Adult Mental Health

48-Hour Law: Restates the current law that people in jail who are committed are to be admitted to a state operated treatment program within 48 hours or that a medically appropriate bed is available.

Creates a task force on priority admissions to state operated treatment programs to evaluate the impact of the 48-hour law. Membership includes the Commissioner of Human Services, someone from Direct Care and Treatment, Ombudsman for Mental Health, NAMI Minnesota, the attorney general, and representatives from hospitals, counties, county social services, MN Civil Commitment Panel, county attorneys, sheriffs, psychiatrists, community mental health programs, three people from racial and ethnic groups overrepresented in the criminal justice system and a person with lived experience. The task force will collect data on the number of people admitted to state operated programs from jails, the average wait time, county by county trends, analyze the impact, and develop recommendations. The report is due February 2024. Chapter 61, Article 4 and 8

ACT Teams: Makes changes to ACT teams such as requiring service intensity to meet the needs of the client instead of 120 minutes a week, not requiring eight-hour shifts coverage, Chapter 70, Article 9

Farmer’s Mental Health: Appropriates $100,000 a year for mental health outreach and support to farmers, ranchers, and others in the agricultural community. Mental health outreach and support may include a 24-hour hotline and education. Also appropriates $260,000 each year are for a pass-through grant to Region Five Development Commission to provide, in collaboration with Farm Business Management, statewide mental health counseling support to Minnesota farm operators, families, and employees, and individuals who work with Minnesota farmers in a professional capacity. Chapter 43

Cannabis

Makes possession, use, and licensed production and sale of cannabis products legal. The legal age will be 21. The industry will be regulated from growing, testing, creating products, and selling products. Products can include cannabis flower, edibles, drinks, and concentrates for vaping. Products cannot be marketed to children including ice cream or lollipops and labeling
containing animals, fruit, or people. Products must be in child-resistant packaging, and each
serving must be indicated by single serving. Products must include product information labels
including a universal symbol indicating it is a cannabis product, the maximum dose that may
be considered medically safe in a 24-hour period, and the statement “Keep this product out of
the reach of children.” Products like edibles and drinks must include a list of ingredients, and
the number for the Minnesota Poison Control System.

It is illegal to use cannabis in a motor vehicle or operate the vehicle under the influence. It is
illegal to smoke where smoking is currently illegal. It is illegal to use cannabis in a school or
correctional facility, and to provide cannabis to someone under 21. Individuals may keep up
to two pounds of cannabis flower in a private residence and may possess or transport no
more than two ounces of cannabis flower in a public place. An individual may possess or
transport no more than eight grams of cannabis concentrate, and no more than 800mg total of
any cannabis products. Individuals may grow up to eight cannabis plants in a locked space
that is out of public view in their own residence without a license. Family day care programs
must disclose to guardians if using cannabis, including medical cannabis, is permitted on the
premises after hours and must store products away from food and inaccessible to children.

Edible products cannot contain more than 10mg of THC per individual serving, and a single
package may not contain more than 200mg total. Beverages cannot contain more than 10mg
per serving, but they may contain up to two servings, so the maximum for a single beverage
could be 20mg. No cannabis products can be sold between 2:00am and 8:00am Monday
through Saturday or 2:00am through 10:00am on Sunday. Local governments can set limits on
retailers near schools, playgrounds, day cares, parks, and residential treatment facilities. Local
governments may not prohibit sales altogether. If a business is licensed to allow on-site
consumption of cannabis, they may not allow tobacco or alcohol consumption. The medical
cannabis program still exists but there are limits on where it can be consumed. Healthcare
facilities including DHS licensed facilities may limit consumption at facilities.

Lower-potency hemp edibles were legalized last year and will remain a separate category.
Retailers must obtain a license to sell these products. Individual servings cannot contain more
than five milligrams of THC.

Establishes the Office of Cannabis Management to regulate the industry. The office must
develop warning labels on the effects of using cannabis for people under 25, review medical
and scientific literature on other necessary health warnings, and establish potency limits for
products. There will be an advisory council to the office which will include most of the major
state agencies as well as an expert in substance use disorders, pediatric and adult medicine,
and two licensed mental health professionals. The office must conduct a study on impaired
driving and a study using available data from MDH and DHS on any increases in mental health
and substance use disorder services, emergency room visits, and first episode psychosis
programs. The office must provide an annual report to the legislature including recommended
levels of funding for education, training and technical assistance for home visiting programs and child welfare workers, and for mental health and substance disorder services.

The commissioner of education must develop a model education program with MDH and DHS. Education programs will begin in 2026. The commissioner of health must develop education programs and public awareness campaigns for youth, pregnant people, and home visiting programs including child welfare workers. Programs must include education about the risks of using cannabis under the age of 25.

A number of cannabis crimes can be automatically expunged. Creates the Cannabis Expungement Board to review expungement or resentencing for cannabis-related felony charges.

Funds grants for substance use disorder treatment including culturally specific care and first episode programs. $38M FY24/25 and $73M FY26/27 for the Officer of Cannabis Management. $11M FY24/25 for the Cannabis Expungement Board. $23M FY24/25 and $38M FY26/27 for MDH. $2.8M FY24/25. Chapter 63, Articles 1, 5, and 6

### Capital Investment

**Carlton County Justice Center:** $10M FY24 for a new regional female offender and judicial center within the Carlton County Justice Center. Chapter 72, Article 2

**Housing:** $42M in bonding to rehabilitate public housing and $3M for greater Minnesota housing infrastructure. Chapter 72, Article 1

**Regional Behavioral Health Crisis Facilities:** $10M in bonding for regional crisis facilities. $6M is for a facility in Dakota County, and $2.5M is for the Human Development Center in Duluth. Chapter 72, Article 1

**St. Peter:** $1M in bonding to upgrade water and sanitary infrastructure for the security hospital. Chapter 72, Article 1

### Children’s Mental Health

**African American Child Wellness Institute:** Funds 2 million to provide culturally specific mental health and SUD treatment. Chapter 70, Article 20

**Ban on Conversion Therapy:** Prohibits mental health professionals and practitioners from providing “conversion therapy” to minors and vulnerable adults. Conversion therapy is defined as a practice, specifically in a mental health professional and client relationship, that seeks to change an individual’s sexual orientation or gender identity. Also prohibits medical
assistance from covering conversion therapy. Prohibits advertising for conversion therapy, specifically any services that could be reasonably interpreted to represent homosexuality as a mental disease, disorder, or illness, or guaranteeing to change someone’s sexual orientation or gender identity. If a mental health professional or practitioner violates the law, they may be subject to discipline from a licensing board.

The law only applies to children 18 and younger and vulnerable adults. The law is also clear that conversion therapy is between a mental health professional or practitioner and a client. It would not apply to any conversations about sexual identity or gender identity outside of the client/professional relationship, including in familial or religious contexts. The law is also clear that conversion therapy does not include “counseling, practice, or treatment that provides assistance to an individual undergoing gender transition, or counseling, practice, or treatment that provides acceptance, support, and understanding of an individual or facilitates an individual’s coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as the counseling, practice, or treatment does not seek to change an individual’s sexual orientation or gender identity.” Chapter 28

**Brief DA:** Allows a brief diagnostic assessment to be used for children under age six now. Eliminates the requirement to use the CASII or Early Childhood Service Intensity Instrument. Chapter 70, Article 9

**Child Protection:** Requires the Dept of Human Services to send a formal communication to all hospitals an children’s residential facilities informing them that the child maltreatment intake, screening and response guidelines have been updated to address situations where parents cannot obtain necessary services so that their children with a mental illness or disability can safely leave these facilities and that these situations are not to be reported or screened in as child protection. The Dept must consult with stakeholders to assess and suggest modification to these guidelines. Chapter 70, Article 14, Section 39

**Children’s Residential Services:** Includes children’s residential services room and board costs in the behavioral health fund which will finally mean parents do not have to go through child protection – including voluntary agreements – because room and board will be paid through this fund instead of federal Title IVE funds. Chapter 70, Article 9, Section 25

In addition, the department will create a survey to determine how many children go out of state for residential treatment. Chapter 70, Article 14

**Crisis Services:** Allows the Dept of Human Services to establish a pilot program to expand mobile crisis and stabilization services to children, youth, and families. Requires mobile and stabilization staff to have at least six hours specific to working with families of children covering topics such as developmental tasks, family relationships, child and youth
engagement strategies, culturally responsive care, positive behavior support, crisis intervention for children with disabilities, child traumatic stress and trauma informed care, youth substance use. Chapter 70, Article 9

**Early Childhood Mental Health:** Increases funds by $2.4 million. Chapter 70

**EIDBI:** Requires the Dept of Human Services to review the early intensive developmental and behavioral intervention services and evaluate the need for licensure or other regulatory modifications. Chapter 61, Article 1

**Gender-Affirming Care Protections:** Protects families seeking gender-affirming care, specifically when another state’s law allows a child to be removed by child protection services solely for seeking gender-affirming care. The law clarifies that the state will not enforce another state’s attempts to pursue a child protection case based solely on guardians seeking gender-affirming care for their children. Gender-affirming care is defined as medically necessary medical or mental health care that respects the gender identity of the patient as experienced and defined by the patient. Chapter 52, Article 19

**Minor Consent:** Allows teens ages 16 to 18 to consent to outpatient mental health care. Chapter 70, Article 4

**Psychiatric Residential Treatment Facilities (PRTFs):** Requires health plans in Minnesota to provide coverage for PRTFs. This goes into effect on January 1, 2025, or on July 1, 2023, under the network adequacy law. They are also considered an essential community provider. Rates for PRTFs will be adjusted to reflect the changes in what’s called the Inpatient Psychiatric Facility Market Basket used by CMS. Allows for at least one trained staff for overnight coverage and an on-call registered nurse. Creates start up grants and grants to help PRTFs specialize and appropriates $1 million a year. Chapter 57, Article 2. Chapter 70, Article 1 and 9

**School-linked Mental Health (Behavioral Health) Grants:** Increases funding for these grants which go to community providers to co-locate in the schools. Promotes consistency in payments for services. Funds it at $14 million the first biennium and $9 million the second. Chapter 70

**TEFRA Fees:** Eliminates TEFRA fees for parents whose children are on Medical Assistance to largely obtain waivered services and where the parents’ income is excluded. Chapter 61, Article 3

**Transition to Community:** Expands this grant to help children who are stuck in hospitals, residential care, juvenile detention, and need more services in the community in order to be
discharged. This grant used to be called “Whatever it Takes.” No additional funding was made available. Chapter 70, Article 9, Section 27

**Corrections**

*Note: Prisons are operated by the state and are for people who have been convicted of a crime and sentenced to more than one year of imprisonment. Jails are run by counties and are for people detained pretrial, or who have been convicted and sentenced to less than one year of imprisonment.*

**Ban on Private Prisons:** Requires correctional facilities to be operated by the state or local government. Minnesota does not currently have any privately owned or operated correctional facilities. This law prohibits any private entities from profiting from or incentivizing the operation of prisons in the future. Chapter 52, Article 11

**Corrections Officers:** Funds recruitment and retention for corrections officers including staff wellness and contracting with community partners who specialize in trauma recovery. $3.6M FY24/25. Chapter 52, Article 2

**Correction Orders on Jail Licenses:** Requires the DOC to post on their website when a jail is issued a correction order for a violation of licensing standards. Chapter 52, Article 11

**Educational Programming in Prisons:** Appropriates $9.6M FY24/25 and $4M in FY26/27 for educational programming and support services for incarcerated people.

**Evidence-based Correctional Practices Unit:** Creates a unit within the DOC to cover the use of evidence-based correctional practices in the corrections system. $1.5M FY24/25 and $1.5M FY26/27. Chapter 52, Article 2

**Family Support Unit:** Creates a Family Support Unit in the DOC to work with incarcerated people and their families to improve connections. $960,000 FY24/25 and $960,000 FY26/27. Chapter 52, Article 2

**Free Phone Calls in Prisons:** Requires the DOC to provide incarcerated people with free phone calls and prohibits the state from receiving revenue from or commissions from any future phone or video service contracts. The DOC must include information on its contracts, accounting for funding, and data on phone and video call usage in its annual report. $6.2M FY24/25 and $6M FY26/27. Chapter 52, Article 2, and Article 11

**Housing for People Leaving Prison:** Funds housing stabilization, rental assistance, and culturally responsive trauma-informed transitional housing for incarcerated people. $4.2M FY/25 and $2.2M FY26/27. Also makes it automatically eligible for five months of housing
supports for people leaving prison who don’t have a fixed nighttime residence and have a disability. Chapter 52, Article 2

**Jail Discharge Plans:** Requires the commissioner of corrections to develop and distribute a model discharge plan to all jails in the state. The law requires the commissioner to consult best practices from national correctional healthcare accrediting organizations and clarifies that there may be different model plans for people who are only in jail for a short time and people who are sentenced to jail for longer periods. Also strengthens existing law to require county human services to complete a discharge plan with people who 1) have a serious and persistent mental illness and 2) have been sentenced to jail for three or more months. The discharge plan must be completed at least 14 days before the person is scheduled for release. $160,000 FY24/25. Chapter 52, Article 11

**Jail Facilities Study:** Requires the DOC to study and make recommendations on the cost benefits of constructing, repairing, or merging and consolidating jail facilities, and alternatives to incarceration for people with mental illnesses. Many jails in Minnesota are old and must be repaired or abandoned for safety and construction reasons. There are also population issues where one jail may have many more beds than they use, and another county may be constantly at capacity. The purpose of the study and report is to inform how the state makes capital investments for these projects. The commissioner must consult the communities that will be impacted and law enforcement, attorneys, and jail administrators. A report to the legislature is due December 1, 2024, which must provide data and information about trends in jail populations; bail; the charges that people are detained for; the proximity of jails to courthouses, probation services, treatment providers, and work-release employment opportunities; recommendations on alternatives to incarceration for people with mental illnesses; and cost projections for facility projects. The DOC must use the report and work with the office of Management and Budget (MMB) to evaluate any budget requests for jail facilities and give the evaluations to the legislature. Chapter 52, Article 11

**Minnesota Rehabilitation and Reinvestment Act:** Allows people in prison to complete individualized treatment and programming plans and earn time off of their sentence. The program begins in 2025 and will apply to people who have one year or more remaining on their sentence. Prisoners will undergo an assessment to create an individualized rehabilitation plan, which may include input from any victims. If a person follows the plan, they can earn one month off of their sentence for every two months they serve, but a person can only reduce their prison sentence down to half of their entire sentence. People on supervised release (probation after serving prison time) can earn the same one month off for every two months served until their sentence is finished. In other words, once the total number of months served plus the credit months earned equals the original sentence a person can be placed on “abatement” status. Abatement means that they do not have to report to a probation agent or pay supervision fees, but they must still report any new charges and follow existing rules for moving to another state. The policy and procedures must be developed with
county attorneys, public defenders, victims’ rights advocates, law enforcement, and faith-based organizations. The cost savings from the program will be split and reinvested 25% each in 1) victims services, 2) probation services, 3) community-based programs and evidence-based programming in jails and prisons, and 4) the general fund. Chapter 52, Article 11

**Oak Park Heights and Jails Pilot:** Creates a pilot program to allow county jails to transfer people with the highest mental health needs to the Mental Health Unit at the Oak Park Heights prison. The unit may only have up to five people from jails at any given time. The DOC must create policies and procedures in consultation with the Minnesota Sheriffs Association. NAMI Minnesota is named to oversee the pilot with the sheriffs, DHS, and the mental health staff at Oak Park Heights. The warden of Oak Park Heights must submit a report to the legislature on the outcomes of the program on November 15, 2024, and the pilot program expires the next day. Chapter 52, Article 11

**Phone Calls in Jails:** Makes phone calls in jail free if they are to a mental health provider, case manager, MNsure navigators, or the Minnesota Warmline (peer support). Chapter 52, Article 11

**Pretrial Release Study:** Funds a grant for the Minnesota Justice Research Center to study pretrial release bests practices and provide a preliminary report to the legislature by February 2024, and a final report by February 2025. The reports must include analysis and recommendations on how changes to pretrial release, also called bail, would impact public safety and disparities. $500,000 FY24/25.

**Prison Health Services:** Appropriates $5.4M FY24/25 and $6.8 FY26/27 for increased health services in state prisons. Chapter 52, Article 2

**Probation Limit:** Makes a five-year cap on felony probation sentences retroactive from August 1, 2023. The Minnesota Sentencing Guidelines decided last year to cap most probation sentences at five years, now the rule will apply to people already serving probation for more than five years as well people in the future. Chapter 52, Article 6

**Probation Reform:** Creates a new funding formula for delivering community supervision in the state. Creates specialized caseloads and targeted innovation grants for people on probation who are at greater risk of violating their terms. Creates new standards to prefer community-based treatment and solutions over incarceration when a person violates their probation. Creates a Community Supervision Advisory Committee to develop statewide standards for probation. Requires probation agencies and the DOC to make a plan by August 2025 to stop collecting fees from people on probation by August 2027. Allows Tribal Nations to provide misdemeanor and juvenile probation for their enrolled members and those living with enrolled members. $286M FY24/25 and $286M FY26/27 for the new formula. $5.5M FY24/25 and FY26/27 for Tribes. Chapter 52, Article 17
Reentry Coordination Programs: Creates basic standards for counties to create “reentry coordination programs” including assisting incarcerated people with basic needs, insurance, treatment, medications, and obtaining an ID. The language is permissive so that counties may establish these programs if they like. NAMI had asked for funding to go with these programs, but it was cut at the end of the session. Chapter 52, Article 11

Successful Re-entry: Funds reentry initiatives including a culturally specific release program for incarcerated Native American people. $1.2M FY24/25. Chapter 52, Article 2

Courts and Civil Law

The Clean Slate Act: Automatically seals and expunges some criminal charges or charges that were resolved through a diversion program. The charges that are eligible are mostly non-person crimes misdemeanors and gross misdemeanors. A person must complete a waiting period without getting any new charges to qualify. This will help many people who experience barriers to housing, employment, and other resources because of criminal background checks. $6.4M FY24/25. Chapter 52, Article 7

Clemency Reform: Creates a Clemency Review Commission with rulemaking power to improve the process for people who are applying to have their criminal charges pardoned, or their punishment reduced, which is also called commutation. The Board of Pardons is the Governor, the Attorney General, and the Chief Justice of the Supreme Court; each member will appoint three members to the commission. The commission must meet at least four times a year to review applications and make recommendations to the Board of Pardons. This will allow more applications to be reviewed. There is also an important change that the board only needs the Governor and one other member to decide to grant relief. Previously, all three members had to decide unanimously. $1.9M FY24/25 and $1.9M FY26/27. Chapter 52, Article 8

Competency Cleanup: Changes the word “restoration” to “attainment throughout the new competency law and makes technical changes. $250,000 FY23. Chapter 14

Delays the implementation of the competency attainment policy to April 1, 2024. Also moves deadlines for the State Competency Attainment Board to recommend a competency curriculum and create a certification process for individuals to deliver the curriculum from January 2023 to October 2023. The delay reduced the appropriations for psychological exams in FY24 from $5M to $1.5M and the operating budget for the board in FY24 from $11.3M to $3.5M. Chapter 52, Article 1

Conduct on Transit: Makes it a misdemeanor crime to smoke, urinate, defecate, or engage in “disorderly conduct” on a public bus or train. Disorderly conduct is defined as engaging in
offensive, obscene, abusive, boisterous, or noisy conduct or in offensive, obscene, or abusive language tending reasonably to arouse alarm, anger, or resentment in others.” Chapter 68, Article 4

**Felony Voting Rights:** Allows people with felony convictions to vote if they are not incarcerated. The law previously required people to complete their full sentence of supervised release before restoring the right to vote. Requires the secretary of state to develop information about the right to vote and make it available electronically to judges, court personnel, probation officers, the commissioner of corrections, corrections officers, parole and supervised release agents, and the public. $14,000 FY23. Chapter 12

**Human Rights:** Updates the Humans Rights statute with current definitions of sexual orientation and gender identity. This makes it clearer that people cannot be discriminated against based on their gender identity or sexual orientation. Chapter 52, Article 19

**Legal Representation for Children:** Funds a matching grant to provide legal representation for children in need of protection or in out-of-home placement. $300,000 FY24/25. Chapter 52, Article 2

**Mandated Psychological Services:** Appropriates $1.5M for psychological exams in the court system. Chapter 52, Article 1

**Minnesota Sentencing Guidelines Commission:** Updates the membership by adding members. New members include a person providing treatment to people convicted of felonies, a person with an academic background in criminal justice, and a person who has been convicted and served a felony level sentence. Also staggers the terms of members so that a single governor cannot change the makeup of the commission to favor a political party. Chapter 52, Article 6

**Model Jail Practices:** Requires the Dept of Health to distribute grants to implement model jail practices related to supporting children of incarcerated parents and their caregivers. Activities include parent education, correctional staff training, family-focused re-entry planning and more. Chapter 70, Article 4

**Office of Appellate Counsel for Parents:** Establishes the Statewide Office of Appellate Counsel and Training to provide legal representation to parents who are appealing child protection cases but cannot afford an attorney. The office is governed by a board structured similarly to the Board of Public Defense. Four members are appointed by the governor and three members are appointed by the supreme court. At least one member must be from a federally recognized Indian Tribe, and three members must be from rural Minnesota. There will be a head appellate counsel and staff who will work with the board to create standards
and training requirements for the lawyers, and procedures for parents receiving counsel. $2.2M FY24/25 and $3.1M FY26/27. Chapter 52, Article 3

**Prosecutor-Initiated Sentence Adjustment:** Allows a prosecutor to petition to change a person’s criminal sentence. A person may request that a prosecutor review their sentence, but prosecutors are not required to review them. A judge will then determine if there are “substantial and compelling” reasons to change the sentence. The prosecutor must make a good faith effort to notify any victims and the judge must consider how the person has engaged in rehabilitation and prosocial activities. This will allow some people to have their sentence reduced if had an unfair punishment or if the sentence does not serve public safety or rehabilitation. Chapter 52, Article 6

**Retrieval of Items from Impounded Car:** Requires impound lot operators to allow people to retrieve their possessions from impounded cars, including prescriptions and medical equipment. Impound lots must post a notice stating that people on benefits, who are homeless, or who are eligible for legal aid have the right to retrieve their possessions free of charge with a valid ID and proof of benefits. Creates a legal remedy if impound lots do not comply with the law. Chapter 52, Article 19

**Trafficking Crimes:** Expands the definition of “forced labor” to include coercion and psychological harm. Psychological harm is defined as causing mental distress including but not limited to seeking therapy, losing sleep, appetite changes, experiencing suicidal ideation, trouble concentrating, loss of productivity, or a diagnosis. Chapter 27

**Treatment Courts:** Appropriates $844,000 each biennium FY24/25 and FY26/27 to fund four new treatment courts. Chapter 52, Article 1

**Violence Prevention Project Research Center:** Funds a grant for research on reducing violence in society. NAMI has worked with the Violence Prevention Project and their work has helped to reduce harmful narratives about people with mental illnesses and violence. The grant requires an annual report to the legislature with policy and funding recommendations beginning in 2025. $1M FY24/25. Chapter 52, Article 2

**Voter Registration Under MA and MNCare:** Automatically registers individuals to vote when they apply for MNCare or MA, and when they are eligible to vote under all other laws. Individuals may decline to register. Chapter 34

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**Early Childhood, Education, Special Education, Higher Ed**

**Active Shooter Drills:** Requires that schools conducting active shooter drills have them be developmentally appropriate, culturally aware, trauma informed and include accommodations for students with sensory needs, disabilities, mental health needs, etc. They
have to allow time after the drill to debrief with students and be allowed access to mental health services and supports on campus. Parents must be notified at least 24 hours in advance and there can’t be any negative consequences if a student doesn’t participate. Middle and high school students must be provided with at least one hour of violence prevention training every year. Chapter 55, Article 2.

**BARR:** Funds $5 million to BARR (Building Assets, Reducing Risks) to expand to more schools. The BARR Model allows staff to better understand and build on students’ strengths, proactively address the non-academic reasons why a student may be falling behind in school and identify what resources they need and steps they can take to thrive. Chapter 55, Article 2

**Basic Skills Revenue:** Allows the basic skills revenue to be used by districts for a variety of things including programs to reduce truancy such as counseling and social work services. Also allows the funds to be used for training on nonexclusionary discipline practices Chapter 55, Article 1

**Day Treatment Program:** Funds a mental health day treatment program within the Minnesota Academies for the Deaf and the Blind. Chapter 54, Article 12

**Early Learning Scholarships:** Prioritizes children in certain situations for the early learning scholarships including when a parent is incarcerated, or a parent is in substance use disorder treatment or mental health treatment. Chapter 54

**Extended Time:** Funds extended time (summer school) for students attending day treatment, or in a children’s residential treatment program or inpatient unit. Chapter 55, Article 1

**Family, Friend, and Neighbor Program:** Funds this program to focus on children’s social emotional learning and healthy development. Chapter 70, Article 12

**Gender Neutral Restrooms:** Provides funding for schools to renovate restrooms to be gender neutral. Chapter 54, Article 8.

**Help Me Connect:** Creates a resource and referral system for parents of children from prenatal stage through age 8. Resources include developmental disabilities assessment, mental health care, family, and social supports, etc. Chapter 70, Article 4

**Higher Ed for Foster Children:** Clarifies that students may apply for the foster grant at any time during their undergraduate study. Changes the limit to the foster grant from a certain number of years to ten full-time semesters for a four-year degree and six full-time semesters for a two-year or certificate program. The foster grant provides tuition aid for children who were in the foster care system. Requires private colleges who opt out or end their foster grant program to continue to provide the benefit for students currently eligible. Chapter 44
**Higher Ed Mental Health:** Appropriates $3,158,000 a year to expand student support services to address basic needs insecurity, mental health, and other high-need student support services. In addition, this funding provides systemwide resources and coordination, including electronic connections for peer support and professional clinical support for mental health. These systemwide resources must be available online 24 hours a day, seven days a week. Chapter 41

**Menstrual Products:** Requires schools to provide students access to free menstrual products to eliminate a barrier to students not attending school. Chapter 55, Article 1

**Mental Health Services Lead:** Creates a position within the Dept of Ed to serve as a source of information and support for schools in addressing the mental health needs of students, teachers, and school staff and in developing comprehensive school mental health systems in districts and charter schools. This position will create a clearinghouse of information, work with districts, share resources, facilitate coordination and cooperation among districts, provide advice upon request, align resources among different departments, maintain a comprehensive list of resources for districts to use. Chapter 55, Article 12

**Online Learning Program:** Allows students in residential or day treatment to access online education programs offered by their district or charter school or the state approved online learning program with the permission of the parents. Allows districts to do this as well for residential treatment located in their district. Chapter 55, Article 7

**Opiate Antagonists:** Requires schools to have access to at least two doses of nasal naloxone on site. The Health Department will identify resources and a training video for schools. School boards can adopt a model plan for use, storage, and administration. Chapter 55, Article 1

**Paraprofessionals:** Requires 8 hours of training for paraprofessionals, 6 must completed before school starts. Paraprofessionals are also given time to review a student’s Individualized Education Program (IEP) or be briefed on the individual needs of the student. Chapter 55, Article 2

**Recess:** Encourages schools not to take away recess as a consequence for student behaviors. Schools must consider if the student is likely to cause serious physical harm to others, the parents consent to taking away recess, it’s appropriate for a special ed student. They cannot take away recess for incomplete assignments. Districts are required to keep data on this issue. In addition, districts cannot take away or excessively delay students’ mealtimes. Chapter 55, Article 2

**Recovery Program:** Appropriates $750,000 a year for recovery programs.
**Restrictive Procedures:** Requires Districts’ oversight committee to review the disproportionate use of restrictive procedures based on race, gender, or disability status; the role of the school resource officer or police in emergencies and the use of restrictive procedures; and documentation to determine if the standards for using restrictive procedures are met. Expands the use of teams and plans to reduce their use to individualized family service plans. After seclusions or restraints are used, schools must write a brief description of the post-use debriefing that occurred as a result of the use of the physical hold or seclusion.

The use of seclusion on children from birth through grade 3 cannot be used starting September 1, 2024. By February 1, 2024, the commissioner, in cooperation with stakeholders, must make recommendations to the legislature for urgently ending seclusion in Minnesota schools. The commissioner must consult with interested stakeholders, including parents of students who have been secluded or restrained; advocacy organizations; legal services providers; special education directors; teachers; paraprofessionals; intermediate school districts and cooperative units; school boards; day treatment providers; county social services; state human services department staff; mental health professionals; autism experts; and representatives of groups disproportionately affected by restrictive procedures, including People of Color and people with disabilities. The recommendations must include specific dates for ending seclusion by grade or facility. The recommendations must identify existing resources and the new resources necessary for staff capacity, staff training, children’s supports, child mental health services, and schoolwide collaborative efforts. Chapter 55, Article 7

**Reasonable Force:** Requires schools to report as a restricted procedure to the Dept of Ed any reasonable force used which intends to hold a child immobile or limit a child’s movement where body contact is the only source of physical restraint or confines a child alone in a room from which egress is barred, including physical holding or seclusion used by an unauthorized or untrained staff person. Chapter 55, Article 7, and Article 12

**Restraints:** Does not allow prone restraints or physical holds that restrict or impair breathing to be used on students by school resource officers, security personnel, or police officers contracted with the district. Chapter 55, Article 7

**School-based Health Centers:** Provides grants to expand school-based health centers which provide health and mental health to students including preventive care, chronic medical care management, dental, vision, nutritional counseling, substance use disorder treatment, mental health, and crisis management. Chapter 70, Article 4

**Screening:** Requires the Dept of Health to increase the awareness of developmental and social emotional screening in order to connect young children to follow-up services if they are at risk for developmental or behavioral concerns. Chapter 70, Article 4
**School Social Worker:** Allows school social workers to bill Medical Assistance for certain services if they are a mental health professional or a mental health practitioner under the supervision of a mental health professional. Services include (1) administering and reporting standardized measures; (2) care coordination; (3) children’s mental health crisis assistance, planning, and response services; (4) children’s mental health clinical care consultation; (5) dialectical behavioral therapy for adolescents; (6) direction of mental health behavioral aides; (7) family psychoeducation; (8) individual, family, and group psychotherapy; (9) mental health behavioral aide services; (10) skills training; and (11) treatment plan development and review. They can use a special ed assessment or the IEP/IFSP instead of a diagnostic assessment to determine medical necessity. It is effective 1/1/24 or upon federal approval.

**Special Education:** Makes a number of changes. Allows students with a disability to stay in school until they reach their 22nd birthday. Increases funding of the state share of special education costs (often referred to as cross subsidy aid). Chapter 55, Article 7

**Special Education Teachers:** Funds efforts to develop a pipeline for special education teachers. There is a very severe shortage of licensed special education teachers. Appropriates $20 million the first year and $10 million the second. Chapter 55, Article 5

**Student IDs:** Requires student IDs and school issued planners to provide information about 988, the text line and county crisis teams. Chapter 55, Article 2

**Student Support Personnel:** Provides funds to districts to hire new or increase the hours of school support personnel (school social workers, psychologists, nurses, counselors, or drug/alcohol counselors). Districts will provide a report to the state indicating how the new position impacted school climate, attendance rates, student health, academic achievement and career and college readiness. Appropriates $29.138 million the first year and $35.270 million the second. Chapter 55, Article 5

**Suspensions:** Recognizes that when a student isn’t meeting expectations it’s often due to a lack of skills. There are many policy changes related to suspension and expulsion. Does not allow children in K-3 to be suspended. Urges schools to use nonexclusionary disciplinary practices before suspending a student such as positive behavior interventions, social emotional services, school-linked mental health services, counseling or social work services, or reading interventions. $1.750 million is for nonexclusionary discipline training for teachers.

For students who are suspended for more than five days, schools must provide alternative education services. Schools must also allow suspended students the opportunity to complete all schoolwork assigned during the suspension and to receive full credit for completing the assignments. School readmission plans must include measures to improve the student’s behavior. When students are expelled or suspended the student must be able to continue
accessing school-linked services and the parents are to be provided a list of free or sliding fee mental health providers in their community.

As part of a district's disciplinary policies, school districts are required to have a procedure for people to file complaints about discipline used against a student; provide a remedial response for a student who violates the policies while being a victim of bullying; and not use suspensions for truancy. Chapter 55, Article 2

### Employment

**All Square:** Appropriates $600,000 FY24/25 for All Square to support All Square's Fellowship and Prison to Law Pipeline for currently and formerly incarcerated people to be employed and receive law degrees in prison. Chapter 53, Article 20

**Avivo:** Appropriates $1.8M FY24/25 for Avivo to provide low-income people with career education and job skills training that is integrated with mental health and substance use disorder treatment.

**CLUES:** Appropriates $2M FY24/25 for Comunidades Latinas Unidas En Servicio to address employment disparities. Chapter 53, Article 20

**Earned Sick and Safe Time:** Requires employees to be provided with a minimum of sick and safe time off from work. Employees must accrue at least one hour of sick and safe time for every 30 hours worked for a maximum of 48 hours in one year. Sick and safe time can be carried over year to year as long as the total does not exceed 80 hours at any time. Sick and safe time can be used for the employees’ sickness or for caring for a family member, or for issues related to domestic abuse or sexual assault of the employee or family members. Information on sick and safe time is confidential. Family members include biological, step and foster children, spouses or registered domestic partners, grandchildren, siblings, nephews and nieces, aunts, and uncles, or one individual designated by the employee each year. Chapter 53, Article 12

**Individual Placement and Support (IPS):** Increases funding for IPS which provides employment support for people living with mental illnesses by $2.5M a year. Chapter 53, Article 20

### Extreme Risk Protection Orders

**Extreme Risk Protection Orders (ERPO):** Allows law enforcement officers, city or county attorneys, family or household members, or guardians to petition to have firearms removed from a person who may be at risk of suicide or harming others. There is a general ERPO which
requires a hearing, and an emergency ERPO for immediate danger. There is a petitioner: the person asking for the firearms to be removed for the safety of someone else; and a respondent: the person who is considered at risk for having firearms. A hearing must be held within 14 days of when the petition is received by the court, but if the respondent is notified less than 5 days before the hearing, they may request an additional 14-day extension.

At the hearing, the burden is on the petitioner to prove that the respondent is at significant risk of suicide or a significant danger to others by possessing a firearm. The court will consider the history of the person including any suicide attempts and serious mental illnesses. If the court finds that an ERPO is necessary, they will set a length of time that a person cannot possess or purchase firearms and an order that they must transfer their firearms within 24 hours to a law enforcement agency or a federally licensed firearms dealer. A dealer can charge a fee to store the firearms. Antique firearms can be transferred to a relative who can legally possess firearms. Respondents can choose to give up their firearms temporarily or permanently, in which case, the agency or dealer must pay the respondent market value for the firearms.

The order cannot be for less than six months or more than one year without an extension. A petitioner can apply for an extension of an ERPO within three months of when the order will expire. There will be a hearing and the court will decide the extension based on the same factors as the original hearing with the same time limits – a minimum of six months, a maximum of one year. A respondent can apply to have their ERPO terminated once every six months and they bear the burden of proving that they are not a danger to self or others.

For an emergency ERPO, the court must also find that “the respondent presents an immediate and present danger of either bodily harm to others or of taking their life.” The court can order an emergency ERPO without the respondent’s involvement. If the court does order an emergency ERPO, it is always set at 14 days and the respondent must be notified immediately. The local law enforcement agency is responsible for retrieving the firearms. If the respondent does not voluntarily give up their firearms, the law enforcement agency will have a search warrant. In emergency orders, the law enforcement agency must transfer the firearms to be stored with a federally licensed dealer and provide proof of the transfer. A petitioner can ask for an emergency order in their petition. If there is not already an emergency order in effect when a general ERPO is ordered, the court must determine if an emergency order is necessary.

Health data and information are private but can be transferred to law enforcement for the purposes of the law. ERPOs issued solely for risk of suicide are private, but ERPOs involving a danger to others will be public. If a respondent consents to the ERPO they can request to have records of the petition sealed. The court will seal the records of the petition unless they find that it is not in the public interest. It is a gross misdemeanor to make a false petition or harass someone with an ERPO. It is a misdemeanor if a respondent violates an ERPO by possessing a
NAMI is named with the POST Board, the county attorneys, sheriffs, and Minnesota Police and Peace Officers Association in developing model procedures and standards for the storage of firearms.

Mental health professionals cannot technically make petitions of their own volition, but if they have a statutory duty to warn about danger to self or others they must communicate with the sheriff where their client lives. The exact language is, “When a mental health professional has a statutory duty to warn another of a client’s serious threat of physically violent behavior or determines that a client presents a significant risk of suicide by possessing a firearm, the mental health professional must communicate the threat or risk to the sheriff of the county where the client resides and make a recommendation to the sheriff regarding the client’s fitness to possess firearms.” $270,000 FY24/25 for court-related costs. $250,000 FY24 for firearms storage. The Department of Public Safety must apply for a federal grant to match these funds. Chapter 52, Article 14

**Health Care**

**Culturally Specific Health Care:** Creates offices, advisory committees and grants within the Dept of Health for African Americans and American Indians to address disparities and develop community solutions. Creates a health equity advisory and leadership council and an Equitable Health Care Task Force. Chapter 70, Article 4

Also created community resource centers to provide culturally responsive relationship-based service navigation to help families connect to programs. Chapter 70, Article 14

**Dental:** Increases dental services under Medical Assistance (MA) to any medically necessary dental service. Effective 1/1/24 or upon federal approval. Chapter 70, Article 1

**Drug Affordability:** Creates and funds a Prescription Drug Affordability Board and Advisory Council to protect consumers, state and local governments, health plan companies, providers, pharmacies, and other health care system stakeholders from unaffordable costs of certain prescription drugs. There will be an 18-member stakeholder advisory council to provide advice to the board on drug costs. Chapter 57, Article 2

**Formulary Committee:** Clarifies that that committee must include a psychiatrist, increases number of physicians to five. This committee decides which medications are covered under MA. Chapter 70, Article 1

**Foster Youth:** Allows them to stay on Medical Assistance until age 26 including youth who were enrolled in MA in another state. Chapter 70, Article 1
**Health Care Provider Directory:** Requires Dept of Health to look into developing, managing, and maintaining a statewide electronic directory of health care providers in order to make it easier to find available providers and networks. Chapter 70, Article 2

**Hospitals:** Provides funding for “avoidable patient days” to hospitals. This is when someone with certain conditions laid out in the bill (such as mental health, substance use disorder) who was boarded in an emergency room because they didn't meet the inpatient criteria or there wasn't another setting the person could be discharged to safely. Hospitals will receive some funding to help pay for that care. Appropriates $18 million. Chapter 74

**Hospital Bills:** Requires hospitals to screen people to see if they are eligible for public health insurance programs or would qualify for charity care if they are uninsured or insurance status is not known. Places limits on what hospitals can charge uninsured patients who owe money for their care. Chapter 70, Article 4

**Increasing Access:** Requires plans to accept any willing provider between July 1, 2023, and June 30, 2025, in order to increase access during this mental health crisis. A health plan company must credential and enter into a contract for mental health services with any provider of mental health services that:

1. meets the health plan company's credential requirements. For purposes of credentialing under this paragraph, a health plan company may waive credentialing requirements that are not directly related to quality of care in order to ensure patient access to providers from underserved communities or to providers in rural areas.
2. seeks to receive a credential from the health plan company.
3. agrees to the health plan company's contract terms. The contract shall include payment rates that are usual and customary for the services provided.
4. is accepting new patients; and
5. is not already under a contract with the health plan company under a separate tax identification number or, if already under a contract with the health plan company, has provided notice to the health plan company of termination of the existing contract.

A health plan can’t refuse to credential these providers on the grounds that their provider network has a sufficient number of mental health providers. Chapter 57, Article 2

**Medical Assistance:** Makes some changes as the public health emergency ends and people need to begin re-enrolling in Medical Assistance. People whose assets exceed the limit will have it disregarded until their second renewal period, are required when eligibility is being appealed to provide MA benefits until a fair hearing decision is made. Additional funding is provided to MNSure navigators to help with re-enrollment. Chapter 22

Requires the Dept of Human Services to not disenroll someone from Medical Assistance until they have made at least two attempts by phone, email, etc. to contact the person.
Creates continuous Medical Assistance eligibility for children. Eliminates much of the cost sharing under MA. Chapter 70, Article 16

**Medical Assistance for Employed Persons with Disabilities:** Eliminates the asset limit under MA-EPD. Effective 1/1/24 or upon Federal approval. Chapter 61, Article 3

**Medicare:** Creates a Medicare special enrollment period for anyone who was affected by the Medicaid reenrollment issues which will allow them to buy a Medicare Supplement (often called Medigap) plan without going through underwriting (dealing with preexisting conditions). Chapter 57

**Network Adequacy:** Makes significant changes to how the MN Dept of Health will measure network adequacy. Currently it is measured by having providers within a certain number of miles or minutes – 30 for mental health. But this doesn’t tell you if the provider is taking new patients or has openings. The new law adds psychiatric residential treatment facilities to be covered and will look at the following criteria (and can add others):

1. provider-covered person ratios by specialty.
2. primary care professional-covered person ratios.
3. geographic accessibility of providers.
4. geographic variation and population dispersion.
5. waiting times for an appointment with participating providers.
6. hours of operation.
7. the ability of the network to meet the needs of covered persons, which may include:
   i. low-income persons.
   ii. children and adults with serious, chronic, or complex health conditions, physical disabilities, or mental illness; or
   iii. persons with limited English proficiency and persons from underserved communities.
8. other health care service delivery system options, including telemedicine or telehealth, mobile clinics, centers of excellence, and other ways of delivering care; and
9. the volume of technological and specialty care services available to serve the needs of covered persons that need technologically advanced or specialty care services.

This is effective January 1, 2025, and applies to health plans offered, issued, or renewed on or after that date. Chapter 57, Article 2 also in Chapter 70, Article 2

**Preventive Services:** Doesn’t allow copayments, deductibles for coverage of preventive services under private insurance including evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force. This includes screening for anxiety in children and adolescents aged 8 to 18 years; screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years; provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions; screening for depression in the general adult
population, including pregnant and postpartum women; screening by asking questions about unhealthy drug use in adults age 18 years or older. Chapter 57, Article 2

**Recuperative Care:** Funds under MA recuperative care where people who are homeless but need short-term acute medical care and thus cannot be discharged to the street. Chapter 70, Article 1

**Telephonic Health:** Continues it for another two years. Chapter 70

**Tobacco Cessation:** Requires MA to cover tobacco and nicotine cessation services and drugs. Including telephone cessation counseling. It can cover in person individual and group cessation counseling and education if provided by certain professionals including mental health practitioners and professionals, certified peer specialists, LADCs, recovery peers, certified tobacco treatment specialists, community health workers, physicians, PAs, and APRNs. The commissioner isn’t allowed to restrict type, duration, or frequency of services, simultaneously using multiple services, limiting dosages of medications, requiring step therapy, or requiring prior authorization. There are no copayments for these services or medications. Chapter 1, Article 1

**Violence Against Health Care Workers:** Makes changes to current law by requiring hospitals to develop action plans where there is an evaluation of risk factors, review of incidents, and reporting system. Hospitals have to have procedures for obtaining help from law enforcement or a social service agency. Action plans also have to address the training of staff, including topics such as cultural competency. Chapter 75

### Housing/Homelessness

**Affordable Rental Investment Fund:** Funds acquisition, rehabilitation, and debt restructuring for federally assisted rental properties and supportive housing properties. $4.4M FY24/25 and $4.4M FY26/27. Chapter 37, Articles 1 and 4

**Bridges Rental Assistance:** Funds a rental assistance program for families and individuals with mental illnesses who are waiting on a Section 8 voucher and people with mental illnesses looking to move to more community-based settings. $10.6M FY24/25 and $10.6M FY26/27. Chapter 37, Article 1

**Expediting Rental Assistance Workgroup:** Creates a 16-member workgroup including housing stakeholders, DHS, counties, and House and Senate appointees, to study and report on how rental assistance applications can be decided on within two weeks of receipt, and how funds can be disbursed within 30 days of approval. The report is due February 1, 2024. Chapter 37, Article 6
**FHPAP:** Appropriates funds for the Family Homeless Prevention and Assistance Program (FHPAP). $50M FY23. Chapter 20 $65.4M FY24/25 and $10.6M FY26/27. Chapter 37, Article 1

**Homework Starts with Home:** Funds grants to family homeless prevention service providers to work specifically with families with kids in K-12 schools. $5.4M FY 24/25 and $5.4M FY26/27. Chapter 37, Article 1

**Housing Infrastructure:** Provides tax-exempt loans to finance acquisition, construction, or rehabilitation of permanent supportive housing, Senior housing, public housing, foreclosed homes, affordable housing, and new rental housing. $200M FY24/25. Articles 1, 3, and 4

**Housing with Supports:** Establishes a housing with supports program to prevent or end homelessness for people with serious mental illnesses. Services include case management, site-based housing services, outreach, community support services, direct assistance funding. Chapter 70, Article 17

**Landlord Risk Mitigation Funds:** Funds programs to incentivize landlords to rent to people with difficult renting histories or mental illnesses. Supportive housing providers, governments, and other non-profits can use the funds for outreach and administration to build relationships with landlords to expand the programs. Most of the funding is used to actually reimburse landlords if there is any damage or unpaid rent. The $10M appropriation for Bridges Rental Assistance may be used for landlord risk mitigation funds and there is $1M in FY24 set aside in the FHPAP funds for these types of funds. Chapter 37, Article 1

**Public Housing Rehabilitation:** Funds to rehabilitate federally funded public housing. $5M is specifically for Minneapolis. $15M FY24. Chapter 37, Article 2

**Racially Diverse Youth Shelters:** Funds grants in Rochester and St. Cloud to address racial disparities in youth shelters. Grantees must create pilot programs connected to shelter services to engage in community outreach, mobile case management, family reunification, aftercare, and follow up upon release from a shelter. Funds are through the Department of Public Safety. $500,000 FY24/25. Chapter 52, Article 2

**Rental Assistance:** Provides rental assistance to households with up to 50 percent of the area median income who are paying more than 30 percent of their income on rent. Eligible households can receive assistance so that they do not spend more than 30 percent of their income on rent. Clarifies that rental assistance must not be included when calculating income and assists for benefits for childcare, general assistance, housing support, MFIP, or MA. $46M FY24. Chapter 37, Articles 1 and 2
**Stable Rental Housing Mediation:** Funds services through Community Mediation Minnesota for dispute resolution services and mediation specifically for culturally specific communities and people with disabilities and illnesses. $3M FY24. Chapter 37, Article 1

**Stable Housing Organization Relief:** Funds grants for supportive housing providers serving low-income communities. Grants can be used for maintenance, improvements, security, providing services, staff, and forgiving unpaid rent. $50M FY24. Chapter 37, Article 2

**Supportive Housing:** Establishes a supportive housing program within the Minnesota Housing Finance Agency (MHFA) to strengthen supportive housing which coordinates services for individuals and families in conjunction with housing, including mental health services. $25M FY24. Chapter 37, Articles 1 and 2

**Tenants’ Rights:** Requires landlords to include “nonoptional” fees in lease agreements. This will allow people to know the full cost of renting without being surprised by fees. Allows tenants to request initial and final inspections, and landlords must comply if the tenant makes the request. Requires landlords to provide 24 hours of notice before entering a tenant’s home. Provides a right to counsel in eviction cases. Requires landlords to maintain a minimum temperature of 68 degrees Fahrenheit in facilities from October through the end of April. Expands the right of action, or the ability to sue, if a landlord’s rental license is revoked or basic services like heat or water are not provided in emergencies. If a lease is longer than ten months, a landlord may not require renewal sooner than six months before the end of the lease. Prohibits eviction for criminal activity that occurs off the premises of the residence unless there is a threat to someone on the premise or a person is convicted of a violent crime. Clarifies that authorized government or non-profit entities may pay rent to prevent eviction, for example, through rental assistance. Requires landlords to post adequate notice of eviction, otherwise the court case is nullified. The notice must also include resources like information for legal aid and rental assistance. Landlords still have emergency provisions if there is a danger to people or property. Automatically expunges eviction records after three years or if the case is settled and makes eviction records private. Chapter 52, Article 19

**Termination of Lease for Residential Treatment:** Allows a tenant to break a lease if a person must enter residential treatment. Tenants or representatives must give two months’ notice with documentation from a medical professional and proof that a person is moving to a medical facility. Tenants are still responsible for paying rent until the lease is terminated and paying for any damages already agreed to in the lease. Chapter 52, Article 19

**Transition to Homelessness:** Establishes projects within the Dept of Human Services to prevent or end homelessness for people with mental illnesses. Services include clinical assessment, mental health or SUD treatment, direct assistance funding. $10M each biennium. Chapter 70, Article 17
Youth: Funds safe harbor shelter ($4.25M;$2.5M), homeless youth act ($30.272M;$30.272), transitional housing ($6M;$6M), emergency shelter programs, and a homeless youth cash stipend pilot project. Chapter 70, Article 11

Human Services

Acute Care Transitions Advisory Council: Creates this council to establish and implement a stateside vision and systematic approach to acute care transitions in MN. Includes representatives from counties, hospitals, community providers, the State Advisory Council on Mental Health, tribal governments, labor unions, people with lived experience (including parents of children) and county attorneys. The plan is due to the legislature in October of 2024. Chapter 61, Article 1

Case Management: Requires the Dept of Human Services to offer 20 instead of 10 hours of training and adds topics on informed choice, cultural competency, employment planning, community living planning, self-direction options, and use of technology supports. Appropriates $160,000 for the biennium. Chapter 61, Article 1

Co-Occurring: Creates a study to evaluate options to expand services under the waivered services programs to expand access to services to people with co-occurring disabilities and behavioral health conditions. It includes positive supports, crisis respite, respite and specialist services. The Dept of Human Services must engage stakeholders. The goal is to reduce the number of people in hospitals, jails, and other acute or crisis settings. Chapter 61, Article 1

Department of Children, Youth, and Families: Creates a new department to merge a number of issues related to children, youth, and families including childcare, juvenile placements, child abuse and more. Does not include children’s mental health. Chapter 70, Article 12

Foster Youth: Requires the Dept of Human Services to develop a plan to preserve income and resources of foster youth, especially Social Security benefits, so that they are available when they become adults. Currently counties take this money to pay for their care. Grants are established to provide independent living skills to foster youth. Chapter 70, Article 14

General Assistance: Increases the GA grant to $350 a month and adjusts every year equal to the change in the consumer price index. Chapter 70, Article 10

Grants and Rates: Increases rates for PCA, waivered services, CFSS, customized living, home health, home care nursing, chore servicers, home-delivered meals, EIDBI, home health aides, respite, homemaker, and chore services. Provides grants to increase the number of home and community-based services provided in rural Minnesota and appropriates $17 million. Chapter 61, Article 1 and 2
**Parent to Parent:** Appropriates $1.1 million for grants to organizations that provide services
to underserved communities with a high prevalence of autism spectrum disorders. Chapter 61, Article 9

**Personal Assistance/Community First Services and Supports:** Limits the number of hours
parents and spouses can provide PCA services to 40 hours in a seven-day period or when it’s
one parent providing services the limit is 60 hours per week. Chapter 61, Article 1

**Prone Restraints:** Prohibits the use of prone restraints in most of the DHS licensed programs.
Chapter 70, Article 17

**Remote Overnight Supervision:** Allows under certain circumstances the use of technology
for overnight supervision instead of staff. Chapter 61, Article 1

**Reporting:** Makes changes in how people have to report income under General Assistance,
Housing Supports or MN Supplemental Aid such as a change in unearned income of $50 or
more, or a new rent subsidy. Chapter 70, Article 10

**Stipends:** Excludes money people on General Assistance or MN Supplemental Aid may receive
for “lived-experience engagement” where they are provided a small amount of money to
provide input on human services programs. Chapter 70, Article 10

**Supported Decision Making:** Creates a grant program to educate people on supported
decision making as an alternative to guardianship and conservatorship. Appropriates $4
million. Chapter 61, Article 1

**Travel:** Allows personal care assistants to drive a client to where they want to go using their
preferred mode of transportation. Chapter 61, Article 1

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**Juvenile Justice**

**Crossover and Dual Status Youth:** Funds crossover youth practices model programs to serve
youth involved in both the child welfare and juvenile systems. $2M FY24/25. Chapter 52,
Article 2

**Disciplinary Room Time:** Prohibits the use of physical or social isolation for discipline in
juvenile facilities and requires the commissioner of corrections to update the administrative
rules governing juvenile facilities (Chapter 2960) specifically related to strip searches,
disciplinary room time, time-outs, and seclusion. “Disciplinary room time” is a term in the
rules which allows seclusion and isolation solely for the purpose of punishing a child for a rule
violation in the facility. There are already seclusion and restraints which can used when there
are safety concerns, and these rules apply to both juvenile facilities and children’s residential facilities. The rulemaking process for this issue is exempt from some of the normal provisions of rulemaking which will make the process faster but requires less public interaction. Chapter 52, Article 11

**JDAI:** Transfers the Juvenile Detention Alternatives Initiative from the DOC to Metropolitan State University and funds local alternatives to detention. $1M FY24/25 and $1M FY26/27. Chapter 52, Article 2

**Life Sentence Reform:** Eliminates Juvenile Life without the possibility of Parole sentences for anyone under the age of 18 at the time of the offense who was or will be sentenced as an adult and replaces the sentence with Life with the Possibility of Parole. Establishes a Supervised Release Board to revive cases of people serving life or indeterminate sentences and make release and discharge decisions. The board is appointed by the governor and the House and Senate leadership. For those under 18 at the time of their offense, the board must consider “a developmental report” which must include specific factors and be prepared by a mental health professional. Makes all persons under the age of 18 at the time of the offense eligible for release after serving a minimum of 15, 20 or 30 years depending on the circumstances. Chapter 52, Article 18

**Office of Restorative Practices:** Establishes the Office of Restorative Practices in the Department of Children, Youth and Family. The office will have a director and staff and must promote and build capacity for restorative practices in the delinquency, criminal, child welfare, and education systems. The office must create a statewide network and directory of restorative practices initiatives and will award grants for initiatives. Grantees will be assisted by local Restorative Practices Advisory Committees. The committees must include a local judge, county attorney, public defender, children social services, juvenile probation, law enforcement, school administrator, community members, restorative practitioners, parents and youth with lived experience, and victim’s advocacy groups. The advisory committees will set local eligibility requirements for a referral process. The office will oversee the advisory committees including receiving complaints from members of the community. “Restorative practices” are described as increasing connection to community, addressing the needs of those who have been harmed, addressing underlying behavior, and being informed by social emotional development. $1M FY24-25 to establish the office. $8M FY24/25 and $5M FY26/27 for grants. Chapter 52, Article 5

**Ramsey County Youth Treatment Homes:** Establishes up to seven therapeutic youth treatment homes licensed by DHS in Ramsey County which may be locked facilities. The county must work with community stakeholders including impacted youth and families to establish the homes and must provide court-ordered intensive treatment and intentional healing for youth as part of a disposition of a juvenile court case. $5 million FY24. Chapter 52, Article 2
**Ramsey County Violence Intervention.** Funds grants to develop or enhance violence prevention and community wellness programs in Ramsey County. Grants must create support groups for justice-impacted families, create community-based respite options, or provide employment opportunities for youth. $5M FY24 available until FY27. Chapter 52, Article 2

**Strip Searches:** Restricts strip searches in juvenile facilities. A strip search may only be performed when 1) there is a specific and immediate contraband concern, 2) no other search techniques can be used successfully, and 3) after approval from the facility administrator. Strip searches may only be performed by a health care professional or a person who has received trauma-informed training on searches. Strip searches must be documented in writing to verify the facility administrator’s approval and the documentation provided to the commissioner of corrections within 24 hours. Chapter 52, Article 11

**Youth Intervention Programs:** Funds youth intervention programs which include some mental health providers. The Minnesota Youth Intervention Programs Association (YIPA) must provide a report to the legislature on or before March 31 each year on the use of the funds. $7M FY24/25 and $7M FY26/27. Chapter 52, Article 2

**Youth Services Office:** Funds the Youth Services Office which houses the Juvenile Justice Advisory Committee. $500,000 FY24/25. Chapter 52, Article 2

### Law Enforcement and First Responders

**Ban on Hate Groups in Law Enforcement:** Prohibits law enforcement from joining, supporting, advocating, maintaining membership, or participating in the activities of hate or extremist groups. Hate and extremist groups are defined as promoting the use of violence or criminal activity or seeking to violate human rights. Chapter 52, Article 10

**Civilian Review Councils:** Expands the powers of civilian review councils to subpoena testimony and documents in their own investigation of officer misconduct. Civilian review councils are optional in any local jurisdiction. After investigations, the councils can make recommendations for discipline to law enforcement agencies. The councils must submit their investigations to the POST Board and make recommendations for policy changes to local law enforcement agencies. Chapter 52, Article 10

**Disability Benefits and PTSD:** Requires law enforcement, firefighter, and corrections officer agencies and individuals to meet certain wellness requirements in order to qualify for permanent duty disability benefits and reimbursement related to PTSD. Officers going through this process must be paid their full salary and benefits during the process. Officers applying for disability due to a work-related psychological condition must show documentation of a diagnosis from a mental health professional finding that the employee is
unable to work. The employee is then required to complete up to 24 weeks of treatment for their mental illness, paid for by insurance or the employer, before returning to work or receiving disability benefits. The employee may return to partially with approval from a mental health professional and the employer. An employee may also return to a different position within the agency with the same salary and benefits. The employer can require up to eight weeks of additional treatment if the mental health professional reports that the illness is expected to improve. A person with a dual diagnosis of a physical condition and a mental illness will not be required to go through this process. Requires public employees to reapply for disability benefits and provide proof of their disability every year for the first five years and then every three years. Reapplication may be waived with a medical professional’s approval. This process is separate from the workers’ compensation process.

Requires the POST Board to create learning objectives and a training course on officer wellness including how to prepare for and cope with job-related trauma and stressors. Requires officers to complete the training for licensing requirements. In order to qualify for reimbursement of costs under this law, public employers (of law enforcement, firefighters, and corrections officers) must provide an annual wellness training or Employee Assistance Program (EAP). $104M FY24.

Embedded Social Workers: Funds grants to law enforcement agencies and local governments to maintain or expand crisis response to emergency calls. The language is unclear on the standards of who will respond and what services they will provide. This will likely include embedded social workers who work for or contract with police departments. Grantees could also partner with county mobile crisis teams. $10M in FY24 available until 2028.

Equine Therapy: Appropriates $500,000 FY24/25 for Abijahs on the Backside to provide mental health therapy for first responders experiencing job-related PTSD.

First Responder Mental Health Curriculum: Funds a grant to Adler graduate school to develop a 24-hour certificate program to train mental health professionals to work with first responders. Requires the creation of a resource directory for law enforcement agencies of counselors who complete the program and other wellness resources. $150,000 FY24/25.

Hometown Heroes: Provides five free therapy sessions and training on PTSD, heart disease, and cancer to firefighters. $8M FY24/25.

Minnesota Heals: Funds the Minnesota Heals program to provide support for community members and first responders following traumatic events. $1M FY24/25.

Missing Person Alerts: Strengthens existing language and requires the BCA to create an alert when a law enforcement agency reports a missing and endangered person. The law
enforcement agency must also issue an alert using the Crime Alert Network. Previously the law said the BCA may assist local agencies but did not require an alert. Chapter 52, Article 5

**Naloxone:** Requires law enforcement agencies to provide basic training on identifying and using opiate antagonists to treat overdoses and requires all officers who respond to emergency calls to carry at least two opiate doses of opiate antagonists. Chapter 52, Article 15

**Officers Killed in the Line of Duty:** Expands the definition of “killed in the line of duty” for public safety officers to include suicide. The family of the officer will qualify for benefits if the officer had been diagnosed with PTSD or died within 45 days of exposure to a traumatic event. A traumatic event includes exposure to death, life threatening circumstances, or criminal sexual violence. Chapter 52, Article 5

**Police Body Cameras:** Requires law enforcement agencies to allow next of kin to review body camera footage within five days after a person dies by use of force and to the public within 14 days. There are some limitations for criminal investigations. Also requires law enforcement agencies to maintain body camera footage of use of deadly force indefinitely and prohibits any tampering. Chapter 52, Article 10

**Police Training:** Funds law enforcement training reimbursement through the Peace Officer Standards and Training Board (POST). $2.9M FY24/25 and $2.9M FY26/27. Clarifies that $6M each year appropriated in 2021 may only be used for use of force, crisis response, conflict management, cultural diversity, and autism training, this $6M sunsets in 2026.

**Public Safety Aid:** Appropriates $300M FY24 for public safety aid to local governments. Funds may be used for mental health crisis response, first responder wellness, victims’ services, violence interruption and more. Chapter 68, Article

**Transit Service Intervention Project:** Creates an intervention project to provide social services outreach and engagement on the trains in the metro area. NAMI is named as a participating organization to advise the Metro Council. The council will deploy coordinated intervention teams for nine weeks and will provide grants to organizations to increase social services engagement to people riding trains. $2M FY23 Chapter 68, Articles 1 and 4

**Use of Deadly Force:** Makes a small change to the use of deadly force statute to comply with a court case challenging the constitutionality of the law. In order to justify the use of deadly force, there must be a specific threat of death or great bodily harm to the officer or another individual. When this new definition was adopted in 2020, the language said that the threat must be specifically articulated by the law enforcement officer. This sentence was challenged because in any case of self-defense, a person is not required to testify to defend their use of deadly force. The case was made that these few words could be interpreted to mean that a law enforcement officer must testify to articulate the threat and would violate their right not to
testify. In the new statute, the words “by the law enforcement officer” have been removed. There is language in the use of deadly force statute that says deadly force is *not* justified if a person is only a threat to themselves (suicide) and no one else, and that language has not changed. Chapter 52, Article 10

**Use of Force Investigations:** Repeals the sunset of the Use of Force Investigations Unit in the Bureau of Criminal Apprehension (BCA) to exist indefinitely. $8.8M FY24/25.

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### Life Insurance

**Life Insurance:** Changes the waiting period for being able to access life insurance death benefits after a suicide. Now, instead of a two-year waiting period, death benefits paid out after someone suicides will be paid out after one year. If it is less than a year the insurance company has to refund the premiums that have been paid. This is effective January 1, 2024, and applies to policies issued on or after that date. Chapter 57, Article 2

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### Mental Health Care

**988 Suicide and Crisis Lifeline:** Creates a telecom fee to fund call centers to answer calls, texts, and chats coming in from Minnesota area codes through 988. The fee can be around 12 cents up to 25 cents. The Dept of Health is responsible for 988 and the new law clarifies the duties of the call centers including facilitating crisis services, collaborating with providers, offering follow-up services, and meeting the national requirements. 988 will be funded like 911 and a special revenue account will be created. $4 million is appropriated until the fees are collected. Chapter 70, Article 4, Section 57

**Certified Community Behavioral Health Centers:** Places them back in the federal demonstration project and makes numerous changes to the law governing them. Chapter 70, Article 18, Section 1

**Child Care:** Provides up to 20 hours a week of childcare for parents on MFIP child only – meaning that they are considered disabled by the Social Security Administration due to their mental illness. Currently they aren’t eligible for childcare but there are times when the parent isn’t doing well or needs intensive treatment and there is no one to care for their child. Chapter 70, Article 13

**Collaborative Care:** Requires health plans to cover services provided under the psychiatric collaborative care model. Collaborative care is an evidence-based model that creates a formal collaborative arrangement among a primary care provider, a care manager, and a psychiatric consultant. It doesn’t apply to managed care products or county-based purchasing for Medical Assistance. It’s effective January 1, 2025. Chapter 57, Article 2
**Cultural and Ethnic Minority Infrastructure Grant Program**: Establishes this grant program in statute. Grants are to providers people from cultural and ethnic minority populations including LGBTQ. Grant funds can be used for workforce development, conducting outreach and education, culturally responsive services, training providers on cultural humility and responsiveness, providing interpreter services in IRTS and children's residential treatment, and case-specific consultation. Funds at $3 million a year. Chapter 70, Article 9, Section 6

**Direct Care and Treatment**: Creates the Department of Direct Care and Treatment which is where state operated services are, and thus moves it out from under the Dept of Human Services. Legislation will be introduced in 2024 to make this happen. For the next two years, counties do not have to pay for the care for people who are committed as having a mental illness and being dangerous and are awaiting transfer to another state operated program. Chapter 61, Article 8

**Emmet Louis Till Victims Recovery Program**: Establishes a grant program to address the health and wellness needs of victims who experience trauma, including historical trauma resulting from violent acts including false accusations and violent deaths of family members. Funds can be used for health and wellness activities, cultural awareness services, community resources and remembrance activities. Appropriates $500,000. Chapter 70, Article 4

**Family Enhancement Center**: Appropriates $400,000 to the Family Enhancement Center to provide social engagement programs to help families deal with trauma and mental health issues. Chapter 61, Article 9

**First Episode of Psychosis**: Increases funding by $2.7M each year. Chapter 70

**Mental Health for Health Care Professionals**: Continues a program that paid for improving the mental health of health care professionals. This includes identifying the risk factors and the barriers that create unnecessary stress. Chapter 70, Article 4

**Managed Care Payments to Providers**: Requires Medical Assistance managed care plans to use a six-month timely filing standard and provide an exemption to this timeline when there has been a denial, request for more information, or system issue. Chapter 57, Article 2

**Mankato State**: Funds a new community behavioral health center at Mankato State for $750,000 each of two years. Chapter 70, Article 20

**Mental Health Parity**: Creates the Mental Health Parity and Substance Abuse Accountability Office in the Minnesota Department of Commerce. Also funds $42,000 each year for ensuring health plan company compliance with Minnesota Statutes, section 62Q.47, paragraph (h). The purpose of the office is to create and execute effective strategies for implementing the requirements under the federal and state mental health parity and addiction laws.
The office may oversee compliance reviews, conduct, and lead stakeholder engagement, review consumer and provider complaints, and serve as a resource for ensuring health plan compliance with mental health and substance abuse requirements. Chapter 57, Article 2

**Mobile Crisis:** Increases funding for mobile crisis teams by $8.472 million and $8.380 but no increases for the next biennium. Adds an additional $1 million a year for two years for Tribal Nations’ crisis teams. Chapter 70, Article 20

**Mental Health Initiative:** Provides $300,000 each for two years for an adult mental health initiative for White Earth Nation. Chapter 70, Article 20

**Online Behavioral Health Provider Locator:** Funds $1.3M each of two years for an online provider locator (like Fasttracker) Chapter 70, Article 20

**Peer Training:** Appropriates $4million for peer workforce training grants. Chapter 61, Article 9

**Psychedelic Task Force:** Creates a task force to look at this issue and provides $338,000 and then $171,000 to carry it out. Chapter 70, Article 20

**PTSD:** Requires the Department of Labor and Industry to conduct a study to identify changes that are needed to assist employees with work-related PTSD. This includes identifying evidence-based practices for early identification, models for delivering employee training, identifying programs that help employees return to work, reviewing the definition of PTSD in statute, and the occupations where PTSD can be experienced. Chapter 51, Article 5

**Rates:** Increases rates beginning on 1/1/24 for ACT, adult residential crisis, and IRTS to be annually adjusted using the inflation number used by CMS. Also increases rates for day treatment and provides a 3% and inflation for outpatient mental health care. In exchange the critical mental health rate add on will decrease over time. Chapter 70, Article 1

**Wellness in the Woods:** Appropriates $600,000 for daily peer support and special sessions for people who are in SUD recovery and are transitioning out of incarceration or who have experienced trauma. Chapter 61, Article 9

**Substance Use Disorder**

**Cradleboards:** Allows cradleboards to be used in family treatment homes if a variance is requested by a parent of guardian as a cultural accommodation. Chapter 70, Article 8, Section 19
**Culturally Responsive Recovery Community Grants:** Establishes a grant program for start-up and capacity building for new recovery community organizations serving or intending to serve culturally specific or population specific recovery communities. Provides $4 million. Funds harm reduction and capacity building grants to Tribal Nations and culturally specific organizations of $7.5 million. Chapter 61, Article 4 and 5

**Decriminalizing Syringes:** Strikes language making it illegal to "possess, control... furnish, dispense, or otherwise dispose of" hypodermic needles. It is still illegal to manufacture or sell syringes except for healthcare professionals and harm reduction service providers. Chapter 52, Article 15

**Drug Overdose:** Creates a comprehensive drug overdose and morbidity prevention act for the Dept of Health to conduct prevention activities, epidemiological investigations and surveillance, and monitor and assess drug overdoses. There are over seven strategies to be used. Provides $24M in funding. Chapter 70, Article 4

**Family Treatment Grants:** Funds start-up and capacity building grants to serve parents with their children. Appropriates $10 million. Chapter 61, Article 4

**Office of Addiction and Recovery:** Creates this office within the Dept of Management and Budget, which was a subcabinet position created a year ago. Expanded to address the SUD needs of youth. Chapter 61, Article 4

**Opiate Antagonists:** Requires schools, licensed SUD providers, site-based or group housing support, community corrections and jails, EMTs and life support services, to have opiate antagonists available. Creates an opioid overdose surge text alert system to caution people when there is a surge in overdoses in their area. Funds several organizations to do specific work such as the Steve Rumler Hope Network, Ka Joog, and African Career Education Resource. Chapter 61, Article 5 and Chapter 70, Article 6

**Opioid Prescribing:** Creates an opioid prescribing improvement program under Medical Assistance to make sure professionals prescribing high doses of opioids are following community standards of care. Chapter 61, Article 6

**Peer Recover Services:** Requires the Dept of Human Services to consult with providers, the tribes, recovery community organizations and the recovery community at large to develop recommendations on whether vendors seeking to bill Medical Assistance for peer recovery services should have additional oversight requirements. Chapter 61, Article 4

**Pregnancy:** Creates a task force on pregnancy and substance use disorders to recommend protocols for when toxicology tests and reporting should take place. Funds it at $199,000 and then $100,000. Chapter 70, Article 4
**Project Echo:** Appropriates $2.6 million to develop culturally responsive SUD programs. Chapter 61, Article 9

**Public Awareness Campaign:** Funds a public awareness campaign through the Dept of Human Services on substance use disorders. The strategies are to prevent SUD, reduce stigma, and ensure people know how to access services. Appropriates $1.584 million. Chapter 61, Article 5

**Recovery Community Organizations:** Appropriates $4.3 million to current grantees. Chapter 61, Article 9

**Sober Homes:** Defines sober homes as temporary housing for people with substance use disorders where residents have to abstain from using, are charged a fee for living there, counseling is not provided, and the homes must follow the sober living guidelines from SAMHSA. Requires all sober homes to follow state law and local ordinances. They must maintain a supply of opiate antagonists, written policies on access to prescribed medications, return all property to a person discharged within 60 days, document the contact information for people in case of an emergency or upon discharge, have policies on staff qualifications, have a policy on the use of medications for opioid use disorders, have a fee schedule and refund policy, have rules for residents, have policies that promote resident participation in treatment and self-help groups, and distribute the resident bill of rights. The bill of rights is pretty straightforward related to being treated with dignity, free from abuse, being referred to appropriate services, being provided with the number of the Ombudsman, and having access to an environment that promotes recovery. Allows people in sober homes to make complaints to the Ombudsman for Mental Health and Developmental Disabilities. Also allows an individual to bring a private right of action to recover damages caused by a violation of the new law. Requires the Dept of Human Services to conduct a survey of sober homes, to identify how many there are, what they do, who they serve, and other information needed to strengthen sober homes in the state. Chapter 61, Article 4

**Traditional Healing:** Requires the Dept of Human Services to consult with stakeholders and evaluate the design and feasibility of covering traditional healing in correctional facilities under Medical Assistance. Provides $2 million for grants to Tribal nations and five urban Indian communities for traditional healing and to increase the capacity of culturally specific providers. Chapter 61, Article 4 and 5

**Training:** Requires the Dept of Human Services to provide training to SUD treatment providers to increase their knowledge and skills related to evidence-based and promising SUD practices. This training will also help providers transition to the American Society of Addiction Medicine standards. Appropriates $250,000 for the biennium. Chapter 61, Article 4
White Earth Nation: Funds $3 million to develop a digital therapy tool to connect White Earth members to SUD resources. Chapter 61, Article 9

Withdrawal Management and Safe Recovery Sites: Provides start-up funding for withdrawal management sites and safe recovery sites totaling $1.5 million. Safe recovery includes safe injection spaces, sterile needle exchanges, opiate antagonist rescue kits, street outreach, etc. They are appropriated $14.5 million a year. Chapter 61, Article 4

Veterans

Benefits Poster: Requires DHS and the VA to create a poster with information on benefits including contact information for the VA, mental health and substance use disorder treatment, legal services, and the Veterans Crisis Linen. The poster must be posted in every employer with more than 50 workers. Chapter 53, Article 1

Domiciliary Care: Creates a quality-of-care workgroup to review and analyze the acuity of domiciliary residents and the current care model. They will make recommendations to the legislature in 2024 about issues such as staffing ratios, training of staff, etc. Chapter 38

Homeless Veterans: Provides $7.865 million the first year and $1,075,000 the second to the Minnesota Assistance Council for Veterans to help veterans and veterans’ families who are homeless or in danger of homelessness. This includes funding to establish permanent supportive housing options for homeless veterans and former service members. Provides an additional $4,311,000 the first year and $1,311,000 the second year are for an initiative to prevent and end veteran homelessness. Chapter 38

Veterans Benefits: Funds $1,035,000 each year is to operate the homeless veteran registry and homeless programs and to assist veterans, former service members, and veterans’ and former service members’ dependents with obtaining federal benefits through the Social Security Administration. The money can be used for personnel, training, research, marketing, and professional or technical contracts. Chapter 38

Veteran Resilience Project: Funds $300,000 each year for the veteran resilience project to make available eye movement desensitization and reprocessing therapy available to veterans, veterans’ spouses, current military service members, and current military service members’ spouses who are living with posttraumatic stress disorder and trauma. Requires a report on the program’s budget, a detailed explanation of program expenditures, the number of veterans and service members served by the program, and a list and explanation of the services provided to program participants. Chapter 38

Veteran’s Restorative Justice Act: Updates the act so that a veteran does not have to plead guilty to participate in the program. Chapter 19
**Workforce**

**Case Reviews:** Eliminates requirement for a mental health professional to review cases from mental health practitioners or clinical trainees. Chapter 70, Article 9

**Direct Support Professionals:** Establishes a grant program to recruit and retain direct support professionals working in home and community-based services, personal care assistance services, community first services, early intensive developmental and behavioral intervention services, home care services. It’s for people earning less than $30 an hour. Grant money can be used for retention and recruitment incentives, loan forgiveness and tuition payments, childcare costs, transportation costs, background study costs. Appropriates $83 million.

Also establishes a direct services corps at the Metropolitan Center for Independent Living to use financial resources to attract postsecondary students to work as PCAs or direct support professionals. Chapter 61, Article 1

**LADC:** Allows former students to practice for 90 days from when they received their degree or last received credit from a course. They must be supervised and paid. Chapter 49 and Chapter 70, Article 6

**Loan Forgiveness:** Provides $2.780 million for loan forgiveness for mental health professionals. Chapter 70, Article 20

**Peer Specialist:** Creates a grant program licensed providers to train mental health certified family peer specialists. Chapter 70, Article 17, Section 6

**Physician Training Program:** Creates a program to train pediatricians and primary care physicians alongside psychiatrists to improve their skills and knowledge treating patients with mental illnesses. This includes assessments, pharmacological therapy, community resources. Funds it at $1 million a year for two years. Chapter 70, Article 4

**Psychiatry Residency:** Funds an additional psychiatry residency slot for $400,000 a year. Chapter 70, Article 20

**Supervisors:** Continues program to pay for culturally diverse or underrepresented mental health professionals to become supervisors. Funds it at $500,000 a year for two years. Chapter 70, Article 5, Section 9
Continues program to provide funding to community mental health agencies to fund supervision of students and to increase the number of supervisors. Appropriates $1 million a year for four years. Chapter 70, Article 9

**Training Sites:** Expands training hours for clinical medical education programs to settings outside the hospital or clinic site including schools, home and community settings. Chapter 70, Article 5.

**Workplace Safety:** Creates a grant program to increase safety measures in health care settings. Funds can be used for training on de-escalation and positive support services. Chapter 70, Article 4

**Acronyms:**
- CMS – Centers for Medicare and Medicaid
- DHS = Department of Human Services
- DOC = Department of Corrections
- FY = Fiscal Year
- MA = Medical Assistance or Medicaid
- MDH = Minnesota Department of Health
- PRTF = Psychiatric Residential Treatment Facility