

Chapter 99

2022 Regular Session

Subject Mental health and competency restoration services and procedures

Bill H.F. 2725

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Overview

This act makes changes to mental health policies and programs including establishing a statutory procedure for restoring individuals charged with a crime to competency when that individual does not have the ability to understand criminal proceedings or rationally consult with an attorney because of a mental illness or cognitive impairment. It also modifies provisions related to hospital moratorium exceptions, adult mental health initiatives, children’s residential treatment, intensive residential treatment (IRTS) facilities, children’s intensive behavioral health services, and critical access mental health rate increases, and establishes or modifies pilot projects and grant programs.

Article 1: Mental Health Policy

Makes changes to mental health policy and procedure.

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| 1 | Routine inspections; presumption.
Amends § 144.55, subd. 4. Allows the commissioner of health to conduct hospital inspections to determine whether a hospital or hospital corporate system continues to satisfy the conditions on which a moratorium exception was granted under section 144.551, subd. 1a (this provision establishes exceptions to the hospital construction |
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moratorium for hospitals to add mental health beds and for establishment of new psychiatric hospitals).

This section is effective the day following final enactment.

2 Suspension, revocation, and refusal to renew.

Amends § 144.55, subd. 6. Prohibits the commissioner of health from renewing licenses for hospital mental health beds or for beds in a new psychiatric hospital added or established under the hospital construction moratorium exception in section 144.551, subd. 1a, if the commissioner determines that the hospital or hospital corporate system is not satisfying the conditions on which the exception was granted.

This section is effective the day following final enactment.

3 Restricted construction or modification.

Amends § 144.551, subd. 1. Establishes an exception to the hospital construction moratorium, to allow construction of a 144-bed psychiatric hospital on the site of the former Bethesda Hospital in St. Paul, if the commissioner of health finds the project is in the public interest after conducting a public interest review. Requires the commissioner to monitor the hospital after the project is completed. Requires the hospital to have an intake and assessment area, accommodate patients with acute mental health needs, comply with other criteria in a general exception for adding mental health beds or establishing a new psychiatric hospital, and annually submit de-identified data to the department as specified by the commissioner.

4 Exception for increased mental health bed capacity.

Adds subd. 1a to § 144.551. From August 1, 2022, to July 31, 2027, para. (a) establishes an exception from the hospital construction moratorium, and from the requirements to have the commissioner of health perform a public interest review or needs assessment, for any project to add mental health beds to a hospital or to establish a new psychiatric hospital.

Para. (b) requires any beds added or hospital established under this subdivision to use the added beds only for mental health services, accept medical assistance and MinnesotaCare enrollees, comply with the Minnesota Attorney General Hospital Agreement, have arrangements to provide patients with other needed health care, and submit to the commissioner of health information requested by the commissioner for the study of inpatient mental health access and quality.

Para. (c) requires the commissioner of health to monitor the implementation of exceptions under this subdivision.

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Para. (d) prohibits the commissioner from renewing bed licenses for beds added under this subdivision, if the commissioner determines that the hospital or hospital corporate system is not satisfying the conditions on which the exception was granted.

Paras. (e)-(f) require the commissioner to study inpatient mental health access and quality; by January 15, 2027, report the results to certain members of the legislature; and allow the commissioner to request information needed to conduct the study.

Para. (g) prohibits use of this exception to establish a psychiatric hospital on the site of the former Bethesda Hospital unless the commissioner determines the project is in the public interest after conducting a public interest review.

This section is effective the day following final enactment.

5 Changes to grant programs.

Proposes coding for § 245.096. Requires the commissioner of human services, before making any substantial changes to a grant funding formula, to provide a report on the changes to the legislature. Requires the report before the start of a regular legislative session and prohibits the changes from being implemented until after the regular session adjourns.

6 Adult mental health initiative services.

Amends § 245.4661, as amended by Laws 2021, chapter 30, article 16, § 21. Modifies and updates the structure and terminology for adult mental health initiative (AMHI) services, moving from pilot projects to adult mental health initiatives. Removes references to Minnesota specialty treatment facilities.

Adds subdivision 5a, requiring the commissioner of management and budget, in consultation with the commissioner of human services, to create and maintain an inventory of AMHI services administered, and identify evidence-based services and services that are theory-based or promising practices. Requires the commissioner of human services to encourage county boards to administer AMHI services to support experimental or quasi-experimental evaluation and to require county boards to collect and report information that is needed to complete the inventory and evaluation.

Adds subdivision 11, requiring the commissioner of human services to ensure that no AMHI region receives less than the amount the region received in fiscal year 2022 when implementing the AMHI funding formula.

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7 Mental health provider supervision grant program.

Proposes coding for § 245.4663. Establishes a program to provide grants to mental health providers to fund supervision of interns and clinical trainees and to subsidize the cost of licensing applications and examination fees for clinical trainees.

Subd. 1. Grant program established. Directs the commissioner of human services to award grants to eligible mental health providers to fund supervision of interns and clinical trainees working toward becoming licensed mental health professionals and to subsidize the costs of mental health professional licensing applications and examination fees.

Subd. 2. Eligible providers. Specifies that to be eligible for a grant, a mental health provider must either provide at least 25 percent of its yearly services to state public program enrollees or patients receiving sliding fee discounts, or primarily serve persons from underrepresented communities.

Subd. 3. Application; grant award. Requires a mental health provider seeking a grant to apply to the commissioner, and requires the commissioner to review applications and to determine grant amounts awarded.

Subd. 4. Allowable uses of grant funds. Allows a mental health provider to use grant funds to pay for direct supervision hours for interns and clinical trainees, to establish a program to provide supervision to multiple interns or clinical trainees, or to pay mental health professional licensing application and examination fees.

Subd. 5. Program oversight. Allows the commissioner to require grant recipients to provide the commissioner with information needed to evaluate the program.

8 Assessment requirements.

Amends § 245.4882 by adding subd. 2a. Adds requirement for children's residential treatment providers to complete a diagnostic assessment within ten days of a child's admission; provides an exception to the requirement. Specifies screenings a provider must complete within ten days.

Makes this section effective January 1, 2023, or upon federal approval, whichever is later.

9 Crisis admissions and stabilization.

Amends § 245.4882 by adding subd. 6. Provides that a mental health professional, physician assessing a child in an emergency department, or a member of a mobile crisis team may refer a child for residential treatment services for crisis stabilization, for up to 30 days. Requires a provider making a referral to conduct an assessment of the child.

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Makes this section effective January 1, 2023, or upon federal approval, whichever is later.

10 Admission criteria.

Amends § 245.4885, subd. 1. Specifies that for admission to residential treatment facilities, an emergency includes a situation in which a child is referred to residential treatment for crisis stabilization services. Exempts a child admitted in an emergency from undergoing a separate assessment under this section.

Makes this section effective January 1, 2023, or upon federal approval, whichever is later.

11 First episode of psychosis grant program.

Proposes coding for § 245.4905. Codifies the first episode of psychosis grant program, to fund evidence-based interventions for youth at risk of developing or experiencing a first episode of psychosis and a public awareness campaign on the signs and symptoms of psychosis; lists required grant program activities; specifies eligibility requirements and program outcome evaluation criteria; requires the commissioner to comply with all requirements necessary to receive federal aid or grants.

12 Children’s residential facility crisis stabilization services.

Proposes coding for § 245A.26. Establishes licensing requirements for children’s residential facilities providing crisis stabilization services.

Subd. 1. Definitions. Provides definitions for “clinical trainee,” “license holder,” and “mental health professional.”

Subd. 2. Scope and applicability. Establishes additional licensing requirements; specifies license holders that may be licensed to provide children’s residential crisis services; exempts license holders from completing certain assessments and plans for a client who receives services for 35 days or fewer.

Subd. 3. Eligibility for services. Specifies eligibility requirements for individuals under 21 years of age to receive children’s residential crisis stabilization services.

Subd. 4. Required services; providers. Lists the crisis stabilization services a license holder must offer and have the capacity to directly provide in order to be licensed under this section. Requires services to be provided by a qualified staff person.

Subd. 5. Assessment and treatment planning. Requires an assessment and documentation of a client’s immediate needs within 12 hours of a client’s admission for residential crisis stabilization. Requires completion of a crisis

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treatment plan within 24 hours of a client's admission; specifies plan completion and review requirements.

Subd. 6. Staffing requirements. Requires that facility staff members have access to a mental health professional or clinical trainee within 30 minutes, either in person or by phone. Requires the license holder to maintain a current, readily available schedule of available mental health professionals or clinical trainees.

13 Additional requirements for locked program facility.

Amends § 245I.23 by adding subd. 19a. Specifies additional requirements for intensive residential treatment (IRTS) facilities that prohibit clients from leaving by locking doors or by other permissible methods. Includes requirements related to building and fire codes, Department of Health licensing, policies and procedures describing court orders, documentation of court orders, and client information.

14 Petition originating from criminal proceedings.

Amends § 253B.07, subd. 2a. Makes conforming changes related to the new codified competency restoration program.

15 Room and board provider requirement.

Amends § 254B.05, subd. 1a. Adds programs providing children's residential crisis stabilization and admissions to eligible vendors of room and board.

16 Officer-involved community-based care coordination.

Amends § 256B.0625, subd. 56a. Eliminates the requirement for counties to provide the nonfederal share of costs for officer-involved community-based care coordination. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.

17 Required covered service components.

Amends § 256B.0946, subd. 1. Expands and renames intensive treatment in foster care services to allow children residing with legal guardians to access children's intensive behavioral health services.

Makes this section effective July 1, 2023, or upon federal approval, whichever is later.

18 Definitions.

Amends § 256B.0946, subd. 1a. Adds definition of "at risk." Makes this section effective July 1, 2023, or upon federal approval, whichever is later.

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- 19 Determination of client eligibility.**
Amends § 256B.0946, subd. 2. Makes changes related to the expansion of children’s intensive behavioral health services. Makes this section effective July 1, 2023, or upon federal approval, whichever is later.
- 20 Eligible mental health service providers.**
Amends § 256B.0946, subd. 3. Makes changes related to the expansion of children’s intensive behavioral health services. Makes this section effective July 1, 2023, or upon federal approval, whichever is later.
- 21 Service delivery payment requirements.**
Amends § 256B.0946, subd. 4. Makes changes related to the expansion of children’s intensive behavioral health services. Makes this section effective July 1, 2023, or upon federal approval, whichever is later.
- 22 Excluded services.**
Amends § 256B.0946, subd. 6. Makes changes related to the expansion of children’s intensive behavioral health treatment services. Makes this section effective July 1, 2023, or upon federal approval, whichever is later.
- 23 Medical assistance payment and rate setting.**
Amends § 256B.0946, subd. 7. Makes changes related to the expansion of children’s intensive behavioral health treatment services. Makes this section effective July 1, 2023, or upon federal approval, whichever is later.
- 24 Critical access mental health rate increase.**
Amends § 256B.763. Removes paragraph (d), the requirement for the commissioner to adjust rates paid to prepaid health plans to reflect critical access mental health rate increases and for the prepaid health plan to pass the rate increase to identified providers.

Adds paragraph (h), requiring managed care plans and county-based purchasing plans to reimburse certain providers for identified services at a rate that is at least equal to the fee-for-service payment rate. Requires the commissioner to monitor the effect of this requirement on mental health service access.

Makes this section effective January 1, 2023.
- 25 State assumption of certain court costs.**
Makes conforming changes related to the new codified competency restoration program.

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26 Applicability.

Provides that the new statutory provisions replace the procedures described in rule 20.01 of the Rules of Criminal Procedure.

27 Definitions.

Defines terms, including “cognitive impairment,” “competency restoration program,” “court examiner,” “mental illness,” and “suspend the criminal proceedings” for purposes of the new sections of law.

28 Competency motion procedures.

Subd. 1. Competency to stand trial. Codifies the existing standard in rule 20.01 that a defendant cannot be tried, plead, or be sentenced if a mental illness or cognitive impairment prevents the defendant from rationally consulting with an attorney, understanding the proceedings, or participating in the defense.

Subd. 2. Waiver of counsel in competency proceedings. Provides that a person is incapable of waiving the right to an attorney when the person lacks certain abilities including the ability to understand the proceedings and possible punishment.

Subd. 3. Competency motion. Establishes, consistent with rule 20.01, that a defense attorney, prosecutor, or judge may raise the issue of competency at any time during criminal proceedings without the consent of a defendant. Permits defense attorneys to disclose specific facts relating to the representation provided the disclosure does not violate attorney-client privilege. Directs the court to appoint a forensic navigator if competency is at issue and requires that person to develop a specific plan for housing and other services if the defendant is released or charges are dismissed. Requires the court to suspend the criminal proceedings in felony, gross misdemeanor, and targeted misdemeanor cases and order an examination of the defendant. Permits the court to dismiss charges in other misdemeanor cases without ordering an examination and after completion of a bridge plan, or to order an examination of the defendant.

Subd. 4. Dismissal, referrals for services, and collaboration. Requires forensic navigators to complete bridge plans in all cases where the court orders an examination of the defendant and prohibits dismissing charges against a defendant until the bridge plan is complete unless working with the forensic navigator would cause an unreasonable delay in the release of the defendant. If working with a forensic navigator would cause an unreasonable delay, the court may direct the forensic navigator to work with the defendant for up to 90 days after dismissal of the charges. Permits courts to partner and collaborate with county social services, community-based programs, jails, and any other source to provide services to a defendant. Permits counsel for a defendant to bring a

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motion to dismiss the proceedings in the interests of justice at any stage of the proceedings.

29 Competency examination and report.

Subd. 1. Competency examination. Requires the court to appoint an examiner when ordering an examination. Permits the examiner to have access to certain court records. Requires a defendant held in custody to cooperate with the examination where the person is confined or in a suitable treatment facility. Directs a person who is not held in custody to cooperate with the examination and permits a court to amend the conditions of the person's release if the person fails to cooperate. Directs that evaluations ordered under rule 20.04 of the Rules of Criminal Procedure, which assess both a defendant's competence and the defendant's mental responsibility for committing a crime, must proceed under this section.

Subd. 2. Report of examination. Requires the examiner's report to be submitted within 30 days if the defendant is in custody and 60 days if the defendant is out of custody, unless the court extends either deadline for good cause. Requires the report to offer facts and opinions on subjects including the defendant's diagnosis; the defendant's competency to stand trial; the level of care and education needed to bring the person to competency; whether a defendant who is not competent possesses capacity to make decisions regarding neuroleptic medication; and whether the defendant poses a substantial risk to self, others, or public safety. Requires the examiner to immediately notify the court, prosecutor, defense attorney, and others if the person presents a serious danger to self or others. Permits the examiner to proceed with a report if a defendant is not cooperative and to refer the defendant to appropriate services.

Subd. 3. Additional examination. Permits a defense attorney or prosecutor to obtain an independent examination of the defendant and requires that the report be submitted within 30 days unless the deadline is extended for good cause.

Subd. 4. Admissibility of defendant's statements. Provides that any statements made by a defendant in an examination may be admitted at the competency hearing but not at trial.

30 Contested hearing procedures.

Subd. 1. Request for hearing. Permits a prosecutor or defense attorney to request a hearing within ten days after receiving the report of the examiner. Requires the hearing to be held as soon as possible and no more than 30 days

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after the request unless that deadline is extended by agreement or for good cause, including if an independent examiner is retained.

Subd. 2. Competency hearing. Permits a court to admit all relevant evidence. Establishes that the examiner appointed by the court is the court's witness. Permits defense attorneys to testify and be cross-examined, but not to violate attorney-client privilege.

Subd. 3. Determination without a hearing. Permits a court to determine a defendant's competence without a hearing if neither the prosecutor nor the defense attorney requests a hearing.

Subd. 4. Burden of proof and decision. Codifies case law holding that a defendant is presumed incompetent unless the court finds by a preponderance of the evidence that the defendant is competent.

31 **Competence findings.**

Subd. 1. Findings. Requires a court to rule on a defendant's competence within either 14 days if there is no hearing or 30 days after a hearing. Directs the court to resume the criminal proceedings if the defendant is competent and to suspend the proceedings and proceed as directed in this new law if the defendant is incompetent.

Subd. 2. Appeal. Permits either party to appeal a competency determination.

Subd. 3. Dismissal of criminal charge. Requires the court to dismiss misdemeanor charges, other than targeted misdemeanors, if the defendant is incompetent. Requires the court to dismiss targeted misdemeanor and gross misdemeanor charges 30 days after a finding that a defendant is incompetent unless the prosecutor files notice of intent to prosecute. Requires dismissal of targeted misdemeanor charges regardless of the filing of a notice after one year. Requires dismissal of gross misdemeanor charges under the same circumstances after two years. Requires the court to dismiss most felony charges three years after a finding that a defendant is incompetent unless the prosecutor files a notice of intent to prosecute. If the prosecutor files notice of an intent to prosecute, charges must be dismissed after five years or, if the maximum sentence for the offense is ten years or more, after ten years. The requirement that felony charges be dismissed does not apply if the court orders continuing supervision or the defendant is charged with any of the listed serious offenses including murder, manslaughter, and any crime of violence other than a controlled substance offense.

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32 Incompetent to stand trial and continuing supervision.

Subd. 1. Order to competency restoration. Directs a court to determine the least restrictive competency restoration program appropriate for the defendant in cases where charges have not been dismissed. Prohibits the court from ordering a jail-based program if the defendant is charged with a misdemeanor or targeted misdemeanor. Directs the court to order the defendant to participate in the appropriate program if the head of the program agrees that the program is clinically appropriate and accepts the person into the program. Requires the court to review a defendant's situation if the defendant remains in custody for 30 days without receiving services. Permits the court to order disclosure of certain medical and mental health records to the restoration program. Requires the head of a restoration program to notify the court if a defendant refuses to participate. Permits the head of a restoration program to discharge a defendant after providing notice to the court, prosecutor, and defense attorney.

Subd. 2. Supervision. Requires the court to determine whether a defendant needs pretrial supervision if the defendant is entitled to release. Directs the court to appoint the forensic navigator to provide that supervision if needed. Permits the prosecutor or the forensic navigator assigned to supervise the defendant to notify the court that a defendant has violated conditions of release and directs the court to proceed as though the defendant violated any other condition of pretrial release. Permits a court to amend the conditions of pretrial release, but directs the court to consider whether changes will interfere with competency restoration and requires the court to impose conditions that provide ongoing access to restoration programs. Requires the court to review conditions of release on the motion of any party and permits the court to amend those conditions if they interfere with the defendant reaching competency.

Subd. 3. Certified competency restoration programs; procedure. Requires a court to specify whether a defendant must participate in a competency restoration program that takes place in a locked facility or in a community-based program. Requires a court to determine whether a defendant is likely to attain competency in the reasonably foreseeable future at a review hearing where a defendant has not attained competency. Requires a court to calculate a defendant's custody credit and prohibits ordering the defendant to participate in a program in a locked facility if such an order would result in the defendant serving more time in custody than the statutory maximum of the offense with which the person was charged.

Subd. 4. Jail-based competency restoration programs; procedure. Provides that a defendant is eligible to participate in jail-based competency restoration programs if the defendant is charged with a gross misdemeanor or felony, is found to be incompetent, is not entitled to release, and the examiner

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recommends jail-based competency restoration as the least restrictive setting to meet the person's needs. Requires the court to review the case if the defendant has not reached competency within 90 days and directs the court to refer the defendant to a less restrictive program if appropriate. Permits the court to order that a defendant be held for an additional 90 days after a review if the court determines that placement in a locked facility is the most appropriate placement and no other locked facility is available.

Subd. 5. Alternative programs; procedure. Permits courts to order that a defendant participate in an alternative program if a certified competency restoration program is not available. Directs courts to consult with forensic navigators if appropriate services will not be available for a defendant within a reasonable period. Permits the court to order the defendant to participate in alternative programs and requires that the court conduct a review hearing after 90 days, at which the court must determine if the defendant is reasonably likely to attain competency in the foreseeable future.

Subd. 6. Reporting to the court. Requires court examiners to provide an updated report at least every six months as to a defendant's competency and efforts made to restore the defendant to competency. Permits the head of restoration programs to recommend an updated report at any time, requires that updated reports must be provided to the prosecutor and defense attorney, and permits the report to recommend continued services appropriate for a defendant who has become competent.

Subd. 7. Contested hearings. Permits prosecutors and defense attorneys to request hearings on updated competency reports.

Subd. 8. Competency determination. Requires courts to make a determination of competency based on an updated report within 14 days of receiving the report. Requires the court to resume criminal proceedings if the defendant is competent and permits the court to amend the defendant's conditions of release or ordered services as appropriate if the defendant remains incompetent.

33 **Administration of medication.**

Permits a prosecutor and treating medical provider to make a motion to the court to determine whether a defendant lacks capacity to make decisions about the administration of neuroleptic medication. Establishes procedures and standards for the court to determine whether a defendant can be forced to take neuroleptic medication while under an order to be restored to competency.

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34 Review hearings.

Permits a prosecutor or defense attorney to request a review hearing on a defendant's competence. Requires the hearing to be held within 30 days of the date of the request unless that period is extended by agreement or for good cause.

35 Likelihood to attain competency.

Subd. 1. Applicability. Permits a court to hold a hearing on its own motion or request of the parties to determine whether a defendant is likely to attain competency provided the defendant has not been restored to competency after participating in a competency restoration program for a year or the defendant has not received competency restoration services after a year. Provides that parties are entitled to 30-day notice before a hearing is held and requires a court to issue a decision within 30 days of the hearing.

Subd. 2. Procedure. Requires courts to determine whether there is a substantial probability that a defendant will attain competency. Directs the court to order competency restoration if there is a substantial probability that the defendant will attain competency. Requires a court to release a person who is unlikely to attain competency from any locked facility. Permits the court to order a prepetition screening for judicial commitment. Requires the court to dismiss the charges against a defendant who is unlikely to attain competency unless that person is charged with a listed serious felony or there is a showing of a danger to public safety if the charge is dismissed.

Subd. 3. Continued supervision. Permits the court to order continued supervision of a defendant who is unlikely to attain competency and is charged with certain felony offenses. Permits a party to request a hearing on the issue of continued supervision. Requires the court to identify a person or entity, including the forensic navigator, to be responsible for continued supervision. Requires a court examiner to provide an updated report one year after the court places the defendant on continued supervision. Requires the court to make a determination after one year as to whether charges should be dismissed or continued, and when the next review should take place if charges are not dismissed. Permits the court to order continued supervision for up to ten years unless the person is charged with a listed serious felony, in which case there is no limit. Permits the head of a program supervising the defendant to discharge the defendant after giving notice and to recommend that the court order an updated competency report. Permits the court to partner for pretrial services and continued supervision if the defendant is found incompetent and unlikely to attain competency.

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36 Defendant's participation and conduct of hearings.

Permits competency hearings to be held at a treatment facility or through the use of interactive video. Permits a hearing to take place without the presence of the defendant if a medical professional provides a written report stating that participation would be detrimental to the defendant's mental or physical health. Permits a court to exclude a defendant who is disruptive or incapable of comprehending the proceedings and requires the court to make specific findings if the defendant is excluded. Provides that defense counsel may make objections and motions related to the defense that can be fairly determined with the defendant's participation.

37 Credit for confinement.

Provides that a defendant who is the subject of a competency examination and is later convicted is entitled to credit for any time spent confined in a secure setting while being assessed and restored to competency.

38 Forensic navigator services.

Subd. 1. Definition. States that "board" means the State Competency Restoration Board for the purposes of this section.

Subd. 2. Availability of forensic navigator services. Requires the board to provide or contract for sufficient forensic navigator services to meet the needs of defendants who are found incompetent to stand trial.

Subd. 3. Duties. Provides that forensic navigators serve as impartial parties in relation to the defendant and the criminal case. Prohibits the forensic navigator from providing legal counsel. Requires forensic navigators to provide services to assist defendants with cognitive impairments that include developing bridge plans, assisting defendants in participating in court-ordered examination, providing competency restoration education, coordinating social services to assist defendants, and communicating with family members of defendants. Permits forensic navigators to continue to provide services for up to 90 days after charges against a defendant are dismissed.

Subd. 4. Bridge plans. Requires forensic navigators to prepare bridge plans and provide them to the court. Requires bridge plans to include information related to housing, appropriate services including mental health and substance abuse treatment, and any other appropriate referrals or recommendations. Provides that bridge plans and supporting records are not accessible to the public.

39 State Competency Restoration Board.

Establishes the State Competency Restoration Board, which consists of seven members. Establishes the duties and responsibilities of the board, including

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- establishing forensic navigator standards and establishing certification requirements for competency restoration programs. Requires appointment of an administrator. Permits establishment of regional offices. Permits contracting with the Department of Administration for support services. Provides that sections 15.039 and 15.471 to 15.474 apply to the board.
- 40 **Certification Advisory Committee.**
Establishes a Certification Advisory Committee to advise the board on appropriate standards for competency restoration programs, including jail-based programs. Describes the membership and duties of the advisory committee.
- 41 **Competency restoration curriculum and certification.**
Directs the board to recommend a competency restoration curriculum by January 1, 2023. Requires the curriculum to be flexible and able to be provided in multiple settings. Requires the board to develop a process for certifying individuals to provide competency restoration services by January 1, 2023.
- 42 **Competency restoration programs.**
Directs the board to provide or contract for sufficient competency restoration services to meet the needs of adult defendants in each judicial district. Directs the board to establish certification standards for programs and maintain a list of approved restoration programs. Establishes requirements related to jail-based programs. Provides for program evaluations.
- 43 **Adult and children’s mobile transition units.**
Amends Laws 2021, First Special Session ch. 7, art. 17, § 12. Expands mobile transition units eligibility to adults transitioning between levels of care or care settings; makes clarifying changes.
- 44 **Mental health urgency room pilot project.**
Establishes a mental health urgency room pilot project.
- Subd. 1. Establishment.** Requires the commissioner of human services to establish a pilot project, to create mental health urgency rooms as a first contact resource for youths in mental health crises. Requires the commissioner to give Ramsey County the first opportunity to operate the pilot project; specifies request for proposals requirements if Ramsey County declines or fails to respond.
- Subd. 2. Eligibility.** Paragraph (a) permits a county or applicant to partner with a medical provider, nonprofit organization that provides mental health services, or nonprofit organization serving an underserved or rural community, that will partner with a provider of mental health services.

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Paragraph (b) specifies capabilities a partnering entity must have in order to participate in the pilot project.

Paragraph (c) specifies staffing requirements for participating entities.

Paragraph (d) requires participating entities to agree to accept patients regardless of insurance status or ability to pay.

Subd. 3. Application. Specifies requirements for the content of pilot project applications.

Subd. 4. Grant activities. Specifies that pilot project grant funds may be used for:

- expanding current space to create an urgency room;
- performing medical or mental health evaluations;
- developing a care plan for the youth; and
- providing recommendations for further care.

Subd. 5. Reporting. Requires the county or grantee to submit a report to the commissioner on how grant funds were spent, how many youths were served, and how the county or grantee met the goal of the pilot project.

Requires the commissioner to submit a report to the legislature on pilot project activities by January 15, 2026.

45 Online music instruction grant program.

Directs the commissioner of health to award a grant to a community music education and performance center to partner with schools and early childhood centers designated as Title I schools or located in rural Minnesota, to provide online music instruction to students and children. Permits the grant funds to be used for individual or small group music instruction, sectional ensembles, or other group music activities. Requires at least half of the online music programs to be in partnership with schools or programs in rural Minnesota. Requires the grant recipient to contract with a third party to evaluate the online music instruction program, and requires the results of the evaluation to be submitted to certain members of the legislature by December 15, 2025.

46 Mental health grants for health care professionals.

Directs the commissioner of health to establish a program to award grants to health care entities to establish or expand programs to improve the mental health of health care professionals. Lists criteria for programs eligible to be funded under this section. To receive a grant, requires an entity to apply to the commissioner, and lists information that must be included in the application. Requires the commissioner to

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prioritize grants to programs that involve peer-to-peer support. Requires the commissioner to evaluate the effectiveness of the grant program by examining the program's effects on professional burnout and retention, and requires the commissioner to submit the results of the evaluation to certain members of the legislature by October 15, 2024.

47 Direction to commissioner.

Directs the commissioner of human services to update the behavioral health fund room and board rate schedule to include programs providing children's mental health crisis admissions and stabilization.

48 Revisor instruction.

Instructs the revisor to change the term "intensive treatment in foster care" or similar terms to "children's intensive behavioral health services" in statutes and rules.

49 Repealer.

Repeals section 245.4661, subd. 8 (adult mental health services pilot projects; budget transfer flexibility).

50 Effective date.

Establishes that sections 26 to 37 are effective July 1, 2023, and apply to competency determinations initiated on or after that date.

Article 2: Board of Medical Practice; Temporary Permits

This article establishes temporary permits to practice for physicians and physician assistants while an applicant's application for licensure by the Board of Medical Practice is pending, under specified conditions.

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1 Physician application and license fees.

Amends § 147.01, subd. 7. Strikes physician temporary license fee. Provides an immediate effective date.

2 Endorsement; reciprocity.

Amends § 147.03, subd. 1. Adds reference to allow an applicant for licensure who is also a foreign medical school graduate to apply for a temporary permit. Provides an immediate effective date.

Section Description - Article 2: Board of Medical Practice; Temporary Permits

3 Temporary permit.

Amends § 147.03, subd. 2. Allows an applicant for physician licensure by endorsement to request that the board issue a temporary permit while the applicant's application is being processed. Allows the board to issue a nonrenewable temporary permit upon receipt of the application, a nonrefundable application fee, and if the applicant is currently licensed in good standing in another state and is not the subject of a pending investigation or disciplinary action in another state. Specifies that if the board issues a temporary permit, it is valid for 90 days or until the board decides on the applicant's license application, whichever occurs first. Allows the board to revoke the permit if the physician is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason. Provides an immediate effective date.

4 Licensing of foreign medical school graduates.

Amends § 147.037. Removes references to temporary permit requirements. Provides an immediate effective date.

5 Temporary permit.

Proposes coding for § 147A.025. Allows an applicant for a physician assistant license to request that the board issue a temporary permit while the applicant's application is being processed. Allows the board to issue a nonrenewable temporary permit upon receipt of the application, a nonrefundable application fee, and if the applicant is currently licensed in good standing in another state and is not the subject of a pending investigation or disciplinary action in another state. Specifies that if the board issues a temporary permit, it is valid for 90 days or until the board decides on the applicant's license application, whichever occurs first. Allows the board to revoke the permit if the physician assistant is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason. Provides an immediate effective date.

6 Physician assistant application and license fees.

Amends § 147A.28. Strikes obsolete physician assistant fees. Provides an immediate effective date.

7 Respiratory therapist application and license fees.

Amends § 147C.40, subd. 5. Strikes obsolete respiratory therapist fee. Provides immediate effective date.

8 Repealer.

Repeals § 147.02, subd. 2a (temporary permit to practice medicine). Provides an immediate effective date.

Article 3: Appropriations

Provides appropriations to fund the programs established in Article 1.

Section Description - Article 3: Appropriations

- 1 **Appropriation base established; competency restoration.**
 - Subd. 1. Department of Corrections.** Establishes a general fund base beginning in fiscal year 2024 of \$202,000 for correctional facilities inspectors.
 - Subd. 2. District courts.** Establishes a general fund base of \$5,042,000 beginning in fiscal year 2024 for the judicial branch to pay for additional competency evaluations.
 - Subd. 3. State Competency Restoration Board.** Establishes a general fund base of \$11,350,000 in fiscal year 2024 and \$10,900,000 in fiscal year 2025 to establish the board and for the board to perform its duties, including providing or contracting for competency restoration services.
- 2 **Appropriation; adult mental health initiative grants.**

Increases the general fund base for adult mental health initiative services by \$10,233,000 in fiscal year 2025, and by an additional \$10,140,000 in fiscal year 2026. Increases the general fund base for administration of adult mental health initiative services by \$135,000 in fiscal year 2025. Appropriates \$400,000 in fiscal year 2023 from the general fund to the commissioner of human services for an inventory and evaluation of adult mental health initiative services.
- 3 **Appropriation; African American Community Mental Health Center.**

Appropriates \$1,000,000 in fiscal year 2023 from the general fund to the commissioner of human services for a grant to an African American mental health service provider that is a licensed community mental health center. Provides that this is a onetime appropriation and is available until June 30, 2025. Establishes a general fund base for administration of this grant for fiscal years 2024 and 2025.
- 4 **Appropriation; children's first episode of psychosis.**

Appropriates \$6,000 in fiscal year 2023 from the general fund to the commissioner of human services to implement a children's first episode of psychosis grant, and establishes a base for this appropriation of \$480,000 in fiscal years 2024 and 2025. Specifies amounts in fiscal years 2024 and 2025 that are for administration, and amounts in fiscal years 2023, 2024, and 2025 that are for grants.
- 5 **Appropriation; children's intensive behavioral health treatment services.**

Appropriates \$101,000 in fiscal year 2023 from the general fund to the commissioner of human services for children's intensive behavioral health treatment services, and establishes a general fund base for this appropriation of \$474,000 in fiscal year 2024

Section Description - Article 3: Appropriations

and \$3,204,000 in fiscal year 2025. The fiscal year 2023 amount is for administration. Specifies amounts in fiscal years 2024 and 2025 that are for services and administration.

6 Appropriation; children’s residential facility crisis stabilization services.

Appropriates \$203,000 in fiscal year 2023 from the general fund to the commissioner of human services for children’s residential facility crisis stabilization services, and establishes a general fund base for this appropriation of \$495,000 in fiscal year 2024 and \$559,000 in fiscal year 2025. Specifies amounts in fiscal years 2023, 2024, and 2025 that are for services, administration, and systems costs.

7 Appropriation; intensive residential treatment services.

Appropriates \$2,914,000 in fiscal year 2023 from the general fund to the commissioner of human services for start-up funds to IRTS providers to provide treatment in locked facilities for certain patients who need to be in a secure facility. Establishes a base for this appropriation of \$180,000 in fiscal year 2024 and \$0 in fiscal year 2025. Specifies amounts in fiscal years 2023 and 2024 that are for administration and for systems costs.

8 Appropriation; managed care minimum rate for mental health services.

Appropriates \$28,000 in fiscal year 2023 from the general fund to the commissioner of human services to monitor mental health rates paid to providers. Establishes a general fund base for this appropriation of \$32,000 in fiscal year 2024 and \$32,000 in fiscal year 2025.

9 Appropriation; mental health grants for health care professionals.

Appropriates \$1,000,000 in fiscal year 2023 from the general fund to the commissioner of health for a health care professionals mental health grant program. This is a onetime appropriation.

10 Appropriation; mental health professional loan forgiveness.

Appropriates \$1,600,000 in fiscal year 2023 from the general fund to the commissioner of health for loan forgiveness for eligible mental health professionals under the health professional education loan forgiveness program. Requires funds not used for mental health professional loan forgiveness in one biennium to be carried over to the next biennium and used for loan forgiveness for other eligible professionals.

Section Description - Article 3: Appropriations

- 11 **Appropriation; mental health provider supervision grant program.**
Appropriates \$2,500,000 in fiscal year 2023 from the general fund to the commissioner of human services for the mental health provider supervision grant program.
- 12 **Appropriation; mental health urgency room pilot project.**
Appropriates \$1,215,000 in fiscal year 2023 from the general fund to the commissioner of human services for a mental health urgency room pilot project. Establishes a general fund base for this appropriation of \$247,000 in fiscal year 2024, \$247,000 in fiscal year 2025, and \$0 in fiscal year 2026. Specifies amounts in fiscal year 2023 that are for a grant and for administration, and amounts in fiscal years 2024 and 2025 that are for administration. Provides that any amount of this appropriation that is not encumbered on January 1, 2024, shall be added to the base amount in fiscal year 2024 for mobile crisis grants.
- 13 **Appropriation; mobile crisis services.**
Increases the general fund base for grants for adult mobile crisis services by \$4,000,000 in fiscal year 2024 and \$5,600,000 in fiscal year 2025.
- 14 **Appropriation; mobile transition units and person centered discharge planning.**
Appropriates \$796,000 in fiscal year 2023 from the general fund to the commissioner of human services for person-centered discharge planning for persons discharged from psychiatric residential treatment facilities, behavioral health hospitals, and hospitals. Establishes a general fund base for this appropriation of \$1,010,000 in fiscal year 2024 and \$1,010,000 in fiscal year 2025. Specifies amounts in fiscal years 2023, 2024, and 2025 that are for grants and for administration.
- 15 **Appropriation; monitoring of a psychiatric hospital.**
Appropriates \$15,000 in fiscal year 2023 from the state government special revenue fund to the commissioner of health to collect data on and monitor the 144-bed psychiatric hospital authorized in section 144.551, subd. 1, para (b), cl. (31), at the site of the former Bethesda Hospital.
- 16 **Appropriation; officer-involved community-based care coordination.**
Appropriates \$11,000 in fiscal year 2023 from the general fund to the commissioner of human services for medical assistance expenditures for officer-involved community-based care coordination. Establishes a general fund base for this appropriation of \$10,000 in fiscal year 2024 and \$15,000 in fiscal year 2025.

Section Description - Article 3: Appropriations

- 17 Appropriation; online music instruction grant.**
Appropriates \$300,000 in fiscal year 2023 from the general fund to the commissioner of health for an online music instruction grant program. This is a onetime appropriation and is available until June 30, 2025.
- 18 Appropriation; school-linked behavioral health grants.**
Appropriates \$2,000,000 in fiscal year 2023 from the general fund to the commissioner of human services for school-linked behavioral health grants.
- 19 Appropriation; shelter-linked mental health grants.**
Appropriates \$2,000,000 in fiscal year 2023 from the general fund to the commissioner of human services for shelter-linked youth mental health grants.



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