

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 2787

(SENATE AUTHORS: KLEIN)

DATE
04/04/2019

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OFFICIAL STATUS
Introduction and first reading
Referred to Human Services Reform Finance and Policy

1.1 A bill for an act
1.2 relating to human services; establishing a law enforcement and mental health
1.3 co-response pilot project; requiring a report; appropriating money.

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

1.5 Section 1. **HENNEPIN COUNTY LAW ENFORCEMENT AND MENTAL HEALTH**
1.6 **CO-RESPONSE PILOT PROJECT.**

1.7 Subdivision 1. Project establishment. (a) A mental health co-response pilot project is
1.8 established from July 1, 2019, to January 1, 2023, to serve all locations in Hennepin County
1.9 that do not have this service in which mental health co-response teams comprised of one
1.10 law enforcement officer and one mental health co-responder respond to calls involving
1.11 persons with mental health needs.

1.12 (b) The mental health co-response teams must be embedded within the Hennepin County
1.13 Sheriff's Office to improve service to a vulnerable population and create critical systems
1.14 improvements and outcomes when law enforcement officers contact persons in mental
1.15 health crisis, and conduct additional follow-up contact and other preventative work for
1.16 persons contacted. Mental health co-response teams may respond to calls from other law
1.17 enforcement agencies in Hennepin County. Mental health co-responders may assist law
1.18 enforcement officers other than their co-response team member on scene or by remote
1.19 communication. Mental health co-responders may provide intra-agency and interagency
1.20 trainings to increase the effectiveness and efficiency of the mental health co-response pilot
1.21 project.

1.22 (c) A mental health co-responder shall be either a direct employee of, or commissioned
1.23 by, the Hennepin County Human Services and Public Health Department and shall be

2.1 qualified as a mental health professional or mental health practitioner under Minnesota
2.2 Statutes, section 245.462. The Hennepin County Human Services and Public Health
2.3 Department and the Hennepin County Sheriff's Office shall jointly administer the pilot
2.4 project as county partners.

2.5 (d) For purposes of this section, "county partners" refers to the Hennepin County Human
2.6 Services and Public Health Department and the Hennepin County Sheriff's Office.

2.7 Subd. 2. **Project implementation.** The commissioner of human services, in consultation
2.8 with the commissioner of public safety, shall develop, approve, and monitor implementation
2.9 of the mental health co-response pilot project by the county partners.

2.10 Subd. 3. **County partner duties.** (a) Before implementation of the pilot project, the
2.11 county partners shall:

2.12 (1) create an implementation plan, in consultation with issue experts at the Council of
2.13 State Governments' Law Enforcement Mental Health Learning Site at the Houston, Texas
2.14 Police Department or the Co-Response Training and Tactical Assistance Center in Harvard,
2.15 Massachusetts, operated by Advocates, Inc.;

2.16 (2) complete the preliminary planning process and project design by September 1, 2019,
2.17 and, if approved by the commissioner of human services, enter into agreements governing
2.18 the operation of the pilot project with the commissioner of human services. The agreements
2.19 must identify metrics for project evaluation and measuring impact, and include timelines
2.20 for implementation;

2.21 (3) develop and agree on, in consultation with the commissioner of public safety, a
2.22 standardized process for responding to calls from other law enforcement agencies in Hennepin
2.23 County;

2.24 (4) develop and agree on a process to review usage of mental health co-responder services.
2.25 The review process must be described in the agreements governing the operation of the
2.26 pilot project; and

2.27 (5) seek to partner with an academic research group to assist with preparation for data
2.28 gathering and analysis and to prepare a final project evaluation.

2.29 (b) During the pilot project, the county partners shall:

2.30 (1) provide each mental health co-responder with direct supervision from the Hennepin
2.31 County Human Services and Public Health Department that is substantially equivalent to
2.32 the supervision for other county mobile mental health crisis responders, including staff

3.1 support, employee review, employee mentoring, employee training, work scheduling, and
3.2 work policies;

3.3 (2) hold monthly operations meetings attended by one or more of each of the following
3.4 persons working within the pilot project: law enforcement supervisors, county health
3.5 department supervisors, specialty co-responder officers or deputies, and mental health
3.6 co-responders;

3.7 (3) maintain transparency and responsiveness to stakeholders by having a representative
3.8 of both the Hennepin County Sheriff's Office and the Hennepin County Human Services
3.9 and Public Health Department jointly;

3.10 (i) provide progress reports to the Hennepin County Board of Commissioners at a public
3.11 meeting at least twice a year;

3.12 (ii) hold public listening sessions to gather community feedback at least twice a year;
3.13 and

3.14 (iii) present to the Hennepin County Adult Mental Health Advisory Council at least once
3.15 per year; and

3.16 (4) create a working group of stakeholders and pilot project participants to meet quarterly
3.17 for the duration of the pilot project.

3.18 (c) The working group established under paragraph (b), clause (4), must provide
3.19 information necessary to evaluate the pilot project in accordance with the criteria and
3.20 objectives in subdivision 5. The working group must include:

3.21 (i) up to two of each of the following persons working within the pilot project: mental
3.22 health co-responders, specialty co-responder officers or deputies, and county health
3.23 department supervisors;

3.24 (ii) six current appointees to the Hennepin County Adult Mental Health Advisory Board
3.25 or Hennepin County citizens who have multiple direct or familial experiences with law
3.26 enforcement response to mental health-related calls; and

3.27 (iii) at least one member of the academic research group tasked with researching project
3.28 outcomes under subdivision 5.

3.29 Subd. 4. **Project administration.** The county partners administering the pilot project
3.30 shall:

3.31 (1) administer the pilot project in a manner consistent with the objectives described in
3.32 this section;

4.1 (2) ensure stewardship of state funding for purposes of the pilot project;

4.2 (3) provide timely and pertinent information as negotiated in agreements governing
4.3 operation of the pilot project with the commissioner of human services; and

4.4 (4) require mental health co-responders to: (i) satisfy the education, training, and
4.5 supervision requirements for mobile mental health crisis response under Minnesota Statutes,
4.6 section 256B.0624; (ii) have the education and training required to perform a mental health
4.7 crisis assessment, create a crisis treatment plan, and address a co-occurring substance use
4.8 disorder on scene as required under Minnesota Statutes, section 256B.0624, subdivision 2,
4.9 paragraph (d); and (iii) be qualified as a mental health professional or mental health
4.10 practitioner under Minnesota Statutes, section 245.462. In addition to the on scene mental
4.11 health co-responder, the Hennepin County Human Services and Public Health Department
4.12 must make a second mental health professional available by phone or radio during responses.

4.13 Subd. 5. **Project evaluation and report.** By February 1, 2023, Hennepin County shall,
4.14 in conjunction with an academic research group, evaluate the pilot project and report the
4.15 evaluation results to the commissioner of human services and the chairs and ranking minority
4.16 members of the legislative committees with jurisdiction over mental health issues. The
4.17 report shall explain the metrics used for project evaluation and measuring impact and include
4.18 conclusions and recommendations on the following:

4.19 (1) reducing the number and likelihood of emergency room referrals;

4.20 (2) reducing the number of persons with mental illness incarcerated in the Hennepin
4.21 County jail;

4.22 (3) reducing the number of transports to provider facilities by providing on scene care;

4.23 (4) reducing law enforcement contacts with frequent presenters;

4.24 (5) documenting incidents in which mental health co-responders facilitated de-escalation
4.25 and the avoidance of use of force;

4.26 (6) improving collaboration between law enforcement agencies and mental health provider
4.27 systems;

4.28 (7) reducing the need for 72-hour transport holds under Minnesota Statutes, section
4.29 253B.05, subdivision 2b;

4.30 (8) reducing the number of qualifying persons in custody past the permissible 48-hour
4.31 period under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), clause (4);

5.1 (9) increasing the number of crisis plans developed and loaded into emergency call
5.2 management systems;

5.3 (10) improving public perceptions regarding quality assurance, sense of safety, reduction
5.4 in law enforcement use of force, preparedness, effectiveness, and satisfaction with outcomes
5.5 when law enforcement contacts persons in mental health crisis;

5.6 (11) improving law enforcement perceptions regarding improved service, greater
5.7 efficiency, reduced criminal justice system burdens, and positive effects on officers;

5.8 (12) increasing referrals to behavioral health or other service providers;

5.9 (13) periodic follow-up contact with subjects to document long-term outcomes for
5.10 persons who had a significant contact with the mental health co-responder team; and

5.11 (14) the pilot project's success in achieving the applicable recommendations in the 2016
5.12 Governor's Task Force on Mental Health final report and the State Advisory Council on
5.13 Mental Health's 2016 report to the governor and legislature.

5.14 Subd. 6. **Discontinuation.** Either county partner may discontinue participation in the
5.15 pilot project for any reason 30 days after providing written notice to the other county partner,
5.16 the commissioner of human services, and the commissioner of public safety.

5.17 Sec. 2. **APPROPRIATION.**

5.18 \$640,000 in fiscal year 2020 and \$640,000 in fiscal year 2021 are appropriated from the
5.19 general fund to the commissioner of human services for a grant to Hennepin County for
5.20 four mental health co-response teams each comprised of one law enforcement officer and
5.21 one mental health co-responder. The base for this appropriation is \$640,000 in fiscal year
5.22 2022 and \$640,000 in fiscal year 2023. For fiscal year 2024 and thereafter the base funding
5.23 for this program is \$0 each year. This appropriation does not cancel but is available until
5.24 June 30, 2023.

5.25 Sec. 3. **APPROPRIATION.**

5.26 \$50,000 in fiscal year 2020 and \$50,000 in fiscal year 2021 are appropriated from the
5.27 general fund to the commissioner of human services for a grant to Hennepin County for
5.28 retaining an academic research group to assist with evaluating the mental health co-response
5.29 pilot project as described in section 1, subdivision 5. The base for this appropriation is
5.30 \$50,000 in fiscal year 2022 and \$50,000 in fiscal year 2023. For fiscal year 2024 and
5.31 thereafter the base funding for this program is \$0 each year. This appropriation does not
5.32 cancel but is available until June 30, 2023.