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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 3897

04/14/2016 Authored by Cornish; Johnson, C.; Considine and Vogel

The bill was read for the first time and referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to state government; making supplemental appropriations for human
1.3 services; modifying provisions governing direct care and treatment; amending
1.4 Minnesota Statutes 2014, sections 246.54, as amended; 246B.035; 253B.15,
1.5 subdivision 1; Minnesota Statutes 2015 Supplement, section 245.4889,
1.6 subdivision 1.

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

1.8 ARTICLE 1

1.9 DIRECT CARE AND TREATMENT

1.10 Section 1. Minnesota Statutes 2015 Supplement, section 245.4889, subdivision 1,
1.11 is amended to read:

1.12 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized
1.13 to make grants from available appropriations to assist:

1.14 (1) counties;

1.15 (2) Indian tribes;

1.16 (3) children's collaboratives under section 124D.23 or 245.493; or

1.17 (4) mental health service providers.

1.18 (b) The following services are eligible for grants under this section:

1.19 (1) services to children with emotional disturbances as defined in section 245.4871,
1.20 subdivision 15, and their families;

1.21 (2) transition services under section 245.4875, subdivision 8, for young adults under
1.22 age 21 and their families;

1.23 (3) respite care services for children with severe emotional disturbances who are at
1.24 risk of out-of-home placement;

- 2.1 (4) children's mental health crisis services;
- 2.2 (5) mental health services for people from cultural and ethnic minorities;
- 2.3 (6) children's mental health screening and follow-up diagnostic assessment and
2.4 treatment;
- 2.5 (7) services to promote and develop the capacity of providers to use evidence-based
2.6 practices in providing children's mental health services;
- 2.7 (8) school-linked mental health services;
- 2.8 (9) building evidence-based mental health intervention capacity for children birth to
2.9 age five;
- 2.10 (10) suicide prevention and counseling services that use text messaging statewide;
- 2.11 (11) mental health first aid training;
- 2.12 (12) training for parents, collaborative partners, and mental health providers on the
2.13 impact of adverse childhood experiences and trauma and development of an interactive
2.14 Web site to share information and strategies to promote resilience and prevent trauma;
- 2.15 (13) transition age services to develop or expand mental health treatment and
2.16 supports for adolescents and young adults 26 years of age or younger;
- 2.17 (14) early childhood mental health consultation;
- 2.18 (15) evidence-based interventions for youth at risk of developing or experiencing a
2.19 first episode of psychosis, and a public awareness campaign on the signs and symptoms of
2.20 psychosis; ~~and~~
- 2.21 (16) psychiatric consultation for primary care practitioners; and
- 2.22 (17) sustaining extended-stay inpatient psychiatric hospital services for children
2.23 and adolescents.

2.24 (c) Services under paragraph (b) must be designed to help each child to function and
2.25 remain with the child's family in the community and delivered consistent with the child's
2.26 treatment plan. Transition services to eligible young adults under paragraph (b) must be
2.27 designed to foster independent living in the community.

2.28 Sec. 2. Minnesota Statutes 2014, section 246.54, as amended by Laws 2015, chapter
2.29 71, article 4, section 2, is amended to read:

2.30 **246.54 LIABILITY OF COUNTY; REIMBURSEMENT.**

2.31 Subdivision 1. ~~County portion for cost of care~~ **Generally.** (a) Except for chemical
2.32 dependency services provided under sections 254B.01 to 254B.09, the client's county
2.33 shall pay to the state of Minnesota a portion of the cost of care provided in a regional
2.34 treatment center or a state nursing facility to a client legally settled in that county. A
2.35 county's payment shall be made from the county's own sources of revenue and payments

3.1 shall equal a percentage of the cost of care, as determined by the commissioner, for each
 3.2 day, or the portion thereof, that the client spends at a regional treatment center or a state
 3.3 nursing facility ~~according to the following schedule:~~

3.4 Subd. 1a. **Anoka Metro Regional Treatment Center.** (a) A county's payment of
 3.5 the cost of care provided at Anoka Metro Regional Treatment Center shall be according to
 3.6 the following schedule:

3.7 (1) zero percent for the first 30 days;

3.8 (2) 20 percent for days 31 and over if the stay is determined to be clinically
 3.9 appropriate for the client; and

3.10 (3) 100 percent for each day during the stay, including the day of admission, when
 3.11 the facility determines that it is clinically appropriate for the client to be discharged.

3.12 (b) If payments received by the state under sections 246.50 to 246.53 exceed 80
 3.13 percent of the cost of care for days over 31 for clients who meet the criteria in paragraph
 3.14 (a), clause (2), the county shall be responsible for paying the state only the remaining
 3.15 amount. The county shall not be entitled to reimbursement from the client, the client's
 3.16 estate, or from the client's relatives, except as provided in section 246.53.

3.17 Subd. 1b. **Community behavioral health hospitals.** A county's payment of the
 3.18 cost of care provided at state-operated community-based behavioral health hospitals shall
 3.19 be according to the following schedule:

3.20 (1) 100 percent for each day during the stay, including the day of admission, when
 3.21 the facility determines that it is clinically appropriate for the client to be discharged; and

3.22 (2) the county shall not be entitled to reimbursement from the client, the client's
 3.23 estate, or from the client's relatives, except as provided in section 246.53.

3.24 Subd. 1c. **State-operated forensic services.** A county's payment of the cost of care
 3.25 provided at state-operated forensic services shall be according to the following schedule:

3.26 (1) Minnesota Security Hospital: ten percent for each day, or portion thereof, that the
 3.27 client spends in a Minnesota Security Hospital program. If payments received by the state
 3.28 under sections 246.50 to 246.53 for services provided at the Minnesota Security Hospital
 3.29 exceed 90 percent of the cost of care, the county shall be responsible for paying the state
 3.30 only the remaining amount. The county shall not be entitled to reimbursement from the
 3.31 client, the client's estate, or the client's relatives except as provided in section 246.53;

3.32 (2) forensic nursing home: ten percent for each day, or portion thereof, that the client
 3.33 spends in a forensic nursing home program. If payments received by the state under
 3.34 sections 246.50 to 246.53 for services provided at the forensic nursing home exceed 90
 3.35 percent of the cost of care, the county shall be responsible for paying the state only the

4.1 remaining amount. The county shall not be entitled to reimbursement from the client, the
 4.2 client's estate, or the client's relatives except as provided in section 246.53;

4.3 (3) forensic transition services: 50 percent for each day, or portion thereof, that the
 4.4 client spends in the forensic transition services program. If payments received by the state
 4.5 under sections 246.50 to 246.53 for services provided in the forensic transition services
 4.6 exceed 50 percent of the cost of care, the county shall be responsible for paying the state
 4.7 only the remaining amount. The county shall not be entitled to reimbursement from the
 4.8 client, the client's estate, or the client's relatives except as provided in section 246.53; and

4.9 (4) residential competency restoration program:

4.10 (i) 20 percent for each day, or portion thereof, that the client spends in a residential
 4.11 competency restoration program while the client is in need of restoration services;

4.12 (ii) 50 percent for each day, or portion thereof, that the client spends in a residential
 4.13 competency restoration program once the examiner opines that the client no longer needs
 4.14 restoration services; and

4.15 (iii) 100 percent for each day, or portion thereof, once charges against a client have
 4.16 been resolved or dropped.

4.17 **Subd. 2. Exceptions.** ~~(a) Subdivision 1 does not apply to services provided at the~~
 4.18 ~~Minnesota Security Hospital. For services at the Minnesota Security Hospital, a county's~~
 4.19 ~~payment shall be made from the county's own sources of revenue and payments. Excluding~~
 4.20 ~~the state-operated forensic transition service, payments to the state from the county shall~~
 4.21 ~~equal ten percent of the cost of care, as determined by the commissioner, for each day, or~~
 4.22 ~~the portion thereof, that the client spends at the facility. For the state-operated forensic~~
 4.23 ~~transition service, payments to the state from the county shall equal 50 percent of the cost of~~
 4.24 ~~care, as determined by the commissioner, for each day, or the portion thereof, that the client~~
 4.25 ~~spends in the program. If payments received by the state under sections 246.50 to 246.53~~
 4.26 ~~for services provided at the Minnesota Security Hospital, excluding the state-operated~~
 4.27 ~~forensic transition service, exceed 90 percent of the cost of care, the county shall be~~
 4.28 ~~responsible for paying the state only the remaining amount. If payments received by the~~
 4.29 ~~state under sections 246.50 to 246.53 for the state-operated forensic transition service~~
 4.30 ~~exceed 50 percent of the cost of care, the county shall be responsible for paying the state~~
 4.31 ~~only the remaining amount. The county shall not be entitled to reimbursement from the~~
 4.32 ~~client, the client's estate, or from the client's relatives, except as provided in section 246.53.~~

4.33 (b) Regardless of the facility to which the client is committed, subdivision 1 does
 4.34 subdivisions 1, 1a, 1b, and 1c, do not apply to the following individuals:

4.35 (1) clients who are committed as sexual psychopathic personalities under section
 4.36 253D.02, subdivision 15; and

5.1 (2) clients who are committed as sexually dangerous persons under section 253D.02,
5.2 subdivision 16.

5.3 Sec. 3. Minnesota Statutes 2014, section 246B.035, is amended to read:

5.4 **246B.035 ANNUAL PERFORMANCE REPORT REQUIRED.**

5.5 The executive director of the Minnesota sex offender program shall submit
5.6 electronically a performance report to the chairs and ranking minority members of the
5.7 legislative committees and divisions with jurisdiction over funding for the program by
5.8 ~~January~~ February 15 of each year beginning in ~~2010~~ 2017. The report must include the
5.9 following:

5.10 (1) a description of the program, including the strategic mission, goals, objectives,
5.11 and outcomes;

5.12 (2) the programwide per diem reported in a standard calculated method as outlined
5.13 in the program policies and procedures;

5.14 (3) program annual statistics as outlined in the departmental policies and procedures;
5.15 and

5.16 (4) the sex offender program evaluation report required under section 246B.03. The
5.17 executive director shall submit a printed copy upon request.

5.18 Sec. 4. Minnesota Statutes 2014, section 253B.15, subdivision 1, is amended to read:

5.19 Subdivision 1. **Provisional discharge.** (a) The head of the treatment facility may
5.20 provisionally discharge any patient without discharging the commitment, unless the patient
5.21 was found by the committing court to be a person who is mentally ill and dangerous to the
5.22 public, or a sexually dangerous person or a sexual psychopathic personality.

5.23 (b) When a person committed to the commissioner of human services becomes
5.24 ready for provisional discharge prior to being placed in a facility designated by the
5.25 commissioner of human services, the head of the facility that is providing treatment may
5.26 provisionally discharge the patient.

5.27 (c) Each patient released on provisional discharge shall have a written aftercare
5.28 plan developed which specifies the services and treatment to be provided as part of the
5.29 aftercare plan, the financial resources available to pay for the services specified, the
5.30 expected period of provisional discharge, the precise goals for the granting of a final
5.31 discharge, and conditions or restrictions on the patient during the period of the provisional
5.32 discharge. The aftercare plan shall be provided to the patient, the patient's attorney, and
5.33 the designated agency.

6.1 (d) The aftercare plan shall be reviewed on a quarterly basis by the patient, designated
 6.2 agency and other appropriate persons. The aftercare plan shall contain the grounds upon
 6.3 which a provisional discharge may be revoked. The provisional discharge shall terminate
 6.4 on the date specified in the plan unless specific action is taken to revoke or extend it.

6.5 **ARTICLE 2**

6.6 **HEALTH AND HUMAN SERVICES APPROPRIATIONS**

6.7 Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

6.8 The sums shown in the columns marked "Appropriations" are added to or, if shown
 6.9 in parentheses, subtracted from the appropriations in Laws 2015, chapter 71, article 14, to
 6.10 the agencies and for the purposes specified in this act. The appropriations are from the
 6.11 general fund or other named fund and are available for the fiscal years indicated for each
 6.12 purpose. The figures "2016" and "2017" used in this act mean that the addition to or
 6.13 subtraction from the appropriation listed under them is available for the fiscal year ending
 6.14 June 30, 2016, or June 30, 2017, respectively. Supplemental appropriations and reductions
 6.15 to appropriations for the fiscal year ending June 30, 2016, are effective the day following
 6.16 final enactment unless a different effective date is explicit.

<u>APPROPRIATIONS</u>	
<u>Available for the Year</u>	
<u>Ending June 30</u>	
<u>2016</u>	<u>2017</u>

6.21 **Sec. 2. COMMISSIONER OF HUMAN SERVICES**

6.22 **Subdivision 1. Child and Adolescent Behavioral**
 6.23 **Health Services Grant**

6.24 \$1,500,000 in fiscal year 2018 and \$1,500,000
 6.25 in fiscal year 2019 from the general fund
 6.26 is for children's mental health grants under
 6.27 Minnesota Statutes, section 245.4889,
 6.28 subdivision 1, paragraph (a), clause (17).

6.29 **Subd. 2. Community Addiction Recovery**
 6.30 **Enterprise Brainerd**

800,000

6.31 \$800,000 in fiscal year 2017 is from the
 6.32 general fund for a grant to a tribal provider
 6.33 to transition the state-operated Chemical

7.1 Additional Recovery Enterprise (C.A.R.E.)
 7.2 program in Brainerd.

7.3 **Subd. 3. DCT State-Operated Services**

7.4 **(a) DCT State-Operated Services Mental**
 7.5 **Health**

1,256,000

42,680,000

7.6 \$14,000,000 in fiscal year 2017 is from the
 7.7 general fund to restore funds transferred
 7.8 to the enterprise fund for state-operated
 7.9 community services in fiscal year 2016. This
 7.10 is a onetime appropriation.

7.11 **State-Operated Services Operating**

7.12 **Adjustment.** \$1,256,000 in fiscal year
 7.13 2016 and \$2,888,000 in fiscal year 2017 is
 7.14 for state-operated services mental health
 7.15 services operating adjustments. Fiscal year
 7.16 2016 funding is available the day following
 7.17 final enactment.

7.18 **(b) DCT State-Operated Services Enterprise**
 7.19 **Services**

-0-

17,665,000

7.20 **State-Operated Community Services.**

7.21 \$16,275,000 in fiscal year 2017 is from
 7.22 the general fund for the Minnesota
 7.23 state-operated community services program.
 7.24 The commissioner must transfer \$16,275,000
 7.25 in fiscal year 2017 to the enterprise fund
 7.26 for Minnesota state-operated community
 7.27 services. Of this amount, \$14,000,000 is a
 7.28 onetime appropriation.

7.29 **Community Addiction Recovery**

7.30 **Enterprise Brainerd.** \$1,390,000 in fiscal
 7.31 year 2017 is from the general fund to be
 7.32 used to ready the site of the Chemical
 7.33 Additional Recovery Enterprise (C.A.R.E.)
 7.34 program located in Brainerd and pay staff
 7.35 separation costs associated with transitioning

8.1 the program to a tribal provider. The
 8.2 commissioner must transfer \$1,390,000 in
 8.3 fiscal year 2017 to the enterprise fund for
 8.4 C.A.R.E.

8.5 **(c) DCT State-Operated Services Minnesota**
 8.6 **Security Hospital**

2,200,000

32,106,000

8.7 **Competency Restoration Program.**

8.8 \$6,564,000 in fiscal year 2017 is from the
 8.9 general fund for the development of a new
 8.10 residential competency restoration program
 8.11 to be operated by state-operated forensic
 8.12 services.

8.13 **State-Operated Services Operating**

8.14 **Adjustment.** \$2,200,000 in fiscal year 2016
 8.15 and \$3,302,000 in fiscal year 2017 from the
 8.16 general fund is for state-operated services
 8.17 forensic services operating adjustments.

8.18 Fiscal year 2016 funding is available the day
 8.19 following final enactment.

8.20 **Subd. 4. DCT Minnesota Sex Offender**
 8.21 **Program**

3,395,000

10,245,000

8.22 **Minnesota Sex Offender Program**

8.23 **Operating Adjustment.** \$3,395,000 in fiscal
 8.24 year 2016 and \$4,669,000 in fiscal year 2017
 8.25 are from the general fund for the Minnesota
 8.26 sex offender program operating adjustments.

8.27 Fiscal year 2016 funding is available the day
 8.28 following final enactment.

APPENDIX
Article locations in 16-7344

ARTICLE 1 DIRECT CARE AND TREATMENT Page.Ln 1.8
ARTICLE 2 HEALTH AND HUMAN SERVICES APPROPRIATIONS Page.Ln 6.5