

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
02/23/2015	380a	Comm report: Amended, No recommendation, re-referred to Finance

A bill for an act

1.1 relating to judiciary; diverting certain persons under arrest or subject to arrest
 1.2 from incarceration to comprehensive behavioral health diversion centers;
 1.3 establishing a grant program to fund comprehensive behavioral health diversion
 1.4 centers; appropriating money; proposing coding for new law in Minnesota
 1.5 Statutes, chapters 245; 628.
 1.6

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

1.8 Section 1. **[245.4685] GRANTS FOR COMPREHENSIVE BEHAVIORAL**
 1.9 **HEALTH DIVERSION CENTERS.**

1.10 Subdivision 1. Establishment; use of grant funds. The commissioner shall
 1.11 establish a grant program to provide grants to counties or groups of counties to develop
 1.12 and establish comprehensive behavioral health diversion centers. A comprehensive
 1.13 behavioral health diversion center must be designed to meet the needs of individuals who
 1.14 are under arrest or subject to arrest and who have a mental illness or a co-occurring mental
 1.15 illness and substance use disorder, and individuals who are in immediate need of crisis
 1.16 services and who have a mental illness or co-occurring mental illness and substance use
 1.17 disorder. Grants distributed under this section may be used to fund the start-up costs and
 1.18 ongoing operating costs of the centers. At least 50 percent of the grant funds must be
 1.19 awarded to counties in greater Minnesota with a high rate of poverty and limited mental
 1.20 health services. The commissioner may make grant awards of up to \$2,000,000 for a
 1.21 county or group of counties. Initial grant awards must be made by March 1, 2016.

1.22 Subd. 2. Eligibility for grants. To be eligible for grant funds under this section,
 1.23 a county or group of counties must demonstrate that the county's or group of counties'
 1.24 center will connect with and build upon existing resources, and that the center includes
 1.25 the following components:

- 2.1 (1) a plan for rapid, safe handoffs of individuals with mental illness or individuals
2.2 with co-occurring disorders from law enforcement to center staff;
- 2.3 (2) an initial mental health crisis assessment and chemical dependency screening;
2.4 (3) mental health crisis intervention and stabilization services;
2.5 (4) nonhospital crisis stabilization residential beds;
2.6 (5) rapid access to a psychiatric evaluation, initial treatment, and psychiatric services;
2.7 (6) detoxification services;
2.8 (7) case management services;
2.9 (8) medication management services;
2.10 (9) health navigator services that include but are not limited to assisting uninsured
2.11 individuals in obtaining health care coverage;
- 2.12 (10) benefits assistance as defined in section 245.4712, subdivision 3;
2.13 (11) services to connect individuals to resources to meet their basic needs;
2.14 (12) services to find, secure, and support individuals in short-term or long-term
2.15 housing or in their own housing;
- 2.16 (13) assisting with job applications and finding and maintaining employment;
2.17 (14) fostering social support, including support groups, mentoring, peer support, and
2.18 other efforts to prevent isolation and promote recovery;
- 2.19 (15) providing direct connections to ongoing mental health, chemical health, and
2.20 other needed services;
- 2.21 (16) assisting with the provision of crisis intervention training;
2.22 (17) collaborating with teams providing mobile crisis intervention services;
2.23 (18) assisting county jails in working with offenders with mental health issues;
2.24 (19) a plan for services to be developed collaboratively between local criminal
2.25 justice systems, local health and human services systems, and other counties; and
- 2.26 (20) a plan to seek other state, county, and federal funds and private and nonprofit
2.27 funds, and to maximize medical assistance funds.

2.28 **Subd. 3. Use of nurse practitioners and physician assistants to provide services.**
2.29 When a physician is unavailable to provide mental health services in a timely manner to an
2.30 individual being served by a center, a nurse practitioner or physician assistant practicing
2.31 within the scope of the nurse practitioner's or physician assistant's license may provide
2.32 mental health services in the center.

2.33 **Subd. 4. Collaboration with local partners.** A county or group of counties that
2.34 receives a grant under this section is encouraged to include local partners in the private
2.35 and nonprofit sectors in the planning and establishment of the center.

3.1 Subd. 5. **Grant applications.** In applying for a grant under this section, a county or
3.2 group of counties must include in its application:

3.3 (1) the estimated start-up cost of the center;

3.4 (2) the estimated operating cost of the center;

3.5 (3) other financial resources the county or group of counties expects to receive to
3.6 fund the center's start-up and operating costs from local units of government, private
3.7 entities, nonprofit organizations, and individuals;

3.8 (4) how the grantee will provide the components under subdivision 2; and

3.9 (5) how funding for the center will be sustained after these grants have expired.

3.10 Subd. 6. **Data; evaluation of center.** A center funded under this section must
3.11 maintain data on the extent to which the center reduces incarceration rates in the center's
3.12 county or counties of operation for individuals with mental illness or individuals with
3.13 co-occurring disorders, and the extent to which the center reduces recidivism rates for
3.14 these individuals. The center must report these outcomes to the commissioner, at a time
3.15 and in a manner determined by the commissioner. The commissioner shall use the data
3.16 to evaluate the effect the centers have on incarceration rates, and report to the chairs
3.17 and ranking minority members of the house of representatives and senate committees
3.18 having jurisdiction over health and human services and corrections issues every two
3.19 years, beginning February 1, 2017.

3.20 Subd. 7. **Interagency collaboration.** The commissioner shall encourage the
3.21 commissioners of the Minnesota Housing Finance Agency, corrections, and health
3.22 to provide technical assistance and support to grant recipients in an effort to prevent
3.23 the incarceration of individuals with mental illness and individuals with co-occurring
3.24 disorders. Upon the commissioner's receipt of a grant application under subdivision 5,
3.25 the commissioner, together with the commissioner of health, shall determine the most
3.26 appropriate model for licensure of the proposed services and which agency will regulate
3.27 the services of the center. The commissioner of the Minnesota Housing Finance Agency
3.28 shall work with centers to provide short-term and long-term housing for individuals
3.29 served by the centers, within the limits of existing appropriations available for low-income
3.30 housing or homelessness.

3.31 Sec. 2. **[628.70] REFERRAL TO DIVERSION CENTER FOR PERSONS WITH**
3.32 **MENTAL ILLNESS OR CO-OCCURRING DISORDERS.**

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

4.1 (1) "diversion center" means a comprehensive behavioral health diversion center
4.2 established by a county or group of counties participating in the grant program under
4.3 section 245.4685; and

4.4 (2) "peace officer" has the meaning given in section 626.84, subdivision 1, paragraph
4.5 (c).

4.6 Subd. 2. **Diversion.** (a) A peace officer may refer a person with mental illness or
4.7 co-occurring mental illness and substance use disorders for whom probable cause exists to
4.8 arrest or charge with a misdemeanor to a diversion center on condition that the person shall
4.9 not be charged with the misdemeanor upon satisfactory completion of the program at the
4.10 diversion center. The referral to the diversion center shall be based on criteria established
4.11 by the diversion center in collaboration with other diversion centers and applicable local
4.12 prosecutors. A person's satisfactory completion of the diversion center's program shall
4.13 be based on established evidence-based best practices and methodologies for effectively
4.14 assessing, diagnosing, and treating persons with mental illness or co-occurring mental
4.15 illness and substance use disorders.

4.16 (b) In addition to a peace officer, a court or prosecutor may refer a person eligible
4.17 under paragraph (a) to a diversion center.

4.18 (c) Notwithstanding paragraph (a), a prosecutor may charge a person referred to a
4.19 diversion center with a crime when the prosecutor determines doing so is appropriate and
4.20 in the interest of justice.

4.21 Sec. 3. **APPROPRIATION; COMPREHENSIVE BEHAVIORAL HEALTH**
4.22 **DIVERSION CENTERS.**

4.23 \$8,000,000 is appropriated for the 2016-2017 biennium from the general fund to
4.24 the commissioner of human services for a grant program to establish comprehensive
4.25 behavioral health diversion centers under Minnesota Statutes, section 245.4685.