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Bill Summary

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Section

Article 1: Criminal Justice

Overview

This article authorizes county jail reentry projects and funding for mental health courts and discharge planning. It instructs the commissioner of corrections to develop a protocol for disciplinary confinement. It also established eligibility for general assistance medical care for three months after an offender with mental illness is released from a correctional facility.

- 1** **General assistance medical care; eligibility.** Amends § 256D.03, subd. 3. Provides that individuals in a correctional facility who have been diagnosed with a mental illness will be eligible for general assistance medical care for three months from the date of release from confinement.
- 2** **Mental health assessment required.** Amends § 609.115, by adding subd. 10. Adds that if a presentence investigation is ordered on a defendant who has been convicted of a misdemeanor or gross misdemeanor, that the probation officer shall determine whether a mental illness may have been a contributing factor to the commission of the offense. If mental illness was a contributing factor, the presentence report shall contain the results of a mental health assessment. This report must include a treatment plan for the defendant.
- 3** **Mental illness as a contributing factor.** Amends § 609.135, by adding subd. 5b. If mental illness is a contributing factor to the commission of misdemeanor or gross misdemeanor, the court shall order a defendant to participate in mental health treatment as a condition of a stayed sentence, unless the court makes written findings why treatment is not appropriate or

practicable.

4 **Intake procedure; approved mental health screening.** Amends § 641.15, by adding subd. 3a. Instructs sheriffs that a mental health assessment is to be conducted as part of the intake screening process for prisoners.

5 **County jail reentry projects; grants.** Adds § 641.156.

Subd. 1. Purpose. States that to promote public safety, prevent recidivism, and promote reintegration into the community, services will be provided to individuals confined in jails and county regional jails who are identified as having mental illness, traumatic brain injury, chemical dependency, or are homeless.

Subd. 2. Grants. Authorizes the commissioner of corrections, in consultation with the commissioner of human services, to award grants to county boards for two-year reentry projects. Identifies the target population to be served and the services that will be provided.

Subd. 3. Applications. Sets out the application procedure and process.

Subd. 4. Program components. Lists the range of services to be offered and provided to prisoners based on their length of confinement and their needs.

- Prisoners in the target population who will be incarcerated for less than 30 days, shall be offered follow-up care and referred to appropriate professionals;
- Prisoners in the target population who will be incarcerated 30 days or longer, shall be provided with treatment and programming, such as mental health treatment, employment skills training, and literacy training;
- Prisoners in the target population who will be incarcerated for 90 days or longer, shall be offered a discharge plan that will include assistance in establishing benefits, identifying treatment needs, referring the prisoner to community services, securing appointments with psychiatrists and mental health professionals, ensuring that the prisoner have at least a 14-day supply of medication, arranging for a photo identification, and arranging for case management services.

6 **Disciplinary confinement; protocol.** Instructs the commissioner of corrections to establish a protocol so that inmates have an opportunity to be released from disciplinary confinement in a timely manner. The commissioner is also to develop a release plan, when possible, for those inmates in disciplinary confinement who are nearing their release date.

7 **Appropriations.**

Subd. 1. Grant program. Appropriates funds to the commissioner of corrections to administer the county jail reentry projects.

Subd. 2. Discharge planning. Appropriates funds to the commissioner of human services to fund discharge planning for offenders with serious and persistent mental illness who are pending release from correctional facilities.

Subd. 3. Mental health courts. Appropriates funds to the supreme court for mental health courts.

Article 2: Children's Mental Health

Overview

This article authorizes grants for children's mental health programs, requires foster parent training, provides a rate increase for children's therapeutic services and supports, and provides counties funds for respite care.

- 1 **Children's mental health grants.** Adds § 245.4889.
 - Subd. 1. **Establishment and authority.** Authorizes the commissioner of human services to make grants from available appropriations to counties, Indian tribes, children's collaboratives, or mental health service providers to provide services to children with emotional disturbances and their families and for transition services for young adults.
 - Subd. 2. **Grant application and reporting requirements.** Sets out the criteria for grant applications, required reports, and collection of data.
- 2 **Mental health training requirement.** Adds § 245A.175. Requires foster care providers to complete two hours of training regarding children's mental health issues before a child can be placed in their care. Adds that at least one hour of the required annual 12-hour foster parent training be completed on children's mental health issues and treatment.
- 3 **Collaborative services for high-risk children.** Adds § 256.9961. Appropriates funds to the commissioner of human services to fund one or more early intervention collaborative projects to address the needs of children at risk of maltreatment, substance use, mental illness, and serious and violent offending who are too young to be subject to the delinquency provisions of chapter 260B.
- 4 **Rate increase for children's therapeutic services and supports.** Amends § 256B.0943, by adding subd. 14. Increases payment rates by 33.7 percent over the rates in effect on January 1, 2006, for components of children's therapeutic services and supports and diagnostic assessments of children and adolescents that are provided on or after July 1, 2007.
- 5 **Columbia teen screen grants.** Requires the commissioner of education to develop a request for proposals for grants to implement the teen screen program. Grants are limited to public schools, family services collaboratives, and children's mental health collaboratives.
- 6 **Children's mental health work group; report.** Instructs the commissioner of human services to convene a work group to study the unmet need for funding of wraparound services for children with emotional disturbance or severe emotional disturbance and to report findings and recommendations no later than January 1, 2008.
- 7 **Trauma-focused evidence-based practices to children.** States that organizations certified to provide children's therapeutic services and supports are eligible to apply for a grant to provide trauma-focused evidence-based practice to children who are living in a battered women's shelter, homeless shelter, transitional housing, or supported housing who have been exposed to domestic violence, community violence, or are refugees.
- 8 **Respite care.** Instructs the commissioner of human services to reimburse counties for the cost of funding respite care for children with severe emotional disturbance.
- 9 **Appropriations.**

Subd. 1. **Evidence-based practice.** Appropriates funds to the commissioner of human services to develop and implement evidence-based practice in children's

mental health care and treatment.

Subd. 2. Columbia teen screen grants. Appropriates funds to the commissioner of education to administer five teen screen grants in section 5.

Subd. 3. Early intervention collaborative programs. Appropriates funds to the commissioner of human services to fund the early intervention collaborate programs in section 3.

Subd. 4. Childhood trauma; grants. Appropriates funds to the commissioner of human services for grants to be used under section 7 that support children and youth who have been exposed to violence or are refugees.

Subd. 3. Respite care. Appropriates funds to the commissioner of human services to fund respite care for children who have a diagnosis of emotional disturbance or severe emotional disturbance.

Article 3: Miscellaneous

Overview

This article includes various mental health provisions including a requirement that students of higher education carry health insurance, creating a loan forgiveness program, creating a law enforcement crisis intervention team state council, creating a mental health fatality review team, increasing employment supports, and funding grant programs.

1 **Qualifying student health insurance program.** Adds § 135A.141.

Subd. 1. Health insurance required. Paragraph (a). Provides that every full-time and part-time student enrolled in a public or private institution of higher education in the state must participate in a qualifying student health insurance program. An institution may waive this requirement if the student provides proof of coverage by an insurance plan with comparable coverage.

Paragraph (b). Allows an exemption for students who do not have coverage if the student files a sworn affidavit attesting that the basis for refusing coverage is a sincerely held religious belief.

Subd. 2. Report. Requires each institution of higher education to submit an annual report to the commissioner of health demonstrating compliance with the provisions of this section. Also requires the commissioner of health to submit a report prior to implementation of this section that shall include, but not be limited to, an analysis of the number of students lacking health insurance, the costs of the requirements of this section to students and institutions, and a proposed method for meeting the costs.

Subd. 4. Rules. Instructs the commissioner of health to promulgate regulations to define qualifying student health insurance programs, to establish procedures to monitor compliance, and to implement the provisions of this section.

2 **Loan forgiveness program.** Adds §144.206. Paragraph (a). Defines "qualified educational

loan."

Paragraph (b). Instructs the commissioner of health to establish a loan forgiveness program for individuals who are employed by a nonprofit agency that provides mental health services for cultural or ethnic minority clients.

Paragraph (c). Requires each applicant for the program to be employed by a nonprofit that provides mental health services for cultural or ethnic minority clients and be of the same culture or ethnicity as the clients served. The applicant is to sign a contract to agree to remain with the same nonprofit for a three-year full-time term, which shall begin no later than 30 days following completion of the academic program.

Paragraph (d). Each applicant must secure his own qualified education loan. The commissioner is to give preference to applicants closest to completing their training.

Paragraph (e). Sets out the procedure for the commissioner to make disbursements toward loan indebtedness and the procedures the recipient must follow to receive disbursements.

Paragraph (f). Authorizes the commissioner to recover disbursements made to the recipient, plus interest, if the recipient does not fulfill the minimum commitment of service contract. Allows the commissioner to grant a waiver of all or part of the repayment if emergency circumstances exist that prevent fulfillment of the contract.

3 Mental illness. Amends § 245.462, subd. 20. Adds to the definition of a "person with serious and persistent mental illness" an adult who has a mental illness and

- has been a prisoner at a county jail or county regional jail or an inmate at a correctional facility two or more times within the preceding 24 months;
- has experienced continuous confinement in a county jail, county regional jail, or correctional facility for more than six months within the preceding 12 months; or
- has been treated by a crisis team two or more times within the preceding 24 months.

4 Special contracts; bordering states. Amends § 245.50, subd. 5. Provides that if a Minnesota resident is admitted to a mental health facility in a bordering state, a physician, licensed psychologist with a doctoral degree in psychology, or an advance practice registered nurse certified in mental health, and who is licensed in the bordering state, may act as an examiner in accordance with Minnesota statutes.

5 Culturally competent mental health services. Adds § 245.6961.

Subd. 1. Services; grants. Authorizes the commissioner of human services to make grants to nonprofit organizations to provide culturally competent mental health services to individuals throughout the state.

Subd. 2. Task force. Instructs the commissioner to appoint a task force to develop criteria for providers and outcome measurements.

6 Crisis intervention team state council. Adds § 245.6962.

Subd. 1. Purpose. Provides that the purpose of the state council is to encourage and

support the development of law enforcement crisis intervention teams. States that the council shall serve as the governing body on the finance, curriculum, and programs for crisis intervention training.

Subd. 2. Membership. Instructs the commissioner of public safety to appoint members of the state council. Lists what agencies and entities must be represented on the council.

Subd. 3. Crisis intervention team training. Provides that training must be a minimum of 40 hours and the components that must be included in the training. Training components are not limited to those listed in this subdivision.

7 **Minnesota family investment program and children's mental health pilot project.**

Subd. 1. Pilot project authorized. Instructs the commissioner of human services to fund a two-year pilot project to measure the impact of children's mental health needs on MFIP participants' ability to obtain and maintain employment.

Subd. 2. Provider and agency proposals. Paragraph (a). Instructs providers and agencies to submit proposals defining how they will identify program participants, connect families with services, incorporate these services into the participant's employment plan, and how they will measure program outcome.

Paragraph (b). Provides that agencies and providers will inform MFIP participants of available developmental and emotional screening tools, the purpose of the screenings, and how the screenings may be used to modify the participants' employments plans.

Subd. 3. Program components. Provides that participants must give written consent for participation in the program and screening. Directs the providers to assist recipients in arranging for referrals indicated by the screening results. Requires that screening tools be approved by the commissioner.

Subd. 4. Program evaluation. Directs the commissioner to conduct an evaluation of the pilot project.

Subd. 5. Work activity. Provides that participant involvement in screenings and subsequent referral and services shall count as work activity.

8 **Mental health fatality review team.**

Subd. 1. Pilot project authorized; purpose. Authorizes the Hennepin County Criminal Justice Coordinating Committee to establish a 30-month pilot project to review adult mental health fatalities that have occurred during or after contact with law enforcement, courts, or corrections systems. The purpose of the project is to analyze fatalities, review public policies and procedures, and try to prevent future fatalities.

Subd. 2. Definition of mental health fatality. States that mental health fatality is the unexpected death of a person with a diagnosed mental illness or committed by a person with a diagnosis of mental illness where mental illness was a significant contributing factor in the death.

Subd. 3. Select of cases for review. Provides the composition of the Mental Health Fatality Advisory Board. States that the board will select cases for review.

Subd. 4. Membership. Provides that the Hennepin County Criminal Justice Coordinating Committee, in consultation with the advisory board, shall appoint members of the mental health fatality review team. Sets out what agencies and entities must be represented on the team. Provides that other individuals may serve on an ad hoc basis.

Subd. 5. Disclosure of records. Requires that data shall be disclosed to the review team by any agency. Provides that the data will retain its data classification and will not be disclosed to anyone not part of the review team. Findings of the review team will only be used to recommend institutional reforms to prevent future fatalities and will not be used in any court proceeding and are not discoverable.

Subd. 6. Immunity. Provides that members of the review team, when acting within the scope of their duties, are immune from civil and criminal liability.

Subd. 7. Evaluation and report. Provides that the advisory board shall be convened by December 31, 2007, and shall develop a plan for evaluating the pilot project. Provides that the review team shall be convened by July 1, 2008, and shall issue two annual reports to the legislature. The final report shall include recommendations for legislation.

- 9 **Evidence-based practice.** Instructs the commissioner of human services to consult with stakeholder groups and make budget neutral changes to medical assistance coverage to implement evidence-based practice as defined by the Agency for Healthcare Research and Quality Practice Guidelines or by the Substance Abuse and Mental Health Services Administration.
- 10 **Employment support.** Directs the commissioner of employment and economic development to fund special projects providing employment support to
- young people with mental illness who are transitioning from school to work;
 - people with a serious mental illness who are receiving services through a mental health court; and
 - people with serious mental illness who are receiving services through a civil commitment court.
- 11 **Telehealth.** Directs the Office of Enterprise Technology to consult with the commissioner of human services to provide televideo conferencing at no cost to providers between state and county agency sites and community provider sites.
- 12 **Dual diagnosis; demonstration project.** Instructs the commissioner of human services to fund demonstration projects for high-risk adults with serious mental illness and co-occurring substance abuse problems. Projects must include, but not be limited to, housing services; assertive outreach services; and intensive therapeutic, rehabilitative, and care management services.
- 13 **Inpatient psychiatric beds; study.** Directs the commissioner of health to study the statutes of inpatient psychiatric beds and provide recommendation to improve access to inpatient care. Sets out the factors the commissioner is to consider. Instructs the commissioner to make a report to the legislature by January 15, 2008.

14 Incentive payments; rules. Instructs the commissioner of the economic development to develop rules to implement incentive payments to providers that place individuals in jobs that allow them to leave SSI and SSDI dependency and become economically self-sufficient. Directs the commissioner to develop rules for incentive payments for providers that place individuals in jobs that provide benefits. Appropriates \$1,000,000 in both years of the biennium for wage incentives for the community support fund.

15 Appropriations.

Subd. 1. Employment support. Paragraph (a). Appropriates funds to the commissioner of employment and economic development to fund employment support projects for young people who are transitioning from school to work, people with serious mental illness who are receiving services through a mental health court, and people with mental illness who are receiving services through a civil commitment court under section 10.

Paragraph (b). Appropriates funds to the commissioner of employment and economic development for the Extended Employment-Serious Mental Illness program under section 10.

Subd. 2. Community mental health programs. Appropriates funds to the commissioner of human services for training and consultation for clinical supervisors and staff of community mental health centers to improve clinical supervision to staff, strengthen compliance with federal and state rules and regulations, and to recommend strategies for standardization of administrative functions.

Subd. 3. Culturally competent mental health services. Appropriates funds to the commissioner of human services for grants for culturally competent mental health services under section 5.

Subd. 4. Bridges rental housing assistance program. Appropriates funds to the Housing Finance Agency for the Bridges rental housing assistance program. These appropriations are in addition to the base and shall become part of the agency's base.

Subd. 5. MFIP and children's mental health pilot project. Appropriates funds to the commissioner of human services to fund the pilot project under section 7.

Subd. 6. Mental health fatality review. Appropriates funds to the Supreme Court to fund the mental health fatality review team under section 8.

Subd. 7. Crisis intervention training. Appropriates funds to the commissioner of public safety to fund grants to local police departments to conduct crisis intervention team training under section 6.

Subd. 8. Televideo conferencing. Provides that the commissioner of administration in consultation with the commissioner of human services shall provide televideo conferencing between state and county agency sites and community provider sites at no cost. Appropriates funds to the commissioner of administration for this service under section 11.

Subd. 9. Dual diagnosis; demonstration project. Appropriates funds to the

commissioner of human services for demonstration projects under section 12.

Article 4: Mental Health Funding

Overview

This article provides added components of mental health treatment as covered services in addition to increase funding for mental health services.

1 Provider rate increases after June 30, 1999. Amends § 256B.038. Includes children's therapeutic services and support services in the annual inflationary adjustment in payment services.

2 Mental health certified peer specialist. Adds § 256B.0615.

Subd. 1. Scope. States that services provided by a certified peer review specialist are covered services under medical assistance, subject to federal approval, when the recipients are eligible for intensive rehabilitative mental health services under section 256B.0622 or adult rehabilitative mental health services under section 256B.0623.

Subd. 2. Establishment. Instructs the commissioner of human services to establish a certified peer review specialist program that provides nonclinical peer support tailored to the needs of the consumer and serving as a component of wrap around services. The service is to promote socialization and recovery, among other things.

Subd. 3. Eligibility. Provides that peer support services may be made available to consumers of intensive rehabilitative mental health services or adult rehabilitative mental health services.

Subd. 4. Peer support specialist program providers. Instructs the commissioner of human services to develop a certification process in accord with federal guidelines, so that services of certified peer review specialists are eligible for reimbursement under the medical assistance program. Provides that peer support programs may be freestanding or within existing mental health community provider centers.

Subd. 5. Certified peer specialist training and certification. Instructs the commissioner of human services to develop training and a certification process for peer specialists. To be considered for peer specialist training an individual must have had a primary diagnosis of mental illness and be a current or former consumer of mental health services and must demonstrate leadership and advocacy skills along with a strong dedication to recovery. Instructs the commissioner to develop continuing education workshops.

3 Definitions. Amends § 256B.0622, subd. 2. Clarifies professionals who are members of a treatment team, and adds certified peer specialists to the definition of "treatment team."

4 Definitions. Amends § 256B.0623, subd. 2. Adds "family psycho-education" as a component of adult rehabilitative mental health services.

5 Qualifications of provider staff. Amends § 256B.0623, subd. 5. Adds certified peer specialists, working under the supervision of a mental health professional, as eligible providers of adult rehabilitative mental health services.

6 Diagnostic assessment. Amends § 256B.0623, subd. 8. Adds that a diagnostic assessment provided under adult rehabilitative mental health services must be reimbursed at the same rate as a public health nurse assessment under section 256B.0655, subdivision 8.

7 **Additional requirements.** Amends § 256B.0623, subd. 12. Provides that family psycho-education, coordination and care management, and collateral contacts are components of adult rehabilitative mental health services. This section is subject to federal approval.

8 **Payments for mental health services.** Amends § 256B.0625, subd. 38. Paragraph (b). Provides that payments for mental health services covered by medical assistance that are provided by social workers will be paid in accordance with Minnesota Rules, part 9505.0323, subpart 24, unless paragraph (c) applies.

Paragraph (c). Provides that payments for covered mental health services provided by an individual employed by a community mental health center and who has completed all licensure or certification requirements, except the requirement for supervised experience, or who is a student in a field placement or internship shall be reimbursed at 100 percent of the rate paid to the supervising professional.

Paragraph (d). States that subject to federal approval, medical assistance pays for clinical supervision of mental health practitioners by a mental health professional when clinical supervision is required as part of other medical assistance services.

9 **Mental health provider travel time.** Amends § 256B.0625, subd. 43. Provides that medical assistance will cover reimbursement for provider mileage.

10 **Mental health telemedicine.** Amends § 256B.0625, subd. 46. Adds that reimbursement for telemedicine shall include payment for the originating facility fee and the cost of broadband connections.

11 **Intensive mental health outpatient treatment.** Amends § 256B.0625, by adding subd. 50. Adds intensive mental health outpatient treatment as a covered service effective January 1, 2008, and subject to federal approval. Components of this treatment include individual, family, or multifamily group psychotherapy or psycho-education services; adjunctive services such as medical monitoring, behavioral parent training, rehabilitative services, medication education, relapse prevention, and care coordination; and service coordination and referral for medical care or social services. Provides that during service transition, treatment may include time-limited services in multiple settings as clinically necessary; these services shall be paid as per diem based on 90 percent of the rate paid for partial hospitalization.

12 **Care management.** Amends § 256B.0625, by adding subd. 51. Provides that medical assistance covers up to six hours of care management per client per year, without authorization, as a component of children's therapeutic services and supports, adult rehabilitative mental health services, or community mental health services. States that the services must be based in the individual treatment plan. This section is effective January 1, 2008, and is subject to federal approval.

13 **Collateral contacts.** Amends § 256B.0625, by adding subd. 52. Provides that medical assistance covers up to six hours of collateral contacts per client per year as a component of children's therapeutic services and supports, adult rehabilitative mental health services, or community mental health services. States that the services must be based in the individual treatment plan. This section is effective January 1, 2008, and is subject to federal approval.

14 **Mental health services; dual eligible clients.** Amends § 256B.0625, by adding subd. 53. States that effective for services rendered on or after January 1, 2008, medical assistance payments for community mental health and psychiatry services provided to dual eligible clients shall be paid at the Medicare reimbursement rate or at the medical assistance rate whichever is greater. This section is subject to federal approval.

15 **Definitions.** Amends § 256B.0943, subd. 1. Adds "family psycho-education" as a component of children's therapeutic services and supports.

16 **Covered service components of children's therapeutic services and supports.** Amends §

256B.0943, subd. 2. Adds family psycho-education, coordination and care management, and collateral contacts to the list of covered services.

- 17 **Reimbursement of diagnostic assessments.** Amends § 256B.0943, by adding subd. 11a. Adds that a diagnostic assessment provided under children's therapeutic services and supports must be reimbursed at the same rate as a public health nurse assessment under section 256B.0655, subdivision 8.
- 18 **Payment for covered services.** Amends § 256B.69, subd. 5g. Excludes mental health services added as covered benefits after December 31, 2007, from the payment reduction.
- 19 **Payment reduction.** Amends § 256B.69, subd. 5h. Excludes mental health services added as covered benefits after December 31, 2007, from the payment reduction.
- 20 **Critical access mental health rate increase.** Amends § 256B.763. Adds providers of individual and group skills training, individual and group psychotherapy, diagnostic assessments, travel and other components of children's therapeutic services and supports to the list of entities that receive 23.7 percent rate increase. Adds that the rate for all services provided by community mental health centers under 256B.0625, subdivision 5, not previously subject to a rate increase, will receive a 23.7 percent rate increase effective January 1, 2008.
- 21 **General assistance medical care; services.** Amends § 256D.03, subd. 4. Provides that the medical assistance mental health benefit set applies to recipients of general assistance medical care. Adds as covered services, consultation and care coordination and collateral contacts for recipients of children's therapeutic services and supports, adult rehabilitative mental health services, or community mental health services. Provides that payments for mental health services added as covered benefits are not subject to the reductions in this subdivision.
- 22 **Special needs.** Amends § 256D.44, subd. 5. Provides that the food stamp allotment shall be the amount in effect on the first day of July of the current fiscal year. Adds adults eligible for the community alternatives for disabled individuals waiver as special needs.
- 23 **Covered health services.** Amends § 256L.03, subd. 1. Adds the medical assistance mental health benefit set to MinnesotaCare.
- 24 **Co-payments and coinsurance.** Amends § 256L.03, subd. 5. Excludes mental health services from the \$3 copayment for nonpreventive visits.
- 25 **Limited benefits coverage for certain single adults and households without children.** Amends § 256L.035. Adds the medical assistance mental health benefit set. Excludes mental health services and community mental health services from the \$5 copayment for nonpreventive visits. Adds other mental health providers covered under the medical assistance benefit set as covered services.
- 26 **Other health coverage.** Amends § 256L.07, subd. 3. Deletes the four-month waiting requirement for MinnesotaCare. Adds mental health coverage.
- 27 **Rate setting; ratable reduction.** Amends § 256L.12, subd. 9a. Excludes mental health services added as covered benefits after December 31, 2007, from the rate reduction.
- 28 **Mental health services provider rate increases.** Provides a rate increase must be provided for children's therapeutic services and supports and for adult rehabilitative mental health services.
- 29 **Appropriations.**

Subd. 1. Mobile mental health crisis services. Appropriates \$5,000,000 in fiscal year 2008 and \$7,250,000 in fiscal year 2009 to the commissioner of human services for statewide funding of mobile mental health crisis services. States that providers must utilize all available funding streams.

Subd. 2. Mental health tracking system. Appropriates \$448,000 in fiscal year 2008

and \$324,000 in fiscal year 2009 to the commissioner of human services to fund implementation of the mental health services outcomes and tracking system.

Subd. 3. Suicide prevention program. Appropriates funds to the commissioner of health in each fiscal year of the 2008-2009 biennium to fund the suicide prevention program and to administer grants for institutions of higher education to coordinate implementation of youth suicide early intervention and prevention strategies.