

Dear Members of the Senate Gun Violence Prevention Working Group:

NAMI Minnesota would like to provide input into any legislation that is proposed and passed during a special session.

The tragedy at Annunciation School and Church has prompted a call for change. Each time there is a school shooting in particular, NAMI Minnesota has seen a call for an improved mental health system. While we welcome efforts to continue to build our mental health system and address the needs of Minnesotans, especially our children, we want to be cautious in linking mental illnesses and mass shootings. As we know from the research here at Hamline University through the Violence Prevention Project, the solutions are more complex than simply increasing mental health resources. It's not just having a mental illness, but also experiencing a crisis, being a loner, being fixated on past mass shootings, and having access to guns.

We have thought about what measures the state could take to have a real immediate impact on the mental health system. NAMI and the Mental Health Legislative Network already know what works – the state just hasn't fully funded them. Our recommendations would be to build on what is already working well in the community but is not robust enough to meet the needs.

The school-linked mental health grant program (MN Statute 245.4901 and 245.4904) pairs a community mental health provider with local schools to provide onsite clinical services from mental health professionals. They can provide services when school is not in session and can serve any student, not just those in special education. These mental health providers often provide a continuum of services and so can easily refer students who need more intensive services. School-linked therapists not only work directly with students to treat mental illnesses, but they also help to change the culture in schools by being a resource for teachers and administration on how to best respond to mental health needs.

School-linked therapists are able to bill public and private insurance, and grant funding covers children who are uninsured or underinsured. With school-linked, parents don't have to take time off of work to take their children to appointments, which has led to greater completion of treatment plans. Additionally, because the providers are community-based there is a firewall between private health records and school records. School-linked providers are in about 85% of all school districts in the state but only about 60% of school buildings. There are often waiting lists by December.

While school-linked grant funding needs to be increased, services are only available if there is a workforce to provide them. One of the biggest barriers to a robust mental health workforce is the prohibitive cost of supervision for people working to become licensed mental health professionals. That is why we advocated to create a grant program in 2022 to pay for supervision for providers who will serve populations with the highest needs (MN Statute 245.4663).

Our recommendations are:

- 1. Increase funds to the school-linked grants and set aside a portion to allow for flexibility in testing out models to serve the whole family.**

Under Chapter 127 in 2024, Article 67, Section 2

Subd. 9. Grant Programs; Child Mental Health Grants

(a) School-Linked Behavioral Health Grants. \$3,000,000 in fiscal year 2025 is for school-linked behavioral health grants under Minnesota Statutes, section 245.4901. This is a one-time appropriation and is available until June 30, 2027. \$10,000,000 in fiscal year 2026 and can be used to expand services to families of students. Notwithstanding Minnesota Statutes, section 16B.98, subdivision 14, the amount for administrative costs under this paragraph is \$0.

2. Increase and target funds for supervision to expand workforce.

For example:

Section 1. 245.4663 MENTAL HEALTH PROVIDER SUPERVISION GRANT PROGRAM.

Subd. 2. Eligible providers. In order to be eligible for a grant under this section, a mental health provider must:

(1) provide at least 25 percent of the provider's yearly patient encounters to state public program enrollees or patients receiving sliding fee schedule discounts through a formal sliding fee schedule meeting the standards established by the United States Department of Health and Human Services under Code of Federal Regulations, title 42, section 51c.303; or

(2) primarily serve underrepresented communities as defined in section 148E.010, subdivision 20.; or

(3) provide services to people in a city or township that is not within the seven-county metropolitan area as defined in section 473.121, subdivision 2, and is not the city of Duluth, Mankato, Moorhead, Rochester, or St. Cloud.; or

(4) be an eligible entity providing school-linked behavioral health services under sections 245.4901 or 245.4904.

Sec. 2. Appropriation. \$..... is appropriated to increase the number of mental health professionals working under a school-linked behavioral health grant through the mental health provider supervision grant program under 245.4663. Funds must be used for school-linked behavioral health providers under sections 245.4901 or 245.4904.

3. Increase funding for community services.

Some other more complicated and less immediate provisions would be additional funds for respite care and community, and residential crisis care like mobile crisis teams and crisis stabilization services. We will support efforts to increase the number of school support personnel in our schools as well. We have heard a call for more school resource officers and want to ensure that funds are not taken away from school support personnel to hire school resource officers.

4. Require safe storage of firearms.

NAMI Minnesota also believes that gun violence is a public health crisis that endangers the life, safety, and mental health of people throughout the U.S. NAMI supports laws and public policies that promote the safe storage of firearms to prevent unwanted use and self-harm. Firearms are the most common method used in suicide, and nearly 90% of suicide attempts with a gun result in death.

Limiting access to means of suicide can play a significant role in prevention, especially when focused on such lethal means as a firearm. Having a gun in the home has been found to be

associated with a greater risk for firearm suicide, with an increased risk in homes where guns are kept loaded or unlocked. Limiting access to guns when they are not in use by their owners can help prevent unwanted use, making safe storage a critical component to reducing self-inflicted gun violence. Safe storage might include locking a gun in a secure safe or cabinet, storing a firearm unloaded with the ammunition held in a separate location or using safety devices, such as trigger or cable locks.

Having guns stored safely in the home is associated with a reduction in youth firearm deaths. In fact, some experts estimate that locking all firearms in the U.S. could reduce the number of gun related accidental deaths and suicides among children and teens by as much as one third.

Many gun owners use responsible gun ownership practices on their own. However, fewer than half of U.S. gun owners report storing all guns safely. Federal law currently does not regulate securing or storing firearms and only 13 states have laws that regulate safe storage of firearms. Suicides are preventable, and a comprehensive public health approach to firearm safety can help reduce the number of tragedies we see each year. A law that helps incentivize or enforce safe gun storage should be part of the bills during a special session.

5. Voluntary Registration

In 2016, NAMI Minnesota worked on language so that someone who was struggling with their mental health could place their name on the database so that they wouldn't in an impulsive moment buy a firearm to take their own life. The full bill language can be found [here](#).

214.165] VOLUNTARY DATABASE; INFORMATION. Mental health professionals, as defined in section 245.462, subdivision 18; physicians licensed under chapter 147; and nurses licensed under sections 148.171 to 148.285, who are issued a credential by one of the health-related licensing boards, may provide to each patient or client the information sheet established by the commissioner of human services under section 245.0412 that:

(1) describes the process by which the patient or client may voluntarily request placement of the patient's or client's own name in the database to be denied a firearms permit and be prohibited from purchasing firearms; and

(2) informs the patient or client that the patient or client may voluntarily transfer some or all of the patient's or client's firearms and ammunition to a chief of police, sheriff, or federally licensed firearms dealer.

6. Student Education

The Minnesota Legislature requires schools to educate youth about mental health. The problem is that there are little curricula out there for schools to use. Because talking about mental health can include educating youth on warning signs and suicide prevention, we believe it is critical that any curricula that is developed by a local school district be approved by the Department of Education. A bill was introduced to do that this past session. Read it [here](#).

7. Updates to the ERPO Law 624.7171

We have learned that the definition of family member is very limited. Here is the definition:

(b) "Family or household members" means:

- (1) spouses and former spouses of the respondent;
- (2) parents and children of the respondent;
- (3) persons who are presently residing with the respondent; or
- (4) a person involved in a significant romantic or sexual relationship with the respondent.

So, for example, an adult sibling or grandparent or even a former girlfriend would not be able to file a petition. We could be missing out on identifying people who are suicidal or thinking of harming others. Psychiatrists have asked to be able to file a petition.

We also learned that there are many counties where not a single petition was filed. Our concern in the original bill was that the petition when it is related to suicide should not be public because it may prevent people from rural Minnesota from filing a petition due to the negative attitudes surrounding mental illnesses and suicide in rural areas. No one really needs to know if someone is suicidal, this is a health issue. Unfortunately, that information is public, despite the statute stating that "Extreme risk protection orders issued for respondents who are solely at risk of suicide shall not be public." It also states that medical records accompanying the petition are sealed.

8. Removal of Firearms

Under the commitment act there is nothing in the statute that recommends that firearms be removed when someone is being placed under commitment or under a stay of commitment. It may be helpful to require any firearms to be removed if the person is being committed to the community. We also believe that families that are involved in the person's life should be notified of any commitment court dates.

Thank you for reading this letter and taking into consideration our ideas. Every time there has been a school shooting NAMI Minnesota has come forward with proposals to address the children's mental health crisis. We are acutely aware of what needs to be done to address this crisis, please listen to us.

Sincerely,

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