

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

S.F. No. 4672

(SENATE AUTHORS: WIKLUND)

DATE	D-PG	OFFICIAL STATUS
03/23/2026	6901	Introduction and first reading Referred to Health and Human Services

1.1 A bill for an act

1.2 relating to mental health; making technical changes; requiring a report; amending

1.3 Minnesota Statutes 2024, sections 245.096; 245.73, subdivision 4; Minnesota

1.4 Statutes 2025 Supplement, sections 245.4661, subdivision 9; 245.4889, subdivision

1.5 1.

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

1.7 Section 1. Minnesota Statutes 2024, section 245.096, is amended to read:

1.8 **245.096 CHANGES TO GRANT PROGRAMS.**

1.9 Prior to implementing any ~~substantial~~ changes to a grant funding formula disbursed

1.10 through allocations administered by the commissioner, the commissioner must provide a

1.11 report on the nature of the changes, the effect the changes will have, whether any funding

1.12 will change, and other relevant information, to the chairs and ranking minority members of

1.13 the legislative committees with jurisdiction over human services. The report must be provided

1.14 prior to the start of a regular session, and the proposed changes cannot be implemented until

1.15 after the adjournment of that regular session.

1.16 Sec. 2. Minnesota Statutes 2025 Supplement, section 245.4661, subdivision 9, is amended

1.17 to read:

1.18 Subd. 9. **Services and programs.** ~~(a) The following three distinct grant programs are~~

1.19 ~~funded under this section:~~

- 1.20 ~~(1) mental health crisis services;~~
- 1.21 ~~(2) housing with supports for adults with serious mental illness; and~~
- 1.22 ~~(3) projects for assistance in transitioning from homelessness (PATH program).~~

- 2.1 ~~(b) In addition;~~ The following are eligible for grant funds under this section:
- 2.2 (1) community education and prevention;
- 2.3 (2) client outreach;
- 2.4 (3) early identification and intervention;
- 2.5 ~~(4) adult outpatient diagnostic assessment and psychological testing;~~
- 2.6 ~~(5) peer support services;~~
- 2.7 ~~(6) community support program services (CSP);~~
- 2.8 ~~(7) adult residential crisis stabilization;~~
- 2.9 ~~(8)~~ (4) supported employment;
- 2.10 ~~(9) assertive community treatment (ACT);~~
- 2.11 ~~(10)~~ (5) housing subsidies;
- 2.12 ~~(11)~~ (6) basic living, social skills, and community intervention;
- 2.13 ~~(12)~~ (7) emergency response services;
- 2.14 ~~(13) adult outpatient psychotherapy;~~
- 2.15 ~~(14) adult outpatient medication management;~~
- 2.16 ~~(15)~~ (8) adult mobile crisis services, including the purchase and renovation of vehicles
- 2.17 by mobile crisis teams in order to provide protected transport under section 256B.0625,
- 2.18 subdivision 17, paragraph (1), clause (6);
- 2.19 ~~(16)~~ (9) adult day treatment;
- 2.20 ~~(17)~~ (10) partial hospitalization; and
- 2.21 ~~(18) adult residential treatment;~~
- 2.22 ~~(19) adult mental health targeted case management; and~~
- 2.23 ~~(20)~~ (11) transportation.

2.24 Sec. 3. Minnesota Statutes 2025 Supplement, section 245.4889, subdivision 1, is amended

2.25 to read:

2.26 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to

2.27 make grants from available appropriations to assist:

- 2.28 (1) counties;

- 3.1 (2) ~~Indian tribes~~ Minnesota's Tribal Nations;
- 3.2 (3) children's collaboratives under section 142D.15 or 245.493; or
- 3.3 (4) mental health service providers.
- 3.4 (b) The following services are eligible for grants under this section:
- 3.5 ~~(1) services to children with mental illness as defined in section 245.4871, subdivision~~
- 3.6 ~~15, and their families;~~
- 3.7 ~~(2)~~ (1) transition services under section 245.4875, subdivision 8, for young adults under
- 3.8 age 21 and their families;
- 3.9 ~~(3)~~ (2) respite care services for children with mental illness or serious mental illness
- 3.10 who are at risk of residential treatment or hospitalization; who are already in residential
- 3.11 treatment or therapeutic foster care or in family foster settings as defined in chapter 142B
- 3.12 and at risk of change in foster care or placement in a residential facility or other higher level
- 3.13 of care; who have utilized crisis services or emergency room services; or who have
- 3.14 experienced a loss of in-home staffing support. Allowable activities and expenses for respite
- 3.15 care services are defined under subdivision 4. A child is not required to have case
- 3.16 management services to receive respite care services. Counties must work to provide access
- 3.17 to regularly scheduled respite care;
- 3.18 ~~(4) children's mental health crisis services;~~
- 3.19 ~~(5) child-, youth-, and family-specific mobile response and stabilization services models;~~
- 3.20 ~~(6) mental health services for people from cultural and ethnic minorities, including~~
- 3.21 ~~supervision of clinical trainees who are Black, indigenous, or people of color;~~
- 3.22 ~~(7) children's mental health screening and follow-up diagnostic assessment and treatment;~~
- 3.23 ~~(8)~~ (3) services to promote and develop the capacity of providers to use evidence-based
- 3.24 practices in providing children's mental health services;
- 3.25 ~~(9) school-linked mental health services under section 245.4901;~~
- 3.26 ~~(10)~~ (4) building evidence-based mental health intervention capacity for children birth
- 3.27 to age five;
- 3.28 ~~(11)~~ (5) suicide prevention and counseling services that use text messaging statewide;
- 3.29 ~~(12)~~ (6) mental health first aid training;

4.1 ~~(13)~~ (7) training for parents, collaborative partners, and mental health providers on the
4.2 impact of adverse childhood experiences and trauma and development of an interactive
4.3 website to share information and strategies to promote resilience and prevent trauma;

4.4 ~~(14)~~ (8) transition age services to develop or expand mental health treatment and supports
4.5 for adolescents and young adults 26 years of age or younger;

4.6 ~~(15)~~ (9) early childhood mental health consultation;

4.7 ~~(16)~~ evidence-based interventions for youth at risk of developing or experiencing a first
4.8 episode of psychosis, and a public awareness campaign on the signs and symptoms of
4.9 psychosis;

4.10 ~~(17)~~ (10) psychiatric consultation for primary care practitioners;

4.11 ~~(18)~~ (11) providers to begin operations and meet program requirements when establishing
4.12 a new children's mental health program. These may be start-up grants; and

4.13 ~~(19)~~ (12) evidence-based interventions for youth and young adults at risk of developing
4.14 or experiencing an early episode of bipolar disorder.

4.15 (c) Services under paragraph (b) must be designed to help each child to function and
4.16 remain with the child's family in the community and delivered consistent with the child's
4.17 treatment plan. Transition services to eligible young adults under this paragraph must be
4.18 designed to foster independent living in the community.

4.19 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
4.20 reimbursement sources, if applicable.

4.21 (e) The commissioner may establish and design a pilot program to expand the mobile
4.22 response and stabilization services model for children, youth, and families. The commissioner
4.23 may use grant funding to consult with a qualified expert entity to assist in the formulation
4.24 of measurable outcomes and explore and position the state to submit a Medicaid state plan
4.25 amendment to scale the model statewide.

4.26 Sec. 4. Minnesota Statutes 2024, section 245.73, subdivision 4, is amended to read:

4.27 Subd. 4. **Rules; reports.** The commissioner ~~shall~~ must promulgate an emergency and
4.28 permanent rule to govern grant applications, approval of applications, allocation of grants,
4.29 and maintenance of service and financial records by grant recipients. The commissioner
4.30 ~~shall~~ must specify requirements for reports, including quarterly fiscal reports, according to
4.31 section 256.01, subdivision 2, paragraph (o). The commissioner ~~shall~~ must require collection
4.32 of data for compliance, monitoring and evaluation purposes and shall require periodic reports

5.1 to demonstrate the effectiveness of the services in helping ~~adult mentally ill persons~~ adults
5.2 with mental illness remain and function in their own communities. ~~As a part of the report~~
5.3 ~~required by section 245.461, the commissioner shall report to the legislature as to the~~
5.4 ~~effectiveness of this program and recommendations regarding continued funding.~~ The
5.5 commissioner must report to the chairs and ranking minority members of the legislative
5.6 committees with jurisdiction over mental health on the program. The report must include
5.7 information on the effectiveness of the program based on data collected from grant recipients
5.8 and recommendations on continued funding.