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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 339

01/26/2015 Authored by Hancock; Persell; Zerwas; Johnson, B., and Mullery  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform  
04/07/2015 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to judiciary; appropriating money for a grant to Beltrami County  
1.3 for planning and development of a comprehensive mental health center for  
1.4 individuals under arrest, subject to arrest, or under a transport hold.

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

1.6 Section 1. APPROPRIATION FOR COMPREHENSIVE MENTAL HEALTH  
1.7 CENTER IN BELTRAMI COUNTY.

1.8 (a) \$1,500,000 is appropriated for the 2016-2017 biennium from the general fund to  
1.9 the commissioner of human services for a grant to Beltrami County to fund the planning  
1.10 and development of a comprehensive mental health center for individuals under arrest  
1.11 or subject to arrest who are experiencing a mental health crisis, or under a transport  
1.12 hold under Minnesota Statutes, section 253B.05, subdivision 2, in Beltrami County and  
1.13 northwestern Minnesota. The program must be a sustainable, integrated care model for the  
1.14 provision of mental health and substance use disorder treatment for the population served  
1.15 in collaboration with existing services. The model may include mobile crisis services,  
1.16 crisis residential services, outpatient services, and community-based services. The model  
1.17 must be patient-centered, culturally competent, and based on evidence-based practices.

1.18 (b) The program shall maintain data on the extent to which the center reduces  
1.19 incarceration and hospitalization rates for individuals with mental illness or co-occurring  
1.20 disorders, and the extent to which the center impacts service utilization for these  
1.21 individuals. In order to have the capacity to be replicated in other areas of the state, the  
1.22 center must report outcomes to the commissioner, at a time and in a manner determined  
1.23 by the commissioner. The commissioner shall use the data to evaluate the effect the  
1.24 program has on incarceration rates and services utilization, and report to the chairs and

2.1 ranking minority members of the senate and house of representatives committees having  
2.2 jurisdiction over health and human services and corrections issues every two years,  
2.3 beginning February 1, 2017.

2.4 (c) The commissioner shall encourage the commissioners of the Minnesota Housing  
2.5 Finance Agency, corrections, and health to provide technical assistance and support to this  
2.6 program. The commissioner, together with the commissioner of health, shall determine  
2.7 the most appropriate model for licensure of the proposed services and which agency  
2.8 will regulate the services of the center. The commissioners of the Minnesota Housing  
2.9 Finance Agency and human services shall work with the center to provide short-term  
2.10 and long-term housing for individuals served by the center within the limits of existing  
2.11 appropriations available for low-income housing or homelessness.