

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

S.F. No. 1891

(SENATE AUTHORS: MAYE QUADE, Oumou Verbeten, Fateh, Xiong and Hawj)
DATE 02/20/2023 D-PG 910 OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services

1.1 A bill for an act
1.2 relating to human services; establishing the cultural and ethnic minority
1.3 infrastructure grant program, grants for culturally specific provider consultations,
1.4 and a community health worker mental health training program; modifying medical
1.5 assistance reimbursement for mental health group settings; appropriating money;
1.6 amending Minnesota Statutes 2022, sections 245.4889, subdivision 1; 256B.0625,
1.7 subdivisions 18a, 49; proposing coding for new law in Minnesota Statutes, chapter
1.8 245.

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

1.10 Section 1. Minnesota Statutes 2022, section 245.4889, subdivision 1, is amended to read:

1.11 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
1.12 make grants from available appropriations to assist:

1.13 (1) counties;

1.14 (2) Indian tribes;

1.15 (3) children's collaboratives under section 124D.23 or 245.493; or

1.16 (4) mental health service providers.

1.17 (b) The following services are eligible for grants under this section:

1.18 (1) services to children with emotional disturbances as defined in section 245.4871,
1.19 subdivision 15, and their families;

1.20 (2) transition services under section 245.4875, subdivision 8, for young adults under
1.21 age 21 and their families;

1.22 (3) respite care services for children with emotional disturbances or severe emotional
1.23 disturbances who are at risk of out-of-home placement or already in out-of-home placement

2.1 in family foster settings as defined in chapter 245A and at risk of change in out-of-home
2.2 placement or placement in a residential facility or other higher level of care. Allowable
2.3 activities and expenses for respite care services are defined under subdivision 4. A child is
2.4 not required to have case management services to receive respite care services;

2.5 (4) children's mental health crisis services;

2.6 (5) mental health services for people from cultural and ethnic minorities, including
2.7 supervision of clinical trainees who are Black, indigenous, or people of color;

2.8 (6) children's mental health screening and follow-up diagnostic assessment and treatment;

2.9 (7) services to promote and develop the capacity of providers to use evidence-based
2.10 practices in providing children's mental health services;

2.11 (8) school-linked mental health services under section 245.4901;

2.12 (9) building evidence-based mental health intervention capacity for children birth to age
2.13 five;

2.14 (10) suicide prevention and counseling services that use text messaging statewide;

2.15 (11) mental health first aid training;

2.16 (12) training for parents, collaborative partners, and mental health providers on the
2.17 impact of adverse childhood experiences and trauma and development of an interactive
2.18 website to share information and strategies to promote resilience and prevent trauma;

2.19 (13) transition age services to develop or expand mental health treatment and supports
2.20 for adolescents and young adults 26 years of age or younger;

2.21 (14) early childhood mental health consultation;

2.22 (15) evidence-based interventions for youth at risk of developing or experiencing a first
2.23 episode of psychosis, and a public awareness campaign on the signs and symptoms of
2.24 psychosis;

2.25 (16) psychiatric consultation for primary care practitioners; ~~and~~

2.26 (17) providers to begin operations and meet program requirements when establishing a
2.27 new children's mental health program. These may be start-up grants; and

2.28 (18) mental health services based on traditional healing practices of cultural communities
2.29 including American Indian, Hmong, and Somali communities.

2.30 (c) Services under paragraph (b) must be designed to help each child to function and
2.31 remain with the child's family in the community and delivered consistent with the child's

3.1 treatment plan. Transition services to eligible young adults under this paragraph must be
3.2 designed to foster independent living in the community.

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

3.5 **Sec. 2. [245.4907] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE**
3.6 **GRANT PROGRAM.**

3.7 Subdivision 1. **Establishment.** The cultural and ethnic minority infrastructure grant
3.8 program is established in the Department of Human Services to ensure that mental health
3.9 and substance use disorder treatment supports and services are culturally specific and
3.10 culturally responsive to meet the cultural needs of the communities served.

3.11 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider from
3.12 a cultural or ethnic minority population who:

3.13 (1) provides mental health or substance use disorder treatment services and supports to
3.14 individuals from cultural and ethnic minority populations, including individuals who are
3.15 lesbian, gay, bisexual, transgender, or queer and from cultural and ethnic minority
3.16 populations;

3.17 (2) provides or is qualified and has the capacity to provide clinical supervision and
3.18 support to members of culturally diverse and ethnic minority communities to qualify as
3.19 mental health and substance use disorder treatment providers; or

3.20 (3) has the capacity and experience to provide training for mental health and substance
3.21 use disorder treatment providers on cultural competency and cultural humility.

3.22 Subd. 3. **Allowable grant activities.** (a) Cultural and ethnic minority infrastructure grant
3.23 program grantees must engage in activities and provide supportive services to ensure and
3.24 increase equitable access to culturally specific and responsive care and to build organizational
3.25 and professional capacity for licensure and certification for the communities served.

3.26 Allowable grant activities include but are not limited to:

3.27 (1) workforce development activities focused on recruiting, supporting, training, and
3.28 supervision activities for mental health and substance use disorder practitioners and
3.29 professionals from diverse racial, cultural, and ethnic communities;

3.30 (2) supporting members of culturally diverse and ethnic minority communities to qualify
3.31 as mental health and substance use disorder professionals, practitioners, clinical supervisors,

4.1 and recovery peer specialists; mental health certified peer specialists; and mental health
4.2 certified family peer specialists;

4.3 (3) culturally specific outreach, early intervention, trauma-informed services, and recovery
4.4 support in mental health and substance use disorder services;

4.5 (4) providing trauma-informed, culturally responsive mental health and substance use
4.6 disorder supports and services for children and families, youth, or adults who are from
4.7 cultural and ethnic minority backgrounds and are uninsured or underinsured;

4.8 (5) mental health and substance use disorder service expansion and infrastructure
4.9 improvement activities, particularly in greater Minnesota;

4.10 (6) training for mental health and substance use disorder treatment providers on cultural
4.11 competency and cultural humility; and

4.12 (7) activities to increase the availability of culturally responsive mental health and
4.13 substance use disorder services for children and families, youth, or adults or to increase the
4.14 availability of substance use disorder services for individuals from cultural and ethnic
4.15 minorities in the state.

4.16 (b) The commissioner must assist grantees with meeting third-party credentialing
4.17 requirements, and grantees must obtain all available third-party reimbursement sources as
4.18 a condition of receiving grant funds. Grantees must serve individuals from cultural and
4.19 ethnic minority communities regardless of health coverage status or ability to pay.

4.20 Subd. 4. **Data collection and outcomes.** Grantees must provide regular data summaries
4.21 to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic
4.22 minority infrastructure grant program. The commissioner must use identified culturally
4.23 appropriate outcome measures instruments to evaluate outcomes and must evaluate program
4.24 activities by analyzing whether the program:

4.25 (1) increased access to culturally specific services for individuals from cultural and
4.26 ethnic minority communities across the state;

4.27 (2) increased the number of individuals from cultural and ethnic minority communities
4.28 served by grantees;

4.29 (3) increased the cultural responsiveness and cultural competency of mental health and
4.30 substance use disorder treatment providers;

4.31 (4) increased the number of mental health and substance use disorder treatment providers
4.32 and clinical supervisors from cultural and ethnic minority communities;

5.1 (5) increased the number of mental health and substance use disorder treatment
5.2 organizations owned, managed, or led by individuals who are Black, Indigenous, or people
5.3 of color;

5.4 (6) reduced health disparities through improved clinical and functional outcomes for
5.5 those accessing services; and

5.6 (7) led to an overall increase in culturally specific mental health and substance use
5.7 disorder service availability.

5.8 Sec. 3. Minnesota Statutes 2022, section 256B.0625, subdivision 18a, is amended to read:

5.9 Subd. 18a. **Access to medical services.** (a) Medical assistance reimbursement for meals
5.10 for persons traveling to receive medical care may not exceed \$5.50 for breakfast, \$6.50 for
5.11 lunch, or \$8 for dinner.

5.12 (b) Medical assistance reimbursement for lodging for persons traveling to receive medical
5.13 care may not exceed \$50 per day unless prior authorized by the local agency.

5.14 (c) Regardless of the number of employees that an enrolled health care provider may
5.15 have, medical assistance covers sign and oral language interpreter services when provided
5.16 by an enrolled health care provider during the course of providing a direct, person-to-person
5.17 covered health care service or a mental health service provided in a group setting to an
5.18 enrolled recipient with limited English proficiency or who has a hearing loss and uses
5.19 interpreting services. Coverage for face-to-face oral language interpreter services shall be
5.20 provided only if the oral language interpreter used by the enrolled health care provider is
5.21 listed in the registry or roster established under section 144.058.

5.22 Sec. 4. Minnesota Statutes 2022, section 256B.0625, subdivision 49, is amended to read:

5.23 Subd. 49. **Community health worker.** (a) Medical assistance covers the care
5.24 coordination and patient education services provided by a community health worker if the
5.25 community health worker has received a certificate from the Minnesota State Colleges and
5.26 Universities System approved community health worker curriculum.

5.27 (b) Community health workers must work under the supervision of a medical assistance
5.28 enrolled physician, registered nurse, advanced practice registered nurse, physician assistant,
5.29 mental health professional, or dentist, or work under the supervision of a certified public
5.30 health nurse operating under the direct authority of an enrolled unit of government.

5.31 (c) Care coordination and patient education services covered under this subdivision
5.32 include, but are not limited to, services relating to oral health and dental care.

6.1 (d) The commissioner shall collaborate with the Minnesota State Colleges and
6.2 Universities to establish a mental health training program consisting of at least 40 hours of
6.3 training for community health workers.

6.4 Sec. 5. **APPROPRIATION.**

6.5 \$..... in fiscal year 2024 is appropriated from the general fund to the commissioner of
6.6 human services to fund interpreter services at intensive residential treatment facilities,
6.7 children's residential treatment centers, or psychiatric residential treatment facilities in order
6.8 for children or adults with limited English proficiency or for children or adults who are
6.9 fluent in another language to be able to access treatment. The commissioner shall use
6.10 \$100,000 of this appropriation to contract with an organization to provide technical assistance
6.11 and training to residential providers on providing culturally appropriate treatment for adults
6.12 with limited English proficiency or for adults who are fluent in another language. Grantees
6.13 must track data on the demographics of the people they serve, the outcomes, and
6.14 recommendations for the future.

6.15 Sec. 6. **APPROPRIATIONS; CULTURAL AND ETHNIC INFRASTRUCTURE**
6.16 **GRANT FUNDING.**

6.17 \$10,000,000 in fiscal year 2024 and \$5,000,000 in fiscal year 2025 are appropriated
6.18 from the general fund to the commissioner of human services for grants under the cultural
6.19 and ethnic infrastructure grant program under Minnesota Statutes, section 245.4907.

6.20 Sec. 7. **APPROPRIATIONS; CULTURALLY SPECIFIC PROVIDER**
6.21 **CONSULTATION.**

6.22 \$..... in fiscal year 2024 and \$..... in fiscal year 2025 are appropriated from the general
6.23 fund to the commissioner of human services to pay for case specific consultation between
6.24 a mental health professional and the appropriate diverse mental health professional in order
6.25 to facilitate the provision of services that are culturally appropriate to a client's needs. This
6.26 cultural consultant will discuss the case with the referring clinician without seeing the patient
6.27 directly. The consulting mental health professional will discuss the situation and make
6.28 recommendations to the referring clinician. The consultations may be carried out in person,
6.29 by telephone, and through other real-time interactive media. The referring clinician and the
6.30 cultural consultant must be reimbursed for this service at the same rate based on length of
6.31 the consultation using reimbursement rates for mental health professional services. The
6.32 commissioner must determine if this service can be reimbursed under medical assistance.