



## 2026 Mental Health Safety Net Grant

Bekah Ehlebracht | Primary Care Programs Administrator

# Tribal State Relations Statement

- The State of Minnesota is home to 11 federally recognized American Indian Tribes with elected Tribal government officials. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized American Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.
- The Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.
- In our work, we demonstrate our commitment to Tribal-State relations in the following ways:
  - Staffing an Office of American Indian Health that supports promoting health in American Indian communities
  - Providing grants to Tribal Nations that support health

# Program Description

- The Mental Health Safety Net Grant, authorized by Minnesota Statute 145.929 (<https://www.revisor.mn.gov/statutes/cite/145.929>), was established to award grants to support eligible mental health providers who serve uninsured youth under age 21.
- Funds will be awarded each year proportionally among all eligible applicants based on the total number of uninsured patients under the age of 21 served.

# Funds Available

Funding	Estimate
Estimated Amount to Grant	\$394,000
Estimated Number of Awards	Based upon number of eligible applicants
Estimated Maximum Award	Based upon eligible applicants
Estimated Minimum Award	Based upon eligible applicants

- No single eligible provider will receive less than 2 percent, or more than 30 percent of the total appropriation

# How Funds Are Allocated

- Eligible mental health organizations will receive a percentage of the available funding based on a ratio of the number of individual uninsured patients under the age of 21 served by each provider to the total number of individual uninsured patients under the age of 21 served by all eligible providers.

Eligible entities include:

- **Community Mental Health Centers or Clinics**, designated under [Minnesota Statute section 245.62](https://www.revisor.mn.gov/statutes/2017/cite/245.62) (<https://www.revisor.mn.gov/statutes/2017/cite/245.62>); or,
- **Nonprofit Community Mental Health Clinics designated as an Essential Community Provider** under [Minnesota Statute section 62Q.19](https://www.revisor.mn.gov/statutes/cite/62Q.19) (<https://www.revisor.mn.gov/statutes/cite/62Q.19>).
- All eligible providers must offer free or reduced-cost mental health care to low-income patients under the age of 21 with family incomes below 275 percent of federal poverty guidelines who do not have health insurance coverage.

# General Information

- No match is required
- Project Dates: January 1, 2026 – December 31, 2026

- Grant outcome is to increase support for community mental health providers who serve and/or treat uninsured mental health patients under the age of 21.



# Eligible Expenses

Eligible expenses include the following to support uninsured patients under age 21:

- Salaries
- Fringe benefits
- Travel
- Supplies
- Training
- Contracted services
- Equipment / Capital improvements
- Other expenses (define)

# Ineligible Expenses

- Ineligible Expenses Include:
  - Indirect costs
  - Fundraising
  - Taxes, except sales tax on goods and services
  - Lobbyists, political contributions
  - Bad debts, late payment fees, finance charges, or contingency funds
  - Funding any clients other than uninsured patients under age 21

# Grant Contractual Obligations

- Work may not start prior to the full execution of agreement and the first day of the agreement period (January 1, 2026), whichever is later
- Grant activities approved for payment are outlined in Exhibits A & B of the grant agreement
  - Any activities outside of this must be approved prior to action
- Grantees must report on financial and programmatic activities every 6 months
  - July 20, January 20

# Grant Contractual Obligations Part 2

- New requirement as of July 1, 2025:
- Grantee must clearly post on Grantee's website the names of, and contact information for, the Grantee's leadership and the employee or other person who directly manages and oversees this Grant Agreement on behalf of the Grantee.

# Submitting Questions

- All questions regarding this RFP must be submitted via email to [health.SafetyNetGrants@state.mn.us](mailto:health.SafetyNetGrants@state.mn.us)
- Answers will be posted within 5 days on the ORHPC Grants and Funding website at: [Mental Health Safety Net Grant \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants#mhsn\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants#mhsn)
- Please submit questions no later than 4:30 p.m. Central Time on Monday, September 15, 2025

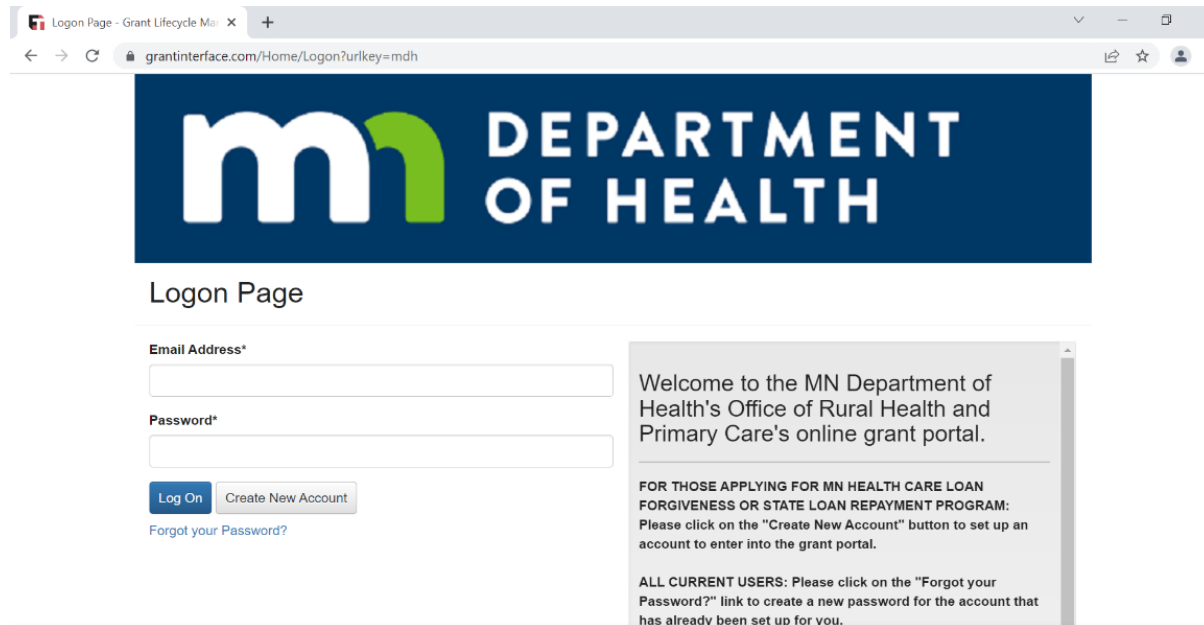
# Letter of Intent and Application Timelines

- **Letters of Intent** are due September 26, 2025 at 4:30 pm Central Time
  - Includes:
    - Organization description
    - Total number of uninsured mental health patients (not encounters) under age 21 served from July 1, 2024 – June 30, 2025.
    - Qualifying data attestation form
    - Reduced cost care policy (sliding fee scale)
    - Documentation of status as Community Mental Health Center or Essential Community Provider
- **Award notifications** by October 16, 2025
- **Applications** are due Monday, November 5, 2025 at 4:30 pm Central Time
  - Includes work plan and budget

# Letter of Intent and Application Submission

- All applications will be completed and submitted via the online ORHPC Grants Management System  
(<https://www.grantinterface.com/Home/Logon?urlkey=mdh>)
- The next slides describe how to create a profile and begin an application in the online system

# Creating/Managing Users



The screenshot shows a web browser window with the URL `grantinterface.com/Home/Logon?urlkey=mdh`. The page features the MN Department of Health logo at the top. Below the logo, the text "Logon Page" is displayed. There are two input fields: "Email Address\*" and "Password\*", each followed by a "Log On" button. A "Create New Account" button is also present. A link for "Forgot your Password?" is located below the password field. On the right side of the page, there is a welcome message and instructions for new and current users.

Logon Page

Email Address\*

Password\*

Log On Create New Account

[Forgot your Password?](#)

Welcome to the MN Department of Health's Office of Rural Health and Primary Care's online grant portal.

FOR THOSE APPLYING FOR MN HEALTH CARE LOAN FORGIVENESS OR STATE LOAN REPAYMENT PROGRAM: Please click on the "Create New Account" button to set up an account to enter into the grant portal.

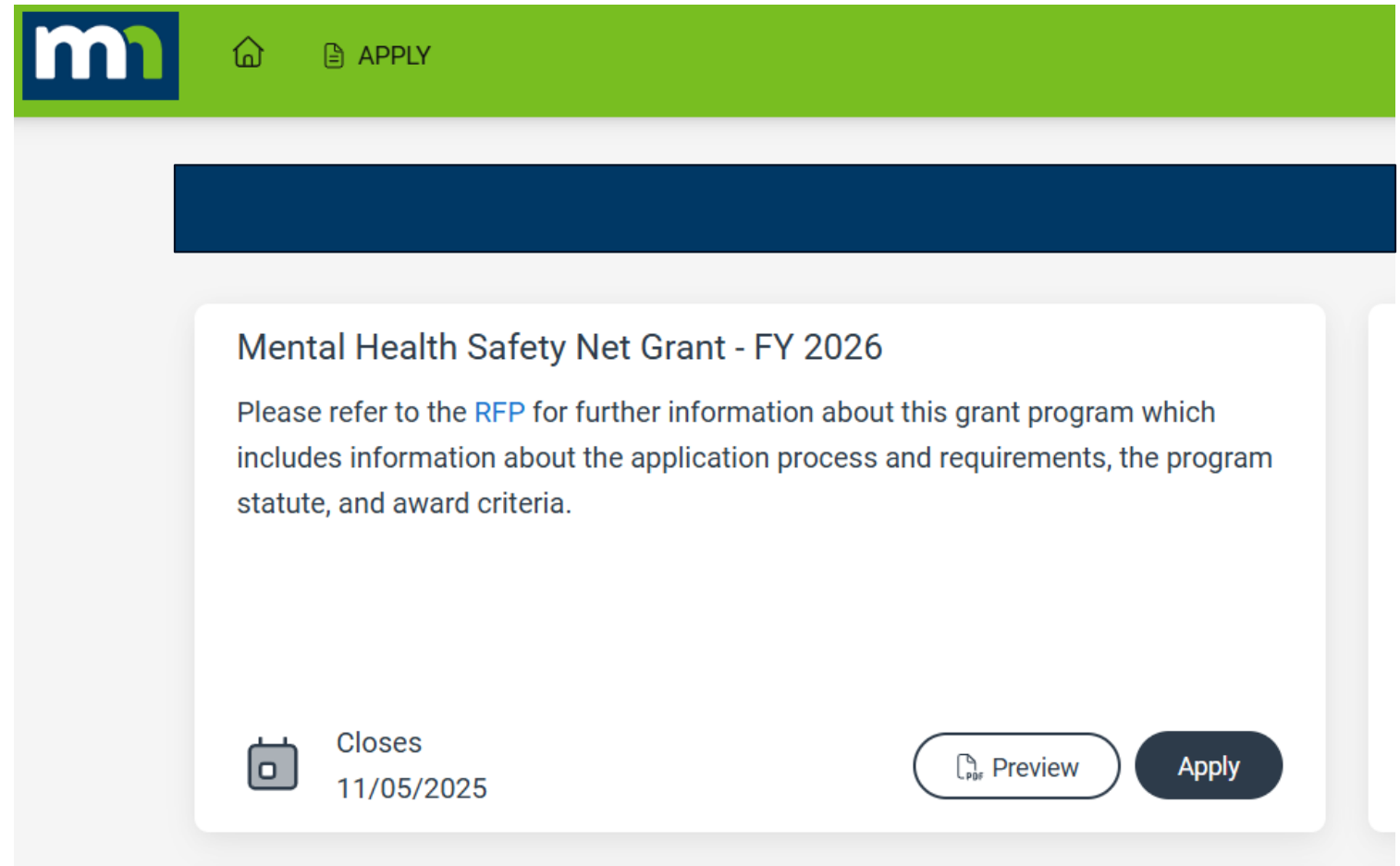
ALL CURRENT USERS: Please click on the "Forgot your Password?" link to create a new password for the account that has already been set up for you.

- **Existing Users:** log in or use the forgot password button
- **New Users:** verify if your organization has a profile.
- If a profile exists, please contact us to add you to your organization's profile.
- If your organization does not have a profile, you can create one using the "create new account" button.
- If you are unsure if your organization has a profile, please reach out to MDH



# Starting a Letter of Intent

- On the home page of the portal, find the Mental Health Safety Net Grant – FY 2026
- Click “Apply”



# Letter of Intent Sections

- 5 sections to complete for Letter of Intent
- Refer to RFP for instructions on narrative questions
- Complete at your own pace
  - Save button vs. Submit button

> Mental Health Safety Net Grant LOI Instructions

> Section 1: Organization and Application Information

> Section 2: Project Information

> Section 3: Letter of Intent

> Section 4: Required Documents

> Section 5: Conflict of Interest

# Letter of Intent Section 1 & 2: Organization Information

- Basic information about your organization
- Important to note that the project contact will be the individual to whom reports are assigned
- Collaboration is possible: can add others as collaborators in portal
- SWIFT information is very important – this is how MDH contracts
  - If unsure, contact SWIFT help desk: 651-201-8100 or [swifthelpdesk.mmb@state.mn.us](mailto:swifthelpdesk.mmb@state.mn.us)

# Letter of Intent Section 3: Letter of Intent

- Organization Description
- Total Number of uninsured mental health patients (not encounters) under the age of 21 served from July 1, 2024 – June 30, 2025.

# Letter of Intent Section 4: Required Documents

- Qualifying Data Attestation Form
- Reduced Cost Care Documentation
- Provider Status Documentation
  - Community Mental Health Center
  - Essential Community Provider



## 2026 Mental Health Safety Net Grant Qualifying Data Attestation

Organization Name: \_\_\_\_\_

Number of Uninsured Patients (not encounters) Under Age 21 Receiving Mental Health Services between July 1, 2024 and June 30, 2025: \_\_\_\_\_

Source of Data (how did you determine this number): \_\_\_\_\_

Name of Person Providing Qualifying Data: \_\_\_\_\_

Title of Person Providing Qualifying Data: \_\_\_\_\_

By signing this form, I certify that the number of uninsured patients under age 21 receiving mental health services between July 1, 2024 and June 30, 2025 is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Letter of Intent Section 5: Conflict of Interest

- Should you be aware of any conflict of interest, this does not automatically disqualify you for funding but requires a mitigation plan to collaborate with MDH
  - Any questions regarding the Conflict of Interest, please reach out

# Application: Project Narrative and Workplan

- After you receive the notice of award, successful applicants will be asked to submit their application describing how funds will be used.
- **Population Served:** Please describe the services your organization provides to uninsured youth under age 21.
- **Work Plan Narrative:** Describe the activities that will be funded with this grant. (3 – 5 sentences)

# Application: Budget

- **Budget Line Items:** Total amount spent in each budget category
- **Budget Narrative:** Describes how the funds will be used. The narrative should state what the funds will be used for and why and how you calculated the total amount of the category.
- For example, if you are supporting the time of a mental health practitioner, in the budget narrative question you would enter something like: “We will support a .25 FTE clinical psychologist who will see uninsured patients under age 21. Annual salary is \$98,000.  $\text{FTE } .25 \times 98,000 = \$24,500$ .”



# Questions?

# Thank You!

**Bekah Ehlebracht**

[Health.SafetyNetGrants@state.mn.us](mailto:Health.SafetyNetGrants@state.mn.us)

651-201-3780