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State of Minnesota
HOUSE OF REPRESENTATIVES
NINETIETH SESSION

H. F. No. 2012

03/02/2017 Authored by Heintzeman, Liebling, Backer and Considine
The bill was read for the first time and referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to human services; appropriating money for mental health grants.
1.3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.4 Section 1. MENTAL HEALTH GRANTS; APPROPRIATIONS.

1.5 (a) \$2,500,000 in fiscal year 2018 and \$2,500,000 in fiscal year 2019 are appropriated
1.6 from the general fund to the commissioner of human services for adult mental health grants
1.7 under Minnesota Statutes, section 245.4661, subdivision 9, paragraph (a), clause (2), to
1.8 support increased availability of housing options with supports for persons with serious
1.9 mental illness. This is an ongoing appropriation.

1.10 (b) \$1,000,000 in fiscal year 2018 and \$1,000,000 in fiscal year 2019 are appropriated
1.11 from the general fund to the commissioner of human services for adult mental health grants
1.12 under Minnesota Statutes, section 256B.0622, subdivision 12, to expand assertive community
1.13 treatment services. This is an ongoing appropriation.

1.14 (c) \$282,000 in fiscal year 2018 and \$565,000 in fiscal year 2019 are appropriated from
1.15 the general fund to the commissioner of human services for children's mental health grants
1.16 under Minnesota Statutes, section 245.4889, subdivision 1, paragraph (b), clause (3), to
1.17 provide respite care services to families of children with serious mental illness. This is an
1.18 ongoing appropriation.

1.19 (d) \$2,000,000 in fiscal year 2018 and \$2,000,000 in fiscal year 2019 are appropriated
1.20 from the general fund to the commissioner of human services for adult mental health grants
1.21 under Minnesota Statutes, section 245.4661, and children's mental health grants under
1.22 Minnesota Statutes, section 245.4889, to expand mental health crisis services, including:

- 2.1 (1) mobile crisis services;
- 2.2 (2) residential crisis services;
- 2.3 (3) colocation of mobile crisis services in urgent care clinics and psychiatric emergency
- 2.4 departments; and
- 2.5 (4) development of co-responder mental health crisis response models.