

**SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION**

S.F. No. 141

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DATE	D-PG	OFFICIAL STATUS
01/15/2015	74	Introduction and first reading Referred to Judiciary
01/20/2015	94	Author added Sheran
01/26/2015	121a	Comm report: To pass as amended and re-refer to Health, Human Services and Housing

A bill for an act

relating to judiciary; diverting persons under arrest or subject to arrest from incarceration to comprehensive mental health programs; establishing a grant program to fund comprehensive mental health programs; appropriating money; proposing coding for new law in Minnesota Statutes, chapters 245; 628.

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

Section 1. **[245.4685] GRANTS FOR COMPREHENSIVE MENTAL HEALTH PROGRAMS.**

Subdivision 1. **Establishment; use of grant funds.** The commissioner of human services shall establish a grant program to provide grants to counties to develop and implement comprehensive mental health programs. A comprehensive mental health program must be designed to meet the needs of individuals who are under arrest or subject to arrest and who have a mental illness or a co-occurring mental illness and substance use disorder. Grants distributed under this section may be used to fund the start-up costs and ongoing operating costs of comprehensive mental health programs. At least 50 percent of the grant funds must be awarded to counties in greater Minnesota with a high rate of poverty and limited mental health services.

Subd. 2. **Required components for eligible program.** To be eligible for grant funds under this section, a county must demonstrate that the county's program will connect with and build upon existing resources, and that the county's program includes the following components:

(1) a plan for rapid, safe handoffs of individuals with mental illness or individuals with co-occurring disorders from law enforcement to program staff;

(2) an initial mental health crisis assessment and chemical dependency screening;

(3) mental health crisis intervention and stabilization services;

- 2.1 (4) nonhospital crisis stabilization residential beds;
 2.2 (5) rapid access to a psychiatric evaluation, initial treatment, and psychiatric services;
 2.3 (6) detoxification services;
 2.4 (7) case management services;
 2.5 (8) medication management services;
 2.6 (9) health navigator services that include but are not limited to assisting uninsured
 2.7 individuals in obtaining health care coverage;
 2.8 (10) benefits assistance as defined in section 245.4712, subdivision 3;
 2.9 (11) services to connect individuals to resources to meet their basic needs;
 2.10 (12) services to find, secure, and support individuals in their housing;
 2.11 (13) assisting with job applications and finding and maintaining employment;
 2.12 (14) fostering social support, including support groups, mentoring, peer support, and
 2.13 other efforts to prevent isolation and promote recovery;
 2.14 (15) providing direct connections to ongoing mental health, chemical health, and
 2.15 other needed services;
 2.16 (16) providing short-term and long-term housing;
 2.17 (17) assisting county jails in working with offenders with mental health issues; and
 2.18 (18) a plan for services to be developed collaboratively between local criminal
 2.19 justice and health and human services systems.

2.20 Subd. 3. **Collaboration with local partners.** A county that receives a grant under
 2.21 this section is encouraged to include local partners in the private and nonprofit sectors in
 2.22 the planning and implementation of the county's program.

2.23 Subd. 4. **Grant applications.** In applying for a grant under this section, a county
 2.24 must include in its application:

- 2.25 (1) the estimated start-up cost of the county's comprehensive mental health program;
 2.26 (2) the estimated operating cost of the county's program;
 2.27 (3) other financial resources the county expects to receive to fund the program's
 2.28 start-up and operating costs from local units of government, private entities, nonprofit
 2.29 organizations, and individuals; and
 2.30 (4) how funding for the county's program will be sustained after these grants have
 2.31 expired.

2.32 Subd. 5. **Program evaluation.** A program funded under this section must maintain
 2.33 data on the extent to which the program reduces incarceration rates in the program's
 2.34 county of operation for individuals with mental illness or individuals with co-occurring
 2.35 mental illness and substance use disorders, and the extent to which the program reduces

3.1 recidivism rates for these individuals. The program must report these outcomes to the
3.2 commissioner, at a time and in a manner determined by the commissioner.

3.3 Subd. 6. **Interagency collaboration.** The commissioner is encouraged to work
3.4 with the Minnesota Housing Finance Agency and the Department of Corrections to
3.5 provide technical assistance and support to counties receiving grants and to prevent the
3.6 incarceration of individuals with mental illness or individuals with co-occurring mental
3.7 illness and substance use disorders.

3.8 Sec. 2. **[628.70] DIVERSION PROGRAM FOR PERSONS WITH MENTAL**
3.9 **ILLNESS OR CO-OCCURRING DISORDERS.**

3.10 Subdivision 1. **Definitions.** As used in this section:

3.11 (1) "diversion program" means a comprehensive mental health program established
3.12 by a county participating in the grant program under section 245.4685; and

3.13 (2) "peace officer" has the meaning given in section 253B.02, subdivision 16.

3.14 Subd. 2. **Diversión.** A peace officer may refer a person with mental illness or
3.15 co-occurring mental illness and substance use disorders for whom probable cause exists to
3.16 arrest or charge with a misdemeanor to a diversion program on condition that the person
3.17 shall not be charged with the misdemeanor upon satisfactory completion of the program.
3.18 The peace officer's referral to the diversion program shall be based on criteria established
3.19 by the program. A person's satisfactory completion of the program shall be based on
3.20 established evidence-based best practices and methodologies for effectively assessing,
3.21 diagnosing, and treating persons with mental illness or co-occurring mental illness and
3.22 substance use disorders.

3.23 Sec. 3. **APPROPRIATION; COMPREHENSIVE MENTAL HEALTH**
3.24 **PROGRAMS.**

3.25 \$8,000,000 is appropriated for the 2016-2017 biennium from the general fund to
3.26 the commissioner of human services to fund grants to establish comprehensive mental
3.27 health programs under Minnesota Statutes, section 245.4685.