,
3.26 section 245.4889, subdivision 1, paragraph (b), clause (18). This amount is added to the
3.27 base.

3.28 (b) Grant money must be used to:

3.29 (1) provide intensive treatment and support to adolescents and adults experiencing or at
3.30 risk of experiencing the first episode of a mood disorder. Intensive treatment and support
3.31 includes medication management, psychoeducation for the individual and the individual's
3.32 family, case management, employment support, education support, cognitive behavioral

4.1 approaches, social skills training, peer support, crisis planning, and stress management.

4.2 Grant recipients must use all available funding streams;

4.3 (2) conduct outreach and provide training and guidance to mental health and health care
4.4 professionals, including postsecondary health clinics, on early symptoms of mood disorders,
4.5 screening tools, and best practices; and

4.6 (3) ensure access for individuals to first psychotic episode mood disorder services under
4.7 this section, including ensuring access to first psychotic episode mood disorder services for
4.8 individuals who live in rural areas.

4.9 (c) Grant money may also be used to pay for housing or travel expenses for individuals
4.10 or to address other barriers preventing individuals and their families from participating in
4.11 first episode mood disorder services.