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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 501

01/26/2017 Authored by Fenton, Slocum, Schomacker, Kiel, Backer and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
02/01/2017 Adoption of Report: Re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to human services; appropriating money to voice response suicide
1.3 prevention and mental health crisis response program and to expand statewide text
1.4 message suicide prevention and mental health crisis response program.

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

1.6 Section 1. APPROPRIATIONS; VOICE RESPONSE SUICIDE PREVENTION AND
1.7 MENTAL HEALTH CRISIS RESPONSE PROGRAM AND TEXT MESSAGE
1.8 SUICIDE PREVENTION AND MENTAL HEALTH CRISIS RESPONSE PROGRAM.

1.9 (a) \$1,386,534 in fiscal year 2018 is appropriated from the general fund to the
1.10 commissioner of human services for a grant to a nonprofit to stabilize the availability of the
1.11 voice response suicide prevention and mental health crisis response program. This is an
1.12 ongoing appropriation.

1.13 (b) \$657,313 in fiscal year 2018 is appropriated from the general fund to the commissioner
1.14 of human services for a grant to a nonprofit to make text message suicide prevention and
1.15 mental health crisis response program available statewide. This is an ongoing appropriation
1.16 and shall be added to the base.

1.17 (c) For purposes of this paragraph, "the programs" means the voice response suicide
1.18 prevention and mental health crisis response program and the text message suicide prevention
1.19 and mental health crisis response program. The nonprofit shall use grant funds to:

1.20 (1) operate the programs statewide and provide a method of response that triages inquiries,
1.21 provides immediate access to suicide prevention and crisis counseling over the telephone
1.22 or via text messaging, and provides individual, family, or community education;

2.1 (2) connect individuals with trained crisis counselors and access to local resources,
2.2 including referrals to community mental health options, emergency department, and locally
2.3 available mobile crisis teams, when appropriate;

2.4 (3) maximize availability of services and access across the state, in conjunction with
2.5 other suicide prevention programs and services; and

2.6 (4) provide community education on the availability of the programs and how to access
2.7 the programs.