

SENATE

STATE OF MINNESOTA

EIGHTY-NINTH SESSION

S.F. No. 2784

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DATE	D-PG	OFFICIAL STATUS
03/17/2016	5094	Introduction and first reading Referred to Health, Human Services and Housing
04/07/2016		Comm report: To pass as amended and re-refer to Finance

1.1

A bill for an act

1.2

relating to safe harbor for sexually exploited youth; expanding eligibility for safe

1.3

harbor services to youth age 24 and younger; appropriating money; amending

1.4

Minnesota Statutes 2014, sections 145.4716, subdivision 2; 609.3241; Laws

1.5

2015, chapter 71, article 14, sections 2, subdivision 5, as amended; 3, subdivision

1.6

2, as amended.

1.7

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

1.8

Section 1. Minnesota Statutes 2014, section 145.4716, subdivision 2, is amended to read:

1.9

Subd. 2. **Duties of director.** (a) The director of child sex trafficking prevention

1.10

is responsible for the following:

1.11

(1) developing and providing comprehensive training on sexual exploitation of

1.12

youth for social service professionals, medical professionals, public health workers, and

1.13

criminal justice professionals;

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(2) collecting, organizing, maintaining, and disseminating information on sexual

1.15

exploitation and services across the state, including maintaining a list of resources on the

1.16

Department of Health Web site;

1.17

(3) monitoring and applying for federal funding for antitrafficking efforts that may

1.18

benefit victims in the state;

1.19

(4) managing grant programs established under sections 145.4716 to 145.4718,

1.20

and 609.3241, paragraph (c), clause (3);

1.21

(5) managing the request for proposals for grants for comprehensive services,

1.22

including trauma-informed, culturally specific services;

1.23

(6) identifying best practices in serving sexually exploited youth, as defined in

1.24

section 260C.007, subdivision 31;



(7) providing oversight of and technical support to regional navigators pursuant to section 145.4717;

(8) conducting a comprehensive evaluation of the statewide program for safe harbor of sexually exploited youth; and

(9) developing a policy consistent with the requirements of chapter 13 for sharing data related to sexually exploited youth, as defined in section 260C.007, subdivision 31, among regional navigators and community-based advocates.

(b) Youth age 24 years or younger shall be eligible for all services, support, and programs identified in paragraph (a).

Sec. 2. Minnesota Statutes 2014, section 609.3241, is amended to read:

**609.3241 PENALTY ASSESSMENT AUTHORIZED.**

(a) When a court sentences an adult convicted of violating section 609.322 or 609.324, while acting other than as a prostitute, the court shall impose an assessment of not less than \$500 and not more than \$750 for a violation of section 609.324, subdivision 2, or a misdemeanor violation of section 609.324, subdivision 3; otherwise the court shall impose an assessment of not less than \$750 and not more than \$1,000. The assessment shall be distributed as provided in paragraph (c) and is in addition to the surcharge required by section 357.021, subdivision 6.

(b) The court may not waive payment of the minimum assessment required by this section. If the defendant qualifies for the services of a public defender or the court finds on the record that the convicted person is indigent or that immediate payment of the assessment would create undue hardship for the convicted person or that person's immediate family, the court may reduce the amount of the minimum assessment to not less than \$100. The court also may authorize payment of the assessment in installments.

(c) The assessment collected under paragraph (a) must be distributed as follows:

(1) 40 percent of the assessment shall be forwarded to the political subdivision that employs the arresting officer for use in enforcement, training, and education activities related to combating sexual exploitation of youth, or if the arresting officer is an employee of the state, this portion shall be forwarded to the commissioner of public safety for those purposes identified in clause (3);

(2) 20 percent of the assessment shall be forwarded to the prosecuting agency that handled the case for use in training and education activities relating to combating sexual exploitation activities of youth; and

(3) 40 percent of the assessment must be forwarded to the commissioner of ~~public safety~~ health to be deposited in the safe harbor for youth account in the special revenue



fund and are appropriated to the commissioner for distribution to crime victims services organizations that provide services to sexually exploited youth, as defined in section 260C.007, subdivision 31.

(d) A safe harbor for youth account is established as a special account in the state treasury.

Sec. 3. Laws 2015, chapter 71, article 14, section 2, subdivision 5, as amended by Laws 2015, First Special Session chapter 6, section 1, is amended to read:

**Subd. 5. Grant Programs**

The amounts that may be spent from this appropriation for each purpose are as follows:

**(a) Support Services Grants**

Appropriations by Fund			
General	13,133,000	8,715,000	
Federal TANF	96,311,000	96,311,000	

<b>(b) Basic Sliding Fee Child Care Assistance Grants</b>	48,439,000	51,559,000	
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**Basic Sliding Fee Waiting List Allocation.**

Notwithstanding Minnesota Statutes, section 119B.03, \$5,413,000 in fiscal year 2016 is to reduce the basic sliding fee program waiting list as follows:

(1) The calendar year 2016 allocation shall be increased to serve families on the waiting list. To receive funds appropriated for this purpose, a county must have:

(i) a waiting list in the most recent published waiting list month;

(ii) an average of at least ten families on the most recent six months of published waiting list; and

(iii) total expenditures in calendar year 2014 that met or exceeded 80 percent of the county's available final allocation.



4.1 (2) Funds shall be distributed proportionately  
4.2 based on the average of the most recent six  
4.3 months of published waiting lists to counties  
4.4 that meet the criteria in clause (1).

4.5 (3) Allocations in calendar years 2017  
4.6 and beyond shall be calculated using the  
4.7 allocation formula in Minnesota Statutes,  
4.8 section 119B.03.

4.9 (4) The guaranteed floor for calendar year  
4.10 2017 shall be based on the revised calendar  
4.11 year 2016 allocation.

4.12 **Base Level Adjustment.** The general fund  
4.13 base is increased by \$810,000 in fiscal year  
4.14 2018 and increased by \$821,000 in fiscal  
4.15 year 2019.

4.16	(c) <b>Child Care Development Grants</b>	1,737,000	1,737,000
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4.17	(d) <b>Child Support Enforcement Grants</b>	50,000	50,000
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4.18 (e) **Children's Services Grants**

4.19	Appropriations by Fund		
4.20	General	39,015,000	38,665,000
4.21	Federal TANF	140,000	140,000

4.22 **Safe Place for Newborns.** \$350,000 from  
4.23 the general fund in fiscal year 2016 is to  
4.24 distribute information on the Safe Place  
4.25 for Newborns law in Minnesota to increase  
4.26 public awareness of the law. This is a  
4.27 onetime appropriation.

4.28 **Child Protection.** \$23,350,000 in fiscal year  
4.29 2016 and \$23,350,000 in fiscal year 2017  
4.30 are to address child protection staffing and  
4.31 services under Minnesota Statutes, section  
4.32 256M.41. \$1,650,000 in fiscal year 2016 and  
4.33 \$1,650,000 in fiscal year 2017 are for child  
4.34 protection grants to address child welfare



5.1 disparities under Minnesota Statutes, section  
5.2 256E.28.

5.3 **Title IV-E Adoption Assistance.** Additional  
5.4 federal reimbursement to the state as a result  
5.5 of the Fostering Connections to Success  
5.6 and Increasing Adoptions Act's expanded  
5.7 eligibility for title IV-E adoption assistance  
5.8 is appropriated to the commissioner  
5.9 for postadoption services, including a  
5.10 parent-to-parent support network.

5.11 **Adoption Assistance Incentive Grants.**  
5.12 Federal funds available during fiscal years  
5.13 2016 and 2017 for adoption incentive  
5.14 grants are appropriated to the commissioner  
5.15 for postadoption services, including a  
5.16 parent-to-parent support network.

5.17	<b>(f) Children and Community Service Grants</b>	56,301,000	56,301,000
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5.18	<b>(g) Children and Economic Support Grants</b>	26,778,000	26,966,000
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5.19 **Mobile Food Shelf Grants.** (a) \$1,000,000  
5.20 in fiscal year 2016 and \$1,000,000 in  
5.21 fiscal year 2017 are for a grant to Hunger  
5.22 Solutions. This is a onetime appropriation  
5.23 and is available until June 30, 2017.

5.24 (b) Hunger Solutions shall award grants of  
5.25 up to \$75,000 on a competitive basis. Grant  
5.26 applications must include:

5.27 (1) the location of the project;

5.28 (2) a description of the mobile program,  
5.29 including size and scope;

5.30 (3) evidence regarding the unserved or  
5.31 underserved nature of the community in  
5.32 which the project is to be located;

5.33 (4) evidence of community support for the  
5.34 project;



- 6.1 (5) the total cost of the project;
- 6.2 (6) the amount of the grant request and how
- 6.3 funds will be used;
- 6.4 (7) sources of funding or in-kind
- 6.5 contributions for the project that will
- 6.6 supplement any grant award;
- 6.7 (8) a commitment to mobile programs by the
- 6.8 applicant and an ongoing commitment to
- 6.9 maintain the mobile program; and
- 6.10 (9) any additional information requested by
- 6.11 Hunger Solutions.
- 6.12 (c) Priority may be given to applicants who:
- 6.13 (1) serve underserved areas;
- 6.14 (2) create a new or expand an existing mobile
- 6.15 program;
- 6.16 (3) serve areas where a high amount of need
- 6.17 is identified;
- 6.18 (4) provide evidence of strong support for the
- 6.19 project from citizens and other institutions in
- 6.20 the community;
- 6.21 (5) leverage funding for the project from
- 6.22 other private and public sources; and
- 6.23 (6) commit to maintaining the program on a
- 6.24 multilayer basis.
- 6.25 **Homeless Youth Act.** At least \$500,000 of
- 6.26 the appropriation for the Homeless Youth
- 6.27 Act must be awarded to providers in greater
- 6.28 Minnesota, with at least 25 percent of this
- 6.29 amount for new applicant providers. The
- 6.30 commissioner shall provide outreach and
- 6.31 technical assistance to greater Minnesota
- 6.32 providers and new providers to encourage
- 6.33 responding to the request for proposals.



7.1 **Stearns County Veterans Housing.**

7.2 \$85,000 in fiscal year 2016 and \$85,000  
7.3 in fiscal year 2017 are for a grant to  
7.4 Stearns County to provide administrative  
7.5 funding in support of a service provider  
7.6 serving veterans in Stearns County. The  
7.7 administrative funding grant may be used to  
7.8 support group residential housing services,  
7.9 corrections-related services, veteran services,  
7.10 and other social services related to the service  
7.11 provider serving veterans in Stearns County.

7.12 **Safe Harbor.** \$800,000 in fiscal year 2016  
7.13 and \$800,000 in fiscal year 2017 are from  
7.14 the general fund for emergency shelter and  
7.15 transitional and long-term housing beds for  
7.16 sexually exploited youth and youth at risk of  
7.17 sexual exploitation. Of this appropriation,  
7.18 \$150,000 in fiscal year 2016 and \$150,000 in  
7.19 fiscal year 2017 are from the general fund for  
7.20 statewide youth outreach workers connecting  
7.21 sexually exploited youth and youth at risk of  
7.22 sexual exploitation with shelter and services.  
7.23 Youth age 24 years or younger are eligible  
7.24 for shelter, housing beds, and services under  
7.25 this grant program.

7.26 **Minnesota Food Assistance Program.**

7.27 Unexpended funds for the Minnesota food  
7.28 assistance program for fiscal year 2016 do  
7.29 not cancel but are available for this purpose  
7.30 in fiscal year 2017.

7.31 **Base Level Adjustment.** The general fund  
7.32 base is decreased by \$816,000 in fiscal year  
7.33 2018 and is decreased by \$606,000 in fiscal  
7.34 year 2019.

7.35 **(h) Health Care Grants**



## 8.1 Appropriations by Fund

8.2 General 536,000 2,482,000

8.3 Health Care Access 3,341,000 3,465,000

8.4 **Grants for Periodic Data Matching for**8.5 **Medical Assistance and MinnesotaCare.**

8.6 Of the general fund appropriation, \$26,000

8.7 in fiscal year 2016 and \$1,276,000 in fiscal

8.8 year 2017 are for grants to counties for

8.9 costs related to periodic data matching

8.10 for medical assistance and MinnesotaCare

8.11 recipients under Minnesota Statutes,

8.12 section 256B.0561. The commissioner

8.13 must distribute these grants to counties in

8.14 proportion to each county's number of cases

8.15 in the prior year in the affected programs.

8.16 **Base Level Adjustment.** The general fund

8.17 base is increased by \$1,637,000 in fiscal year

8.18 2018 and increased by \$1,229,000 in fiscal

8.19 year 2019.

8.20 **(i) Other Long-Term Care Grants** 1,551,000 3,069,0008.21 **Transition Populations.** \$1,551,000 in fiscal

8.22 year 2016 and \$1,725,000 in fiscal year 2017

8.23 are for home and community-based services

8.24 transition grants to assist in providing home

8.25 and community-based services and treatment

8.26 for transition populations under Minnesota

8.27 Statutes, section 256.478.

8.28 **Base Level Adjustment.** The general fund

8.29 base is increased by \$156,000 in fiscal year

8.30 2018 and by \$581,000 in fiscal year 2019.

8.31 **(j) Aging and Adult Services Grants** 28,463,000 28,162,0008.32 **Dementia Grants.** \$750,000 in fiscal year

8.33 2016 and \$750,000 in fiscal year 2017

8.34 are for the Minnesota Board on Aging for



9.1 regional and local dementia grants authorized  
9.2 in Minnesota Statutes, section 256.975,  
9.3 subdivision 11.

9.4	(k) <b>Deaf and Hard-of-Hearing Grants</b>	2,225,000	2,375,000
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9.5 **Deaf, Deafblind, and Hard-of-Hearing**  
9.6 **Grants.** \$350,000 in fiscal year 2016 and  
9.7 \$500,000 in fiscal year 2017 are for deaf  
9.8 and hard-of-hearing grants. The funds  
9.9 must be used to increase the number of  
9.10 deafblind Minnesotans receiving services  
9.11 under Minnesota Statutes, section 256C.261,  
9.12 and to provide linguistically and culturally  
9.13 appropriate mental health services to children  
9.14 who are deaf, deafblind, and hard-of-hearing.  
9.15 This is a onetime appropriation.

9.16 **Base Level Adjustment.** The general fund  
9.17 base is decreased by \$500,000 in fiscal year  
9.18 2018 and by \$500,000 in fiscal year 2019.

9.19	(l) <b>Disabilities Grants</b>	20,820,000	20,858,000
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9.20 **State Quality Council.** \$573,000 in fiscal  
9.21 year 2016 and \$600,000 in fiscal year  
9.22 2017 are for the State Quality Council to  
9.23 provide technical assistance and monitoring  
9.24 of person-centered outcomes related to  
9.25 inclusive community living and employment.  
9.26 The funding must be used by the State  
9.27 Quality Council to assure a statewide plan  
9.28 for systems change in person-centered  
9.29 planning that will achieve desired outcomes  
9.30 including increased integrated employment  
9.31 and community living.

9.32 (m) **Adult Mental Health Grants**

9.33	Appropriations by Fund		
9.34	General	69,992,000	71,244,000



10.1	Health Care Access	1,575,000	2,473,000
10.2	Lottery Prize	1,733,000	1,733,000

10.3 **Funding Usage.** Up to 75 percent of a fiscal  
10.4 year's appropriation for adult mental health  
10.5 grants may be used to fund allocations in that  
10.6 portion of the fiscal year ending December  
10.7 31.

10.8 **Culturally Specific Mental Health**  
10.9 **Services.** \$100,000 in fiscal year 2016 is for  
10.10 grants to nonprofit organizations to provide  
10.11 resources and referrals for culturally specific  
10.12 mental health services to Southeast Asian  
10.13 veterans born before 1965 who do not qualify  
10.14 for services available to veterans formally  
10.15 discharged from the United States armed  
10.16 forces.

10.17 **Problem Gambling.** \$225,000 in fiscal year  
10.18 2016 and \$225,000 in fiscal year 2017 are  
10.19 from the lottery prize fund for a grant to the  
10.20 state affiliate recognized by the National  
10.21 Council on Problem Gambling. The affiliate  
10.22 must provide services to increase public  
10.23 awareness of problem gambling, education,  
10.24 and training for individuals and organizations  
10.25 providing effective treatment services to  
10.26 problem gamblers and their families, and  
10.27 research related to problem gambling.

10.28 **Sustainability Grants.** \$2,125,000 in fiscal  
10.29 year 2016 and \$2,125,000 in fiscal year 2017  
10.30 are for sustainability grants under Minnesota  
10.31 Statutes, section 256B.0622, subdivision 11.

10.32 **Beltrami County Mental Health Services**  
10.33 **Grant.** \$1,000,000 in fiscal year 2016 and  
10.34 \$1,000,000 in fiscal year 2017 are from the  
10.35 general fund for a grant to Beltrami County



11.1 to fund the planning and development of  
11.2 a comprehensive mental health services  
11.3 program under article 2, section 41,  
11.4 Comprehensive Mental Health Program  
11.5 in Beltrami County. This is a onetime  
11.6 appropriation.

11.7 **Base Level Adjustment.** The general fund  
11.8 base is increased by \$723,000 in fiscal year  
11.9 2018 and by \$723,000 in fiscal year 2019.  
11.10 The health care access fund base is decreased  
11.11 by \$1,723,000 in fiscal year 2018 and by  
11.12 \$1,723,000 in fiscal year 2019.

11.13	(n) <b>Child Mental Health Grants</b>	23,386,000	24,313,000
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11.14 **Services and Supports for First Episode**  
11.15 **Psychosis.** \$177,000 in fiscal year 2017 is  
11.16 for grants under Minnesota Statutes, section  
11.17 245.4889, to mental health providers to pilot  
11.18 evidence-based interventions for youth at risk  
11.19 of developing or experiencing a first episode  
11.20 of psychosis and for a public awareness  
11.21 campaign on the signs and symptoms of  
11.22 psychosis. The base for these grants is  
11.23 \$236,000 in fiscal year 2018 and \$301,000 in  
11.24 fiscal year 2019.

11.25 **Adverse Childhood Experiences.** The base  
11.26 for grants under Minnesota Statutes, section  
11.27 245.4889, to children's mental health and  
11.28 family services collaboratives for adverse  
11.29 childhood experiences (ACEs) training  
11.30 grants and for an interactive Web site  
11.31 connection to support ACEs in Minnesota is  
11.32 \$363,000 in fiscal year 2018 and \$363,000 in  
11.33 fiscal year 2019.

11.34 **Funding Usage.** Up to 75 percent of a fiscal  
11.35 year's appropriation for child mental health



12.1 grants may be used to fund allocations in that  
12.2 portion of the fiscal year ending December  
12.3 31.

12.4 **Base Level Adjustment.** The general fund  
12.5 base is increased by \$422,000 in fiscal year  
12.6 2018 and is increased by \$487,000 in fiscal  
12.7 year 2019.

12.8 **(o) Chemical Dependency Treatment Support**  
12.9 **Grants**

1,561,000

1,561,000

12.10 **Chemical Dependency Prevention.**  
12.11 \$150,000 in fiscal year 2016 and \$150,000  
12.12 in fiscal year 2017 are for grants to  
12.13 nonprofit organizations to provide chemical  
12.14 dependency prevention programs in  
12.15 secondary schools. When making grants, the  
12.16 commissioner must consider the expertise,  
12.17 prior experience, and outcomes achieved  
12.18 by applicants that have provided prevention  
12.19 programming in secondary education  
12.20 environments. An applicant for the grant  
12.21 funds must provide verification to the  
12.22 commissioner that the applicant has available  
12.23 and will contribute sufficient funds to match  
12.24 the grant given by the commissioner. This is  
12.25 a onetime appropriation.

12.26 **Fetal Alcohol Syndrome Grants.** \$250,000  
12.27 in fiscal year 2016 and \$250,000 in fiscal year  
12.28 2017 are for grants to be administered by the  
12.29 Minnesota Organization on Fetal Alcohol  
12.30 Syndrome to provide comprehensive,  
12.31 gender-specific services to pregnant and  
12.32 parenting women suspected of or known  
12.33 to use or abuse alcohol or other drugs.  
12.34 This appropriation is for grants to no fewer  
12.35 than three eligible recipients. Minnesota  
12.36 Organization on Fetal Alcohol Syndrome



13.1        must report to the commissioner of human  
13.2        services annually by January 15 on the  
13.3        grants funded by this appropriation. The  
13.4        report must include measurable outcomes for  
13.5        the previous year, including the number of  
13.6        pregnant women served and the number of  
13.7        toxic-free babies born.

13.8        **Base Level Adjustment.** The general fund  
13.9        base is decreased by \$150,000 in fiscal year  
13.10       2018 and by \$150,000 in fiscal year 2019.

13.11       Sec. 4. Laws 2015, chapter 71, article 14, section 3, subdivision 2, as amended by  
13.12       Laws 2015, First Special Session chapter 6, section 2, is amended to read:

13.13       Subd. 2. **Health Improvement**

13.14	Appropriations by Fund		
13.15	General	68,653,000	68,984,000
13.16	State Government		
13.17	Special Revenue	6,264,000	6,182,000
13.18	Health Care Access	33,987,000	33,421,000
13.19	Federal TANF	11,713,000	11,713,000

13.20       **Violence Against Asian Women Working**  
13.21       **Group.** \$200,000 in fiscal year 2016 from  
13.22       the general fund is for the working group on  
13.23       violence against Asian women and children.

13.24       **MERC Program.** \$1,000,000 in fiscal year  
13.25       2016 and \$1,000,000 in fiscal year 2017 are  
13.26       from the general fund for the MERC program  
13.27       under Minnesota Statutes, section 62J.692,  
13.28       subdivision 4.

13.29       **Poison Information Center Grants.**  
13.30       \$750,000 in fiscal year 2016 and \$750,000 in  
13.31       fiscal year 2017 are from the general fund  
13.32       for regional poison information center grants  
13.33       under Minnesota Statutes, section 145.93.



14.1 **Advanced Care Planning.** \$250,000 in  
14.2 fiscal year 2016 is from the general fund  
14.3 to award a grant to a statewide advance  
14.4 care planning resource organization that has  
14.5 expertise in convening and coordinating  
14.6 community-based strategies to encourage  
14.7 individuals, families, caregivers, and health  
14.8 care providers to begin conversations  
14.9 regarding end-of-life care choices that  
14.10 express an individual's health care values  
14.11 and preferences and are based on informed  
14.12 health care decisions. This is a onetime  
14.13 appropriation.

14.14 **Early Dental Prevention Initiatives.**  
14.15 \$172,000 in fiscal year 2016 and \$140,000 in  
14.16 fiscal year 2017 are for the development and  
14.17 distribution of the early dental prevention  
14.18 initiative under Minnesota Statutes, section  
14.19 144.3875.

14.20 **International Medical Graduate**  
14.21 **Assistance Program.** (a) \$500,000 in fiscal  
14.22 year 2016 and \$500,000 in fiscal year 2017  
14.23 are from the health care access fund for  
14.24 the grant programs and necessary contracts  
14.25 under Minnesota Statutes, section 144.1911,  
14.26 subdivisions 3, paragraph (a), clause (4), and  
14.27 4 and 5. The commissioner may use up to  
14.28 \$133,000 per year of the appropriation for  
14.29 international medical graduate assistance  
14.30 program administration duties in Minnesota  
14.31 Statutes, section 144.1911, subdivisions  
14.32 3, 9, and 10, and for administering the  
14.33 grant programs under Minnesota Statutes,  
14.34 section 144.1911, subdivisions 4, 5,  
14.35 and 6. The commissioner shall develop  
14.36 recommendations for any additional funding



15.1 required for initiatives needed to achieve the  
15.2 objectives of Minnesota Statutes, section  
15.3 144.1911. The commissioner shall report the  
15.4 funding recommendations to the legislature  
15.5 by January 15, 2016, in the report required  
15.6 under Minnesota Statutes, section 144.1911,  
15.7 subdivision 10. The base for this purpose is  
15.8 \$1,000,000 in fiscal years 2018 and 2019.

15.9 (b) \$500,000 in fiscal year 2016 and  
15.10 \$500,000 in fiscal year 2017 are from the  
15.11 health care access fund for transfer to the  
15.12 revolving international medical graduate  
15.13 residency account established in Minnesota  
15.14 Statutes, section 144.1911, subdivision 6.  
15.15 This is a onetime appropriation.

15.16 **Federally Qualified Health Centers.**  
15.17 \$1,000,000 in fiscal year 2016 and  
15.18 \$1,000,000 in fiscal year 2017 are from the  
15.19 general fund to provide subsidies to federally  
15.20 qualified health centers under Minnesota  
15.21 Statutes, section 145.9269. This is a onetime  
15.22 appropriation.

15.23 **Organ Donation.** \$200,000 in fiscal year  
15.24 2016 is from the general fund to establish  
15.25 a grant program to develop and create  
15.26 culturally appropriate outreach programs that  
15.27 provide education about the importance of  
15.28 organ donation. Grants shall be awarded to  
15.29 a federally designated organ procurement  
15.30 organization and hospital system that  
15.31 performs transplants. This is a onetime  
15.32 appropriation.

15.33 **Primary Care Residency.** \$1,500,000 in  
15.34 fiscal year 2016 and \$1,500,000 in fiscal  
15.35 year 2017 are from the general fund for



16.1 the purposes of the primary care residency  
16.2 expansion grant program under Minnesota  
16.3 Statutes, section 144.1506.

16.4 **Somali Women's Health Pilot Program.**

16.5 (a) The commissioner of health shall  
16.6 establish a pilot program between one or  
16.7 more federally qualified health centers, as  
16.8 defined under Minnesota Statutes, section  
16.9 145.9269, a nonprofit organization that  
16.10 helps Somali women, and the Minnesota  
16.11 Evaluation Studies Institute, to develop  
16.12 a promising strategy to address the  
16.13 preventative and primary health care needs  
16.14 of, and address health inequities experienced  
16.15 by, first generation Somali women. The  
16.16 pilot program must collaboratively develop  
16.17 a patient flow process for first generation  
16.18 Somali women by:

16.19 (1) addressing and identifying clinical and  
16.20 cultural barriers to Somali women accessing  
16.21 preventative and primary care, including,  
16.22 but not limited to, cervical and breast cancer  
16.23 screenings;

16.24 (2) developing a culturally appropriate health  
16.25 curriculum for Somali women based on  
16.26 the outcomes from the community-based  
16.27 participatory research report "Cultural  
16.28 Traditions and the Reproductive Health  
16.29 of Somali Refugees and Immigrants" to  
16.30 increase the health literacy of Somali women  
16.31 and develop culturally specific health care  
16.32 information; and

16.33 (3) training the federally qualified health  
16.34 center's providers and staff to enhance  
16.35 provider and staff cultural competence



17.1 regarding the cultural barriers, including  
17.2 female genital cutting.

17.3 (b) The pilot program must develop a process  
17.4 that results in increased screening rates  
17.5 for cervical and breast cancer and can be  
17.6 replicated by other providers serving ethnic  
17.7 minorities. The pilot program must conduct  
17.8 an evaluation of the new patient flow process  
17.9 used by Somali women to access federally  
17.10 qualified health centers services.

17.11 (c) The pilot program must report the  
17.12 outcomes to the commissioner by June 30,  
17.13 2017.

17.14 (d) \$110,000 in fiscal year 2016 is for the  
17.15 Somali women's health pilot program. Of  
17.16 this appropriation, the commissioner may  
17.17 use up to \$10,000 to administer the program.  
17.18 This appropriation is available until June 30,  
17.19 2017. This is a onetime appropriation.

17.20 **Menthol Cigarette Usage in**  
17.21 **African-American Community**  
17.22 **Intervention Grants.** Of the health care  
17.23 access fund appropriation for the statewide  
17.24 health improvement program, \$200,000 in  
17.25 fiscal year 2016 is for at least one grant that  
17.26 must be awarded by the commissioner to  
17.27 implement strategies and interventions to  
17.28 reduce the disproportionately high usage of  
17.29 cigarettes by African-Americans, especially  
17.30 the use of menthol-flavored cigarettes, as  
17.31 well as the disproportionate harm tobacco  
17.32 causes in that community. The grantee shall  
17.33 engage members of the African-American  
17.34 community and community-based  
17.35 organizations. This grant shall be awarded



18.1 as part of the statewide health improvement  
18.2 program grants awarded on November 1,  
18.3 2015, and must meet the requirements of  
18.4 Minnesota Statutes, section 145.986.

18.5 **Targeted Home Visiting System.** (a)  
18.6 \$75,000 in fiscal year 2016 is for the  
18.7 commissioner of health, in consultation  
18.8 with the commissioners of human services  
18.9 and education, community health boards,  
18.10 tribal nations, and other home visiting  
18.11 stakeholders, to design baseline training  
18.12 for new home visitors to ensure statewide  
18.13 coordination across home visiting programs.

18.14 (b) \$575,000 in fiscal year 2016 and  
18.15 \$2,000,000 fiscal year 2017 are to provide  
18.16 grants to community health boards and  
18.17 tribal nations for start-up grants for new  
18.18 nurse-family partnership programs and  
18.19 for grants to expand existing programs  
18.20 to serve first-time mothers, prenatally by  
18.21 28 weeks gestation until the child is two  
18.22 years of age, who are eligible for medical  
18.23 assistance under Minnesota Statutes, chapter  
18.24 256B, or the federal Special Supplemental  
18.25 Nutrition Program for Women, Infants, and  
18.26 Children. The commissioner shall award  
18.27 grants to community health boards or tribal  
18.28 nations in metropolitan and rural areas of  
18.29 the state. Priority for all grants shall be  
18.30 given to nurse-family partnership programs  
18.31 that provide services through a Minnesota  
18.32 health care program-enrolled provider that  
18.33 accepts medical assistance. Additionally,  
18.34 priority for grants to rural areas shall be  
18.35 given to community health boards and tribal  
18.36 nations that expand services within regional



19.1 partnerships that provide the nurse-family  
19.2 partnership program. Funding available  
19.3 under this paragraph may only be used to  
19.4 supplement, not to replace, funds being used  
19.5 for nurse-family partnership home visiting  
19.6 services as of June 30, 2015.

19.7 **Opiate Antagonists.** \$270,000 in fiscal  
19.8 year 2016 and \$20,000 in fiscal year 2017  
19.9 are from the general fund for grants to the  
19.10 eight regional emergency medical services  
19.11 programs to purchase opiate antagonists  
19.12 and educate and train emergency medical  
19.13 services persons, as defined in Minnesota  
19.14 Statutes, section 144.7401, subdivision  
19.15 4, clauses (1) and (2), in the use of these  
19.16 antagonists in the event of an opioid or  
19.17 heroin overdose. For the purposes of  
19.18 this paragraph, "opiate antagonist" means  
19.19 naloxone hydrochloride or any similarly  
19.20 acting drug approved by the federal Food  
19.21 and Drug Administration for the treatment of  
19.22 drug overdose. Grants under this paragraph  
19.23 must be distributed to all eight regional  
19.24 emergency medical services programs. This  
19.25 is a onetime appropriation and is available  
19.26 until June 30, 2017. The commissioner may  
19.27 use up to \$20,000 of the amount for opiate  
19.28 antagonists for administration.

19.29 **Local and Tribal Public Health Grants.** (a)  
19.30 \$894,000 in fiscal year 2016 and \$894,000 in  
19.31 fiscal year 2017 are for an increase in local  
19.32 public health grants for community health  
19.33 boards under Minnesota Statutes, section  
19.34 145A.131, subdivision 1, paragraph (e).



20.1 (b) \$106,000 in fiscal year 2016 and \$106,000  
20.2 in fiscal year 2017 are for an increase in  
20.3 special grants to tribal governments under  
20.4 Minnesota Statutes, section 145A.14,  
20.5 subdivision 2a.

20.6 **HCBS Employee Scholarships.** \$1,000,000  
20.7 in fiscal year 2016 and \$1,000,000 in fiscal  
20.8 year 2017 are from the general fund for  
20.9 the home and community-based services  
20.10 employee scholarship program under  
20.11 Minnesota Statutes, section 144.1503. The  
20.12 commissioner may use up to \$50,000 of the  
20.13 amount for the HCBS employee scholarships  
20.14 for administration.

20.15 **Family Planning Special Projects.**  
20.16 \$1,000,000 in fiscal year 2016 and  
20.17 \$1,000,000 in fiscal year 2017 are from the  
20.18 general fund for family planning special  
20.19 project grants under Minnesota Statutes,  
20.20 section 145.925.

20.21 **Positive Alternatives.** \$1,000,000 in fiscal  
20.22 year 2016 and \$1,000,000 in fiscal year  
20.23 2017 are from the general fund for positive  
20.24 abortion alternatives under Minnesota  
20.25 Statutes, section 145.4235.

20.26 **Safe Harbor for Sexually Exploited Youth.**  
20.27 \$700,000 in fiscal year 2016 and \$700,000 in  
20.28 fiscal year 2017 are from the general fund  
20.29 for the safe harbor program under Minnesota  
20.30 Statutes, sections 145.4716 to 145.4718.  
20.31 Funds shall be used for grants to increase  
20.32 the number of regional navigators; training  
20.33 for professionals who engage with exploited  
20.34 or at-risk youth; implementing statewide  
20.35 protocols and best practices for effectively



21.1 identifying, interacting with, and referring  
21.2 sexually exploited youth to appropriate  
21.3 resources; and program operating costs.

21.4 Youth age 24 years or younger are eligible  
21.5 for services under this grant program.

21.6 **Health Care Grants for Uninsured**

21.7 **Individuals.** (a) \$62,500 in fiscal year 2016  
21.8 and \$62,500 in fiscal year 2017 are from the  
21.9 health care access fund for dental provider  
21.10 grants in Minnesota Statutes, section  
21.11 145.929, subdivision 1.

21.12 (b) \$218,750 in fiscal year 2016 and  
21.13 \$218,750 in fiscal year 2017 are from the  
21.14 health care access fund for community  
21.15 mental health program grants in Minnesota  
21.16 Statutes, section 145.929, subdivision 2.

21.17 (c) \$750,000 in fiscal year 2016 and \$750,000  
21.18 in fiscal year 2017 are from the health care  
21.19 access fund for the emergency medical  
21.20 assistance outlier grant program in Minnesota  
21.21 Statutes, section 145.929, subdivision 3.

21.22 (d) \$218,750 of the health care access  
21.23 fund appropriation in fiscal year 2016  
21.24 and \$218,750 in fiscal year 2017 are for  
21.25 community health center grants under  
21.26 Minnesota Statutes, section 145.9269. A  
21.27 community health center that receives a grant  
21.28 from this appropriation is not eligible for a  
21.29 grant under paragraph (b).

21.30 (e) The commissioner may use up to \$25,000  
21.31 of the appropriations for health care grants  
21.32 for uninsured individuals in fiscal years 2016  
21.33 and 2017 for grant administration.

21.34 **TANF Appropriations.** (a) \$1,156,000 of  
21.35 the TANF funds is appropriated each year of



22.1 the biennium to the commissioner for family  
22.2 planning grants under Minnesota Statutes,  
22.3 section 145.925.

22.4 (b) \$3,579,000 of the TANF funds is  
22.5 appropriated each year of the biennium to  
22.6 the commissioner for home visiting and  
22.7 nutritional services listed under Minnesota  
22.8 Statutes, section 145.882, subdivision 7,  
22.9 clauses (6) and (7). Funds must be distributed  
22.10 to community health boards according to  
22.11 Minnesota Statutes, section 145A.131,  
22.12 subdivision 1.

22.13 (c) \$2,000,000 of the TANF funds is  
22.14 appropriated each year of the biennium to  
22.15 the commissioner for decreasing racial and  
22.16 ethnic disparities in infant mortality rates  
22.17 under Minnesota Statutes, section 145.928,  
22.18 subdivision 7.

22.19 (d) \$4,978,000 of the TANF funds is  
22.20 appropriated each year of the biennium to the  
22.21 commissioner for the family home visiting  
22.22 grant program according to Minnesota  
22.23 Statutes, section 145A.17. \$4,000,000 of the  
22.24 funding must be distributed to community  
22.25 health boards according to Minnesota  
22.26 Statutes, section 145A.131, subdivision 1.  
22.27 \$978,000 of the funding must be distributed to  
22.28 tribal governments as provided in Minnesota  
22.29 Statutes, section 145A.14, subdivision 2a.

22.30 (e) The commissioner may use up to 6.23  
22.31 percent of the funds appropriated each fiscal  
22.32 year to conduct the ongoing evaluations  
22.33 required under Minnesota Statutes, section  
22.34 145A.17, subdivision 7, and training and  
22.35 technical assistance as required under



23.1 Minnesota Statutes, section 145A.17,  
23.2 subdivisions 4 and 5.

23.3 **TANF Carryforward.** Any unexpended  
23.4 balance of the TANF appropriation in the  
23.5 first year of the biennium does not cancel but  
23.6 is available for the second year.

23.7 **Health Professional Loan Forgiveness.**  
23.8 \$2,631,000 in fiscal year 2016 and  
23.9 \$2,631,000 in fiscal year 2017 are from the  
23.10 health care access fund for the purposes of  
23.11 Minnesota Statutes, section 144.1501. Of  
23.12 this appropriation, the commissioner may  
23.13 use up to \$131,000 each year to administer  
23.14 the program.

23.15 **Minnesota Stroke System.** \$350,000 in  
23.16 fiscal year 2016 and \$350,000 in fiscal  
23.17 year 2017 are from the general fund for the  
23.18 Minnesota stroke system.

23.19 **Prevention of Violence in Health Care.**  
23.20 \$50,000 in fiscal year 2016 is to continue the  
23.21 prevention of violence in health care program  
23.22 and creating violence prevention resources  
23.23 for hospitals and other health care providers  
23.24 to use in training their staff on violence  
23.25 prevention. This is a onetime appropriation  
23.26 and is available until June 30, 2017.

23.27 **Health Care Savings Determinations.** (a)  
23.28 The health care access fund base for the state  
23.29 health improvement program is decreased by  
23.30 \$261,000 in fiscal year 2016 and decreased  
23.31 by \$110,000 in fiscal year 2017.

23.32 (b) \$261,000 in fiscal year 2016 and \$110,000  
23.33 in fiscal year 2017 are from the health care  
23.34 access fund for the forecasting, cost reporting,



24.1 and analysis required by Minnesota Statutes,  
24.2 section 62U.10, subdivisions 6 and 7.

24.3 **Base Level Adjustments.** The general fund  
24.4 base is decreased by \$1,070,000 in fiscal  
24.5 year 2018 and by \$1,020,000 in fiscal year  
24.6 2019. The state government special revenue  
24.7 fund base is increased by \$33,000 in fiscal  
24.8 year 2018. The health care access fund base  
24.9 is increased by \$610,000 in fiscal year 2018  
24.10 and by \$23,000 in fiscal year 2019.

24.11 Sec. 5. **APPROPRIATIONS; SEXUALLY EXPLOITED YOUTH.**

24.12 Subdivision 1. **Commissioner of human services.** (a) \$2,000,000 in fiscal year  
24.13 2017 is appropriated from the general fund to the commissioner of human services for  
24.14 emergency shelter and transitional and long-term housing beds for sexually exploited  
24.15 youth and youth at risk of sexual exploitation.

24.16 (b) \$500,000 in fiscal year 2017 is appropriated from the general fund to the  
24.17 commissioner of human services for statewide youth outreach workers connecting  
24.18 sexually exploited youth and youth at risk of sexual exploitation with shelter and services.

24.19 (c) Youth age 24 years or younger are eligible for shelter, housing beds, and services  
24.20 under this subdivision.

24.21 Subd. 2. **Commissioner of health.** (a) \$2,000,000 in fiscal year 2017 is appropriated  
24.22 from the general fund to the commissioner of health for trauma-informed, culturally  
24.23 specific services for exploited youth.

24.24 (b) \$800,000 in fiscal year 2017 is appropriated from the general fund to the  
24.25 commissioner of health for:

24.26 (1) statewide training of frontline personnel who encounter sexually exploited youth  
24.27 through their work;

24.28 (2) protocol implementation, which includes providing technical assistance in setting  
24.29 up best practice-based systems for effectively identifying, interacting with, and referring  
24.30 sexually exploited youth to appropriate resources; and

24.31 (3) program evaluation.

24.32 (c) Youth age 24 years or younger are eligible for services under this subdivision.