

**SENATE  
STATE OF MINNESOTA  
NINETY-THIRD SESSION**

**S.F. No. 2381**

(SENATE AUTHORS: HOFFMAN)

DATE  
03/02/2023

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Introduction and first reading  
Referred to Health and Human Services

OFFICIAL STATUS

1.1 A bill for an act  
1.2 relating to data practices; modifying certain provisions classifying and regulating  
1.3 the use and sharing of mental health data when responding to a mental health  
1.4 emergency; amending Minnesota Statutes 2022, sections 13.46, subdivisions 1,  
1.5 2, 7; 13.82, subdivision 16, by adding a subdivision; 144.294, subdivision 2;  
1.6 245.469; 403.10, subdivision 2.

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

1.8 Section 1. Minnesota Statutes 2022, section 13.46, subdivision 1, is amended to read:

1.9 Subdivision 1. **Definitions.** As used in this section:

1.10 (a) "Individual" means an individual according to section 13.02, subdivision 8, but does  
1.11 not include a vendor of services.

1.12 (b) "Program" includes all programs for which authority is vested in a component of the  
1.13 welfare system according to statute or federal law, including, but not limited to, Native  
1.14 American tribe programs that provide a service component of the welfare system, the aid  
1.15 to families with dependent children program formerly codified in sections 256.72 to 256.87,  
1.16 Minnesota family investment program, temporary assistance for needy families program,  
1.17 medical assistance, general assistance, general assistance medical care formerly codified in  
1.18 chapter 256D, child care assistance program, and child support collections.

1.19 (c) "Welfare system" includes the Department of Human Services, local social services  
1.20 agencies, county welfare agencies, county public health agencies, county veteran services  
1.21 agencies, county housing agencies, private licensing agencies, the public authority responsible  
1.22 for child support enforcement, human services boards, community mental health center  
1.23 boards, state hospitals, state nursing homes, the ombudsman for mental health and

2.1 developmental disabilities, Native American tribes to the extent a tribe provides a service  
2.2 component of the welfare system, and persons, agencies, institutions, organizations, and  
2.3 other entities under contract to any of the above agencies to the extent specified in the  
2.4 contract.

2.5 (d) "Mental health data" means:

2.6 (1) data on individual clients and patients of community mental health centers; established  
2.7 under section 245.62, mental health divisions of counties and other providers under contract  
2.8 to deliver mental health services, or the ombudsman for mental health and developmental  
2.9 disabilities; and

2.10 (2) similar and noninvestigatory data collected by fire and public safety agencies during  
2.11 contacts with individuals authorized under section 245.469, subdivision 2, paragraph (c).

2.12 (e) "Fugitive felon" means a person who has been convicted of a felony and who has  
2.13 escaped from confinement or violated the terms of probation or parole for that offense.

2.14 (f) "Private licensing agency" means an agency licensed by the commissioner of human  
2.15 services under chapter 245A to perform the duties under section 245A.16.

2.16 Sec. 2. Minnesota Statutes 2022, section 13.46, subdivision 2, is amended to read:

2.17 Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or disseminated  
2.18 by the welfare system are private data on individuals, and shall not be disclosed except:

2.19 (1) according to section 13.05;

2.20 (2) according to court order;

2.21 (3) according to a statute specifically authorizing access to the private data;

2.22 (4) to an agent of the welfare system and an investigator acting on behalf of a county,  
2.23 the state, or the federal government, including a law enforcement person or attorney in the  
2.24 investigation or prosecution of a criminal, civil, or administrative proceeding relating to the  
2.25 administration of a program;

2.26 (5) to personnel of the welfare system who require the data to verify an individual's  
2.27 identity; determine eligibility, amount of assistance, and the need to provide services to an  
2.28 individual or family across programs; coordinate services for an individual or family;  
2.29 evaluate the effectiveness of programs; assess parental contribution amounts; and investigate  
2.30 suspected fraud;

2.31 (6) to administer federal funds or programs;

3.1 (7) between personnel of the welfare system working in the same program;

3.2 (8) to the Department of Revenue to assess parental contribution amounts for purposes  
3.3 of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit programs  
3.4 and to identify individuals who may benefit from these programs. The following information  
3.5 may be disclosed under this paragraph: an individual's and their dependent's names, dates  
3.6 of birth, Social Security numbers, income, addresses, and other data as required, upon  
3.7 request by the Department of Revenue. Disclosures by the commissioner of revenue to the  
3.8 commissioner of human services for the purposes described in this clause are governed by  
3.9 section 270B.14, subdivision 1. Tax refund or tax credit programs include, but are not limited  
3.10 to, the dependent care credit under section 290.067, the Minnesota working family credit  
3.11 under section 290.0671, the property tax refund and rental credit under section 290A.04,  
3.12 and the Minnesota education credit under section 290.0674;

3.13 (9) between the Department of Human Services, the Department of Employment and  
3.14 Economic Development, and when applicable, the Department of Education, for the following  
3.15 purposes:

3.16 (i) to monitor the eligibility of the data subject for unemployment benefits, for any  
3.17 employment or training program administered, supervised, or certified by that agency;

3.18 (ii) to administer any rehabilitation program or child care assistance program, whether  
3.19 alone or in conjunction with the welfare system;

3.20 (iii) to monitor and evaluate the Minnesota family investment program or the child care  
3.21 assistance program by exchanging data on recipients and former recipients of Supplemental  
3.22 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,  
3.23 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter  
3.24 256B or 256L, or a medical program formerly codified under chapter 256D; and

3.25 (iv) to analyze public assistance employment services and program utilization, cost,  
3.26 effectiveness, and outcomes as implemented under the authority established in Title II,  
3.27 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.  
3.28 Health records governed by sections 144.291 to 144.298 and "protected health information"  
3.29 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code  
3.30 of Federal Regulations, title 45, parts 160-164, including health care claims utilization  
3.31 information, must not be exchanged under this clause;

3.32 (10) to appropriate parties in connection with an emergency if knowledge of the  
3.33 information is necessary to protect the health or safety of the individual or other individuals  
3.34 or persons;

4.1 (11) data maintained by residential programs as defined in section 245A.02 may be  
4.2 disclosed to the protection and advocacy system established in this state according to Part  
4.3 C of Public Law 98-527 to protect the legal and human rights of persons with developmental  
4.4 disabilities or other related conditions who live in residential facilities for these persons if  
4.5 the protection and advocacy system receives a complaint by or on behalf of that person and  
4.6 the person does not have a legal guardian or the state or a designee of the state is the legal  
4.7 guardian of the person;

4.8 (12) to the county medical examiner or the county coroner for identifying or locating  
4.9 relatives or friends of a deceased person;

4.10 (13) data on a child support obligor who makes payments to the public agency may be  
4.11 disclosed to the Minnesota Office of Higher Education to the extent necessary to determine  
4.12 eligibility under section 136A.121, subdivision 2, clause (5);

4.13 (14) participant Social Security numbers and names collected by the telephone assistance  
4.14 program may be disclosed to the Department of Revenue to conduct an electronic data  
4.15 match with the property tax refund database to determine eligibility under section 237.70,  
4.16 subdivision 4a;

4.17 (15) the current address of a Minnesota family investment program participant may be  
4.18 disclosed to law enforcement officers who provide the name of the participant and notify  
4.19 the agency that:

4.20 (i) the participant:

4.21 (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after  
4.22 conviction, for a crime or attempt to commit a crime that is a felony under the laws of the  
4.23 jurisdiction from which the individual is fleeing; or

4.24 (B) is violating a condition of probation or parole imposed under state or federal law;

4.25 (ii) the location or apprehension of the felon is within the law enforcement officer's  
4.26 official duties; and

4.27 (iii) the request is made in writing and in the proper exercise of those duties;

4.28 (16) the current address of a recipient of general assistance may be disclosed to probation  
4.29 officers and corrections agents who are supervising the recipient and to law enforcement  
4.30 officers who are investigating the recipient in connection with a felony level offense;

4.31 (17) information obtained from a SNAP applicant or recipient households may be  
4.32 disclosed to local, state, or federal law enforcement officials, upon their written request, for

5.1 the purpose of investigating an alleged violation of the Food and Nutrition Act, according  
5.2 to Code of Federal Regulations, title 7, section 272.1(c);

5.3 (18) the address, Social Security number, and, if available, photograph of any member  
5.4 of a household receiving SNAP benefits shall be made available, on request, to a local, state,  
5.5 or federal law enforcement officer if the officer furnishes the agency with the name of the  
5.6 member and notifies the agency that:

5.7 (i) the member:

5.8 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a  
5.9 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

5.10 (B) is violating a condition of probation or parole imposed under state or federal law;  
5.11 or

5.12 (C) has information that is necessary for the officer to conduct an official duty related  
5.13 to conduct described in subitem (A) or (B);

5.14 (ii) locating or apprehending the member is within the officer's official duties; and

5.15 (iii) the request is made in writing and in the proper exercise of the officer's official duty;

5.16 (19) the current address of a recipient of Minnesota family investment program, general  
5.17 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,  
5.18 provide the name of the recipient and notify the agency that the recipient is a person required  
5.19 to register under section 243.166, but is not residing at the address at which the recipient is  
5.20 registered under section 243.166;

5.21 (20) certain information regarding child support obligors who are in arrears may be  
5.22 made public according to section 518A.74;

5.23 (21) data on child support payments made by a child support obligor and data on the  
5.24 distribution of those payments excluding identifying information on obligees may be  
5.25 disclosed to all obligees to whom the obligor owes support, and data on the enforcement  
5.26 actions undertaken by the public authority, the status of those actions, and data on the income  
5.27 of the obligor or obligee may be disclosed to the other party;

5.28 (22) data in the work reporting system may be disclosed under section 256.998,  
5.29 subdivision 7;

5.30 (23) to the Department of Education for the purpose of matching Department of Education  
5.31 student data with public assistance data to determine students eligible for free and  
5.32 reduced-price meals, meal supplements, and free milk according to United States Code,

6.1 title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state  
6.2 funds that are distributed based on income of the student's family; and to verify receipt of  
6.3 energy assistance for the telephone assistance plan;

6.4 (24) the current address and telephone number of program recipients and emergency  
6.5 contacts may be released to the commissioner of health or a community health board as  
6.6 defined in section 145A.02, subdivision 5, when the commissioner or community health  
6.7 board has reason to believe that a program recipient is a disease case, carrier, suspect case,  
6.8 or at risk of illness, and the data are necessary to locate the person;

6.9 (25) to other state agencies, statewide systems, and political subdivisions of this state,  
6.10 including the attorney general, and agencies of other states, interstate information networks,  
6.11 federal agencies, and other entities as required by federal regulation or law for the  
6.12 administration of the child support enforcement program;

6.13 (26) to personnel of public assistance programs as defined in section 256.741, for access  
6.14 to the child support system database for the purpose of administration, including monitoring  
6.15 and evaluation of those public assistance programs;

6.16 (27) to monitor and evaluate the Minnesota family investment program by exchanging  
6.17 data between the Departments of Human Services and Education, on recipients and former  
6.18 recipients of SNAP benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child  
6.19 care assistance under chapter 119B, medical programs under chapter 256B or 256L, or a  
6.20 medical program formerly codified under chapter 256D;

6.21 (28) to evaluate child support program performance and to identify and prevent fraud  
6.22 in the child support program by exchanging data between the Department of Human Services,  
6.23 Department of Revenue under section 270B.14, subdivision 1, paragraphs (a) and (b),  
6.24 without regard to the limitation of use in paragraph (c), Department of Health, Department  
6.25 of Employment and Economic Development, and other state agencies as is reasonably  
6.26 necessary to perform these functions;

6.27 (29) counties and the Department of Human Services operating child care assistance  
6.28 programs under chapter 119B may disseminate data on program participants, applicants,  
6.29 and providers to the commissioner of education;

6.30 (30) child support data on the child, the parents, and relatives of the child may be  
6.31 disclosed to agencies administering programs under titles IV-B and IV-E of the Social  
6.32 Security Act, as authorized by federal law;

7.1 (31) to a health care provider governed by sections 144.291 to 144.298, to the extent  
7.2 necessary to coordinate services;

7.3 (32) to the chief administrative officer of a school to coordinate services for a student  
7.4 and family; data that may be disclosed under this clause are limited to name, date of birth,  
7.5 gender, and address;

7.6 (33) to county correctional agencies to the extent necessary to coordinate services and  
7.7 diversion programs; data that may be disclosed under this clause are limited to name, client  
7.8 demographics, program, case status, and county worker information; ~~or~~

7.9 (34) mental health data to public safety agencies under clause (10), if:

7.10 (i) the information is necessary for the safety of one or more persons;

7.11 (ii) the request is approved by a mental health professional;

7.12 (iii) the agency informs the data subject or their guardian that mental health data was  
7.13 collected and from where; and

7.14 (iv) the agency coordinates with qualified persons to provide mental health care during  
7.15 and after the emergency; or

7.16 ~~(34)~~ (35) between the Department of Human Services and the Metropolitan Council for  
7.17 the following purposes:

7.18 (i) to coordinate special transportation service provided under section 473.386 with  
7.19 services for people with disabilities and elderly individuals funded by or through the  
7.20 Department of Human Services; and

7.21 (ii) to provide for reimbursement of special transportation service provided under section  
7.22 473.386.

7.23 The data that may be shared under this clause are limited to the individual's first, last, and  
7.24 middle names; date of birth; residential address; and program eligibility status with expiration  
7.25 date for the purposes of informing the other party of program eligibility.

7.26 (b) Information on persons who have been treated for drug or alcohol abuse may only  
7.27 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections  
7.28 2.1 to 2.67.

7.29 (c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16),  
7.30 (17), or (18), or paragraph (b), are investigative data and are confidential or protected  
7.31 nonpublic while the investigation is active. The data are private after the investigation  
7.32 becomes inactive under section 13.82, subdivision 7, clause (a) or (b).

8.1 (d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are  
8.2 not subject to the access provisions of subdivision 10, paragraph (b), except as required by  
8.3 paragraph (a), clause (34).

8.4 (e) For the purposes of this subdivision, a request will be deemed to be made in writing  
8.5 if made through a computer interface system.

8.6 Sec. 3. Minnesota Statutes 2022, section 13.46, subdivision 7, is amended to read:

8.7 Subd. 7. **Mental health data.** (a) Mental health data are private data on individuals and  
8.8 shall not be disclosed, except:

8.9 (1) pursuant to section 13.05, as determined by the responsible authority for the  
8.10 community mental health center, mental health division, or provider;

8.11 (2) pursuant to court order;

8.12 (3) pursuant to a statute specifically authorizing access to or disclosure of mental health  
8.13 data or as otherwise provided by this subdivision;

8.14 (4) to personnel of the welfare system working in the same program or providing services  
8.15 to the same individual or family to the extent necessary to coordinate services, provided  
8.16 that a health record may be disclosed only as provided under section 144.293;

8.17 (5) to a health care provider governed by sections 144.291 to 144.298, to the extent  
8.18 necessary to coordinate services; or

8.19 (6) with the consent of the client or patient.

8.20 (b) An agency of the welfare system may not require an individual to consent to the  
8.21 release of mental health data as a condition for receiving services or for reimbursing a  
8.22 community mental health center, mental health division of a county, or provider under  
8.23 contract to deliver mental health services.

8.24 (c) Notwithstanding section 245.69, subdivision 2, paragraph (f), or any other law to the  
8.25 contrary, a community mental health center, mental health division of a county, or a mental  
8.26 health provider must disclose mental health data to a law enforcement agency if the law  
8.27 enforcement agency provides the name of a client or patient and communicates that the:

8.28 (1) client or patient is currently involved in a mental health crisis as defined in section  
8.29 256B.0624, subdivision 2, paragraph (j), to which the law enforcement agency has responded;  
8.30 ~~and~~



9.1 (2) data is necessary to protect the health or safety of the client or patient or of another  
 9.2 person; and

9.3 (3) agency will collaborate on scene with persons qualified to deliver emergency mental  
 9.4 health services, to the extent possible or practicable.

9.5 When a municipal police department or county sheriff's department obtains mental health  
 9.6 data under this paragraph and provides an on-scene response with its personnel, that agency  
 9.7 must provide any collected mental health data, and data described in section 13.82,  
 9.8 subdivision 3, to the county social services agency. Fire or public safety agencies must  
 9.9 provide the commissioner of health with an annual report of summary data on all calls for  
 9.10 service that resulted in the collection of health records under this subdivision.

9.11 The scope of disclosure under this paragraph is limited to the minimum necessary for  
 9.12 law enforcement to safely respond to the mental health crisis. ~~Disclosure under this paragraph~~  
 9.13 ~~may include the name and telephone number of the psychiatrist, psychologist, therapist,~~  
 9.14 ~~mental health professional, practitioner, or case manager of the client or patient, if known;~~  
 9.15 ~~and strategies to address the mental health crisis. A law enforcement agency that obtains~~  
 9.16 ~~mental health data under this paragraph shall maintain~~ Fire and public safety agencies must  
 9.17 not retain mental health data collected under this paragraph except for a record of the  
 9.18 requestor, the provider of the data, and the client or patient name or while the data is active  
 9.19 investigatory data. Mental health data obtained by a law enforcement agency under this  
 9.20 paragraph are private data on individuals and must not be used by the law enforcement  
 9.21 agency for any other purpose. A law enforcement agency that obtains mental health data  
 9.22 under this paragraph shall inform the subject of the data that mental health data was obtained.

9.23 (d) In the event of a request under paragraph (a), clause (6), a community mental health  
 9.24 center, county mental health division, or provider must release mental health data to Criminal  
 9.25 Mental Health Court personnel in advance of receiving a copy of a consent if the Criminal  
 9.26 Mental Health Court personnel communicate that the:

9.27 (1) client or patient is a defendant in a criminal case pending in the district court;

9.28 (2) data being requested is limited to information that is necessary to assess whether the  
 9.29 defendant is eligible for participation in the Criminal Mental Health Court; and

9.30 (3) client or patient has consented to the release of the mental health data and a copy of  
 9.31 the consent will be provided to the community mental health center, county mental health  
 9.32 division, or provider within 72 hours of the release of the data.

10.1 For purposes of this paragraph, "Criminal Mental Health Court" refers to a specialty  
10.2 criminal calendar of the Hennepin County District Court for defendants with mental illness  
10.3 and brain injury where a primary goal of the calendar is to assess the treatment needs of the  
10.4 defendants and to incorporate those treatment needs into voluntary case disposition plans.  
10.5 The data released pursuant to this paragraph may be used for the sole purpose of determining  
10.6 whether the person is eligible for participation in mental health court. This paragraph does  
10.7 not in any way limit or otherwise extend the rights of the court to obtain the release of mental  
10.8 health data pursuant to court order or any other means allowed by law.

10.9 Sec. 4. Minnesota Statutes 2022, section 13.82, is amended by adding a subdivision to  
10.10 read:

10.11 Subd. 6a. **Data for calls involving mental health.** (a) Mental health data, as defined in  
10.12 section 13.46, are private data on individuals and must be treated as provided under section  
10.13 13.46, subdivision 2, paragraph (d).

10.14 (b) Public safety agencies must, to the extent practicable, aggregate and segregate data  
10.15 for mental health related calls for service including: response and incident data under  
10.16 subdivision 6, agencies participating in a concurrent response, nonspecific call disposition,  
10.17 arrests, and use of force.

10.18 (c) With respect to mental health related service calls, the relative capability to aggregate  
10.19 data, and to separate public data from private data on individuals, must be considered when  
10.20 planning improvements to data management and communications technology.

10.21 (d) Fire and public safety agencies must provide, without delay or fee, response and  
10.22 incident data as necessary to alert the agency or provider designated by the county to provide  
10.23 mental health emergency services or mental health crisis response services regarding an  
10.24 interaction with an individual, if:

10.25 (1) the individual, the person's parent, or a guardian representing the individual's interest  
10.26 under section 13.02, subdivision 8, requests immediate mental health emergency services;

10.27 (2) the individual is not under arrest, incarcerated, on the premises of a mental health  
10.28 service provider, receiving medical treatment, or impaired by the influence of a drug; and

10.29 (3) there is no overriding public safety consideration.

10.30 (e) Mental health data, collected under section 13.46, subdivision 7, paragraph (c), and  
10.31 section 144.294, subdivision 2, must be managed in accordance with those sections and  
10.32 must not be retained unless it has a separate investigatory purpose.

11.1 (f) Mental health data and private data on individuals, collected under section 245.469,  
 11.2 subdivision 2, paragraph (c), must be managed as required by that paragraph and retained  
 11.3 long enough to satisfy the requirements of that paragraph but less than one week.

11.4 Sec. 5. Minnesota Statutes 2022, section 13.82, subdivision 16, is amended to read:

11.5 Subd. 16. **Public access and data stewardship.** (a) When data is classified as public  
 11.6 under this section, a law enforcement agency shall not be required to make the actual physical  
 11.7 data available to the public if it is not administratively feasible to segregate the public data  
 11.8 from the not public. However, the agency must make the information described as public  
 11.9 data available to the public in a reasonable manner. When investigative data becomes  
 11.10 inactive, as described in subdivision 7, the actual physical data associated with that  
 11.11 investigation, including the public data, shall be available for public access.

11.12 (b) Law enforcement agencies must ensure public access and facilitate data-driven  
 11.13 decision-making by maintaining data in such a manner that public data is readily separatable  
 11.14 from private data on individuals. The ability to readily separate public data from private  
 11.15 data on individuals must be considered when planning improvements to data management  
 11.16 and communications technology.

11.17 Sec. 6. Minnesota Statutes 2022, section 144.294, subdivision 2, is amended to read:

11.18 Subd. 2. **Disclosure to law enforcement agency.** (a) Notwithstanding section 144.293,  
 11.19 subdivisions 2 and 4, a provider must disclose health records relating to a patient's mental  
 11.20 health to a law enforcement agency if the law enforcement agency provides the name of  
 11.21 the patient and communicates that the:

11.22 (1) patient is currently involved in a mental health crisis as defined in section 256B.0624,  
 11.23 subdivision 2, paragraph (j), to which the law enforcement agency has responded; ~~and~~

11.24 (2) disclosure of the records is necessary to protect the health or safety of the patient or  
 11.25 of another person; and

11.26 (3) agency will collaborate on scene with persons qualified to deliver emergency mental  
 11.27 health services, to the extent possible or practicable.

11.28 (b) When a municipal police department or county sheriff's department obtains mental  
 11.29 health data under this paragraph and provides an on-scene response with its personnel, that  
 11.30 agency must provide any collected mental health data, and data described in section 13.82,  
 11.31 subdivision 3, to the county social service agency. Fire or public safety agencies must

12.1 provide the commissioner of health with an annual report of summary data on all calls for  
 12.2 service that resulted in the collection of health records under this subdivision.

12.3 (c) The scope of disclosure under this subdivision is limited to the minimum necessary  
 12.4 for law enforcement to safely respond to the mental health crisis. The disclosure may include  
 12.5 the name and telephone number of the psychiatrist, psychologist, therapist, mental health  
 12.6 professional, practitioner, or case manager of the patient, if known; and strategies to address  
 12.7 the mental health crisis. ~~A law enforcement agency that obtains health records under this~~  
 12.8 ~~subdivision shall maintain~~ Fire and public safety agencies must not retain mental health  
 12.9 data collected under this paragraph except for a record of the requestor, the provider of the  
 12.10 information, and the patient's name or while the data is active investigatory data. Health  
 12.11 records obtained by a law enforcement agency under this subdivision are private data on  
 12.12 individuals as defined in section 13.02, subdivision 12, and must not be used by law  
 12.13 enforcement for any other purpose. A law enforcement agency that obtains health records  
 12.14 under this subdivision shall inform the patient that health records were obtained.

12.15 Sec. 7. Minnesota Statutes 2022, section 245.469, is amended to read:

12.16 **245.469 EMERGENCY SERVICES.**

12.17 Subdivision 1. **Availability of emergency services.** (a) County boards must provide or  
 12.18 contract for enough emergency services within the county to meet the needs of adults,  
 12.19 children, and families in the county who are experiencing an emotional crisis or mental  
 12.20 illness. Emergency service providers must not delay the timely provision of emergency  
 12.21 services to a client because of the unwillingness or inability of the client to pay for services.  
 12.22 Emergency services must include assessment, crisis intervention, and appropriate case  
 12.23 disposition. Emergency services must:

12.24 (1) promote the safety and emotional stability of each client;

12.25 (2) minimize further deterioration of each client;

12.26 (3) help each client to obtain ongoing care and treatment;

12.27 (4) prevent placement in settings that are more intensive, costly, or restrictive than  
 12.28 necessary and appropriate to meet client needs; and

12.29 (5) provide support, psychoeducation, and referrals to each client's family members,  
 12.30 service providers, and other third parties on behalf of the client in need of emergency  
 12.31 services.

13.1 (b) If a county provides engagement services under section 253B.041, the county's  
 13.2 emergency service providers must refer clients to engagement services when the client  
 13.3 meets the criteria for engagement services.

13.4 (c) The county must ensure public access and facilitate data-driven decision-making by  
 13.5 maintaining data on emergency mental health service delivery in such a manner that public  
 13.6 data is readily separable from private data on individuals. The county must require all  
 13.7 entities that respond to calls for emergency mental health services to submit data in a manner  
 13.8 that facilitates such separation. The ability to readily separate public data from private data  
 13.9 on individuals must be considered when planning improvements to data management and  
 13.10 communications technology. The county must collect summary data work from all providers  
 13.11 and responders to assess the quality and availability of emergency services, pursuant to this  
 13.12 section and section 245.467.

13.13 Subd. 2. **Specific requirements.** (a) The county board shall require that all service  
 13.14 providers of emergency services to adults with mental illness provide immediate direct  
 13.15 access to a mental health professional during regular business hours. For evenings, weekends,  
 13.16 and holidays, the service may be by direct toll-free telephone access to a mental health  
 13.17 professional, clinical trainee, or mental health practitioner.

13.18 (b) The commissioner may waive the requirement in paragraph (a) that the evening,  
 13.19 weekend, and holiday service be provided by a mental health professional, clinical trainee,  
 13.20 or mental health practitioner if the county documents that:

13.21 (1) mental health professionals, clinical trainees, or mental health practitioners are  
 13.22 unavailable to provide this service;

13.23 (2) services are provided by a designated person with training in human services who  
 13.24 receives treatment supervision from a mental health professional; ~~and~~

13.25 (3) the service provider is not also the provider of fire and public safety emergency  
 13.26 services; and

13.27 (4) the local social service agency provides the commissioner with an annual report  
 13.28 outlining plans for reducing the use of the waiver in this paragraph.

13.29 (c) The commissioner may waive the requirement in paragraph (b), clause (3), that the  
 13.30 evening, weekend, and holiday service not be provided by the provider of fire and public  
 13.31 safety emergency services if:

13.32 (1) every person who will be providing the first telephone contact has received at least  
 13.33 eight hours of training on emergency mental health services approved by the commissioner;

14.1 (2) every person who will be providing the first telephone contact will annually receive  
14.2 at least four hours of continued training on emergency mental health services approved by  
14.3 the commissioner;

14.4 (3) the local social service agency has provided public education about available  
14.5 emergency mental health services and can assure potential users of emergency services that  
14.6 their calls will be handled appropriately;

14.7 (4) the local social service agency agrees to provide the commissioner with ~~accurate~~  
14.8 summary data on the number of emergency mental health service calls received, including  
14.9 those received by public safety answering points and those responded to by fire and public  
14.10 safety agencies;

14.11 (5) the local social service agency agrees to monitor the frequency and quality of  
14.12 emergency services, pursuant to section 245.467 and section 245.4876, and provide an  
14.13 annual report with summary data, including data on service responses provided under this  
14.14 paragraph, to the commissioner; and

14.15 ~~(6) the local social service agency describes how it will comply with paragraph (d): the~~  
14.16 fire and public safety mental health emergency services that respond under this paragraph  
14.17 must provide to the agency or provider designated by the county to provide mental health  
14.18 emergency services, without fee or delay, data described in section 13.82, subdivision 6,  
14.19 and all other data needed by qualified persons for tasks to preserve patient health and safety  
14.20 as required under subdivision 1, paragraphs (a) and (b); and

14.21 (7) the local social service agency must provide the commissioner with an annual report  
14.22 outlining plans for reducing the use of the waiver described in this paragraph.

14.23 (d) Whenever emergency service during nonbusiness hours is provided by anyone other  
14.24 than a mental health professional, a mental health professional must be available on call for  
14.25 an emergency assessment and crisis intervention services, and must be available for at least  
14.26 telephone consultation within 30 minutes.

14.27 (e) Whenever emergency service is provided through a waiver under paragraph (c),  
14.28 resulting data collected by the responding fire or public safety agencies through interaction  
14.29 with providers, the patient, or others who know the patient, must be treated as mental health  
14.30 data and health data on an individual. Unless there is a separate investigatory purpose, the  
14.31 data must not be maintained by the responding agencies except for a record of the requester,  
14.32 the provider of the information, and the client or patient name. The identity of an individual  
14.33 must be protected consistent with section 13.82, subdivision 17, paragraph (f).

15.1 Subd. 3. **Mental health crisis services.** The commissioner of human services shall  
 15.2 increase access to mental health crisis services for children and adults. In order to increase  
 15.3 access, the commissioner must:

15.4 (1) develop a central phone number where calls can be routed to the appropriate crisis  
 15.5 services;

15.6 (2) provide telephone consultation 24 hours a day to mobile crisis teams who are serving  
 15.7 people with traumatic brain injury or intellectual disabilities who are experiencing a mental  
 15.8 health crisis;

15.9 (3) expand crisis services across the state, including rural areas of the state and examining  
 15.10 access per population;

15.11 (4) expand the availability of mental health crisis services without the use of waivers  
 15.12 for service requests that initially go to public safety answering points;

15.13 (5) mandate data collection to accurately quantify the existing need for emergency mental  
 15.14 health services pursuant to subdivision 1, including data from responders under subdivision  
 15.15 2, paragraph (c), and including annual public reporting of summary data;

15.16 (6) establish and implement state standards for crisis services; and

15.17 ~~(5)~~ (7) provide grants to adult mental health initiatives, counties, tribes, or community  
 15.18 mental health providers to establish new mental health crisis residential service capacity.

15.19 Priority will be given to regions that do not have a mental health crisis residential services  
 15.20 program, do not have an inpatient psychiatric unit within the region, do not have an inpatient  
 15.21 psychiatric unit within 90 miles, or have a demonstrated need based on the number of crisis  
 15.22 residential or intensive residential treatment beds available to meet the needs of the residents  
 15.23 in the region. At least 50 percent of the funds must be distributed to programs in rural  
 15.24 Minnesota. Grant funds may be used for start-up costs, including but not limited to  
 15.25 renovations, furnishings, and staff training. Grant applications shall provide details on how  
 15.26 the intended service will address identified needs and shall demonstrate collaboration with  
 15.27 crisis teams, other mental health providers, hospitals, and police.

15.28 Sec. 8. Minnesota Statutes 2022, section 403.10, subdivision 2, is amended to read:

15.29 Subd. 2. **Notice to public safety agency.** Public safety agencies with jurisdictional  
 15.30 responsibilities shall in all cases be notified by the public safety answering point of a request  
 15.31 for service in their jurisdiction, except requests for service to which the public safety  
 15.32 answering point dispatches only mobile mental health crisis teams.