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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. **1403**

02/08/2023

Authored by Fischer

The bill was read for the first time and referred to the Committee on Human Services Policy

1.1 A bill for an act

1.2 relating to human services; modifying and establishing laws regarding aging,

1.3 disability, behavioral health, substance use disorder, housing, economic assistance,

1.4 children and family services, health care, licensing, Department of Human Services

1.5 Office of Inspector General, and conversion therapy; requiring reports;

1.6 appropriating money; amending Minnesota Statutes 2022, sections 13.46,

1.7 subdivision 4; 62N.25, subdivision 5; 62Q.1055; 62Q.47; 62V.05, subdivision 4a;

1.8 122A.18, subdivision 8; 169A.70, subdivisions 3, 4; 245.462, subdivisions 3, 12;

1.9 245.4661, subdivision 9; 245.469, subdivision 3; 245.4711, subdivisions 3, 4;

1.10 245.477; 245.4835, subdivision 2; 245.4871, subdivisions 3, 19; 245.4873,

1.11 subdivision 4; 245.4881, subdivisions 3, 4; 245.4885, subdivision 1; 245.4887;

1.12 245.50, subdivision 5; 245A.02, subdivisions 5a, 10b; 245A.03, subdivision 7;

1.13 245A.04, subdivisions 1, 4, 7; 245A.041, by adding a subdivision; 245A.043,

1.14 subdivision 3; 245A.05; 245A.07, subdivisions 1, 2a, 3; 245A.10, subdivisions 3,

1.15 4; 245A.11, subdivision 7, by adding a subdivision; 245A.14, subdivision 4;

1.16 245A.1435; 245A.146, subdivision 3; 245A.16, subdivisions 1, 9, by adding a

1.17 subdivision; 245A.18, subdivision 2; 245A.52, subdivisions 1, 2, 3, 5, by adding

1.18 subdivisions; 245A.66, by adding a subdivision; 245C.02, subdivisions 6a, 11c,

1.19 by adding subdivisions; 245C.03, subdivisions 1, 1a, 4, 5, 5a; 245C.031,

1.20 subdivisions 1, 4; 245C.05, subdivisions 1, 5a, by adding a subdivision; 245C.07;

1.21 245C.08, subdivision 1; 245C.10, subdivision 4; 245C.15, subdivision 4a; 245C.30,

1.22 subdivision 2; 245C.31, subdivision 1; 245C.33, subdivision 4; 245D.03,

1.23 subdivision 1; 245E.06, subdivision 3; 245E.08; 245G.05, subdivision 2; 245G.07,

1.24 subdivision 3a; 245G.13, subdivision 2; 245G.22, subdivision 2; 245H.03, by

1.25 adding a subdivision; 245H.05; 245H.08, subdivisions 4, 5; 245H.13, subdivisions

1.26 3, 7, 9; 245I.20, subdivision 10; 246.0135; 254A.03, subdivision 3; 254A.035,

1.27 subdivision 2; 254A.19, subdivisions 1, 3, 4, by adding subdivisions; 254B.01,

1.28 subdivision 5, by adding subdivisions; 254B.03, subdivisions 1, 2, 5; 254B.04,

1.29 subdivisions 1, 2a, by adding subdivisions; 254B.05, subdivisions 1a, 5; 256.01,

1.30 by adding a subdivision; 256.478, by adding subdivisions; 256.9685, subdivisions

1.31 1a, 1b; 256.9686, by adding a subdivision; 256B.04, subdivision 15; 256B.056,

1.32 by adding a subdivision; 256B.0622, subdivision 8; 256B.0625, subdivisions 3a,

1.33 16, by adding a subdivision; 256B.064; 256B.0911, subdivision 23; 256B.092,

1.34 subdivision 10; 256B.093, subdivision 1; 256B.0946, subdivision 6; 256B.0947,

1.35 subdivision 7a; 256B.27, subdivision 3; 256B.439, subdivisions 3c, 3d; 256B.492;

1.36 256B.493, subdivisions 2a, 4; 256D.02, by adding a subdivision; 256D.07; 256D.09,

1.37 subdivision 2a; 256I.03, subdivision 15, by adding a subdivision; 256I.04,

1.38 subdivision 2; 256I.06, subdivision 3; 256I.09; 256J.08, subdivision 21; 256J.09,

2.1 subdivision 3; 256J.95, subdivision 5; 256L.03, subdivisions 1, 2; 256L.12,  
 2.2 subdivision 8; 256N.24, subdivision 12; 256P.01, by adding a subdivision; 256P.04,  
 2.3 by adding a subdivision; 256S.202, subdivision 1; 260B.157, subdivisions 1, 3;  
 2.4 260C.157, subdivision 3; 260C.221, subdivision 1; 260C.317, subdivision 3;  
 2.5 260E.20, subdivision 1; 299A.299, subdivision 1; 325F.69, by adding a subdivision;  
 2.6 518A.43, subdivision 1b; 524.5-104; 524.5-118, subdivision 2a; 524.5-313; Laws  
 2.7 2021, First Special Session chapter 7, article 2, section 17; article 6, section 12;  
 2.8 article 11, section 18; article 13, section 43; article 17, section 20; Laws 2022,  
 2.9 chapter 98, article 4, section 37; proposing coding for new law in Minnesota  
 2.10 Statutes, chapters 119B; 214; 245; 245A; repealing Minnesota Statutes 2022,  
 2.11 sections 169A.70, subdivision 6; 245A.144; 245A.175; 245A.22; 245C.02,  
 2.12 subdivision 9; 245C.301; 245G.22, subdivision 19; 254A.02, subdivision 8a;  
 2.13 254A.16, subdivision 6; 254A.19, subdivisions 1a, 2, 5; 254B.04, subdivisions  
 2.14 2b, 2c; 254B.041, subdivision 2; 254B.13, subdivisions 1, 2, 2a, 4, 5, 6, 7, 8;  
 2.15 254B.16; 256.9685, subdivisions 1c, 1d; 256B.49, subdivision 23; 256D.63,  
 2.16 subdivision 1; 256I.03, subdivision 6; 260.835, subdivision 2; 518A.59; Minnesota  
 2.17 Rules, parts 2960.3070; 2960.3210; 9502.0425, subparts 5, 10; 9505.0235;  
 2.18 9505.0505, subpart 18; 9505.0520, subpart 9b.

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

## 2.20 ARTICLE 1

### 2.21 AGING, DISABILITY, AND BEHAVIORAL HEALTH SERVICES

2.22 Section 1. Minnesota Statutes 2022, section 245.462, subdivision 3, is amended to read:

2.23 Subd. 3. **Case management services.** "Case management services" means activities  
 2.24 that are coordinated with the community support services program as defined in subdivision  
 2.25 6 and are designed to help adults with serious and persistent mental illness in gaining access  
 2.26 to needed medical, social, educational, vocational, and other necessary services as they  
 2.27 relate to the client's mental health needs. Case management services include developing a  
 2.28 functional assessment, an individual ~~assessment summary~~ community support plan, referring  
 2.29 and assisting the person to obtain needed mental health and other services, ensuring  
 2.30 coordination of services, and monitoring the delivery of services.

2.31 Sec. 2. Minnesota Statutes 2022, section 245.462, subdivision 12, is amended to read:

2.32 Subd. 12. **Individual ~~assessment summary~~ community support plan.** "Individual  
 2.33 ~~assessment summary~~ community support plan" means a written plan developed by a case  
 2.34 manager on the basis of a diagnostic assessment and functional assessment. The plan  
 2.35 identifies specific services needed by an adult with serious and persistent mental illness to  
 2.36 develop independence or improved functioning in daily living, health and medication  
 2.37 management, social functioning, interpersonal relationships, financial management, housing,  
 2.38 transportation, and employment.

11.1 (f) The level of care determination, placement decision, and recommendations for mental  
 11.2 health services must be documented in the child's record and made available to the child's  
 11.3 family, as appropriate.

11.4 Sec. 15. Minnesota Statutes 2022, section 245.4887, is amended to read:

11.5 **245.4887 APPEALS.**

11.6 A child or a child's family, as appropriate, who requests mental health services under  
 11.7 sections 245.487 to 245.4889 must be advised of services available and the right to appeal  
 11.8 as described in this section at the time of the request and each time the individual family  
 11.9 ~~assessment summary~~ community support plan or individual treatment plan is reviewed. A  
 11.10 child whose request for mental health services under sections 245.487 to 245.4889 is denied,  
 11.11 not acted upon with reasonable promptness, or whose services are suspended, reduced, or  
 11.12 terminated by action or inaction for which the county board is responsible under sections  
 11.13 245.487 to 245.4889 may contest that action or inaction before the state agency according  
 11.14 to section 256.045. The commissioner shall monitor the nature and frequency of  
 11.15 administrative appeals under this section.

11.16 Sec. 16. **[245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE**  
 11.17 **GRANT PROGRAM.**

11.18 Subdivision 1. Establishment. The commissioner of human services shall establish a  
 11.19 cultural and ethnic minority infrastructure grant program to ensure that mental health and  
 11.20 substance use disorder treatment supports and services are culturally specific and culturally  
 11.21 responsive to meet the cultural needs of the communities served.

11.22 Subd. 2. Eligible applicants. An eligible applicant is a licensed entity or provider from  
 11.23 a cultural or ethnic minority population who:

11.24 (1) provides mental health or substance use disorder treatment services and supports to  
 11.25 individuals from cultural and ethnic minority populations, including individuals who are  
 11.26 lesbian, gay, bisexual, transgender, or queer and from cultural and ethnic minority  
 11.27 populations;

11.28 (2) provides or is qualified and has the capacity to provide clinical supervision and  
 11.29 support to members of culturally diverse and ethnic minority communities to qualify as  
 11.30 mental health and substance use disorder treatment providers; or

11.31 (3) has the capacity and experience to provide training for mental health and substance  
 11.32 use disorder treatment providers on cultural competency and cultural humility.

12.1 Subd. 2. Allowable grant activities. (a) The cultural and ethnic minority infrastructure  
12.2 grant program grantees must engage in activities and provide supportive services to ensure  
12.3 and increase equitable access to culturally specific and responsive care and to build  
12.4 organizational and professional capacity for licensure and certification for the communities  
12.5 served. Allowable grant activities include but are not limited to:

12.6 (1) workforce development activities focused on recruiting, supporting, training, and  
12.7 supervision activities for mental health and substance use disorder practitioners and  
12.8 professionals from diverse racial, cultural, and ethnic communities;

12.9 (2) supporting members of culturally diverse and ethnic minority communities to qualify  
12.10 as mental health and substance use disorder professionals, practitioners, clinical supervisors,  
12.11 recovery peer specialists, mental health certified peer specialists, and mental health certified  
12.12 family peer specialists;

12.13 (3) culturally specific outreach, early intervention, trauma-informed services, and recovery  
12.14 support in mental health and substance use disorder services;

12.15 (4) provision of trauma-informed, culturally responsive mental health and substance use  
12.16 disorder supports and services for children and families, youth, or adults who are from  
12.17 cultural and ethnic minority backgrounds and are uninsured or underinsured;

12.18 (5) mental health and substance use disorder service expansion and infrastructure  
12.19 improvement activities, particularly in greater Minnesota;

12.20 (6) training for mental health and substance use disorder treatment providers on cultural  
12.21 competency and cultural humility; and

12.22 (7) activities to increase the availability of culturally responsive mental health and  
12.23 substance use disorder services for children and families, youth, or adults or to increase the  
12.24 availability of substance use disorder services for individuals from cultural and ethnic  
12.25 minorities in the state.

12.26 (b) The commissioner must assist grantees with meeting third-party credentialing  
12.27 requirements, and grantees must obtain all available third-party reimbursement sources as  
12.28 a condition of receiving grant funds. Grantees must serve individuals from cultural and  
12.29 ethnic minority communities regardless of health coverage status or ability to pay.

12.30 Subd. 3. Data collection and outcomes. Grantees must provide regular data summaries  
12.31 to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic  
12.32 minority infrastructure grant program. The commissioner must use identified culturally

13.1 appropriate outcome measures instruments to evaluate outcomes and must evaluate program  
 13.2 activities by analyzing whether the program:

13.3 (1) increased access to culturally specific services for individuals from cultural and  
 13.4 ethnic minority communities across the state;

13.5 (2) increased the number of individuals from cultural and ethnic minority communities  
 13.6 served by grantees;

13.7 (3) increased cultural responsiveness and cultural competency of mental health and  
 13.8 substance use disorder treatment providers;

13.9 (4) increased the number of mental health and substance use disorder treatment providers  
 13.10 and clinical supervisors from cultural and ethnic minority communities;

13.11 (5) increased the number of mental health and substance use disorder treatment  
 13.12 organizations owned, managed, or led by individuals who are Black, Indigenous, or people  
 13.13 of color;

13.14 (6) reduced health disparities through improved clinical and functional outcomes for  
 13.15 those accessing services; and

13.16 (7) led to an overall increase in culturally specific mental health and substance use  
 13.17 disorder service availability.

13.18 **EFFECTIVE DATE.** This section is effective the day following final enactment.

13.19 **Sec. 17. [245.4906] MENTAL HEALTH CERTIFIED PEER SPECIALIST GRANT**  
 13.20 **PROGRAM.**

13.21 **Subdivision 1. Establishment.** The mental health certified peer specialist grant program  
 13.22 is established in the Department of Human Services to provide funding for training for  
 13.23 mental health certified peer specialists who provide services to support individuals with  
 13.24 lived experience of mental illness under section 256B.0615. Certified peer specialists provide  
 13.25 services to individuals who are receiving assertive community treatment or intensive  
 13.26 residential treatment services under section 256B.0622, adult rehabilitative mental health  
 13.27 services under section 256B.0623, or crisis response services under section 256B.0624.  
 13.28 Mental health certified peer specialist qualifications are defined in section 245I.04,  
 13.29 subdivision 10, and mental health certified peer specialists' scope of practice is defined in  
 13.30 section 245I.04, subdivision 11.

13.31 **Subd. 2. Activities.** Grant funding may be used to provide training for mental health  
 13.32 certified peer specialists as specified in section 256B.0615, subdivision 5.

14.1 Subd. 3. **Outcomes.** Evaluation includes the extent to which individuals receiving peer  
 14.2 services:

14.3 (1) experience progress on achieving treatment goals; and

14.4 (2) experience a reduction in hospital admissions.

14.5 **EFFECTIVE DATE.** This section is effective the day following final enactment.

14.6 Sec. 18. **[245.4907] MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST**  
 14.7 **GRANT PROGRAM.**

14.8 Subdivision 1. **Establishment.** The mental health certified peer family specialist grant  
 14.9 program is established in the Department of Human Services to provide funding for training  
 14.10 for mental health certified peer family specialists who provide services to support individuals  
 14.11 with lived experience of mental illness under section 256B.0616. Certified family peer  
 14.12 specialists provide services to families who have a child with an emotional disturbance or  
 14.13 severe emotional disturbance under chapter 245. Certified family peer specialists provide  
 14.14 services to families whose children are receiving inpatient hospitalization under section  
 14.15 256B.0625, subdivision 1; partial hospitalization under Minnesota Rules, parts 9505.0370,  
 14.16 subpart 24, and 9505.0372, subpart 9; residential treatment under section 245.4882; children's  
 14.17 intensive behavioral health services under section 256B.0946; and day treatment, children's  
 14.18 therapeutic services and supports, or crisis response services under section 256B.0624.  
 14.19 Mental health certified family peer specialist qualifications are defined in section 245I.04,  
 14.20 subdivision 12, and mental health certified family peer specialists' scope of practice is  
 14.21 defined in section 245I.04, subdivision 13.

14.22 Subd. 2. **Activities.** Grant funding may be used to provide training for mental health  
 14.23 certified family peer specialists as specified in section 256B.0616, subdivision 5.

14.24 Subd. 3. **Outcomes.** Evaluation includes the extent to which individuals receiving family  
 14.25 peer services:

14.26 (1) progress on achieving treatment goals; and

14.27 (2) experience a reduction in hospital admissions.

14.28 **EFFECTIVE DATE.** This section is effective the day following final enactment.

15.1 **Sec. 19. [245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM**  
 15.2 **HOMELESSNESS PROGRAM.**

15.3 Subdivision 1. **Establishment.** The projects for assistance in transition from homelessness  
 15.4 program is established in the Department of Human Services to prevent or end homelessness  
 15.5 for people with serious mental illness or co-occurring substance use disorder and ensure  
 15.6 the commissioner may achieve the goals of the housing mission statement in section 245.461,  
 15.7 subdivision 4.

15.8 Subd. 2. **Activities.** All projects for assistance in transition from homelessness must  
 15.9 provide homeless outreach and case management services. Projects may provide clinical  
 15.10 assessment, habilitation and rehabilitation services, community mental health services,  
 15.11 substance use disorder treatment, housing transition and sustaining services, direct assistance  
 15.12 funding, and other activities as determined by the commissioner.

15.13 Subd. 3. **Eligibility.** Program activities must be provided to people with serious mental  
 15.14 illness, or with co-occurring substance use disorder, who meet homeless criteria determined  
 15.15 by the commissioner. People receiving homeless outreach may be presumed eligible until  
 15.16 serious mental illness can be verified.

15.17 Subd. 4. **Outcomes.** Evaluation of each project includes the extent to which:

15.18 (1) grantees contact individuals through homeless outreach services;

15.19 (2) grantees enroll individuals in case management services;

15.20 (3) individuals access behavioral health services; and

15.21 (4) individuals transition from homelessness to housing.

15.22 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with  
 15.23 all conditions and requirements necessary to receive federal aid or grants with respect to  
 15.24 homeless services or programs as specified in section 245.70.

15.25 **EFFECTIVE DATE.** This section is effective the day following final enactment.

15.26 **Sec. 20. [245.992] HOUSING WITH SUPPORT FOR ADULTS WITH SERIOUS**  
 15.27 **MENTAL ILLNESS PROGRAM.**

15.28 Subdivision 1. **Creation.** The housing with support for adults with serious mental illness  
 15.29 program is established in the Department of Human Services to prevent or end homelessness  
 15.30 for people with serious mental illness, increase the availability of housing with support, and  
 15.31 ensure the commissioner may achieve the goals of the housing mission statement in section  
 15.32 245.461, subdivision 4.

16.1 Subd. 2. **Activities.** The housing with support for adults with serious mental illness  
 16.2 program may provide a range of activities and supportive services to assure that people  
 16.3 obtain and retain permanent supportive housing. Program activities may include case  
 16.4 management, site-based housing services, housing transition and sustaining services, outreach  
 16.5 services, community support services, direct assistance funding, and other activities as  
 16.6 determined by the commissioner.

16.7 Subd. 3. **Eligibility.** Program activities must be provided to people with serious mental  
 16.8 illness, or with co-occurring substance use disorder, who meet homeless criteria determined  
 16.9 by the commissioner.

16.10 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based  
 16.11 practices and must include the extent to which:

16.12 (1) grantees' housing and activities utilize evidence-based practices;

16.13 (2) individuals transition from homelessness to housing;

16.14 (3) individuals retain housing; and

16.15 (4) individuals are satisfied with their housing.

16.16 **EFFECTIVE DATE.** This section is effective the day following final enactment.

16.17 Sec. 21. Minnesota Statutes 2022, section 245A.03, subdivision 7, is amended to read:

16.18 **Subd. 7. Licensing moratorium.** (a) The commissioner shall not issue an initial license  
 16.19 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult  
 16.20 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter  
 16.21 for a physical location that will not be the primary residence of the license holder for the  
 16.22 entire period of licensure. If a family child foster care home or family adult foster care home  
 16.23 license is issued during this moratorium, and the license holder changes the license holder's  
 16.24 primary residence away from the physical location of the foster care license, the  
 16.25 commissioner shall revoke the license according to section 245A.07. The commissioner  
 16.26 shall not issue an initial license for a community residential setting licensed under chapter  
 16.27 245D. When approving an exception under this paragraph, the commissioner shall consider  
 16.28 the resource need determination process in paragraph (h), the availability of foster care  
 16.29 licensed beds in the geographic area in which the licensee seeks to operate, the results of a  
 16.30 person's choices during their annual assessment and service plan review, and the  
 16.31 recommendation of the local county board. The determination by the commissioner is final  
 16.32 and not subject to appeal. Exceptions to the moratorium include: