02/04/19 REVISOR ACS/MO 19-3205 as introduced

SENATE STATE OF MINNESOTA NINETY-FIRST SESSION

S.F. No. 1390

(SENATE AUTHORS: ANDERSON, P. and Housley)

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DATE 02/18/2019 D-PG 427 Introduction and first reading Referred to Human Services Reform Finance and Policy

03/13/2019 Comm report: To pass as amended and re-refer to Health and Human Services Finance and Policy

A bill for an act

relating to human services; appropriating money for a voice response suicide

prevention and mental health crisis response program and text message suicide 1.3 prevention and mental health crisis response program. 1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA: 1.5 Section 1. APPROPRIATIONS; VOICE RESPONSE SUICIDE PREVENTION AND 1.6 MENTAL HEALTH CRISIS RESPONSE PROGRAM AND TEXT MESSAGE 1.7 SUICIDE PREVENTION AND MENTAL HEALTH CRISIS RESPONSE PROGRAM. 1.8 (a) \$1,386,534 in fiscal year 2020 and \$1,386,534 in fiscal year 2021 are appropriated 19 from the general fund to the commissioner of human services to be awarded as grants to a 1.10 nonprofit organization for a voice response suicide prevention and mental health crisis 1.11 1.12 response program. (b) \$657,313 in fiscal year 2020 and \$657,313 in fiscal year 2021 are appropriated from 1.13 the general fund to the commissioner of human services to be awarded as grants to a nonprofit 1.14 organization for a text message suicide prevention and mental health crisis response program. 1.15 (c) The nonprofit organizations must use the grant funds to: 1.16 (1) make the programs available statewide; 1.17 (2) provide a method of response that triages inquiries; provide immediate access to 1.18 suicide prevention and crisis counseling over the telephone or via text messaging; and 1.19 provide individual, family, or community education; 1.20

Section 1.

2.1	(3) 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	(4) maximize availability of services and access across the state in conjunction with
2.5	other suicide prevention programs and services; and
2.6	(5) provide community education on the availability of the programs and how to access

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the programs.

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Section 1. 2