

A bill for an act

relating to the attorney general; establishing a Civil Commitment Coordinating Division; establishing various grant programs; requiring reports; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 8.

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

Section 1. **[8.42] DEFINITIONS.**

(a) The definitions in section 253B.02 apply to sections 8.43 and 8.44.

(b) For purposes of sections 8.43 and 8.44, the following terms have the meanings given:

(1) "engagement services" means the services described under section 253B.041;

(2) "outpatient civil commitment" means the option available to a committing court under section 253B.09, subdivision 1, paragraph (c); and

(3) "provisional discharge" means the option available to the head of a treatment facility or community-based treatment program under section 253B.09, subdivision 1.

Sec. 2. **[8.43] CIVIL COMMITMENT COORDINATING DIVISION.**

Subdivision 1. **Civil Commitment Coordinating Division established.** There shall be in the Office of the Attorney General a Civil Commitment Coordinating Division. A civil commitment coordinator shall be appointed by the attorney general. The civil commitment coordinator shall perform duties that may lawfully be assigned to the coordinator by the attorney general or by law.

Subd. 2. **Duties of the civil commitment coordinator.** The civil commitment coordinator must:

2.1 (1) continuously maintain the Civil Commitment Advisory Committee;

2.2 (2) in consultation with the Civil Commitment Advisory Committee, provide best
2.3 practices and guidance regarding engagement services, outpatient civil commitment, and
2.4 provisional discharge to committing courts, counties, designated agencies, treatment facilities,
2.5 and community-based treatment programs;

2.6 (3) advocate for increased statewide capacity for engagement services, outpatient civil
2.7 commitment, and provisional discharge;

2.8 (4) provide ongoing technical assistance to those at the local and regional level tasked
2.9 with monitoring participants civilly committed under chapter 253B;

2.10 (5) provide guidance on data collection of outcomes related to engagement services,
2.11 outpatient civil commitment, and provisional discharge;

2.12 (6) aggregate and analyze all data submitted by all jurisdictions by either contracting
2.13 with a third party to perform these tasks or entering into an interagency agreement with the
2.14 commissioner of management and budget to utilize the Results First Initiative to perform
2.15 these tasks;

2.16 (7) ensure that any data submitted is treated in accordance with chapter 13; and

2.17 (8) create a public awareness campaign designed to educate the public about the
2.18 availability and effectiveness of engagement services.

2.19 Subd. 3. **Civil Commitment Advisory Committee.** (a) The attorney general shall
2.20 establish the Civil Commitment Advisory Committee. The Civil Commitment Advisory
2.21 Committee shall advise the civil commitment coordinator on identification of best practices
2.22 regarding engagement services, outpatient civil commitment, and provisional discharge;
2.23 development of guidance for implementation of engagement services, outpatient civil
2.24 commitment, and provisional discharge; development of data reporting requirements and
2.25 standards; identification of outcomes to be measured through data analysis; and other topics
2.26 as determined by the coordinator.

2.27 (b) The Civil Commitment Advisory Committee must consist of no fewer than 11
2.28 members and no more than 20 members. The membership of the committee must include:

2.29 (1) the attorney general or a designee who is not the civil commitment coordinator;

2.30 (2) the chief executive officer of Direct Care and Treatment or a designee;

2.31 (3) the commissioner of public safety or a designee;

2.32 (4) the commissioner of corrections or a designee;

3.1 (5) the ombudsman for mental health and developmental disabilities or a designee;

3.2 (6) a member representing district court judges, appointed by the chief justice of the
3.3 supreme court;

3.4 (7) a member representing district court administrators, appointed by the chief justice
3.5 of the supreme court;

3.6 (8) a member representing county administrators or county social services administrators,
3.7 appointed by the attorney general;

3.8 (9) a member representing federally recognized Tribes in Minnesota and urban Indian
3.9 communities, appointed by the Indian Affairs Council;

3.10 (10) a member who is a defense attorney and has represented a person referred for civil
3.11 commitment, appointed by the attorney general;

3.12 (11) a member who was previously civilly committed, appointed by the attorney general;

3.13 (12) a member who is a parent, sibling, or child of a person currently or previously
3.14 civilly committed, appointed by the attorney general;

3.15 (13) a member who is a person for whom engagement services were successfully
3.16 provided, appointed by the attorney general;

3.17 (14) a member who is a provider of engagement services, appointed by the attorney
3.18 general;

3.19 (15) a member who represents a treatment facility or community-based treatment program
3.20 that accepts civilly committed participants, appointed by the attorney general;

3.21 (16) up to four additional members, appointed by the attorney general; and

3.22 (17) the Minnesota Competency Attainment Board Program Administrator or a designee.

3.23 (c) The attorney general must consult with the chief executive officer of Direct Care
3.24 and Treatment before making appointments to the committee.

3.25 (d) The members of the Civil Commitment Advisory Committee serve without
3.26 compensation.

3.27 **Sec. 3. [8.44] DIVERSION STUDIES.**

3.28 Subdivision 1. **Diversion studies.** Each county must conduct diversion studies in
3.29 accordance with the requirements of this section. Diversion studies must examine each
3.30 county's local behavioral health system's capacity to divert people who have a mental illness,

developmental disability, or substance use disorder away from the local justice system and into treatment. The civil commitment coordinator must establish uniform study guidelines, data requirements, including any qualitative data or narrative requirements, and data reporting procedures for diversion studies. The coordinator must ensure that the study guidelines and data requirements will allow the coordinator to determine how people with a mental illness, people with a developmental disability, and people with a substance use disorder come into contact with and move through the local criminal justice system and what resources are available or needed to divert individuals away from the local justice system.

Subd. 2. **Diversion study reporting requirements.** By October 1, 2028, and every two years thereafter, each county must submit to the coordinator in the manner established under subdivision 1 all required data and narratives related to its diversion study.

Subd. 3. **Statewide diversion study report.** By April 1, 2029, and every two years thereafter, the civil commitment coordinator must submit to the chairs and ranking minority members of the legislative committees with jurisdiction over civil commitment, mental health, or Direct Care and Treatment a report summarizing the county-level data submitted under subdivision 2. The coordinator must include county, regional, and state-level needs assessments in the report. The coordinator must include in subsequent reports comparisons to the data submitted in prior reports and any statistically significant trends the coordinator's analysis reveals.

Sec. 4. **TRANSPORT HOLD WORK GROUP.**

Subdivision 1. **Establishment and membership.** (a) The Transport Hold Work Group is composed of the following members:

(1) the commissioner of human services or the commissioner's designee;

(2) a representative of the Minnesota County Attorneys Association;

(3) the state public defender or a designee of the state public defender;

(4) a commitment defense attorney;

(5) at least two mental health professionals with experience in crisis response, one of whom must work primarily outside the seven-county metropolitan area, appointed by the commissioner of human services;

(6) at least two mental health professionals from underrepresented communities as defined in Minnesota Statutes, section 148E.010, subdivision 20;

(7) a representative of the Minnesota Sheriffs Association;

5.1 (8) a representative of the Minnesota Chiefs of Police Association;

5.2 (9) a representative of the Association of Minnesota Counties;

5.3 (10) a representative of the Minnesota Ambulance Association;

5.4 (11) a representative of the National Alliance on Mental Illness Minnesota;

5.5 (12) a representative of Mental Health Minnesota; and

5.6 (13) the ombudsman for mental health and developmental disabilities or the ombudsman's
5.7 designee.

5.8 (b) Members listed in clauses (2) and (4) to (12) are appointed by the commissioner of
5.9 human services, with recommendation from the named organizations.

5.10 Subd. 2. **Duties.** (a) The duties of the work group are to:

5.11 (1) determine best practices when a person must be taken into custody and transported
5.12 for emergency admission under Minnesota Statutes, section 253B.051;

5.13 (2) determine best practices when a peace officer may use authorized force to take a
5.14 person into custody and transport the person under Minnesota Statutes, section 253B.051;
5.15 and

5.16 (3) develop recommendations for policy changes and funding needs to safely transport
5.17 people in mental health crises, including alternatives to law enforcement.

5.18 (b) By February 1, 2027, the work group must submit a written report to the governor
5.19 and the chairs and ranking minority members of the legislative committees and divisions
5.20 with jurisdiction over human services and public safety on the work group's activities and
5.21 recommendations.

5.22 Subd. 3. **Administration.** The Department of Human Services must provide
5.23 administrative support to the work group and must assist in creation of the report under
5.24 subdivision 2.

5.25 Subd. 4. **Compensation.** Members of the task force serve without compensation.

5.26 Subd. 5. **Appointment deadline.** Members must be appointed by the authorities under
5.27 subdivision 1 by July 31, 2026.

5.28 Subd. 6. **Meeting; chair.** The commissioner of health must convene the first meeting
5.29 by September 15, 2026. The work group must elect a chair at its first meeting. The chair
5.30 must convene meetings of the work group at least monthly.

5.31 Subd. 7. **Expiration.** The work group expires February 1, 2027.