

58.19

ARTICLE 4

58.20

PRIORITY ADMISSIONS AND CIVIL COMMITMENT

58.21 Section 1. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, is amended
58.22 to read:

58.23 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
58.24 court shall issue a warrant or an order committing the patient to the custody of the head of
58.25 the treatment facility, state-operated treatment program, or community-based treatment
58.26 program. The warrant or order shall state that the patient meets the statutory criteria for
58.27 civil commitment.

58.28 (b) The commissioner shall prioritize patients being admitted from jail or a correctional
58.29 institution who are for admission to a medically appropriate direct care and treatment
58.30 program based on the decisions of physicians in the executive medical director's office,
58.31 using a priority admissions framework. The framework must account for a range of factors
58.32 for priority admission, including but not limited to:

70.24

ARTICLE 4

70.25

PRIORITY ADMISSIONS AND CIVIL COMMITMENT

70.26 Section 1. Minnesota Statutes 2022, section 245I.23, subdivision 19a, is amended to read:

70.27 Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder
70.28 that prohibits clients from leaving the facility by locking exit doors or other permissible
70.29 methods must meet the additional requirements of this subdivision.

71.1 (b) The license holder must meet all applicable building and fire codes to operate a
71.2 building with locked exit doors. The license holder must have the appropriate license from
71.3 the Department of Health, as determined by the Department of Health, for operating a
71.4 program with locked exit doors.

71.5 ~~(c) The license holder's policies and procedures must clearly describe the types of court~~
71.6 ~~orders that authorize the license holder to prohibit clients from leaving the facility.~~

71.7 ~~(c)~~ (c) For each client present in the facility under a court order, the license holder must
71.8 maintain documentation of the court order for treatment authorizing the license holder to
71.9 prohibit the client from leaving the facility.

71.10 ~~(d)~~ (d) Upon a client's admission to a locked program facility, the license holder must
71.11 document in the client file that the client was informed:

71.12 (1) that the client has the right to leave the facility according to the client's rights under
71.13 section 144.651, subdivision 21, if the client is not subject to a court order authorizing the
71.14 license holder to prohibit the client from leaving the facility; or

71.15 (2) that the client cannot leave the facility due to a court order for treatment authorizing
71.16 the license holder to prohibit the client from leaving the facility.

71.17 ~~(c)~~ (c) If the license holder prohibits a client from leaving the facility, the client's treatment
71.18 plan must reflect this restriction.

71.19 Sec. 2. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, as amended
71.20 by Laws 2024, chapter 79, article 5, section 8, is amended to read:

71.21 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
71.22 court shall issue a warrant or an order committing the patient to the custody of the head of
71.23 the treatment facility, state-operated treatment program, or community-based treatment
71.24 program. The warrant or order shall state that the patient meets the statutory criteria for
71.25 civil commitment.

71.26 (b) The executive board shall prioritize patients being admitted from jail or a correctional
71.27 institution or who are referred to a state-operated treatment facility for competency attainment
71.28 or a competency examination under sections 611.40 to 611.59 for admission to a medically
71.29 appropriate state-operated direct care and treatment bed based on the decisions of physicians
71.30 in the executive medical director's office, using a priority admissions framework. The

59.1 (1) ~~ordered confined in a state-operated treatment program for an examination under~~
59.2 ~~Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and~~
59.3 ~~20.02, subdivision 2 the length of time the person has been on a waiting list for admission~~
59.4 ~~to a direct care and treatment program since the date of the order under paragraph (a);~~

59.5 (2) ~~under civil commitment for competency treatment and continuing supervision under~~
59.6 ~~Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7 the intensity of the~~
59.7 ~~treatment the person needs, based on medical acuity;~~

59.8 (3) ~~found not guilty by reason of mental illness under Minnesota Rules of Criminal~~
59.9 ~~Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be~~
59.10 ~~detained in a state-operated treatment program pending completion of the civil commitment~~
59.11 ~~proceedings; or the person's revoked provisional discharge status;~~

59.12 (4) ~~committed under this chapter to the commissioner after dismissal of the patient's~~
59.13 ~~criminal charges; the person's safety and safety of others in the person's current environment;~~

59.14 (5) ~~whether the person has access to necessary or court-ordered treatment;~~

59.15 (6) ~~distinct and articulable negative impacts of an admission delay on the facility referring~~
59.16 ~~the individual for treatment; and~~

59.17 (7) ~~any relevant federal prioritization requirements.~~

59.18 Patients described in this paragraph must be admitted to a state-operated treatment program
59.19 within 48 hours. The commitment must be ordered by the court as provided in section
59.20 253B.09, subdivision 1, paragraph (d).

59.21 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
59.22 treatment program, or community-based treatment program, the head of the facility or
59.23 program shall retain the duplicate of the warrant and endorse receipt upon the original
59.24 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
59.25 be filed in the court of commitment. After arrival, the patient shall be under the control and
59.26 custody of the head of the facility or program.

59.27 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
59.28 of law, the court order committing the patient, the report of the court examiners, and the
59.29 prepetition report, and any medical and behavioral information available shall be provided
59.30 at the time of admission of a patient to the designated treatment facility or program to which
59.31 the patient is committed. Upon a patient's referral to the commissioner of human services
59.32 for admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment

71.31 framework must account for a range of factors for priority admission, including but not
71.32 limited to:

72.1 (1) ~~ordered confined in a state-operated treatment program for an examination under~~
72.2 ~~Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and~~
72.3 ~~20.02, subdivision 2 the length of time the person has been on a waiting list for admission~~
72.4 ~~to a state-operated direct care and treatment program since the date of the order under~~
72.5 ~~paragraph (a);~~

72.6 (2) ~~under civil commitment for competency treatment and continuing supervision under~~
72.7 ~~Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7 the intensity of the~~
72.8 ~~treatment the person needs, based on medical acuity;~~

72.9 (3) ~~found not guilty by reason of mental illness under Minnesota Rules of Criminal~~
72.10 ~~Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be~~
72.11 ~~detained in a state-operated treatment program pending completion of the civil commitment~~
72.12 ~~proceedings; or the person's revoked provisional discharge status;~~

72.13 (4) ~~committed under this chapter to the executive board after dismissal of the patient's~~
72.14 ~~criminal charges; the person's safety and safety of others in the person's current environment;~~

72.15 (5) ~~whether the person has access to necessary or court-ordered treatment;~~

72.16 (6) ~~distinct and articulable negative impacts of an admission delay on the facility referring~~
72.17 ~~the individual for treatment; and~~

72.18 (7) ~~any relevant federal prioritization requirements.~~

72.19 Patients described in this paragraph must be admitted to a state-operated treatment program
72.20 within 48 hours. The commitment must be ordered by the court as provided in section
72.21 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or
72.22 less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2,
72.23 must be prioritized for admission to a state-operated treatment program using the priority
72.24 admissions framework in this paragraph.

72.25 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
72.26 treatment program, or community-based treatment program, the head of the facility or
72.27 program shall retain the duplicate of the warrant and endorse receipt upon the original
72.28 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
72.29 be filed in the court of commitment. After arrival, the patient shall be under the control and
72.30 custody of the head of the facility or program.

72.31 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
72.32 of law, the court order committing the patient, the report of the court examiners, and the
72.33 prepetition report, and any medical and behavioral information available shall be provided
73.1 at the time of admission of a patient to the designated treatment facility or program to which
73.2 the patient is committed. Upon a patient's referral to the executive board for admission
73.3 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or

59.33 facility, jail, or correctional facility that has provided care or supervision to the patient in
60.1 the previous two years shall, when requested by the treatment facility or commissioner,
60.2 provide copies of the patient's medical and behavioral records to the Department of Human
60.3 Services for purposes of preadmission planning. This information shall be provided by the
60.4 head of the treatment facility to treatment facility staff in a consistent and timely manner
60.5 and pursuant to all applicable laws.

60.6 (e) Patients described in paragraph (b) must be admitted to a state-operated treatment
60.7 program within 48 hours of the Office of Medical Director, under section 246.018, or a
60.8 designee determining that a medically appropriate bed is available. This paragraph expires
60.9 on June 30, 2025.

60.10 **EFFECTIVE DATE.** This section is effective July 1, 2024.

60.11 Sec. 2. Minnesota Statutes 2023 Supplement, section 246.0135, as amended by Laws
60.12 2024, chapter 79, article 1, section 3, is amended to read:

60.13 **246.0135 OPERATION OF REGIONAL TREATMENT CENTERS.**

60.14 (a) The executive board is prohibited from closing any regional treatment center or
60.15 state-operated nursing home or, from closing any program at any of the regional treatment
60.16 centers or state-operated nursing homes, and from closing the community addiction recovery
60.17 enterprise program located in the city of Carlton or modifying the population served by the
60.18 program, without specific legislative authorization.

73.4 correctional facility that has provided care or supervision to the patient in the previous two
73.5 years shall, when requested by the treatment facility or commissioner, provide copies of
73.6 the patient's medical and behavioral records to the executive board for purposes of
73.7 preadmission planning. This information shall be provided by the head of the treatment
73.8 facility to treatment facility staff in a consistent and timely manner and pursuant to all
73.9 applicable laws.

73.10 (e) Patients described in paragraph (b) must be admitted to a state-operated treatment
73.11 program within 48 hours of the Office of Executive Medical Director, under section 246C.09,
73.12 or a designee determining that a medically appropriate bed is available. This paragraph
73.13 expires on June 30, 2025.

73.14 (f) Within four business days of determining which state-operated direct care and
73.15 treatment program or programs are appropriate for an individual, the executive medical
73.16 director's office or a designee must notify the source of the referral and the responsible
73.17 county human services agency, the individual being ordered to direct care and treatment,
73.18 and the district court that issued the order of the determination. The notice shall include
73.19 which program or programs are appropriate for the person's priority status. Any interested
73.20 person may provide additional information or request updated priority status about the
73.21 individual to the executive medical director's office or a designee while the individual is
73.22 awaiting admission. Updated priority status of an individual will only be disclosed to
73.23 interested persons who are legally authorized to receive private information about the
73.24 individual. When an available bed has been identified, the executive medical director's
73.25 office or a designee must notify the designated agency and the facility where the individual
73.26 is awaiting admission that the individual has been accepted for admission to a particular
73.27 state-operated direct care and treatment program and the earliest possible date the admission
73.28 can occur. The designated agency or facility where the individual is awaiting admission
73.29 must transport the individual to the admitting state-operated direct care and treatment
73.30 program no more than 48 hours after the offered admission date.

HOUSE ARTICLE 4, SECTION 2, SUBDIVISION 1, PARAGRAPHS (G) TO
(I) HAVE BEEN MOVED TO MATCH SENATE ARTICLE 4, SECTION 7.

74.21 **EFFECTIVE DATE.** This section is effective July 1, 2024.

60.19 (b) Prior to closing or downsizing a regional treatment center, the executive board is
60.20 responsible for assuring that community-based alternatives developed in response are
60.21 adequate to meet the program needs identified by each county within the catchment area
60.22 and do not require additional local county property tax expenditures.

60.23 (c) The nonfederal share of the cost of alternative treatment or care developed as the
60.24 result of the closure of a regional treatment center, including costs associated with fulfillment
60.25 of responsibilities under chapter 253B must be paid from state money appropriated for
60.26 purposes specified in section 246C.11.

60.27 (d) The executive board must not divert state money used for providing for care or
60.28 treatment of persons residing in a regional treatment center for purposes unrelated to the
60.29 care and treatment of such persons.

60.30 **EFFECTIVE DATE.** This section is effective the day following final enactment.

61.1 **Sec. 3. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
61.2 **REIMBURSEMENT TO BELTRAMI COUNTY AND TODD COUNTY FOR**
61.3 **CERTAIN COST OF CARE PAYMENTS.**

61.4 (a) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivisions
61.5 1a and 1b; Minnesota Statutes 2022, section 246.54, subdivisions 1a and 1b; or any other
61.6 law to the contrary, the commissioner of human services must not sanction or otherwise
61.7 seek payment from Beltrami County for outstanding debts for the cost of care provided
61.8 between July 1, 2022, and June 30, 2023, under:

61.9 (1) Minnesota Statutes, section 246.54, subdivision 1a, paragraph (a), clause (3), to a
61.10 person committed as a person who has a mental illness and is dangerous to the public under
61.11 Minnesota Statutes, section 253B.18, and who was awaiting transfer from Anoka-Metro
61.12 Regional Treatment Center to another state-operated facility or program; or

74.22 Sec. 3. Laws 2023, chapter 70, article 20, section 16, subdivision 2, is amended to read:

74.23 Subd. 2. **Intensive residential treatment services.** (a) The fiscal year 2023 general
74.24 fund appropriation in Laws 2022, chapter 99, article 3, section 7, is reduced by \$2,914,000
74.25 and that amount is canceled to the general fund.

74.26 (b) The general fund base for the appropriation in Laws 2022, chapter 99, article 3,
74.27 section 7, is reduced by \$180,000 in fiscal year 2024.

74.28 ~~(c) This act includes \$2,796,000 in fiscal year 2024 from the general fund to the~~
74.29 ~~commissioner of human services for start-up funds to intensive residential treatment service~~
74.30 ~~providers to provide treatment in locked facilities for patients who have been transferred~~
74.31 ~~from a jail or who have been deemed incompetent to stand trial and a judge has determined~~
74.32 ~~that the patient needs to be in a secure facility.~~

75.1 **Sec. 4. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
75.2 **REIMBURSEMENT TO BELTRAMI COUNTY FOR CERTAIN COST OF CARE**
75.3 **PAYMENTS.**

75.4 (a) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivisions
75.5 1a and 1b; Minnesota Statutes 2022, section 246.54, subdivisions 1a and 1b; or any other
75.6 law to the contrary, the commissioner of human services must not sanction or otherwise
75.7 seek payment from Beltrami County for outstanding debts for the cost of care provided
75.8 between July 1, 2022, and June 30, 2023, under:

75.9 (1) Minnesota Statutes, section 246.54, subdivision 1a, paragraph (a), clause (3), to a
75.10 person committed as a person who has a mental illness and is dangerous to the public under
75.11 Minnesota Statutes, section 253B.18, and who was awaiting transfer from Anoka-Metro
75.12 Regional Treatment Center to another state-operated facility or program; or

61.13 (2) Minnesota Statutes, section 246.54, subdivision 1b, paragraph (a), clause (1), to a
61.14 person committed as a person who has a mental illness and is dangerous to the public under
61.15 Minnesota Statutes, section 253B.18, and who was awaiting transfer from a state-operated
61.16 community-based behavioral health hospital to another state-operated facility or program.

61.17 (b) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivision
61.18 1a; Minnesota Statutes 2022, section 246.54, subdivision 1a; or any other law to the contrary,
61.19 the commissioner of human services must not sanction or otherwise seek payment from
61.20 Todd County for outstanding debts for the cost of care provided in Anoka-Metro Regional
61.21 Treatment Center from August 22, 2023, to February 3, 2024, not to exceed \$387,000.

61.22 (c) The commissioner must reimburse Beltrami County and Todd County with state-only
61.23 money any amount previously paid to the state or otherwise recovered by the commissioner
61.24 from Beltrami County or Todd County for the cost of care identified in paragraphs (a) and
61.25 (b).

61.26 (d) Nothing in this section prohibits the commissioner from seeking reimbursement from
61.27 Beltrami County for the cost of care provided in Anoka-Metro Regional Treatment Center
61.28 or a state-operated community-based behavioral health hospital for care not described in
61.29 paragraph (a).

61.30 (e) Nothing in this section prohibits the commissioner of human services from seeking
61.31 reimbursement from Todd County for the cost of care provided in Anoka-Metro Regional
61.32 Treatment Center or by any state-operated facility or program in excess of the amount
61.33 specified in paragraph (b).

62.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.

62.2 **Sec. 4. ENGAGEMENT SERVICES PILOT PROJECT.**

62.3 Subdivision 1. **Creation.** The commissioner of human services shall provide a grant to
62.4 Otter Tail county to conduct a pilot project involving the provision of engagement services
62.5 under Minnesota Statutes, section 253B.041.

62.6 Subd. 2. **Allowable grant activities.** (a) The grantee must use grant money to:

62.7 (1) develop a system to respond to requests for engagement services;

62.8 (2) provide the following engagement services, taking into account an individual's
62.9 preferences for treatment services and supports:

62.10 (i) assertive attempts to engage an individual in voluntary treatment for mental illness
62.11 for at least 90 days;

75.13 (2) Minnesota Statutes, section 246.54, subdivision 1b, paragraph (a), clause (1), to a
75.14 person committed as a person who has a mental illness and is dangerous to the public under
75.15 Minnesota Statutes, section 253B.18, and who was awaiting transfer from a state-operated
75.16 community-based behavioral health hospital to another state-operated facility or program.

75.17 (b) The commissioner must reimburse Beltrami County with state-only money any
75.18 amount previously paid to the state or otherwise recovered by the commissioner from
75.19 Beltrami County for the cost of care identified in paragraph (a).

75.20 (c) Nothing in this section prohibits the commissioner from seeking reimbursement from
75.21 Beltrami County for the cost of care provided in the Anoka-Metro Regional Treatment
75.22 Center or a state-operated community-based behavioral health hospital for care not described
75.23 in paragraph (a).

75.24 (d) Notwithstanding any law to the contrary, the client is not responsible for payment
75.25 of the cost of care under this section.

75.26 **EFFECTIVE DATE.** This section is effective the day following final enactment.

78.18 **Sec. 6. ENGAGEMENT SERVICES PILOT GRANTS.**

78.19 Subdivision 1. **Creation.** The engagement services pilot grant program is established
78.20 in the Department of Human Services to provide grants to counties or certified community
78.21 behavioral health clinics under section 245.735 that have a letter of support from a county
78.22 to provide engagement services under section 253B.041. Engagement services must provide
78.23 culturally responsive early interventions to prevent an individual from meeting the criteria
78.24 for civil commitment and promote positive outcomes.

78.25 Subd. 2. **Allowable grant activities.** (a) Grantees must use grant money to:

78.26 (1) develop a system to respond to requests for engagement services;

78.27 (2) provide the following engagement services, taking into account an individual's
78.28 preferences for treatment services and supports:

78.29 (i) assertive attempts to engage an individual in voluntary treatment for mental illness
78.30 for at least 90 days;

62.12 (ii) efforts to engage an individual's existing support systems and interested persons,
62.13 including but not limited to providing education on restricting means of harm and suicide
62.14 prevention, when the provider determines that such engagement would be helpful; and

62.15 (iii) collaboration with the individual to meet the individual's immediate needs, including
62.16 but not limited to housing access, food and income assistance, disability verification,
62.17 medication management, and medical treatment;

62.18 (3) conduct outreach to families and providers; and

62.19 (4) evaluate the impact of engagement services on decreasing civil commitments,
62.20 increasing engagement in treatment, decreasing police involvement with individuals
62.21 exhibiting symptoms of serious mental illness, and other measures.

62.22 (b) Engagement services staff must have completed training on person-centered care.
62.23 Staff may include but are not limited to mobile crisis providers under Minnesota Statutes,
62.24 section 256B.0624; certified peer specialists under Minnesota Statutes, section 256B.0615;
62.25 community-based treatment programs staff; and homeless outreach workers.

62.26 **Sec. 5. HOSPITAL ADMISSION EXCEPTION TO CURRENT PRIORITY**
62.27 **ADMISSION.**

62.28 (a) Notwithstanding Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b),
62.29 the commissioner of human services must admit to a medically appropriate state-operated
62.30 treatment program ten civilly committed patients who are awaiting admission in hospital
62.31 settings. Admissions of patients awaiting admission in hospital settings must be managed
63.1 according to the priority admissions framework under Minnesota Statutes, section 253B.10,
63.2 subdivision 1, paragraph (b).

63.3 (b) This section expires upon admission of the tenth patient who has been civilly
63.4 committed and is awaiting admission in a hospital setting.

63.5 **EFFECTIVE DATE.** This section is effective the day following final enactment.

63.6 **Sec. 6. MENTALLY ILL AND DANGEROUS CIVIL COMMITMENT REFORM**
63.7 **TASK FORCE.**

63.8 Subdivision 1. **Establishment; purpose.** The Mentally Ill and Dangerous Civil
63.9 Commitment Reform Task Force is established to evaluate current statutes related to mentally
63.10 ill and dangerous civil commitments and develop recommendations to optimize the use of
63.11 state-operated mental health resources and increase equitable access and outcomes for
63.12 patients.

63.13 Subd. 2. **Membership.** (a) The Mentally Ill and Dangerous Civil Commitment Reform
63.14 Task Force consists of the members appointed as follows:

63.15 (1) the commissioner of human services or a designee;

79.1 (ii) efforts to engage an individual's existing support systems and interested persons,
79.2 including but not limited to providing education on restricting means of harm and suicide
79.3 prevention, when the provider determines that such engagement would be helpful; and

79.4 (iii) collaboration with the individual to meet the individual's immediate needs, including
79.5 but not limited to housing access, food and income assistance, disability verification,
79.6 medication management, and medical treatment;

79.7 (3) conduct outreach to families and providers; and

79.8 (4) evaluate the impact of engagement services on decreasing civil commitments,
79.9 increasing engagement in treatment, decreasing police involvement with individuals
79.10 exhibiting symptoms of serious mental illness, and other measures.

79.11 (b) Engagement services staff must have completed training on person-centered care.
79.12 Staff may include but are not limited to mobile crisis providers under Minnesota Statutes,
79.13 section 256B.0624; certified peer specialists under Minnesota Statutes, section 256B.0615;
79.14 community-based treatment programs staff; and homeless outreach workers.

79.15 **Sec. 7. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; LIMITED**
79.16 **EXCEPTION FOR ADMISSION FROM HOSPITAL SETTINGS.**

79.17 The commissioner of human services may immediately approve an exception to add up
79.18 to ten patients who have been civilly committed and are awaiting admission in hospital
79.19 settings to the waiting list for admission to medically appropriate direct care and treatment
79.20 beds under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b). This section
79.21 expires upon the commissioner's approval of the exception for ten patients who have been
79.22 civilly committed and are awaiting admission.

79.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.

75.27 **Sec. 5. MENTALLY ILL AND DANGEROUS CIVIL COMMITMENT REFORM**
75.28 **TASK FORCE.**

75.29 Subdivision 1. **Establishment; purpose.** The Mentally Ill and Dangerous Civil
75.30 Commitment Reform Task Force is established to evaluate current statutes related to mentally
75.31 ill and dangerous civil commitments and develop recommendations to optimize the use of
75.32 state-operated mental health resources and increase equitable access and outcomes for
75.33 patients.

76.1 Subd. 2. **Membership.** (a) The Mentally Ill and Dangerous Civil Commitment Reform
76.2 Task Force consists of the members appointed as follows:

76.3 (1) the commissioner of human services or a designee;

63.16 (2) two members representing the Department of Direct Care and Treatment who have
63.17 experience with mentally ill and dangerous civil commitments, appointed by the
63.18 commissioner of human services;

63.19 (3) the ombudsman for mental health and developmental disabilities;

63.20 (4) a judge with experience presiding over mentally ill and dangerous civil commitments,
63.21 appointed by the state court administrator;

63.22 (5) a court examiner with experience participating in mentally ill and dangerous civil
63.23 commitments, appointed by the state court administrator;

63.24 (6) a member of the Special Review Board, appointed by the state court administrator;

63.25 (7) a county representative, appointed by the Association of Minnesota Counties;

63.26 (8) a representative appointed by the Minnesota Association of County Social Service
63.27 Administrators;

63.28 (9) a county attorney with experience participating in mentally ill and dangerous civil
63.29 commitments, appointed by the Minnesota County Attorneys Association;

63.30 (10) an attorney with experience representing respondents in mentally ill and dangerous
63.31 civil commitments, appointed by the governor;

64.1 (11) a member appointed by the Minnesota Association of Community Mental Health
64.2 Programs;

64.3 (12) a member appointed by the National Alliance on Mental Illness Minnesota;

64.4 (13) a licensed independent practitioner with experience treating individuals subject to
64.5 a mentally ill and dangerous civil commitment; and

64.6 (14) an individual with lived experience under civil commitment as mentally ill and
64.7 dangerous and who is on a provisional discharge or has been discharged from commitment.

64.8 (b) A member of the legislature may not serve as a member of the task force.

64.9 (c) Appointments to the task force must be made no later than July 30, 2024.

64.10 Subd. 3. Compensation; removal; vacancy. (a) Notwithstanding Minnesota Statutes,
64.11 section 15.059, subdivision 6, members of the task force may be compensated as provided
64.12 under Minnesota Statutes, section 15.059, subdivision 3.

76.4 (2) two members representing the Department of Direct Care and Treatment who have
76.5 experience with mentally ill and dangerous civil commitments, appointed by the
76.6 commissioner of human services;

76.7 (3) the ombudsman for mental health and developmental disabilities;

76.8 (4) a judge with experience presiding over mentally ill and dangerous civil commitments,
76.9 appointed by the state court administrator;

76.10 (5) a court examiner with experience participating in mentally ill and dangerous civil
76.11 commitments, appointed by the state court administrator;

76.12 (6) a member of the Special Review Board, appointed by the state court administrator;

76.13 (7) a county representative, appointed by the Association of Minnesota Counties;

76.14 (8) a representative appointed by the Minnesota Association of County Social Service
76.15 Administrators;

76.16 (9) a county attorney with experience participating in mentally ill and dangerous civil
76.17 commitments, appointed by the Minnesota County Attorneys Association;

76.18 (10) an attorney with experience representing respondents in mentally ill and dangerous
76.19 civil commitments, appointed by the governor;

76.20 (11) a member appointed by the Minnesota Association of Community Mental Health
76.21 Programs;

76.22 (12) a member appointed by the National Alliance on Mental Illness Minnesota;

76.23 (13) a licensed independent practitioner with experience treating individuals subject to
76.24 a mentally ill and dangerous civil commitment;

76.25 (14) an individual with lived experience under civil commitment as mentally ill and
76.26 dangerous and who is on a provisional discharge or has been discharged from commitment;

76.27 (15) a family member of an individual with lived experience under civil commitment
76.28 as mentally ill and dangerous and who is on a provisional discharge or has been discharged
76.29 from commitment; and

76.30 (16) at least one Tribal government representative.

77.1 (b) A member of the legislature may not serve as a member of the task force.

77.2 (c) Appointments to the task force must be made no later than July 30, 2024.

77.3 Subd. 3. Compensation; removal; vacancy. (a) Notwithstanding Minnesota Statutes,
77.4 section 15.059, subdivision 6, members of the task force may be compensated as provided
77.5 under Minnesota Statutes, section 15.059, subdivision 3.

64.13 (b) A member may be removed by the appointing authority at any time at the pleasure
64.14 of the appointing authority. In the case of a vacancy on the task force, the appointing authority
64.15 shall appoint an individual to fill the vacancy for the remainder of the unexpired term.

64.16 Subd. 4. **Officers; meetings.** (a) The commissioner of human services shall convene
64.17 the first meeting of the task force no later than September 1, 2024.

64.18 (b) The task force must elect a chair and vice-chair from among its members and may
64.19 elect other officers as necessary.

64.20 (c) The task force is subject to Minnesota Statutes, chapter 13D.

64.21 Subd. 5. **Staff.** The commissioner of human services must provide staff assistance to
64.22 support the work of the task force.

64.23 Subd. 6. **Data usage and privacy.** Any data provided by executive agencies as part of
64.24 the work and report of the task force are subject to the requirements of Minnesota Statutes,
64.25 chapter 13, and all other applicable data privacy laws.

64.26 Subd. 7. **Duties.** The task force must:

64.27 (1) analyze current trends in mentally ill and dangerous civil commitments, including
64.28 but not limited to the length of stay for individuals committed in Minnesota as compared
64.29 to other jurisdictions;

64.30 (2) review national practices and criteria for civil commitment of individuals who have
64.31 a mental illness and represent a danger to the public;

65.1 (3) develop recommended statutory changes necessary to provide services to the high
65.2 number of mentally ill and dangerous civilly committed individuals;

65.3 (4) develop funding and statutory recommendations for alternatives to the current mentally
65.4 ill and dangerous civil commitment process;

65.5 (5) identify what types of placements and services are necessary to serve individuals
65.6 civilly committed as mentally ill and dangerous in the community;

65.7 (6) make recommendations to reduce barriers to discharge from the forensic mental
65.8 health program for individuals civilly committed as mentally ill and dangerous;

65.9 (7) develop recommended plain language statutory changes to clarify operational
65.10 definitions for terms used within Minnesota Statutes, section 253B.18;

65.11 (8) develop recommended statutory changes to provide clear direction to the
65.12 commissioner of human services and facilities to which individuals are civilly committed
65.13 to address situations in which an individual is committed as mentally ill and dangerous and
65.14 is later determined to not have an organic disorder of the brain or a substantial psychiatric
65.15 disorder of thought, mood, perception, orientation, or memory; and

77.6 (b) A member may be removed by the appointing authority at any time at the pleasure
77.7 of the appointing authority. In the case of a vacancy on the task force, the appointing authority
77.8 shall appoint an individual to fill the vacancy for the remainder of the unexpired term.

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77.28 ill and dangerous civil commitment process;

77.29 (5) identify what types of placements and services are necessary to serve individuals
77.30 civilly committed as mentally ill and dangerous in the community;

78.1 (6) make recommendations to reduce barriers to discharge from the forensic mental
78.2 health program for individuals civilly committed as mentally ill and dangerous;

78.3 (7) develop recommended plain language statutory changes to clarify operational
78.4 definitions for terms used within Minnesota Statutes, section 253B.18;

78.5 (8) develop recommended statutory changes to provide clear direction to the
78.6 commissioner of human services and facilities to which individuals are civilly committed
78.7 to address situations in which an individual is committed as mentally ill and dangerous and
78.8 is later determined to not have an organic disorder of the brain or a substantial psychiatric
78.9 disorder of thought, mood, perception, orientation, or memory; and

65.16 (9) evaluate and make statutory and funding recommendations for the voluntary return
65.17 of individuals civilly committed as mentally ill and dangerous to community facilities.

65.18 Subd. 8. **Report required.** By August 1, 2025, the task force shall submit to the chairs
65.19 and ranking minority members of the legislative committees with jurisdiction over mentally
65.20 ill and dangerous civil commitments a written report that includes the outcome of the duties
65.21 in subdivision 7, including but not limited to recommended statutory changes.

65.22 Subd. 9. **Expiration.** The task force expires January 1, 2026.

65.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.

65.24 Sec. 7. **PRIORITY ADMISSIONS REVIEW PANEL.**

65.25 (a) The commissioner shall appoint all members who served on the Task Force on Priority
65.26 Admissions to State-Operated Treatment Programs under Laws 2023, chapter 61, article 8,
65.27 section 13, subdivision 2, to the priority admissions review panel. The panel must:

65.28 (1) evaluate the requirement under Minnesota Statutes, section 253B.10, subdivision 1,
65.29 paragraph (b), that patients being admitted from jail or a correctional institution be admitted
65.30 to a state-operated treatment program within 48 hours;

66.1 (2) develop policy and legislative proposals related to the eventual expiration of the
66.2 48-hour timeline, prioritizing individuals based on medical need for admission into
66.3 state-operated treatment programs, minimizing litigation costs, maximizing capacity in and
66.4 access to state-operated treatment programs in order to implement admissions criteria passed
66.5 on medical need, and addressing issues related to individuals awaiting admission to
66.6 state-operated treatment programs in jails, correctional institutions, community hospitals,
66.7 and community settings; and

66.8 (3) develop a plan to expand direct care and treatment capacity. The plan must include
66.9 clear definitions of what constitutes expanded capacity; an estimate of the capital,
66.10 administrative, staffing, and programmatic costs of expanding capacity; an expansion
66.11 implementation and workforce plan developed in consultation with the employees of direct
66.12 care and treatment; and a proposal for the expiration of the 48-hour rule contingent on
66.13 meeting a measurable capacity expansion goal.

66.14 (b) By December 31, 2024, the review panel must submit a written report to the chairs
66.15 and ranking minority members of the legislative committees with jurisdiction over public
66.16 safety and human services finance and policy that includes legislative proposals to amend
66.17 Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), to establish admissions
66.18 criteria to state-operated treatment programs based on medical need.

66.19 (c) The panel appointed under paragraph (a) must also advise the commissioner on the
66.20 effectiveness of the framework and priority admissions generally and review de-identified

78.10 (9) evaluate and make statutory and funding recommendations for the voluntary return
78.11 of individuals civilly committed as mentally ill and dangerous to community facilities.

78.12 Subd. 8. **Report required.** By August 1, 2025, the task force shall submit to the chairs
78.13 and ranking minority members of the legislative committees with jurisdiction over mentally
78.14 ill and dangerous civil commitments a written report that includes the outcome of the duties
78.15 in subdivision 7, including but not limited to recommended statutory changes.

78.16 Subd. 9. **Expiration.** The task force expires January 1, 2026.

78.17 **EFFECTIVE DATE.** This section is effective the day following final enactment.

THE FOLLOWING PARAGRAPHS (G) TO (I) WERE MOVED FROM HOUSE
ARTICLE 4, SECTION 2, SUBDIVISION 1.

73.31 (g) A panel appointed by the commissioner, consisting of all members who served on
73.32 the Task Force on Priority Admissions to State-Operated Treatment Programs under Laws
73.33 2023, chapter 61, article 8, section 13, subdivision 2, must:

73.34 (1) evaluate the 48-hour timeline for priority admissions required under paragraph (b)
73.35 and develop policy and legislative proposals related to the priority admissions timeline in
74.1 order to minimize litigation costs, maximize capacity in and access to state-operated treatment
74.2 programs, and address issues related to individuals awaiting admission to state-operated
74.3 treatment programs in jails and correctional institutions; and

74.4 (2) by February 1, 2025, submit a written report to the chairs and ranking minority
74.5 members of the legislative committees with jurisdiction over public safety and human
74.6 services that includes legislative proposals to amend paragraph (b) to modify the 48-hour
74.7 priority admissions timeline.

74.8 (h) The panel appointed under paragraph (g) must also advise the commissioner on the
74.9 effectiveness of the framework and priority admissions generally and review de-identified

66.21 data quarterly for one year following the implementation of the priority admissions
66.22 framework to ensure that the framework is implemented and applied equitably. If the panel
66.23 requests to review data that is classified as private or confidential and the commissioner
66.24 determines the data requested is necessary for the scope of the panel's review, the
66.25 commissioner is authorized to disclose private or confidential data to the panel under this
66.26 paragraph and pursuant to Minnesota Statutes, section 13.05, subdivision 4, paragraph (b),
66.27 for private or confidential data collected prior to the effective date of this section.

66.28 (d) After the panel completes its year of review, a quality committee established by the
66.29 Department of Direct Care and Treatment executive board will continue to review data,
66.30 seek input from counties, hospitals, community providers, and advocates, and provide a
66.31 routine report to the executive board on the effectiveness of the framework and priority
66.32 admissions.

66.33 **EFFECTIVE DATE.** This section is effective July 1, 2024.

74.10 data quarterly for one year following the implementation of the priority admissions
74.11 framework to ensure that the framework is implemented and applied equitably. If the panel
74.12 requests to review data that are classified as private or confidential and the commissioner
74.13 determines the data requested are necessary for the scope of the panel's review, the
74.14 commissioner is authorized to disclose private or confidential data to the panel under this
74.15 paragraph and pursuant to section 13.05, subdivision 4, paragraph (b), for private or
74.16 confidential data collected prior to the effective date of this paragraph.

74.17 (i) After the panel completes its year of review, a quality committee established by the
74.18 Direct Care and Treatment executive board must continue to review data; seek input from
74.19 counties, hospitals, community providers, and advocates; and provide a routine report to
74.20 the executive board on the effectiveness of the framework and priority admissions.

79.24 Sec. 8. **COUNTY CORRECTIONAL FACILITY MENTAL HEALTH MEDICATION**
79.25 **PILOT PROGRAM.**

79.26 Subdivision 1. **Authorization.** The commissioner of human services must establish a
79.27 pilot program that provides payments to counties to support county correctional facilities
79.28 in delivering injectable medications to prisoners for mental health treatment.

79.29 Subd. 2. **Application.** Counties may submit requests for reimbursement for costs incurred
79.30 pursuant to subdivision 3 on an application form specified by the commissioner. The
79.31 commissioner must issue an application to each county board at least once per calendar
79.32 quarter until money for the pilot program is expended.

80.1 Subd. 3. **Pilot program payments; allowable uses.** Counties must use payments received
80.2 under this section for reimbursement of costs incurred during the most recent calendar
80.3 quarter for:

80.4 (1) the delivery of injectable medications to prisoners for mental health treatment in
80.5 county correctional facilities; and

80.6 (2) billable health care costs related to the delivery of injectable medications for mental
80.7 health treatment.

80.8 Subd. 4. **Pilot program payment allocation.** (a) The commissioner may allocate up to
80.9 one quarter of the total appropriation for the pilot program with each quarterly application.
80.10 If the amount of money for eligible requests received exceeds the amount of money available
80.11 in the quarter, the commissioner shall determine an equitable allocation of payments among
80.12 the applicants.

- 80.13 (b) The commissioner's determination of payment amounts is final and not subject to
80.14 appeal.
- 80.15 Subd. 5. **Report.** By December 15, 2025, the commissioner must provide a summary
80.16 report on the pilot program to the chairs and ranking minority members of the legislative
80.17 committees with jurisdiction over mental health and county correctional facilities.